

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2276

2001 SENATE APPROPRIATIONS

SB 2276

2001 SENATE STANDING COMMITTEE MINUTES

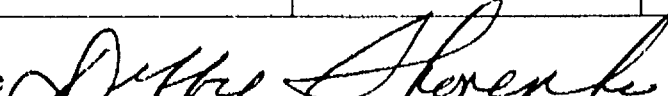
BILL/RESOLUTION NO. SB 2276

Senate Appropriations Committee

Conference Committee

Hearing Date January 29, 2001

Tape Number	Side A	Side B	Meter #
1	Dental		0.0-54.7

Committee Clerk Signature 

Minutes:

Senator Nething opened the hearing on SB 2276.

Joe Cichy, Executive Director, ND Dental Association, testified in support of this bill (testimony attached).

Senator Heitkamp: If the dentist leaves the state after being accepted for the program, do they need to repay the loan.

Joe Cichy: Yes

Senator Thane: What is the desired number of dentists per capita?

Joe Cichy: 1 for every 1800 people; now it is about 1 out of 2200-2400 people.

Dr. Ron Seeley, Dentist, Williston, ND, Vice President, ND Dental Association, chairman, Manpower Shortage Committee, testified support of this bill (testimony attached). Also a letter addressed to Dr. Ron Seeley from a dental student was distributed in support of the program.

Senator Nething: Will you walk us through this bill.

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Senate Appropriations Committee

Bill/Resolution Number SB 2276

Hearing Date January 29, 2001

Dr. Seeley: Logistics of the bill is a copy cat and based on medical language. The amount and numbers we came up with are about three dentists per year. Right now the University Minnesota has about 30 students and there is a shortage in MN. The needs are over and above that. Right now we are losing about 20 dentists per year and only issuing licenses for about 3-4 per year.

Senator Nething: Is the Health Council on this.

Dr. Seeley: Not right now; but the administration is comfortable with this.

Senator Thang: The Health Council; what is the criteria to identify per community with rural areas and how is this decided?

Dr. Seeley: Implementation is placed throughout the state; big counties have the big shortage not only the rural areas.

Senator Robinson: Placing the professionals in the smaller communities; is this a problem?

Dr. Seeley: Yes this is a problem; communities need to get involved; need to setup with options as ND is very proactive. Most small communities do have medical clinics already setup. Now we need to get to the key points with the schools; Communities with satellites are based from larger areas.

Senator Nething: The purpose of the loan is to designate and setup, then they apply for this program?

Dr. Seeley: It depends on the list; they do need to stay for four years.

Senator Grindberg: Fargo does not really need this program. Is the University of MN taking this program seriously; addressing the opportunity for next 10-15 years?

Dr. Seeley: Big research has been done; University of MN used to have about 150 students, now around 75-80; University of MN has cut classes in half since 1980 because of costs to educate dental students and future is uncertain.

Senator Thang: Is the shortage broad based?

Dr. Seeley: In ND the shortage is in all fields, specialty and general fields of dentistry.

Senator Bowman: What is the average salary of a dentist in ND verses in other states say after 10 years of practice.

Dr. Seeley: From \$90,000-\$110,000; other states it is 2-3 times this amount.

Senator Bowman: Payback for education verses other fields for payback; the importance of this to communities where they can lose as well and this is not always a good idea for the smaller communities.

Dr. Seeley: Most dentist that stay with the community from 3-4 years will normally stay verses the medical doctor. There is a shortage all around the US today; also with this program they do not have to be a ND citizen to apply for the screening.

Senator Nething: Will commitment and screening help if they want to use this program?

Dr. Seeley: Very much so.

Senator Schobinger: How does the payment work; payment from the state to dentist, then there payment to the loan?

Dr. Seeley: Yes.

Senator Schobinger: How about the Bank of ND; differences of payments?

Dr. Seeley: We are not opposed to a different way of making the payments and are not opposed to different ways of payments for this program.

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Senate Appropriations Committee

Bill/Resolution Number SB 2276

Hearing Date January 29, 2001

Senator Robinson: The number of students; the bill won't resolve the problem but will minimize the help?

Dr. Seeley: 70% come back; saw MN fill gap to get where we are.

Senator Andrist: Does the process start for this program with the student before graduation or after?

Dr. Seeley: Possible their Junior year or Senior year.

Senator Thang: Medicaid, is there a problem with this and dentists?

Dr. Seeley: With this program they need to treat all patients but I am reluctant to state that now; it depends on their training especially with hospital cases.

Dean Boshee, Dentist, Wishek, ND, testified in support of this bill (testimony attached).

Jack Stevick, father to Dental student, testified for his son (letter attached), reading the letter in support of this bill and program.

Kathleen Mangskau, Oral Health Program Director, ND Dept. Of Health, testified in support of this bill (testimony attached).

Senator Lindaas: Dr. Boshee mentioned loan forgiveness, what happened to the program from back in 1960's, 1970's?

Kathleen Mangskau: That program reached the 1980's and was stopped; this is now a new mechanism to that program.

Senator Bowman: Was the reason patient loads?

Kathleen Mangskau: It depended on the patients; generally 6-8 weeks and treatment.

Senator Bowman: Was Medicaid a problem?

Kathleen Mangskau: Yes it has been in the past; raising reimbursement could improve this but it depends on the patient base.

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Senate Appropriations Committee
Bill/Resolution Number SB 2276
Hearing Date January 29, 2001

Dave Zentner, Director Medical Services, Dept. Of Human Services, testified in support of the bill (testimony attached).

Senator Solberg: What does Medicaid pay for dental services?

Dave Zentner: It is based on the fee for the service; the split fee mechanism is applied, kids 83% and adults 70-75%.

Senator Andrist: Medicaid never seems to pay enough, has eligibility rates changed?

Dave Zentner: For certain groups; because of the rules and options; the medical needy program could be dropped to have more covered.

Testimony from Larry Gjerstad, Dentist from Mott, ND, was handed out as he was unable to attend the hearing.

A letter to Senator Dave Nething from Dan L. Rorvig, Banker from McVile, ND, was handed out in support of the program for school loan debt relief for these young doctors.

With no oppositions to the bill, the hearing was closed.

Tape 1, Side A, meter 54.7

Full Committee Action, February 6, 2001 (tape 1, side a, 40.6 - 49.0)

Senator Nothing opened the hearing on SB2276.

Senator Andrist, Chair of the Health Department Subcommittee, presented proposed amendment (10739.0101 copy attached). He indicated the proposed amendments would restrict it to 3 dentists per year, and 2 of the 3 in communities of fewer than 2000 residents; the other would have less than 10 thousand residents. Rational: help small communities and you are helping the larger ones also. He moved the amendments be accepted; seconded by Senator Grindberg.

Discussion: Senator Robinson: Source of funds? Cost per biennium?

Senator Andrist: \$180 thousand for present biennium. Source: Community Health Care Trust -- not general funds.

Senator Robinson: Total issue of dollars -- less than expected in the area of tobacco settlement?

Senator Nothing: Can't give you a magic number of the tobacco settlement dollars -- but understand it is a considerable amount.

Senator Andrist: Total package could be 7.5 million --

Senator Heitkamp: No handle on the total number of dollars -- 10% accumulating already -- as the figures are coming in -- appears less smokers; so less is coming in now --- bottom line: the dollars are there.

No further discussion. Motion carried to accept the amendments.

Senator Andrist moved a DO PASS AS AMENDED: seconded by Senator Holmberg. Roll call vote: 13 yes, 0 no, 1 absent and not voting. Senator Andrist accepted the floor assignment.

Hearing closed on SB2276 by Senator Nothing.

FISCAL NOTE

Requested by Legislative Council
04/23/2001

Bill/Resolution No.:

Amendment to: Engrossed
 SB 2276

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures				\$180,000		\$420,000
Appropriations				\$180,000		

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill will enact a new chapter to title 43 of the NDCC to develop a dentists' loan repayment program and to provide an appropriation to fund the program. The loan repayment program will provide funds for up to three dentists each year. Each dentist will be eligible for \$20,000 per year for four years or a maximum of \$80,000 per applicant. An applicant may only request funds in an amount equal to the outstanding balance of their educational loans with applicable interest, or \$80,000, whichever is less.

The state health council will select the dentists to provide services to communities based on defined need in a community and population. One of every three selected must be for a community of fewer than 2,500 residents. One of every three selected must be for a community of fewer than 10,000 residents. One of every three selected must be for a community of 10,000 or more. Other dentist selection criteria are identified in the bill. Current staff will administer the program so no additional FTE's will be required.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures for the 2001-2003 biennium would be \$180,000.

\$60,000 in the first year to fund 3 dentists @\$20,000 each

\$120,000 in the second year to fund 3 new dentists@ \$20,000 each and 3 second year dentists at \$20,000.

Current staff will administer the program. No additional FTEs are requested.

If the program is successful and continues into the 2003-05 biennium, the expenditures for the program will be \$420,000 which is for 6 new dentists (3 each year), 6 second year dentists (3 each year), 6 third year dentists (3 each year) and 3 fourth year positions, each receiving \$20,000/year.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

SB 2276 provides for an appropriation from the community health trust fund of \$180,000 to fund this project for the 2001-03 biennium which is not included in the Health Department's appropriation bill SB 2004

Name:	Kathy J. Albin	Agency:	Department of Health
Phone Number:	328-2392	Date Prepared:	04/24/2001

FISCAL NOTE
 Requested by Legislative Council
 03/08/2001

Bill/Resolution No.:

Amendment to: Engrossed
 SB 2276

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			\$0		\$0	
Expenditures			\$0		\$0	
Appropriations			\$0		\$0	

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

SB2276, first engrossment with House amendments, provides that SB2003 includes \$135,000 from the state general fund for the dentists' loan repayment program. Currently, Engrossed SB2003 does **not** provide increased or earmarked funding for this program. If this bill passes with the House amendments, and if no additional funds are added to SB2003, funds would have to be reallocated within the higher education budget to support this program. This would likely result in a reduction in other student grant appropriations in SB2003 for the State Grant Program, Scholar's Program, Professional Student Exchange Program for veterinary medicine, optometry and dentistry and the Indian Scholarship Program.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

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B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and*

appropriations.

Name:	Laura Glatt	Agency:	North Dakota University System
Phone Number:	328-4116	Date Prepared:	03/09/2001

FISCAL NOTE
 Requested by Legislative Council
 02/09/2001

Bill/Resolution No.:

Amendment to: SB 2276

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures				\$180,000		\$420,000
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Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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If the program is successful and continues into the 2003-05 biennium, the expenditures for the program will be \$420,000 which is for 6 new dentists (3 each year), 6 second year dentists (3 each year), 6 third year dentists (3 each year) and 3 fourth year positions, each receiving \$20,000/year.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

SB 2276 provides for an appropriation from the community health trust fund of \$180,000 to fund this project for the 2001-03 biennium which is not included in the Health Department's appropriation bill SB 2004

Name:	Kathy J. Albin	Agency:	Health Department
Phone Number:	328-2392	Date Prepared:	02/12/2001

FISCAL NOTE
 Requested by Legislative Council
 01/22/2001

Bill/Resolution No.: SB 2276

Amendment to:

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$180,000		\$420,000	
Appropriations			\$180,000			

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill will enact a new chapter to title 43 of the NDCC to develop a dentists' loan repayment program and to provide an appropriation to fund the program. The loan repayment program will provide funds for up to three dentists each year. Each dentist will be eligible for \$20,000 per year for four years or a maximum of \$80,000 per applicant. An applicant may only request funds in an amount equal to the outstanding balance of their educational loans with applicable interest, or \$80,000, whichever is less.

The state health council will select the dentists to provide services to communities based on defined need in a community. Dentist and community selection criteria are identified in the bill. Current staff will administer the program so no additional FTE's will be required.

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C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

SB 2276 provides a general fund appropriation of \$180,000 to fund this project for the 2001-03 biennium and is not included in the Health Department's appropriation bill SB 2004

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328-2392	Date Prepared:	01/24/2001

PROPOSED AMENDMENTS TO SENATE BILL NO. 2276

Page 1, line 8, replace "up to" with "no more than"

Page 1, line 16, after "that" insert "have fewer than ten thousand residents and that" and after
"dentist" insert a comma

Page 2, line 29, after the semicolon insert "and"

Page 2, line 30, replace "; and" with a period

Page 3, line 1, replace "c. Shall" with "3. One of the dentists selected annually shall"

Page 3, line 2, after "communities" insert "having fewer than two thousand residents. Each of
the remaining dentists selected annually shall contract to provide full-time dental
services for a minimum of four years in one or more selected communities having fewer
than ten thousand residents"

Page 4, line 22, replace "general" with "community health trust"

Re-number accordingly

Date: 2-6-01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

Senate Appropriations Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number 10739.0101

Action Taken As Pass as Amended

Motion Made By Sen. Andrist Seconded By Sen. Holmberg

Senators	Yes	No	Senators	Yes	No
Dave Nething, Chairman	✓				
Ken Solberg, Vice-Chairman	✓				
Randy A. Schobinger	✓				
Elroy N. Lindaas	✓				
Harvey Tallackson	✓				
Larry J. Robinson	✓				
Steven W. Tomac	✓				
Joel C. Heitkamp	✓				
Tony Grindberg	✓				
Russell T. Thane	✓				
Ed Kringstad					
Ray Holmberg	✓				
Bill Bowman	✓				
John M. Andrist	✓				

Total Yes 13 No 0

Absent 1

Floor Assignment: Senator Andrist

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2276: Appropriations Committee (Sen. Nething, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2276 was placed on the Sixth order on the calendar.

Page 1, line 8, replace "up to" with "no more than"

Page 1, line 16, after "that" insert "have fewer than ten thousand residents and that" and after "dentist" insert a comma

Page 2, line 29, after the semicolon insert "and"

Page 2, line 30, replace "; and" with a period

Page 3, line 1, replace "c. Shall" with "3. One of the dentists selected annually shall"

Page 3, line 2, after "communities" insert "having fewer than two thousand residents. Each of the remaining dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having fewer than ten thousand residents"

Page 4, line 22, replace "general" with "community health trust"

Renumber accordingly

2001 HOUSE HUMAN SERVICES

SB 2276

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2276

House Human Services Committee

Conference Committee

Hearing Date March 5, 2001

Tape Number	Side A	Side B	Meter #
1		x	1916 to end
2	x		1 to 457
Committee Clerk Signature <i>Cornie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: I will open the hearing on SB 2276 and the clerk will read the title.

Sen. Nething - District 48: I want to make a couple of opening comments on 2276, a bill which is designed to help alleviate a shortage of dentists in the state of ND, focused on the rural areas. Basically it is all over the state, not just in the rural areas. We are really trying to come up with a method to provide an opportunity through the method of loan forgiveness by locating given areas that would prove attractive to a dentist that would be graduating from dental school. And as such would be beneficial to the state as well.

Rep. Devlin: We are talking about three dentists? Is that correct?

Sen. Nething: I think that was what the focus ended up being.

Rep. Devlin: Do you have a funding stream arranged somewhere in Appropriations?

Sen. Nething: We always make sure we have it funded properly.

Chairman Price: Can you tell us what bill it is in?

Sen. Nething: I believe it is a Health Department bill, 2004?

Chairman Price: And the source of funds would be?

Sen. Nething: The Health Care Trust Fund.

Rep. Rex Byerly - District 1: I also signed on to this bill for a couple of different reasons. My dentist and I have talked extensively about this. He pointed out how we are rapidly approaching a situation in the state of ND where as the dentists get older, it is harder to get people to go into any community and practice dentistry. It is like any professions here, we have a hard time getting the young people to come back. This is one vehicle that we thought we should try and see if we can make it happen. There is a twist on this one that doesn't happen with optometrists and vets. The dentists are perfectly willing to guarantee the state that they would come back and earn back the money. If they do use the financial resources of the state of ND and renege on their contract, they should have to repay us. As Sen. Nething said there is a funding vehicle in place. I would rather move the funding over to Higher Ed I believe this is more of a Higher Ed function than a health function. I am going to depend on our sub sections to handle that. By submitting this bill I was sure we had the money to do this.

Rep. Cleary: About putting it in Higher Ed, we don't have a Dental School here in ND, do we?

Sen. Byerly: No, but that is the program where we do buy slots for vets and optometrists. We don't have either of those schools in ND either. We have to buy slots from the University of Minnesota for Vets and I believe the optometry program too.

Chairman Price: Anyone else testifying in favor?

Ron Seeley - Dentist: (See written testimony).

Rep. Niemeier: Is this repayment plan dedicated to ND students?

Seeley: No specifically. It is dedicated to students that would graduate and come back to ND. On the other hand, it is fair to say that ND kids are going to come back to ND. I hesitate to put that in there. What we are going to get in essence is Midwestern kids. But, if we get a student from Minnesota or Wisconsin to come back to ND. And they are not actually from here, or haven't lived here for a long time, we thought those logistics best left out. If you wanted to make it ND only, ND residents, I wouldn't have a problem with that.

Rep. Galvin: You mentioned support people that a dentist must have. Is there also available, the assistants, hygienists, etc. Are they also in short supply?

Seeley: Yes, they are, but in a different vein, we are addressing that need. We are addressing the dental hygiene needs through the Dental Association. Plus we have a hygiene school in Wahpeton. Again, along the lines of addressing those needs, they had increased their class size because of some of the concerns we have had over the shortage, and dental assisting too. The Allied Health Professionals are also in short supply, but since they have to work, the key is to get the dentists here then it will be incumbent upon us to get the Allied Health Care Workers.

Rep. Weisz: If I could get a little bit into funding. You are advocating that they would get \$20,000 a year forgiven for four years?

Seeley: That is correct.

Rep. Weisz: Do you have any idea why the dollars allocated don't seem to match the amount of dollars you would end up giving the students?

Seeley: We are advocating three students per year maximum. So if you look at the biennium, you would be giving three students \$20,000 the first year - that is \$60,000. And then you would have

an additional three students the next year. Don't those numbers match? In the future when the program maxes out we would have four classes of students and the numbers do get bigger in the future, but for the first biennium which is all we can deal with right now.

Rep. Weisz: That is one of my concerns, you are going to write a contract with them for four years..

Seeley: With the stipulation that the funding will have to be re-approved every two years. The students will have to be aware of this. That is the way the contract would be written.

Rep. Porter: The breach of payment seems to be the only thing. I don't see anything in the contract obligation, I don't see anything that talks about the suspension of their ability to practice by the state board of Dentists. If their license was pulled for a year and they weren't able to practice for a year, we would still give them that \$20,000 towards their loan payment?

Seeley: I thought we had looked into all possible ways a dentist could stop practicing and covered those..... You are on page four correct?

Rep. Porter: Yes.

Seeley: If I am reading what I am reading, if they do not provide care for the communities they were given the loan for, for any reason, they would not be given that money. They are required by this bill to provide care for the community they said they were going to. So if they are not allowed to provide care, I do not see why they would get that money.

Rep. Metcalf: The sentence on page two, the eligibility for loan repayment.

Rep. Porter: That is just part of the selection criteria. It just says they are eligible to apply for it, not that if they get suspended, whether or not they have to repay it.

Rep. Cleary: I was wondering too about that, it says any amounts not paid within one year from the date of a breach are subject to the collection process and may be recovered through

deductions and Medicaid payments. To me that sounds a little bit... Some of the problem sometimes is that Medicaid patients are not taken care of. This would make it even worse, there must be some better way to do this.

Seeley: The language is very specific, they must see Medicaid patients. We didn't put a percentage on it based on the fact that in different areas of the state the need is greater to see those patients. I think if you read the bottom of page three, that breach of loan payment thing, if they fail to complete the service, I think that is grounds for withholding payment regardless of the reason.

Chairman Price: Do you have any information as to how large the service area needs to be as far as the number of people, and how do your dentists income vary from rural to urban? Do we have any figures on Dental income for the general practice across the state.

Seeley: In general, ND is pretty much uniform in fees. The fee differential between ND and Minneapolis or Denver is quite large. That is one of the things we are trying to address here. The cost of going to school which is already high and if you can come out of that school because there is a nationwide shortage and go to Phoenix or Denver and make two to three times what you would make here in ND and you are sitting there staring at that debt, it may dissuade you from coming back to ND even though you want to. I think we need to show them we would like them to come back to ND. We need them. I think ultimately we would like ND kids to come back to ND. That's a number those students are going to be looking at.

Chairman Price: The other side of my questions then is how many patients ... One of these is going to go to someone in a community under 2000. Is that a large enough service area with the surrounding to support a dentist and what kind of an income can that dentist expect, versus one in Fargo?

Seeley: You are reading from page three, number 3. That particular paragraph came out of the Senate, it was not in our original bill. We did not feel it was a good idea to narrow the scope so you would have to go to any given community. We wanted to say, where was the need? Sometimes the need is in the smaller area. What is the average nationwide population to dentist ratio? It is 1 to 1800. The average in ND is 1 to 2200. So we are already significantly above the average. Number 3 concerns me that we may be narrowing the field down so much that we might not get students to try that. I know rural areas are hurting. 2000 is a pretty small base. I do think that because we also need to bring dental specialists into the state, those type of dentists need to be located in larger counties. Those types of people will fall through the cracks here worded as it is. They can't survive in a town of 10,000. They need a much bigger drawing area.

Chairman Price: Any other questions?

Rep. Pollert: It is kind of a related subject. I am running into a problem in my district with the dentist in one of the larger towns, where the dentists are servicing Medicaid patients and they are going to the smaller towns to get service. Have you had that discussion?

Seeley: It is a concern. There is a two prong problem. One, we are short of dentists now and you could lay cash on the table and not be seen in certain areas because of the shortage. Those indigent who are under the Medicaid system have even a harder time. Quite honestly the reason is that the reimbursement is not what we would get from our regular patients. It has gone up. We probably get 75-80% of our actual fee from Medicaid today. It is important to remember that the average dental practice has an overhead of 65%. Before we got the raise in fees, we only got about 50% so we were actually losing money. The other thing is because of the limited dollars some of the Medicaid increase looks good on paper, but in reality there is a lot of services it doesn't cover. If a 22 year old lady comes in our office with a swollen mouth and a terrible

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House Human Services Committee

Bill/Resolution Number SB 2276

Hearing Date March 5, 2001

abscess and she is a Medicaid patient, I have no choice but to pull that tooth, or she lives with it.

I am not allowed to do a root canal or crown. As a dentist I have a hard time with it. We are so frustrated by this that some dentists have chosen not to deal with those patients. It is a problem.

Chairman Price: Any further questions?

David Zentner - Director of Medical Services for the Department of Human Services: I appear before you primarily to provide you information on this bill. (See written testimony).

Kathleen Mangskau, Oral Health Program Director: (See written testimony).

Chairman Price: Any questions of the committee? I will close the hearing on SB 2276.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2276 A

House Human Services Committee

Conference Committee

Hearing Date March 5, 2001

Tape Number	Side A	Side B	Meter #
4	x		1027 to end
Committee Clerk Signature <i>Cornie Easton</i>			

Minutes:

COMMITTEE WORK

Chairman Price: There are three parts I would like to ask. No. 1, page 2, line 21. Dave Zentner said, we would accept Medicare and Medicaid refinements, it should be patients. So we need to change that. Second thing, page 3, the first 6 lines. We want to change those numbers. One person in the community is 2000 or less. The others would be in communities of 10,000 or less. I guess I think personally, I have no problems trying to get dentists in rural areas, but this is so restricting. Realistically, are the dentists going to want to go to a community of 2000? What we find recruiting doctors, the spouse tends to be the problem, not the provider.

Vice Chairman Devlin: What is the population of Mayville Portland?

Rep. Niemeier: Mayville and Portland together? 2800?

Vice Chairman Devlin: They have two dentists? I think 2000 might be a little low.

Chairman Price: I was wondering if maybe for that first sentence fewer than 5000?

(More discussion on numbers).

Rep. Cleary: I was thinking we should make it an area instead of a community.

Chairman Price: But how many miles do you put in a service area? That is part of the reason I asked the question this morning?

Rep. Galvin: I was just going to expand on what Rep. Niemeier said, it depend on how the population is in a rural area. In my area there is probably a residence every ¼ mile in the country. So, while we only have 2700 in town, that whole area is about 15,000 people.

Rep. Porter: I would hate to think that if no one applied for that one slot that it wouldn't be filled and a community of 5 or 7 thousand or an area of 5-7 thousand wouldn't get a dentist who would have been interested and the money would just sit there. I think if we are going to change it we should change it that the priority should be given in one of the slots to communities under that size, but that if no one applies for the money that it can move up to the next area. You are going to end up in a situation where you are going to have 2000 people and no dentist and the money just sits there and no one is going to use it. We are going to have the potential of not bringing in another health care provider.

Rep. Sandvig: I agree with Rep. Porter. Even the bigger cities are having problems finding dentists. I think it is important that it not be so restrictive.

Rep. Metcalf: I was just wondering how many towns do we have in here that are between the areas of 2000 and 10,000. I wonder if we shouldn't change it to below 10,000? The reason I say that is if it is a good population base and a nice community, the dentist will want to come in. But if it is to a town that isn't attractive, but to leave a dentist position not coming to ND because you can't find anyone willing to come for a 2000 population town, maybe 5000 is closer. I know that in Valley City we only have 3 dentists, one is ready to retire, the other has a physical disability that he may be forced to retire. That could leave us with one dentist.

Rep. Pollert: What is the population of Valley City?

Rep. Metcalf: 7000.

Rep. Pollert: I am just going off on memory, but is Carrington and like Mayville, the 13th or 15th largest cities in the state? It is something like that so 10,000.. There's a big gap in there somewhere.

Rep. Metcalf: Would it be possible to say no more than one dentist in a town until we get to a certain level? So all four of them couldn't go to one town?

Chairman Price: The only thing about that is if someone is going to retire and they are bringing someone in to replace them, they need to eliminate that by doing, you know. I guess

Rep. Galvin: How big is Bottineau? That is where someone couldn't find a replacement. I think that small towns are more lucrative than big ones, but I know they retire when they are fifty years old. The doctors they don't like to work in the small towns, because there is nobody to relieve them. They have no time off. That is probably the same way with Dentists.

(Some discussion)

Rep. Niemeier: I really favor leaving the 2000 figure in. That indicates that we are targeting those small towns, that is what ND is made up of. If we did add an exemption to that, that would be okay. I think leaving that spec target level is a positive step.

Chairman Price: Do you think we should leave those other two spots to less than 10,000? Or should we be a little more, less than 10,000 and one over?

Rep. Niemeier: I think we should open that up more.

Chairman Price: Like moving one from 2 to 10 and then 1 over. Then put language in to say that if no one applies for the

Rep. Pollert: Isn't it possible that the idea for this section, with more rural cities, is because the economic viability for a dentist in a bigger town is greater than for a smaller town. Isn't it going to take care of itself?

Chairman Price: I doesn't seem to be that way in Fargo.

Rep. Porter: I guess just by taking out the top cap and saying one fewer than 10,000 and one over 10,000. I think that going down into line 7 that the community selection criteria would fall into place. That if there truly was a need in Grand Forks or Devils Lake or Mandan or Dickinson, a community over 10,000, that they would come in with the criteria from the community. That would be weighed against the other communities. Even with all three positions, because of the community selection criteria that if no one comes in - in a particular year for the 2000 or less criteria from that community that it goes up to the next level. So that it might be two selected in cities over 10,000 so that it is not ever sitting idle. So it is going to where the need has been identified using the selection criteria. That is the important part.

Chairman Price: So we do one less than 2000, one from 2-10,000 and one over 10,000. If any of the slots have no applications then they could move into a different slot.

Rep. Metcalf: We are kinda allowing the dentists who know the law to say "well, I am not going to apply to that one because I know they are going to open up that one."

Chairman Price: They would all have to get together and say we are not going to apply for that.

Rep. Porter: I think the way I read this, it is not really up to the Dentist, it is up to the community. So the community selection criteria is what it really falls back on. That the health council is looking at establishing this criteria to make sure that the placement is where it is needed, not based on I want to live in Devils Lake, ND. The need part of it has to be stressed, not just where do I want to live?

Chairman Price: The other thing we could do, is if any slot is not filled, in the first year, then they could be allowed to do two in the second half of the biennium. If there was a concern that they were going to work the system?

Rep. Metcalf: Maybe we should eliminate that paragraph 3 and go into where it says size of community and let the Health Council decide and have them consider the size. With looking at 1 at 2000, etc. One thing we haven't talked about is the Orthodontist is they are not going to locate anywhere.

(more discussion)

Rep. Galvin: I hate to say this, but most of this is just protection. If we made it easier to get into Dental college, or Medical school it would solve the problem. These areas are protected deliberately. We are just giving them some more money.

Chairman Price: In this case we don't have a dental school, but you are right.

Rep. Galvin: The reason for the shortage of dentists, isn't because no body wants to do it.

Chairman Price: What we could do is on line 10 we could say, the size of the community with the priority given to communities under size of 10,000?

Rep. Niemeier: I am wondering why we are looking at three different size categories in this. The bill as we see it has two categories in there and I think the intent here is to fill these slots in areas where there is the greatest need. I don't think the need is the same in the larger cities. That they have a more attractive place to live?

Chairman Price: No. 3 came from the Senate Human Services, it didn't come from the dentists as far as looking at need. So that was something they discussed.

Rep. Niemeier: Why don't we just delete that whole section?

Chairman Price: But do we want to put a priority in line 10?

Rep. Niemeier: It seems to me they could do that, it doesn't seem to me that we are going to have a lot of people applying for this. It is a loan and it is not very big. It will be helpful.

Rep. Pollert: I am just looking at the make up of Senate Human Services and there is really only one that is from a rural community on that committee. All the rest are from Bismarck, Fargo, Grand Forks. So my question is did they feel there was a need as a comparison between their particular towns and constituents? I am more tempted to like number 3.

(more discussion)

Rep. Porter: Rather than committee it should say selective services.

Chairman Price: Then you will have to define that too.

Rep. Porter: Service area need a definition?

Chairman Price: As far as how many miles out you are talking? We are getting farther then we want to go.

Rep. Porter: Then I would like the three categories rather than two. Rep. Metcalf brought up, that there isn't a provision if none of this is taken for the orthodontists and other specialists located in the four larger communities, and then have outreach services where once a week they will go to a smaller community. If none of these are filled, I wouldn't have a problem using that money to bring back an MD or an orthodontist either.

Rep. Dosch: I agree with Rep. Galvin, I think that some of this responsibility goes back to the dental schools in opening up more slots to alleviate the problem there. I don't intend to vote for this bill, I think we are setting a dangerous precedence by starting to pay \$80,000 for individuals to come to our communities. Not only the \$80,000, but these individuals will be well paid in our communities. I have a real problem saying to a dentist you come work in our community for four years and we will pay you \$80,000 and then you can take your practice and leave. It is a

substantial amount of money, if any thing it should be amended that they have to work eight years in a community and get \$10,000 a year back. When you relate this to teachers, for example, how many teachers are we going to pay half this amount of money to locate in our small communities. These dentists are going to make four to five times that amount that teacher will ever make. I have a problem with the dentists in Bismarck who are only open 4 ½ days a week and on a rare occasion they are open 5 days. We should feel sorry that there is a shortage, I am sorry but I don't. If we do something like this, I would also amend on page 2, line 20, 21. If we are going to do this, rather than selection criteria based on the dentists willingness to accept Medicare, that we should make a requirement that at least 50% of the business has to be Medicare patients. I would extend the period of time they have to stay in the community and I would put a requirement that they have to provide care for Medicare patients, at least half of their business. If it is available.

Chairman Price: The other areas we need to talk about is appropriations and on page 4, line 27. It takes it out of the Tobacco money.

Rep. Tieman: I guess looking at my situation, we do have a very well paid dentist in Cavalier and there's a couple in Langdon and Park River which is 1500. We have a very successful operation there. Grassland has two dentists and an orthodontist from Grand Forks comes in there a couple times a week. They are all very successful. I would certainly second some of Rep. Dosch's comments regarding the fact that they seem to do pretty well in small towns. I have received e-mail from dental students going to the U of Minnesota, they seem to be pretty keen on this idea. I think Rep. Dosch had some very appropriate comments on this topic.

Rep. Galvin: I agree with Rep. Dosch too, but that requirement for them having to take Medicare patients would be another reason for them not to come.

Chairman Price: I don't know that they would have 50% Medicaid patients in a small community.

(more discussion on Medicaid patients)

Chairman Price: So, do we agree with patients instead of assignments on page 21, line 2? Do we agree on the Higher Ed budget rather than Tobacco money? On this ratio, do we want to take the easy thing out giving priority to rural communities or do we want to specify actual size? Is it better to get them in the state or not to get them?

Rep. Niemeier: There has to be some mention of rural.. That is where we are seeing the crisis needs. I would be in favor of cutting the reimbursement in half. I am adamant about having some recognition of rural areas.

Chairman Price: Would you be content on the size of community giving priority to communities of less than 10,000?

Rep. Niemeier: That is kinda high.

Rep. Galvin: I am not so sure that the size of the community would have much to do with the demand for a dentist?

Chairman Price: Okay, so if we leave it the way it is, then do we want to do anything about the slots that aren't filled? You just want to let them sit there? That stays the way it is. (more discussion).

Rep. Metcalf: I have a real hang-up, if they will come for \$10,000 a year? I really believe if they go to a larger state that they receive about twice that amount anyway if they set up an office. They can make that \$10,000 a year without too much problem.

Chairman Price: In larger cities they can make more money... (more discussion).

Chairman Price: Would someone like to make a motion?

Rep. Metcalf: Madam Chairman, I move we change it to 3,000 residents and that we change it to 1 under and 1 over 10,000.

Rep. Porter: Second.

Chairman Price: All those in favor signify by saying Aye. Opposed? That passed.

Vice Chairman Devlin: I move we change page 2, line 21 to support assignments to patients. I move we change the funding source to the Higher Ed Budget.

Chairman Price: Is there a second?

Rep. Porter: I second.

Chairman Price: All those in favor signify by saying Aye. Opposed? Amendment carries.

Rep. Porter: On page 3, line 4 I would make a motion we amend the 4 to 6.

Chairman Price: So you are looking changing 4 years to 6 and how much money.

Rep. Porter: Leave it to appropriations.

Chairman Price: We need to do it in more than that place, page 1 too. Page 1, line 10. So you are looking at \$80,000 over 6 years?

Rep. Porter: Yes. (more discussion)

Chairman Price: We have a motion to make it payable for a 5 year period for \$15,000 per year, so a total of \$75,000. Can I get a second.

Rep. Pollert: I second.

Chairman Price: Discussion? All those in favor signify by saying Aye. Opposed? Amendment carries. Any other amendments? (some more discussion).

Rep. Sandvig: I move a Do Pass as amended.

Rep. Niemeier: I second.

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House Human Services Committee
Bill/Resolution Number SB 2276
Hearing Date March 5, 2001

Chairman Price: I have a Do Pass as amended with re-referral to appropriations. Clerk take the roll.

**MOTION FOR A DO PASS AS AMENDED WITH RE-REFERRAL TO
APPROPRIATIONS**

YES, 9 NO, 3

3 ABSENT AND NOT VOTING

CARRIED BY REP. CLEARY

VR
3/7/01

HOUSE AMENDMENTS to SB2276 HOUSE HUMAN SERVICES 3-7-01

Page 1, line 2, remove "to provide an appropriation;"

Page 1, line 10, replace "four-year" with "five-year"

Page 1, line 11, replace "eighty" with "seventy-five"

Page 1, line 16, remove "that have fewer than ten thousand residents and"

HOUSE AMENDMENTS to SB2276 HOUSE HUMAN SERVICES 3-7-01

Page 2, line 1, replace "four-year" with "five-year"

Page 2, line 21, replace "assignments" with "patients"

HOUSE AMENDMENTS to SB2276 HOUSE HUMAN SERVICES 3-7-01

Page 3, line 2, replace "four" with "five"

Page 3, line 3, replace "two" with "three", replace "Each" with "One", and remove "remaining"

Page 3, line 4, replace "four" with "five"

Page 3, line 6, after the period insert "One of the dentists selected annually shall contract to provide full-time dental services for a minimum of five years in one or more selected communities having ten thousand or more residents."

Page 3, line 27, replace "elghty" with "seventy-five"

HOUSE AMENDMENTS to SB2276 HOUSE HUMAN SERVICES 3-7-01

Page 4, line 26, replace "APPROPRIATION. There is appropriated out of any moneys in the" with "**DENTISTS' LOAN REPAYMENT PROGRAM FUNDING.** The funds appropriated in Senate Bill No. 2003 include \$135,000 from the general fund"

Page 4, remove lines 27 and 28

Page 4, line 29, replace "purpose of" with "for" and after "program" insert "as authorized in section 1 of this Act"

Renumber accordingly

Date: 3-5-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

House Human Services Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Move to Amend

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch		✓	Carol Niemeier	✓	
Pat Galvin		✓	Sally Sandvig	✓	
Frank Klein					
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler					
Robin Weisz					

Total (Yes) 11 No _____

Absent 3

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-5-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Move to amend

Motion Made By Rep. Devlin Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch		✓	Carol Niemeier	✓	
Pat Galvin		✓	Sally Sandvig	✓	
Frank Klein					
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler					
Robin Weisz					

Total (Yes) 11 No _____

Absent 3

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-5-01
Roll Call Vote #: 3

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

House Human Services Committee

Subcommittee on _____
or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Move to amend

Motion Made By Rep Metcalf Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein					
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler					
Robin Weisz					

Total (Yes) 11 No _____

Absent 3

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-5-01
Roll Call Vote #: 4

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

House Human Services Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Move DO PASS as amended & refer to Appropriations

Motion Made By Rep. Cleary Seconded By Rep. Niemeier

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch		✓	Carol Niemeier	✓	
Pat Galvin		✓	Sally Sandvig	✓	
Frank Klein					
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler					
Robin Weisz					

Total (Yes) 9 No 2

Absent 3

Floor Assignment Rep. Cleary

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2276: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the Appropriations Committee (9 YEAS, 2 NAYS, 3 ABSENT AND NOT VOTING). SB 2276 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "to provide an appropriation;"

Page 1, line 10, replace "four-year" with "five-year"

Page 1, line 11, replace "eighty" with "seventy-five"

Page 1, line 16, remove "that have fewer than ten thousand residents and"

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Page 4, remove lines 27 and 28

Page 4, line 29, replace "purpose of" with "for" and after "program" insert "as authorized in section i of this Act"

Renumber accordingly

2001 HOUSE APPROPRIATIONS

SB 2276

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NEXT FICHE

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2276

House Appropriations Committee

Conference Committee

Hearing Date March 20, 2001

Tape Number	Side A	Side B	Meter #
1	x		0 - 4699
Committee Clerk Signature <i>LJ Donham</i>			

Minutes:

HOUSE APPROPRIATIONS COMMITTEE HEARING ON SB2276.

Rep. Timm: House appropriations committee is called to order and we will take the roll.

Our first bill to be heard this morning will be SB2276.

Sen. Nething: I introduced this bill along with some other sponsors in cooperation with the North Dakota Dental Association because basically its an effort to try to attract some dentists to North Dakota and the emphasis as you can see is in rural North Dakota, however there is a need for dentists in rural North Dakota but urban areas as well and the program will be explained to you and is patterned after a similar program that we have in the medical profession. I think the House Human Services committee made some changes to it and I'm not totally familiar with That, but I think it is a bill that has merit in the sense of trying to look after public health throughout the State of North Dakota, so hopefully you will give it your favorable consideration.

Page 2

House Appropriations Committee

Bill/Resolution Number SB2276

Hearing Date March 20, 2001

Rep. Timm: The House Human Service Committee replaced the appropriation I believe that you had on the bill and replaced it under the Community Health Trust fund I think and took the money's out of the dentists loan repayment program funding. Any questions of Sen. Nothing?

Rep. Skarphol: Is this the only profession in North Dakota that we are short of people in?

Sen. Nothing: I haven't made a survey and I have no idea, but I think there are people here from the Health Department that can answer your question.

Rep. Delzer: If I look at this right its back out of the General Fund. Is that right?

Sen. Nothing: I don't exactly know for sure.

Rep. Byerly: Maybe I can help out a little, I like Sen. Nothing helped construct this legislation for the body. The House Human Services Committee did indeed amend this bill to take the money out of the general fund which is \$135,000 and in general terms, the problem that we have in North Dakota is that the dental professionals that we have in the state is that the average age of these dentists is creeping up very rapidly and all you have to do is think of your own dentist and 9 chances out of 10 he/she is probably 55 years old, and I think the average in the State of North Dakota and Joe can address that specifically, but I'm just saying that its probably somewhere in the neighborhood of about 48 years old. These people are rapidly approaching the period of time where they are going to be retiring from practice, and the problem is that the communities that are having the problem and that's the reason the bill is the way it is, all of the smaller communities, its not the Fargo's the Grand Forks, and its not the Bismarck's but it is the Rugby, Watford City, Bowman. Those size cities in the State of North Dakota those are especially where the more elderly dentists are practicing. The trouble is on the one hand we don't have a dental school in the State of North Dakota so what we have to do is, is we have to buy seats in other locations to get dentists trained. We already do that for veterinarians, optometrists, but there is a

little twist on this bill because if you remember earlier on in the session, we in our infinite wisdom did away with the repayment for those two professions. Now they are free to have one of these slots and then leave the State of North Dakota. The dentists in their case are perfectly willing to have a five year contract, literally with the State of North Dakota to come back and practice and then at the end of five years they would be free to move if they wish and they could also move into a bigger city if they wish, but the bottom line is that for that first five years they can go into one of these smaller towns like a Bowman, Crosby, or whatever, and that's basically the reason for the bill. We do have a shortage of dentist's Rep. Skarphol, it is more pronounced than it is in some other professions, we have some different options in different areas for different professionals and we do make an effort with veterinarian and we do make an effort with optometrists, I happen to think we should not have removed the repayment portion for those two professions and I happy that the dentists are perfectly content to have that in this bill, and yes it is a \$135,000 of general fund money, I think Rep. Hawken is going to talk a little bit more specifically that relate to that, but all you have to do is take a look at that person that's digging around in your mouth and you know darn well that he/she isn't going to be there a whole heck of a lot longer and one of the things that my dentist told me is that in a town near Minot there was a dentist that was getting near retirement age, he couldn't even give his practice away because they couldn't get anybody to go into that town and its not that this town is out in the in the middle of nowhere, its right on highway 2 close to Minot with a thriving practice he just couldn't give it away, and that's what we have to try and address.

Rep. Delzer: If you look on page 2 of the bill subsection 3 it looks like your going to have one for a community of less than 3,000, one for between 3,000 and 10,000 and one for over 10,000, s that correct?

Rep. Byerly: Yes, that is basically the way that it is setup, the way the house amended, the Human Services amended the bill.

Rep. Delzer: Did it pay off the loan up to \$75,000, how does it pay it off?

Rep. Byerly: I would rather have the people from the Dental Association specifically address the repayment itself.

Rep. Timm: Any other questions?

Rep. Hawken: If we can do preventive dentistry the health of our citizens is going to be better and in order to do that we must have dentists and as Rep. Byerly said, in small towns people are walking away from there practices, they can't sell them and this is not just a rural issue this is also happening in our urban centers and we need to be proactive in finding young people who want to go into the field of dentistry who like North Dakota and who would like to be residents of this state and who are willing to come back here. The cost of dental school is overwhelming and this would pay a portion, certainly not all of it, the one positive thing that I have to share with you this morning that Rep. Byerly alluded to is that there is a foundation in this state that if we see fit to pass this bill is willing to match the funds so that we could perhaps double just what we could do with this bill and so I hope that you will give this your favorable consideration, it is important, it is one of those things that we need to add to the vision to make North Dakota grow and I certainly hope that you will give this a favorable consideration.

Rep. Timm: The bill says that the person must stay in a community for 5 years, do you feel that once the five year contract is up that the particular person will stay there or go on to greener pastures in a larger city.

Rep. Hawken: There is no way that we can know that but I do know that there is some real pluses to rural towns and for students who would join this group and be part of the contract I

think they would be aware of what there getting into. Certainly they could leave but at least that community would have a dentist for five years, I guess I think that once you get involved in a community and by the time you have gone through dental school you are a little older and you might have a family, there is a better chance that if your spending 5 years there you may just stay.

Rep. Skarphol: You said there may be a foundation willing to match the money are they going to double the number of individuals that are going to receive the benefits?

Rep. Hawken: Yes that would be my guess.

Rep. Skarphol: Do we need to put something in the language for that?

Rep. Hawken: Because it is a foundation I don't think we can, it was just a nice surprise and its because of the concern of the residents of the state I think that offer was forthcoming.

Rep. Delzer: Do you have any kind of inclination of whether or not there are dentists out there that would even do this, even with this?

Rep. Hawken: I think there are and I think that young people these days are looking at how do I make this investment, is it something I want to do and to know that your not going to be in debt for \$150,000.

Rep. Delzer: How are you going to try to recruit this or is that just going to be left up to the Health Department?

Rep. Hawken: I think that there are students every year that are looking for programs like this, I also think its a two way street, but there are students that are always looking for loan kinds of repayment for scholarships, particularly in the professional areas because they are so expensive.

Rep. Carlisle: Five years is the benchmark for most of our economic development efforts, I know it is in Bismarck so this bill fairly fits that criteria.

Rep. Kempenich: This is going to limit three dentists and not to exceed \$75,000 per applicant, and I guess the question I'm going to have then is how are we going to revolve this thing if the students are still in school how are they going to repay or is it going to be offered in the last year of their schooling?

Rep. Hawken: I believe that you must have graduated and be in practice for the loan repayment to start. Most loans are not repayable until you have finished.

Rep. Klinske: If we have 3 dentists up to \$75,000 apiece and the appropriation is only for \$135,000 it doesn't add up, where does the rest of the money come from?

Rep. Hawken: I'm going to let these people behind me explain that to you.

Rep. Timm: Any other testimony in support of SB2276?

Joe Cichy, Executive Director, North Dakota Dental Association: (Followed Written Testimony and answered questions after the testimony)

Rep. Wald: Were talking \$135,000 of dental fund money to help repay a loan when they graduate from dental school, is this really the seed money we need. In Dickinson I can think of five dentists who have retired in the last 24 months and two new ones started another shop and left another dental practice, is this really enough to solve the crisis because I think were approaching that stage.

Mr. Cichy: We don't think it is we would like to have twice as much but we understand the realities of it. I guess this session we would like to get something started, see how it works, see how it helps the problem and then maybe next session come back. If your desire is to additional money to this I'm sure it can be used.

Rep. Timm: What's the reason for going from 6000 dentists nationwide down to 4000 nationwide, is it that there aren't enough schools operating in dentistry or the kids just aren't interested in dentistry or what?

Mr. Cichy: The main reason is that some dental schools have closed, others have cut down on their enrollment it costs about \$60,000 a year to educate the dentist, its an expensive proposition and when some of the schools look at the finances they decide to go in a different direction.

Rep. Gulleason: And just a spin off of that are other states offering incentives that pulling people in that direction is that one of the reasons why were not attracting it?

Mr. Cichy: There are other states that are looking at incentives, South Dakota is going to look at it in the next session, and I think that Nebraska has an incentive in place, but the problem right now is that not that many are offering incentives so we would be ahead of the curve in that respect but the dental students are looking at where they can make enough money to pay off their debt.

Rep. Glassheim: What do we pay for the dental students tuition expenses, that should help to lower the debt, but I don't know how much that is.

Mr. Cichy: Under the professional student exchange program I believe that in publicly funded school its the difference between an instate and out state tuition and that would vary and in the private schools its approximately \$15,000.

Rep. Timm: Any other questions of Mr. Cichy? Any other testimony in support of SB2276?

Mr. David Zentner, Director of Medical Services, Dept. Of Human Services. (Followd written testimony and answered questions after his testimony.)

Rep. Kempenich: It is getting back to the fact that the Math isn't going to work. If we go to the maximum on it is there going to be something less?

Mr. Zentner: As I understand the process its \$75,000 over 5 years so your looking at spreading the cost for one dentist over a five year period so your not talking about spending \$135,000.

Rep. Kilnske: One of the problems that we continually hear with Medicaid patients and dentists is the low reimbursement rate, is there something that is being done either through the Dept. Or federally to deal with the reimbursement rate that dentist get for working on Medicaid patients?

Mr. Zentner: Back in 1997 the legislature authorized us \$2 million additional dollars from the general funds to increase rates and we did do that at that time and it brought kids rate up to about 85% of billed charges, the adults up to about 75% of billed charges, and since then we have provided for inflation increases of about 2% a year which is what the individual increase have been allowed by the legislature.

Rep. Heuther: How long does it take to earn a degree in dentistry.

Mr. Zentner: I think it is 4 additional years or a total of 8 years of higher education.

Rep. Timm: Any other testimony in support of SB2276?

Kathleen Mangskau, North Dakota Department of Health. (Followed written testimony and answered questions after her testimony)

Rep. Timm: If it is so tough to get into dental school how do our potential students, are the accepted readily and I'm sure they are competing against applicants in there own state to get into there own school.

Ms. Mangskau: Yes they are, and it is a problem in getting into dental school because there are so few slots so the individuals that get in. Only 1% of the students that apply actually get in, so it is a small number that actually are entered into school although lots of them enroll.

Rep. Kempenich: Minnesota has a dental school, who else has got one in the surrounding states?

Ms. Mangskau: Most of the dentists that we get come from Minnesota, Iowa, Nebraska, and Wisconsin, those area in the general area. There are schools on the coast like Loma Linda where we do get some students from but the vast majority come from our neighboring states.

Rep. Wald: We have number of doctors in Dickinson who are from Canada, is there an exodus of dentist from Canada coming into the states?

Ms. Mangskau: Yes we do have dentists coming in from Canada, and because North Dakota law accepts a licenses from Canada we accept there dental education its relatively easy for them to come over from Canada, and we do get a small percentage from Canada.

Rep. Timm: Any other questions?

Rep. Delzer: You mentioned that prior we had a situation where we required repayment or coming back to the state, why did we drop that?

Ms. Mangskau: That program was dropped in the 80's when we didn't have a shortage of dentists, we felt that there was no need to continue that program at the time.

Rep Timm: Any other questions? Any other testimony in support of SB2276? Any opposition to SB2276?

Laura Glatt: University System (Here to discuss the fiscal notes attached to the bill)

As the bill was introduced in the senate there was a general fund appropriation in the bill for this program and as it was amended and came over to the house the bill now provides that the funding is in SB2003 which you know is the appropriation bill for the North Dakota University System, however the senate did not add any new money to SB2003 to support this program so is currently no new dollars or earmarked dollars in SB2003 for this program at the present time and as the fiscal note points out if this bill passes in its current form and there is no additional money added we would take the funding mostly likely out of that block grant which is the student block

grant in SB2003 which would mean that there would be less funding for the state grant program the scholars program, the Indian scholarship program and then also the existing slots we buy in the professional student exchange program, so I just wanted you to be aware of that fact. The other thing you may want to keep in mind is that there is \$135,000 in the appropriation, this for 01-03, keep in mind that it will continue to compound as you move forward in the biennium because if you keep enrolling three new dentists per year you have to maintain them for five years so by next biennium in 03-05 the appropriation requirement would be in excess of \$300,00 to sustain it and it will continue to grow.

Rep. Heuther: Has the University system looked at offering dental school of our own, sounds like there might be some opportunity with the number of applicants.

Ms. Glatt: We have not simply because of the high cost of operating a dental school, it would be very similar to operating a medical school and so we haven't pursued that.

Rep. Timm: Are 30 North Dakota students going to dental school now? Answer was yes.

Rep. Heuther: I hear the Minnesota is thinking about removing the reciprocity for college students, will that effect North Dakota if they do that?

Ms. Glatt: I have heard the same thing I don't know a lot about the details of that but certainly if they were to eliminate reciprocity completely that would diminish opportunities for North Dakota students to go to Minnesota institutions at a reduced rate.

Rep. Warner: What would be the minimum size to establish a school of dentistry, what would be the minimum number of students to establish such a school?

Ms. Glatt: I really don't know as we haven't looked into the possibility of such a school.

Rep. Aarsvold: Looking at the fiscal note they reference the student grant appropriation, now that's the block grant, the same block grant that were taking the \$120,000 for the teacher retraining bill that was passed?

Ms. Glatt: You are correct, there are several other bills that are floating around for teacher retraining, for technology occupations, for employing teachers in class B high schools, all of those bills are being tied to SB2003.

Rep. Kempenich: Where is it in the bill, I know it says its SB2003 but it doesn't necessarily grant lines it can be anywhere coming out of SB2003 can't it?

Ms. Glatt: The way SB2276 engrossed version now, it say the funds appropriated in SB2003 for providing, but you could be right, it does limit it to section one.

Rep. Wald: Wouldn't it make more sense to amend this into SB2003 and kill this bill and get it over with?

Ms. Glatt: Obviously you could do that, and our concern is more with the appropriation side.

Rep. Byerly: The \$135,000 is from any place in the higher education budget, it says that as authorized in section one of this act, that means section one of SB2276 is what is being authorized, and the \$135,000 can come out of anyplace in the higher budget. It doesn't have to come out of the grants line item.

Rep. Timm: Any other questions? Any other testimony on SB2276? If not we will close the hearing on SB2276.

End of House Appropriations Committee hearing on SB2276.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SB2276A.**

House Appropriations Committee

Conference Committee

Hearing Date **March 21, 2001**

Tape Number	Side A	Side B	Meter #
1	x		1547 - 2225
Committee Clerk Signature <i>L J Dasher</i>			

Minutes:

HOUSE APPROPRIATIONS COMMITTEE ACTION ON SB2276A.

Rep. Timm: Let's go to SB2276. This is the bill relating to the dentist's loan program.

Rep. Byerly: Moves for a Do Pass, seconded by Rep. Kempenich.

Rep. Kempenich: Where is the money going to come from for the appropriation for this bill?

Rep. Timm: The money is coming from the general fund, is that what you mean? We have a motion for a DO PASS. Any discussion?

Rep. Delzer: A couple of things that we at least need to be aware of on this, were starting a program here and I do not see an end to it and were starting a program that's costing \$135,000 this biennium, next time its \$340,000 and if we take a look at the future if we keep this up it could get to be a massive amount of money, and I understand the situation with dentist's being short, but I would much prefer that we looked at requiring them to come back if we pay their tuition out of state as an incentive to bring them back into the state instead of paying there tuition

out of state and then going ahead and paying their student loan when they come back, I'm sorry I can't support this.

Rep. Warner: I'm going to echo Rep. Delzer's comments. The best of my math is that were losing 12 dentist's a year and were gaining 6 and in order to make any significant dent in the deficit were going to looking at adding 14 to 16 dentist's is what we really need and I think a more comprehensive approach where we would front the money up front and then require either repayment or return would be a more effect way.

Rep. Byerly: Maybe based on the performance based here today I should amend the bill up to be twice as much money and then it would stand a significantly better chance of passage, I realize that \$135,000 is probably an insult based on the way that things have been going here, but the \$135,000 is enough money coming out of the Higher Education budget which is roughly \$1 billion dollar budget. It will bring some dentist's back to the State of North Dakota, is enough dentist's ? No its not, but we have to get started something and that's what this is. This was put together by the dentist's obviously, they are concerned about deliver of service in the State of North Dakota, they could have come in with a \$1 million dollar appropriation like some organization's have done, but they have said realistically we could look at getting three people back here and is it enough? No, but its not a reason to kill this bill and we have to get started at sometime.

Rep. Aarsvold: The entire assembly has always encouraged private and public relationships in funding programs and here we have an opportunity, and apparently there is a foundation out there who will match the effort we make here, so that's a pretty significant input from the private sector it seems to me and I would encourage the committee to pass this piece of legislation.

Rep. Timm: Any other discussion? We will call the roll for a DO PASS. (16) YES (5) NO

Date: 3/21/01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276

House APPROPRIATIONS Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS

Motion Made By Byerly Seconded By Kempnich

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman	✓				
Wald - Vice Chairman	✓				
Rep - Aarsvold	✓		Rep - Koppelman	✓	
Rep - Boehm		✓	Rep - Martinson	✓	
Rep - Byerly	✓		Rep - Monson	✓	
Rep - Carlisle	✓		Rep - Skarphol		✓
Rep - Delzer		✓	Rep - Svedjan		✓
Rep - Glassheim	✓		Rep - Thoreson	✓	
Rep - Gulleason	✓		Rep - Warner		✓
Rep - Huchter	✓		Rep - Wentz	✓	
Rep - Kempnich	✓				
Rep - Kerzman	✓				
Rep - Kliniske	✓				

Total (Yes) 16 No 5

Absent 0

Floor Assignment AARSVOLD

If the vote is on an amendment, briefly indicate intent:

2001 SENATE APPROPRIATIONS

CONFERENCE COMMITTEE

SB 2276

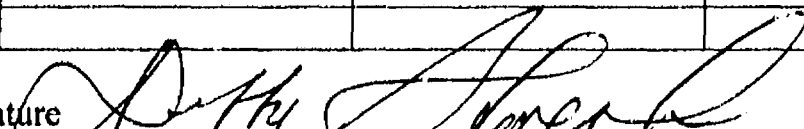
2001 SENATE CONFERENCE COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2276

Senate Appropriations

Conference Committee

Hearing Date April 12, 2001

Tape Number	Side A	Side B	Meter #
1	X		0.0-44.1
Committee Clerk Signature 			

Minutes:

Senator Andrist opened the conference committee on SB 2276. We will have the House explain the amendment to this bill.

Representative Deylin: We changed the forgiveness from four years to five years. The size of communities changed to have one selected for larger community and one for smaller community. The dental shortage was compared to the size of towns to make this program work.

Senator Andrist: We have an amendment to offer (attached) and to get your comments on it. The Dakota Medical Foundation of Fargo makes grants within 100 miles of Fargo for it's slots to buy.

Representative Delzer: The way I read the amendments, the donations make for more dentists if they serve on a chapter. Those contingent continue to donate outlining the years for three dentists a year. Will this make for larger expenditures?

Senator Andrist: It is limited by the amount of the appropriation. The more foundations may make for no state dollars in the future.

Representative Delzer: With the sign up contract being five years and every year keep adding dentists with no donations coming in, the state will have the responsibility as they started this program. Maybe word the amendment with donations and not the state.

Senator Andrist: Make a slot for a commitment for the full five years.

Representative Cleary: It is already for the next two years, the three dentists for five years.

Senator Andrist: 2 years three dentists, one year three dentists. Continuing appropriation, the state more obligation with five years verses the four years.

Representative Delzer: Make amendment on how long so state not responsible in future sessions.

Senator Grindberg: Why is this not out of the trust fund?

Representative Delzer: We have used almost all of that money. The program is worthy of looking at but not with general funds or tobacco funds. Decision was to pool money from university system for this appropriation.

Senator Andrist: Are the dollars there?

Celeste, OMB, end of 2003 there will be \$965,000 left in that budget for educational incentives, and \$135,000 for this program.

Senator Andrist: Higher Ed has not had a meeting yet, too soon to tell.

Senator Robinson: We really are using the general fund indirectly.

Representative Delzer: No true with the \$135,000.

Senator Andrist: What was the objection from using trust fund and now from the general fund using the Health Council?

Representative Cleary: We need that money as it is dwindling, and I strongly feel that money, the tobacco money, was meant to be used for smoking cessation and it is not being used for that reason.

Senator Robinson: It has been demonstrated for the need of this program with the Senate. My concerns is the way to support this concept and not to walk away with a mistake.

Representative Delzer: This is our answer from the House for tuition to make it required and to repay if not to stay.

Representative Devlin: I support the concept of the Senate but I am uncomfortable with taking tobacco money.

Senator Andrist: We will have a follow-up meeting on this. The issues will be the degree of the contribution to the program on buying slots and the obligation on payout.

Representative Delzer: We need to ask how current system is handled if the bill passes and what would happen next session with state obligation.

Don Wolf, Legislative Council, I believe there is no obligation to the state, only the two year funding for the program and not being tied to next session.

Representative Delzer: Is there anything in the contract when they apply, do they know that?

Don Wolf: I'm not sure but will look into that.

Representative Delzer: We need further amendment to make the dentist aware.

Senator Andrist: If this is to work next session or in the future the problem with the five year program would be in the third biennium and the original four years would only take two biennium's or sessions. This could be an empty commitment.

Senator Robinson: I agree with that, if this program is going to work.

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Senate Appropriations Committee

Bill/Resolution Number SB 2276

Hearing Date April 12, 2001

Representative Delzer: We could see an obligation next session with forgiveness.

Senator Grindberg: We need to come together with the obligations and decision making, this could be looked at like supply and demand.

Senator Andrist: Would the House consider scrapping the program verses using the Tobacco money?

Representative Devlin: Human Services would have killed it before using the tobacco money.

Senator Andrist: At our next meeting we will look at and explore to take the state out of this program and look at foundation grants.

Representative Devlin: That is a good idea going to foundation with the two year renewal.

Discussion continued on supporting the program with foundation aid verses state funding.

Conference committee closed.

Tape #1, Side A, meter 44.1.

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2276

Senate Appropriations Committee

Conference Committee

Hearing Date April 17, 2001

Tape Number	Side A	Side B	Meter #
Tape #1	x		47.0 - 54.9
Tape # 1		x	0.0 - 19.4
Committee Clerk Signature <i>Donnie Putsch</i>			

Minutes:

Senator Andrist, Chair of SB2276 Conference Committee (Dentists Loan Repayment Program), called the meeting to order at 10:00 am, on Wednesday April 18th in the Harvest Room.

Roll Call: Senator Andrist, Chair; Senator Grindberg; Senator Robinson; Representative Devlin; Representative Delzer; and Representative Cleary responded. All members present.

Senator Andrist: Distributed copies of proposed amendments #10739.0204 (a copy is attached). He reviewed the amendments and led the discussion.

Representative Delzer: Page 3, after line 6, insert --section b there, as stated really the Committee's wishes --- if no applications -- one slot goes from the other?

Representative Devlin: Within the year can do-- go to the bigger towns, so that's what we're going to do?

Senator Andrist: 5 applications from larger cities and 1 from small city --- the smaller city should have the heads up.

Page 2

Senate Appropriations Committee

Bill/Resolution Number SB2276

Hearing Date April 18, 2001

Representative Devlin: In the real world -- lots of services going to bigger cities.

Senator Grindberg: We want this to work in/for rural North Dakota -- not for the bigger cities.

Senator Andrist: Can change the verbiage -- strike that paragraph?

Representative Delzer: Remove Section b, page 1.

Representative Cleary: Maybe next year someone will fill that slot, then all will be filled.

Representative Delzer: Second year commitment? If 4 into 3 biennium's -- has this been addressed?

Senator Andrist: This does obligate future legislators -- basic rule is not to do this; but it has been done in the past.

Representative Delzer: Section 2, page 2 -- legislative intent -- what would be the fiscal note -- for this biennium and the next?

Don Wolf, Legislative Council Staff Analyst: At this point, need to check,

Senator Andrist: Believe 180 thousand first biennium.

Representative Delzer: 135 as stands -- if 6 are to go right away?

Senator Andrist: With deletion of section b --- it would.

Representative Delzer: One out of every 3 annually; 3 the first year?

Senator Andrist: If no applications the first year -- can't do 6 the next year.

Representative Delzer: 180 cost if 3 filled --- is that a monthly or annual payment?

Senator Andrist: Assume annual.

Representative Delzer: Perhaps we could have the fiscal note for current and next biennium?

Representative Delzer: See no problem with the gift/grants paragraph.

Senator Andrist: Lots of foundations out there with dollars for this type of appropriation.

Page 3

Senate Appropriations Committee

Bill/Resolution Number SB2276

Hearing Date April 18, 2001

Don Wolf: Working with Celeste Kubasta (OMB Analyst) -- believe we have the fiscal impact:

first year 3 for 60 thousand; second for 120 thousand and third for 180 thousand; fourth year 240 thousand. 420 thousand second biennium and thereafter.

Representative Delzer: 320 thousand the year after?

Don Wolf: Fourth year probability -- 1 off: stay at 240 per year.

Senator Andrist: 6 slots for 180 thousand first year; 420 thousand the second year; and 480 thousand third year and forward. 3 people on and 3 people off each year. 2003 Legislative Assembly could drop slots --- we are obligating future legislation.

Representative Delzer: Comfortable -- 6 slots most; 420 thousand if continue 6 slots; if continued, six slots for 480 thousand thereafter?

Senator Andrist: If it didn't continue -- next year 420 thousand and one after would be 240 thousand?

Representative Delzer: If all six done the same year.

Representative Devlin: The House Human Service Committee at one time had suggested the size should be 3000, not 2500 population -- how arrived at that number?

Senator Andrist: As we mentally walked through the cities and towns of North Dakota, we felt only 3 would be effected with 2500 to 3000.

Representative Devlin: It was the House Human Services Committee that for example: city could be hurt when individuals go to the larger city -- 3,000 being key number.

Senator Andrist: Would like to see all three slots go to communities under ten thousand --- cities such as Fargo have other avenues: example: Fargo has the Dakota Medical Fund for 3 slots.

Senator Grindberg: For clarification: Dakota Medical has not provided the funding -- is currently considering it.

Page 4

Senate Appropriations Committee

Bill/Resolution Number SB2276

Hearing Date April 18, 2001

Senator Andrist: Believe the program has value -- potential here to save the program -- perhaps we should try it -- see if it works?

Representative Devlin: 2500 or 3000 fit?

Celeste Kubasta, OMB Analyst: Secured a state map from the information desk and provided current population --- three cities would be effected if changed: Bottineau, Hazen and Rugby.

Representative Delzer: See both sides; the House Appropriations were not part of the size questions/discussion. Believe Legislative intent (section 2) okay to leave; doesn't effect the program.

Representative Cleary: Agree with keeping Section 2 .

Representative Delzer recommends that the House recede from the House amendments; and amend (#10739.0204) without section b -- as the committee discussed. He further noted, that the amendment be reviewed prior to taking to the floor -- and if after seeing the re-engrossed bill, it does not read as Conference Committee members have agreed -- the Chair will call the Conference Committee back for an additional meeting.

Senator Grindberg: Seconded the recommendation.

Discussion; call for the vote: Roll Call: 6 yes; 0 no; 0 absent and not voting.

Senator Andrist: Conference Committee on SB2276 adjourned.

April 5, 2001

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2276

In lieu of the amendments adopted by the House as printed on pages 828 and 829 of the House Journal, Engrossed Senate Bill No. 2276 is amended as follows:

Page 1, line 2, after "program" insert "; to provide a continuing appropriation"

Page 1, line 7, after the period insert:

"1."

Page 1, after line 11, insert:

"2. If the state health council accepts any gifts, grants, or donations under this chapter, the council may select additional dentists for participation in the loan repayment program under the provisions of this chapter."

Page 3, line 1, replace "of the" with "out of every three"

Page 4, after line 25, insert:

"Gifts - Grants - Donations - Continuing appropriation. The state health council may accept any gifts, grants, or donations, whether conditional or unconditional, for the purpose of providing funds for the repayment of dentists' educational loans. The council may enter into contracts with public or private entities and may expend any moneys available to it in order to obtain matching funds for the purposes of this Act. All moneys received as gifts, grants, or donations under this section are appropriated as a standing and continuing appropriation to the state health council for the purpose of providing funds for the repayment of additional dentists' educational loans."

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2276

That the House recede from its amendments as printed on pages 964 and 965 of the Senate Journal and pages 828 and 829 of the House Journal and Engrossed Senate Bill No. 2276 be amended as follows:

Page 1, line 2, after "program" insert "; to provide a continuing appropriation"

Page 1, line 11, after the period insert "If the state health council accepts any gifts, grants, or donations under this chapter, the council may select additional dentists for participation in the loan repayment program under this chapter."

Page 1, line 16, remove "that have fewer than ten thousand residents and"

Page 2, line 21, replace "assignments" with "patients"

Page 3, line 1, after the period insert:

"a. (1)" and replace "of the" with "out of every three"

Page 3, line 3, after "thousand" insert "five hundred" and replace "Each of the remaining" with:

"(2) One out of every three"

Page 3, after line 6, insert:

"(3) One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having ten thousand or more residents.

delete

b. If the state health council is unable to contract with one dentist to meet the requirements of paragraph 1, one dentist to meet the requirements of paragraph 2, and one dentist to meet the requirements of paragraph 3 of subdivision a, the state health council may contract with two dentists to meet the requirements of any one of the paragraphs in subdivision a, and then contract with one dentist to meet the requirements of either of the two remaining paragraphs."

Page 4, after line 25, insert:

"Gifts, grants, and donations - Continuing appropriation. The state health council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of dentists' educational loans. If any entity desires to provide funds to the council to allow an expansion of the program beyond the three dentists contemplated by this Act, the entity shall commit to fund fully the expansion for a period of four years. The council may contract with any public or private entity and may expend any moneys available to the council to obtain matching

funds for the purposes of section 1 of this Act. All money received as gifts, grants, or donations under this section are appropriated as a continuing appropriation to the state health council for the purpose of providing funds for the repayment of additional dentists' educational loans.

SECTION 2. LEGISLATIVE INTENT. It is the intent of the fifty-seventh legislative assembly that the fifty-eighth legislative assembly provide sufficient funds for the continuation of any obligations entered by the state health council under this Act."

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2276

That the House recede from its amendments as printed on pages 964 and 965 of the Senate Journal and pages 828 and 829 of the House Journal and Engrossed Senate Bill No. 2276 be amended as follows:

Page 1, line 2, after "program" insert "; to provide a continuing appropriation"

Page 1, line 11, after the period insert "If the state health council accepts any gifts, grants, or donations under this chapter, the council may select additional dentists for participation in the loan repayment program under this chapter."

Page 1, line 16, remove "that have fewer than ten thousand residents and"

Page 2, line 21, replace "assignments" with "patients"

Page 3, line 1, after "One" insert "out" and after "of" insert "every three"

Page 3, line 3, after "thousand" insert "five hundred", replace "Each" with "One out", and replace "the remaining" with "every three"

Page 3, line 6, after the period insert "One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having ten thousand or more residents."

Page 4, after line 25, insert:

"Gifts, grants, and donations - Continuing appropriation. The state health council may accept any conditional or unconditional gift, grant, or donation for the purpose of providing funds for the repayment of dentists' educational loans. If any entity desires to provide funds to the council to allow an expansion of the program beyond the three dentists contemplated by this Act, the entity shall commit to fund fully the expansion for a period of four years. The council may contract with any public or private entity and may expend any moneys available to the council to obtain matching funds for the purposes of section 1 of this Act. All money received as gifts, grants, or donations under this section are appropriated as a continuing appropriation to the state health council for the purpose of providing funds for the repayment of additional dentists' educational loans.

SECTION 2. LEGISLATIVE INTENT. It is the intent of the fifty-seventh legislative assembly that the fifty-eighth legislative assembly provide sufficient funds for the continuation of any obligations entered by the state health council under this Act."

Re-number accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 301 - State Department of Health - Conference Committee Action

The Conference Committee provides funding of \$180,000 from the community health trust fund for a dental loan repayment program and provides for a continuing appropriation from gifts, grants, and donations for loan repayment.

Date: 4-18-01

Roll Call Vote #: 1

**2001 CONFERENCE COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2276**

*new #
10739.0204*

CONFERENCE COMMITTEE-Dentists loan repayment program

Legislative Council Amendment Number 10739.0204

- recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from) the (Senate/House) amendments on (S/H) page(s) 964-965 of Amend. *W/section B*
- having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

Action Taken _____

Motion Made By Robinson Seconded By Grindberg
Senator/Representative Senator/Representative

Senators	Yes	No	Representative	Yes	No
Senator Andrist	✓		Representative Devlin	✓	
Senator Grindberg	✓		Representative Delzer	✓	
Senator Robinson	✓		Representative Cleary	✓	

Total Yes 6 No 0 Absent _____

REPORT OF CONFERENCE COMMITTEE

SB 2276, as engrossed: Your conference committee (Sens. Andrist, Grindberg, Robinson and Reps. Devlin, Delzer, Cleary) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 0964-0965, adopt amendments as follows, and place SB 2276 on the Seventh order:

That the House recede from its amendments as printed on pages 964 and 965 of the Senate Journal and pages 828 and 829 of the House Journal and Engrossed Senate Bill No. 2276 be amended as follows:

Page 1, line 2, after "program" insert "; to provide a continuing appropriation"

Page 1, line 11, after the period insert "If the state health council accepts any gifts, grants, or donations under this chapter, the council may select additional dentists for participation in the loan repayment program under this chapter."

Page 1, line 16, remove "that have fewer than ten thousand residents and"

Page 2, line 21, replace "assignments" with "patients"

Page 3, line 1, after "One" insert "out" and replace "the" with "every three"

Page 3, line 3, after "thousand" insert "five hundred", replace "Each" with "One out", and replace "the remaining" with "every three"

Page 3, line 6, after the period insert "One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having ten thousand or more residents."

Page 4, after line 25, insert:

"Gifts, grants, and donations - Continuing appropriation. The state health council may accept any conditional or unconditional gift, grant, or donation for the purpose of providing funds for the repayment of dentists' educational loans. If any entity desires to provide funds to the council to allow an expansion of the program beyond the three dentists contemplated by this Act, the entity shall commit to fund fully the expansion for a period of four years. The council may contract with any public or private entity and may expend any moneys available to the council to obtain matching funds for the purposes of section 1 of this Act. All money received as gifts, grants, or donations under this section is appropriated as a continuing appropriation to the state health council for the purpose of providing funds for the repayment of additional dentists' educational loans.

SECTION 2. LEGISLATIVE INTENT. It is the intent of the fifty-seventh legislative assembly that the fifty-eighth legislative assembly provide sufficient funds for the continuation of any obligations entered by the state health council under this Act."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 301 - State Department of Health - Conference Committee Action

The Conference Committee provides funding of \$180,000 from the community health trust fund for a dental loan repayment program and provides for a continuing appropriation from gifts, grants, and donations for loan repayment.

REPORT OF CONFERENCE COMMITTEE (420)
April 19, 2001 1:27 p.m.

Module No: HR-70-8874

Insert LC: 10739.0205

Engrossed SB 2276 was placed on the Seventh order of business on the calendar.

2001 TESTIMONY

SB 2276

**TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE
REGARDING SENATE BILL 2276
JANUARY 29, 2001**

Chairman Nething, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide information regarding this bill.

The North Dakota Medicaid Program provides a wide array of medical services to more than 42,000 eligible individuals. One of the optional services covered under the program is dental. While most recipients have good access to services provided through the program, dental services are not always available to the low-income individuals we serve.

In some areas of the state, it takes many months for children to receive an appointment for services and it is very difficult for adults with no current dentist to find a dentist who will accept them if they are eligible for the Medicaid Program. Many dentists severely limit the number of Medicaid patients they see and others see no new Medicaid patients.

While the reasons for this lack of access is varied, one of the major issues relates to the number of dentists practicing in North Dakota. We believe that if the number of dentists in the state increases, it will provide better access to low-income residents of our state.

This bill does provide an incentive for dentists to locate in North Dakota. One of the selection criteria to be eligible for the loan repayment is the dentist's willingness to accept Medicaid patients. We believe this part of the bill is imperative if we are to continue to provide needed dental services to the less fortunate citizens of our state.

The Department would suggest a wording change on page 2, line 21. We would suggest removing the word assignments and replace it with patients. The Medicaid Program has no assignment process for payment purposes.

For the above reasons, the department believes the passage of this bill has the potential to increase access to dental services in the Medicaid Program. However, we can only support the concept because funding for the bill was not included in the Executive Budget.

I will be happy to answer any questions you may have.

Statement of

Kathleen A. Mangskau, RDH, MPA
*Oral Health Program Director
North Dakota Department of Health*

SB No. 2276
Regarding
Dentist's Loan Repayment Program

Before the
Senate Appropriations Committee

January 29, 2001

Good morning Mr. Chairman and members of the Senate Appropriations Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. I am here to provide information on oral health provider needs in the state. The establishment of a dentist's loan repayment program could provide the incentives necessary to attract dentists to practice in North Dakota.

Access to oral health care services could become a problem for many residents of North Dakota if current trends in dental provider distribution continue. Access is already a critical issue for many low-income families in North Dakota. Currently 26 percent of dentists report that new patients must wait more than four weeks for treatment. Over three-fourths (76%) of the dentists report they do not actively seek new patients and only 43 percent accept new Medicaid patients.

Currently there are 13 areas designated as dental health professional shortage areas (dental HPSAs). Twelve counties including Billings, Bottineau, Burke, Dunn, Foster, Golden Valley, Kidder, McIntosh, McKenzie, Sioux, Slope, and Towner are designated. The Family Health Care Center in Cass County recently received facility designation status. County designation means that the dentist to population ratio is greater than 1 to 5,000. Facility designation indicates the facility provides 50 percent or more of their care to residents of a designated HPSA, each dentist has more than 5,000 outpatients visits, and the waiting time for an appointment is more than six weeks. Three additional designations have been requested in Nelson, Griggs and Steele counties and two additional counties (Burleigh and Morton) are being studied to see if they would qualify. In addition, a facility designation for the State Penitentiary is being requested. The loss of just one dentist in many rural counties places them in health professional shortage area status.

According to the 1999 Health Resources and Services Administration state profiles, dentistry is the one area in the distribution of primary care providers where North Dakota falls below the national rates. We rank above the national rates for physicians, physician assistants, and registered nurses, but fall below the national average for dentists.

In North Dakota we have one dentist for every 2253 people while the national average is one dentist for every 1700 people. There are currently 282 licensed practicing dentists in the state. Of that number, 48 are dental specialists, which means our actual population to dentist ratio closer to one dentist for every 2687 people. The current recommended ratio under many state managed care contracts is 1:2000. To reach that ratio North Dakota needs another 49 dentists in the state. We were at that level in the 1980s and there were few access problems. In the past 10 years North Dakota has lost an average to 12 dentists per year and get six new ones for an average net loss of six per year. If this trend continues, the average citizen will have difficulty finding dental care in a timely manner.

A November 1998 survey of North Dakota dentists showed 36 percent of the licensed practicing dentists were over the age of fifty. The average age of North Dakota dentists is 48.2 years. We have an aging dentist population. Currently nearly one-fourth (23%) of our dentists are over the age of 55 while in the mid 1980s and early 1990s only 16 percent of our practicing dentists were over 55 years of age.

The shortage of dentists is a nationwide problem. In the last 10 years dental schools have closed and enrollments have decreased. Dental schools currently have long waiting lists for acceptance. We are competing with other states to secure dental providers for our state.

In April of 2000 a statewide dental summit of public and private providers identified the lack of dental manpower and the financing and resources to support manpower improvement in the state as a priority issue. Since the Summit the North Dakota Dental Association has developed a mentoring program to encourage young people to pursue careers in dentistry and has dental mentors available to encourage young people to return to the state. In August of 2000, North Dakota re-instituted an externship program with the University of Minnesota. Four dental externs spent a month working in rural and underserved communities in the state. Post externship interviews with the students indicated they need incentives to return to the state. A loan repayment option was the number one incentive students indicated they felt would attract them to the state.

If this bill is passed, the Department of Health would need the \$180,000 appropriation to develop and implement the program in the 2001-2003 biennium. No additional FTEs would be required as current staff could administer the program.

Mr. Chairman, this completes my formal testimony. I would be pleased to answer any questions that you or other members of the committee have regarding dental provider status.

Statement of

Kathleen A. Mangskau, RDH, MPA
*Oral Health Program Director
North Dakota Department of Health*

SB No. 2276
Regarding
Dentist's Loan Repayment Program

Before the
House Human Services Committee

March 5, 2001

Good morning Madame Chair and members of the House Human Services Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. I am here to provide information on oral health provider needs in the state. The establishment of a dentist's loan repayment program could provide the incentives necessary to attract dentists to practice in North Dakota.

Access to oral health care services could become a problem for many residents of North Dakota if current trends in dental provider distribution continue. Access is already a critical issue for many low-income families in North Dakota both in urban and rural areas. Currently 26 percent of dentists report that new patients must wait more than four weeks for treatment. Over three-fourths (76%) of the dentists report they do not actively seek new patients and only 43 percent accept new Medicaid patients.

Currently there are 16 areas designated as dental health professional shortage areas (dental HPSAs). Fifteen counties including Billings, Bottineau, Burke, Dunn, Foster, Golden Valley, Griggs, Kidder, McIntosh, McKenzie, Nelson, Sioux, Slope, Steele, and Towner, are designated. The Family Health Care Center in Cass County recently received facility designation status. County designation means that the dentist to population ratio is greater than 1 to 5,000. Facility designation indicates the facility provides 50 percent or more of their care to residents of a designated HPSA, each dentist has more than 5,000 outpatient visits, and the waiting time for an appointment is more than six weeks. Two additional counties (Burleigh and Morton) are being studied to see if they would qualify. In addition, a facility designation for the State Penitentiary is being requested. While we know there are many more counties that would qualify in the state for shortage designation, the Primary Care Office does not have enough staff to work solely on this issue. The loss of just one dentist in many rural counties places them in health professional shortage area status. In addition many counties are experiencing over-utilization of their current providers because of the shortages in other areas. Access is both a rural and an urban problem in North Dakota.

According to the 1999 Health Resources and Services Administration state profiles, dentistry is the one area in the distribution of primary care providers where North Dakota

falls below the national rates. We rank above the national rates for physicians, physician assistants, and registered nurses, but fall below the national average for dentists.

In North Dakota we have one dentist for every 2253 people while the national average is one dentist for every 1700 people. There are currently 282 licensed practicing dentists in the state. Of that number, 48 are dental specialists, which means our actual population to dentist ratio closer to one dentist for every 2687 people. The current recommended ratio under many state managed care contracts is 1:2000. To reach that ratio North Dakota needs another 49 dentists in the state. We were at that level in the 1980s and there were few access problems. In the past 10 years North Dakota has lost an average of 12 dentists per year and get six new ones for an average net loss of six per year. If this trend continues, the average citizen will have difficulty finding dental care in a timely manner.

We are currently experiencing geographic shortages of some specialists, particularly in the area of pediatric dentists and orthodontists. There are only five pediatric dentists in North Dakota and only 12 orthodontists. Pediatric dentists report being booked anywhere from 3-6 months for examination and treatment. For young children with severe tooth decay that need to be hospitalized for treatment the wait is anywhere from 4-6 months. With orthodontists, we primarily face geographic shortages.

A November 1998 survey of North Dakota dentists showed 36 percent of the licensed practicing dentists were over the age of fifty. The average age of North Dakota dentists is 48.2 years. We have an aging dentist population. Currently nearly one-fourth (23%) of our dentists are over the age of 55 while in the mid 1980s and early 1990s only 16 percent of our practicing dentists were over 55 years of age.

The shortage of dentists is a nationwide problem. In the last 10 years dental schools have closed and enrollments have decreased. Dental schools currently have long waiting lists for acceptance. We are competing with other states to secure dental providers for our state.

In April of 2000 a statewide dental summit of public and private providers identified the lack of dental manpower and the financing and resources to support manpower improvement in the state as a priority issue. Since the Summit the North Dakota Dental Association has developed a mentoring program to encourage young people to pursue careers in dentistry and has dental mentors available to encourage young people to return to the state. In August of 2000, North Dakota re-instituted an externship program with the University of Minnesota. Four dental externs spent a month working in rural and underserved communities in the state. Post externship interviews with the students indicated they need incentives to return to the state. A loan repayment option was the number one incentive students indicated they felt would attract them to the state.

If this bill is passed, the Department of Health would need the \$180,000 appropriation to develop and implement the program in the 2001-2003 biennium. No additional FTEs would be required as current staff could administer the program.

Madame Chair, this completes my formal testimony. I would be pleased to answer any questions that you or other members of the committee have regarding dental provider status.

March 5, 2001

Testimony before House Human Services Committee

Fort Union Room

Representative Clara Sue Price, Chair

Senate Bill 2276

Chairman Price and members of the House Human Services Committee, my name is Larry Gjerstad and I am a dentist in Mott, North Dakota. I am unable to attend the hearing but would like to present the following written testimony concerning my situation in Mott and this loan repayment bill.

I graduated from the University of Minnesota and moved to Mott in 1966 and I have been practicing there since that time. My wife and I are originally from Central Minnesota. I have a full time practice with over 2,000 patients and basically I am swamped. I work a minimum of 40 hours per week with the majority of my patient base in a 60 mile radius from Mott. I have five full-time and two half-time employees.

I have been looking to retire for the past five years but have had no luck finding someone to take over my practice. The reason I am continuing to practice is because I do not want to leave my patients without someone available to provide them care. However, if I do not find someone soon, the only option I will have is to start slowing down, reducing my client base and eventually locking the doors and walking away. I know that the other smaller town dentists in my area are all swamped and my patients would have to travel considerable distances in the hope of finding someone able to provide them the dental services that they need.

Access to dental care is nearing crisis proportions. I recently had an emergency situation with a person from Turtle Lake who could not find care. I treated her. I have had many others from long distances who have stated that they have tried numerous dental offices before arriving at my clinic.

There must be a financial incentive for dentists to start practice in rural North Dakota. I believe that this loan repayment program is absolutely necessary to maintain dental services in the rural areas of North Dakota and urge your support of Senate Bill 2276.

March 5, 2001

Testimony before House Human Services Committee

Fort Union Room

Representative Clara Sue Price, Chair

Senate Bill 2276

Chairman Price and members of the House Human Services Committee, my name is Dean Boschee and I am a practicing dentist in Wishek, North Dakota. I am unable to attend today's hearing but wish to offer this written testimony.

I am a graduate of Marquette University Dental School and have practiced in Wishek for nearly 33 years. I am serving approximately 2,000 patients in the Wishek area, including Logan County, parts of Macintosh, Emmons, LaMoure, Dickey and Stutsman Counties. I practice five days a week and plan to retire in the summer of 2002.

I employ 3 people in my dental practice. At the present time, I have no one to take over my dental practice nor to serve the 2,000 patients that I am presently serving. When I graduated from dental school, there was a loan forgiveness program available that helped convince me to return to Wishek. That program was based upon the designation of the area as a dental shortage area. This was instrumental in my return. If there is no dentist to replace me in Wishek when I retire, my patients will be forced to find dental care in an over-taxed system. The nearest dental practices are in Linton, Ashley and Ellendale. However, it is my understanding that these practices are also full and can take only a limited number of new patients. Consequently, my patients may have to travel to Bismarck or Aberdeen or Jamestown to try and receive their dental care. My former patients' dental health will be adversely affected because access will be limited or unavailable.

I ask your support of Senate Bill 2276 I believe as it has helped in the past, a loan repayment program will assist and encourage dental students to practice in rural and underserved areas. As I mentioned above, if something is not done, there will be a severe problem in my area. With no one to provide our residents needed dental care, it will adversely affect their dental health and quality of life.

McVille State Bank

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

BOX 305

McVILLE, NORTH DAKOTA 58254

701-322-4324

January 25, 2001

Senator Dave Nething
ND Senate Appropriations Committee

Senator Nething,

I am a small town banker from McVille ND and am very concerned about our community. Our local dentist of 24 years has retired with no replacement in sight. He spent a great deal of time, money and effort to find a replacement for himself before leaving. Working on behalf of our local development corporation, I have spent much time, effort, and money attempting to recruit a dentist for the community. Our previous dentist had to walk away from a very successful practice with 2600 active clients, unable to sell it at any price. His and two other full time jobs are gone.

Visiting with my cow-workers, we discussed how hard it is to find a dentist willing to accept new clients. Most of us will drive 65 miles to Grand Forks for a dentist, taking our shopping money with us. For us it means taking a day off from work to drive the kids to an out of town dentist.

We are struggling to keep our local medical community complete. Our nursing home and swing bed patients appreciate having dental care come to them.

Please do what you can to pass a bill to allow for school loan debt relief for these young doctors. I have talked to many of them while trying to recruit and they agree, with so many other options available to them, this would get them looking in our direction.

Sincerely,


Dan L. Rorvig

January 25, 2001

Dr. Ron Sealey
2224 1st Ave W
Williston, North Dakota 58801

Dear Senator ~~Wahling~~ and Members of the Appropriations Committee:

My name is Bryan Vibeto I am a fourth year dental student at the University of Minnesota-Twin Cities and a resident of North Dakota. I am writing in response to the recent concern over the upcoming shortage of dentists in North Dakota. Like so many other dental students today, I was faced with the decision of how to minimize the debt of dental school. It has been a dream of mine for several years to return to North Dakota, however, I made the decision during my first year of dental school to accept a three year scholarship from the United States Air Force. This scholarship pays for three years of school in return for three years in the Air Force. Although I believe it to be an honor to serve in the military, I do not think that I would have delayed coming to North Dakota if a tuition repayment plan were in place. Even though tuition reimbursement may not directly benefit me, I believe it needs serious consideration for students that are faced with similar decisions. Although some students will return to North Dakota based on personal preference, in my opinion most students need an incentive to move to North Dakota. I believe this is especially true if they've never been to North Dakota. Having lived in North Dakota my whole life, I know what a great state it is to live in. However, many students have preconceived ideas, true or untrue, about North Dakota that may not be favorable. Offering tuition reimbursement will make North Dakota a very attractive place for young dentists, which is just what North Dakota needs.

Sincerely,

Bryan M. Vibeto

Lieutenant Bryan M. Vibeto

January 26, 2001

Dear Committee Members:

My name is Jack Stevick and I am presently a third year dental student attending Creighton University School of Dentistry in Omaha, Nebraska. The path I have traveled has not come easy. Much more than in the past, the increasing number of applicants and constant class sizes of dental schools has made the acceptance process very competitive for all students. Many times things like this seem to run in cycles and fortunately or unfortunately for dental students near graduation and dentists currently in practice, the forthcoming shortage of practicing dentists in our country, and even more importantly in the state of North Dakota, is a very severe problem that I feel needs to be addressed immediately. When I first got word that there was going to be the introduction of a bill offering graduating dental students a type of loan repayment for their dental school tuition in the state of North Dakota, I became very excited. As I'm sure many of you know dental school is not inexpensive, especially at a private institution, but in case there are some of you that are unaware of the costs of dental school these days let me tell you. My projected debt for dental school tuition, not to mention the cost of instruments, and the cost of living, will be near \$160,000. For a young professional coming out of school with the hopes of buying or joining a practice this type of debt is very, very scary. That is why I feel so strongly about the introduction of this bill. Without such a bill in place, North Dakota runs a very serious risk of losing most, if not all, of our new young dentists to other states with more enticing opportunities. I must admit, I am not certain of where I would like to locate after graduation in May of 2002. Yes, I love North Dakota, I love the people and I love the small hometown atmosphere, but I also understand what \$160,000 in debt means. Without some type of help from our state, I believe we, the graduating dental students, will be forced to relocate. So please give this bill serious consideration and do not underestimate its importance to the future of dentistry in North Dakota. We need this bill!

Sincerely,
Jack R. Stevick
Jack Stevick

Stephanie J. Guy
3651 Fairway Rd.
Fargo, ND 58102

January 30, 2001

XXX
XXX
XXX

X:

My name is Stephanie Guy. I am a first year dental student at the University of Minnesota School of Dentistry and a North Dakota resident. I am writing to voice my support for the loan repayment legislation described by Dr. Brent Holman in *The Forum* on January 18, 2001 (an internet copy of which is enclosed).

In the next decade, 40% of North Dakota dentists will retire. This trend is not limited to North Dakota. The 2000 September-October edition of *Northwestern Dentistry* states that 35% of South Dakota dentists and 21% of Minnesota dentists will also be retiring in the next 10 years. Dental students have many opportunities and will be in increasingly high demand as we graduate and begin to practice.

However, I will graduate from dental school over \$100,000 in debt. This debt is due to dental school expenditures only, and is average for a dental student. It does not take into account the cost of buying into a practice after graduation. As a young student the prospect of assistance in paying back my student loans is very attractive to me and to my peers.

Twelve of my classmate (over 17% of my class) either grew up in North Dakota or completed their undergraduate work within the North Dakota State University System, at Minnesota State University- Moorhead or at Concordia College in Moorhead. They are familiar with North Dakota and have ties here. Many of them would consider practicing in North Dakota and are joining me in writing legislators in support of this issue. We are all future dentists who would consider a loan repayment program to be a strong reason to practice in North Dakota.

I will probably return to North Dakota with or without the loan repayment legislation, because I really want to live in North Dakota. I know North Dakota is a great place to live and my family is here. However, my classmates will be receiving competing offers from all over the tri-state area. If the State of North Dakota wants to be competitive in attracting these young dentists to the state it needs to this legislation. I urge you to give favorable consideration to the proposed loan repayment program: SB 2276.

Thank you for your consideration,

Stephanie J. Guy

January 26, 2001

1170 Cushing Circle #108
Saint Paul, MN 55108
651-917-1849/lach0042@tc.umn.edu

Dr. Brent Holman
2538 South University Drive #A
Fargo, North Dakota 58103-5737

To: Members of the North Dakota Dental Association

My name is Kim Rauk, I am currently a second year dental student at the University of Minnesota. I feel compelled to write a letter to the North Dakota Dental Association after reading some recent articles in The [Fargo] Forum (01-18-01) and Northwest Dentistry concerning the future of dentistry in North Dakota.

I was born in Fargo, but have been a Minnesota resident for 25 years. I graduated from Moorhead High School in 1992. Therefore, I have not lived in Moorhead for about nine years. In that time, I graduated from college, have gotten married, and have entered dental school. My husband and I have purchased a home in the Twin Cities. For the past four years, our life, our friends, our careers and our home have been here. My point is that a lot happens between high school graduation and the start of a dental career...and the choice of where you will start that dental career. Not to mention, find a home, find a fulfilling career for a spouse and start a family.

My foremost choice is to practice in North Dakota. This is much to the bewilderment of my husband, his family, our friends, and pretty much anyone who does not appreciate the state of North Dakota. Which is why I was disappointed to learn of the decision by the NDDA to disassociate from Northwest Dentistry, since this is the only publication I receive as a student that has kept me informed about the NDDA and their activities and achievements. It is through this publication that I read about the annual meeting and decided to make the seven-hour drive to Bismarck with my husband after classes on a Friday, to be there in time for the Saturday session. I wanted to meet dentists who enjoyed practicing in the state, and I did. Several were kind enough to share their experiences over lunch, and one even gave us a tour of his office nearby.

As a first year student last year, I was struck by how involved the Minnesota Dental Association is in our lives as students. Our membership for ASDA, the MDA and the ADA is only \$10 our first year because of sponsorships from MDA member dentists. We receive an invitation to their annual session each year. During our first month of dental school the president of the MDA spoke to us in one of our classes about organized dentistry. Throughout the year Minnesota dentists speak to us on various topics through Lunch 'n Learns during our lunch period. We have access as members to their website and receive their newsletter MDA News. Last year, we participated in major letter writing campaigns and sat in on legislative hearings regarding student loan repayment, Minnesota Care Tax, and a "a major third party carrier" that was discriminating against Minnesota dentists. As students, we are told that we are in a very unique position, because we still have a choice of where we may practice. Dentists already in practice will most likely stay practicing where they have established a business, family, etc. As students, we still have a choice.

I understand the situation that North Dakota is in with regard to the provider shortage. It is a problem faced by Minnesota, Wisconsin and other predominantly rural states. Those of us wanting to return to a rural area have many choices. At school we are sent invitations to area dental labs and practices. We hear a lot about what it is like to practice in the metro area: the convenience, the flexibility. Even I have had second thoughts about leaving the city.

I agree that attempts should be made to attract high school and college students of North Dakota to consider a dental career in their state. However, as I mentioned above, a lot of years, places, and relationships stand between high school and an eventual practice choice. Many students change their minds or have their minds changed while in dental school. I agree that a loan repayment program would attract new dentists to the state, especially those from North Dakota, but I also believe a stronger relationship with the dental students at the University of Minnesota would be especially beneficial. Meet us, talk with us, and inform us about what is going on in your state. Who knows, you may recruit a "city kid" with a liking for wide-open spaces, or lure some Minnesota natives across the border.

Sincerely,

Kimberly A. Rauk

Cc: Dr. Robert Lauf

January 29, 2001

Testimony before Senate Committee on Appropriations

Harvest Room

Senator David Nething, Chairman

Senate Bill 2276-Loan repayment for dental debt.

My name is Joe Cichy, and I am the Executive Director of the North Dakota Dental Association. The North Dakota Dental Association asks your support of SB 2276.

There is a dental access problem in North Dakota due to a shortage of dentists. As a result many citizens in North Dakota are unable to access dental care on a timely basis.

During this session the NDDA is supporting a three pronged approach to addressing this issue:

1. SB 2295 the donated dental service program. This will help provide donated dental care to some of the disabled, elderly and medically compromised people in our state who cannot afford essential dental
2. SB 2292 a loan forgiveness program under WICHE (NDUS budget SB 2003) wherein those dentist who return to North Dakota will have that debt forgiven. Also in conjunction with this it is necessary to contract with dental schools to guarantee access to the dental school for our state's qualified dental applicants.
3. SB 2276 a loan repayment plan to encourage dentists to return to North Dakota and practice in under served areas of the state

The North Dakota Dental Association believes that this legislative package will help ameliorate the pending dental care crises. It is imperative that during this legislative session steps be taken to address this shortage issue.

January 29, 2001
Testimony before Senate Committee on Appropriations
Harvest Room
Senator David Nething, Chairman
Senate Bill 2276

Chairman Nething, Vice Chairman Solberg, members of the Senate Appropriations Committee. Thank you for allowing me to testify in favor of SB 2276 this morning. My name is Ron Seeley. I am a general dentist, with a private practice in Williston. I am also Vice President of the North Dakota Dental Association (NDDA), and chairman of their Manpower Shortage Committee.

By way of background information, I was born in Grand Forks, my mother is from Crosby and my father is from Grand Forks. Due to my dad's job on the Burlington Northern we started moving when I was two, and moved nine times before I graduated from high school in St. Paul, Minnesota. During that time I lived in North Dakota, Minnesota, Iowa and Washington. I still had grand parents living in Grand Forks upon graduation from high school, so I chose UND for my undergraduate education. After graduation from UND in 1976, I attended Creighton University in Omaha, Nebraska for my dental education, graduating in 1980. I then returned to North Dakota (Williston) to begin private practice, originally with my wife's family dentist, who was 63 and close to retirement. I have been here ever since.

A little over two years ago the NDDA commissioned a scientific study of it's members to determine the needs of dentistry in North Dakota as we began a new millennium. The results were more dramatic than expected, and provided information that the state of North Dakota was coming up quickly on a dentist shortage, one that would be even more severe than the national shortage on the horizon. Of the approximately 300 practicing dentists in ND, 40% were planning to retire within the next ten years (now eight years). Where would the next generation of dentists for North Dakota's citizens come from? This started the NDDA on a journey to find answers to this question.

We formed a Workforce Committee. We held talks with North Dakota University Systems

(NDUS) staff people on the issue. We talked to and sent letters and information to every North Dakota college and university, private and public, two and four year. We also placed a dentist at the disposal of each of those schools for added information and job shadowing. We attended (and continue to attend) the annual counselors convention in Bismarck to disseminate information to the counselors of children in grades 7-12. We entered into an agreement with the University of Minnesota Dental School for an externship program. This brings in 4 senior dental students each summer to rural practices to work for one month with a local dentist. This gives those students a feel for what dentistry in North Dakota is like. They not only work in our offices, they go wherever we go and see how active in the community we are. We considered legislation at the last session to help, but deemed that we had not yet exhausted all of our options, so continued to push for solutions without legislative intervention.

As a volunteer organization, we now feel overwhelmed. We also feel very strongly that we have done everything we can to alleviate the problems the dentist shortage will create, especially among children, the indigent, and the disabled populations. We need help. We need to insure that the citizens of North Dakota will continue to have access to quality dental care. Two of the best ways we can insure this is to get quality North Dakota students into dental schools each and every year through contracts with existing dental schools and then to help them with their staggering school debt when they are done. We are working on the former, as you will hopefully see reflected in the NDUS budget later in the session. I am here today to speak to the latter.

Since 1960 (nationwide), the number of dentists per 100,000 population has risen from about 49 to a high of 59.5 in 1990, when it began to decline.* The Bureau of Health Professions of the Public Health Service estimates that decline will continue through the year 2020.* The American Dental Association (ADA) has made a similar projection.* Projections beyond 2020 are only speculative, and currently unavailable. Why are these national trends occurring? The number of

dental schools rose from 42 in 1950 to 62 in 1977.* The number of dental graduates rose 81% from 1965 to 1983, from 3,181 to 5,756.* Currently we have 55 dental schools in the United States, graduating 4,041 dentists annually.* You can see the number of dental schools and the number of graduates have declined dramatically from the high in 1983, and those numbers are not likely to increase in the near future, even though Nevada will open a new dental school in 2003. The 55 dental schools are located in 32 states.* The 18 states without dental schools (including North Dakota) have fewer schools and positions for which to compete.* A deterrent for potential applications from these states is that they more often have to apply to private dental schools, which have higher tuition and fees.* 86% of dental students receive financial support from one or more sources of loan, grant and work study programs.* From 1990 to 1996 the average amount of such assistance rose 60% from \$17,700 to \$28,400 annually.* It is currently estimated that the average debt incurred by a dental student (not counting undergraduate debt) is \$120,000.

What does this mean for North Dakota?

Unless something is done quickly, we will have fewer and fewer North Dakota students entering dental schools. Of those students who do attend dental school, they will incur more and more debt while in school. When they graduate, they will have tremendous opportunities, due to the national shortage, to practice dentistry anywhere in the United States. If we expect our North Dakota students to return to North Dakota to practice, we must make it economically practical for them to do so. If we do not, many of them will go elsewhere, even if they desire to return to North Dakota. The reality is they will be able to become economically stable in larger markets, with higher fees, and other economic incentives (such as, but not limited to, loan repayment programs), sooner. If they owe \$120,000 or more, that will be a very large factor in their decision. Once established in a community and practice, it is also highly unlikely they will relocate.

Why should you care?

The citizens of North Dakota have, deservedly, come to expect the highest quality dental care. We owe them continued access to that care. We hear constantly that we are losing our best and brightest young people in North Dakota. There are not enough job opportunities for them here. I suspect that twenty years from now we would have to look in the mirror and blame ourselves if we don't take this opportunity to get some of them back to North Dakota, so they can apply their training and continue to offer our citizens the access to dental care they have come to expect. Remember, too, when you have a dental practice open in North Dakota, or anywhere, for that matter, you not only get the dentist, you get an entire staff (and their families) of allied dental health care workers. Statistically, about 30% of dentists employ one to three employees, about 36% employ four to six employees, and about 32% have seven or more employees.*

We also need to look at the diverse community impact dental professionals make. A few examples: Brad Bekkedahl, Williston dentist, is on the City Commission, past President of the North Dakota Amateur Hockey Association, current member of USA Hockey's Executive Committee, past President of his church council, former President of the Park Board. Tom Fellman, Fargo, board member Fargo Flyers Hockey Club, coached in F-M Football League, teaches firearms safety classes, committees at Nativity Catholic Church and the Knights of Columbus, church school teacher, and F-M Chamber of Commerce. John Fishpaw, Minot dentist, Board member of the Minot Community Theatre, and Minot Symphony Orchestra, participates in community theatre and men's chorus (Heritage Singers), member Head Start Board locally, President of North Dakota Board of Dental Examiners (licensing, rules making and disciplinary board, appointed by governor). Rob Lauf, Mayville dentist, City Council member, Past President, church council, Mayville State Alumni Association board member, UND Art Museum board member. Owns and operates (with his wife Kim) Floral Designs in Mayville with 15 employees and current President of the NDDA. As for myself, I have been on the Park Board, church council, a high school mentoring group, Community

Center Building Fund Executive Committee, broadcasting local sports on radio, coaching youth hockey, basketball and baseball, and I officiate high school and college football, basketball and baseball.

Why Loan Repayment, and why \$80,000?

Loan repayment over a period of time offers the best incentive to get dental graduates to locate in North Dakota, and to stay once the repayment period is over. By spreading the repayment over four years, it allows the dentist to establish his practice without an overwhelming monetary burden. And, as has been stated earlier, once established in a community and a practice, dentists are much less likely to relocate. \$80,000 is approximately two-thirds of the average debt incurred and indicates a good faith effort on North Dakota's part to show concern for the cost of becoming a dentist. Remember, too, many new graduates set up solo practices, and as such are going to incur extra debt due to start up costs just to open a practice. Even if they go into existing groups or buy an existing practice there is going to be significant extra debt for them before they see their first patient. It must be remembered that in these respects dentistry is not at all like it's sister profession of medicine. The cost of becoming a dentist and setting up a practice is much greater than those for our physician counterparts.

For all of these reasons, and many more, we in the NDDA feel very strongly that the state of North Dakota must act pro-actively, and institute a loan repayment program that will help insure quality dental care for our citizens now and into the 21st century. We need this program to show our best and brightest students that they can pursue a dental education and return to North Dakota to practice and not be over burdened with a debt they may not easily repay if they choose to practice here. I urge the members of this committee, and all North Dakota Legislators, to pass SB 2276.

Thank you.

Are there any questions from the committee?

* These statistics and information were taken from "Trends in Dental Education 2000: The Past, Present, and Future of the Profession and the People It Serves". This was compiled by the American Association of Dental Schools, and released in January, 2000.

March 20, 2001

Testimony before House Appropriations Committee

Roughrider Room

Representative Mike Timm, Chairman

Senate Bill 2276-Loan repayment for dental debt.

My name is Joe Cichy, and I am the Executive Director of the North Dakota Dental Association. The North Dakota Dental Association asks your support of SB 2276.

There is a dental access problem in North Dakota due to a shortage of dentists. As a result many citizens in North Dakota are unable to access dental care on a timely basis. To address this problem the NDDA is supporting three pieces of legislation which it believes will help improve the serious access problem that the state is facing.

1. SB 2003 the NDUS budget contains the PSEP program which helps fund dental students' tuition expenses in certain western schools.
2. SB 2004 The North Dakota Health Dept's budget contains funding for a donated dental service program. This program will help provide cost effective donated dental care to disabled, elderly and medically compromised people in our state who cannot afford essential dental care. The funding is for administrative purposes. All the care provided by the dentists and their staff is donated by volunteer dentists.
3. SB 2276 is a loan repayment plan to encourage dentists to return to North Dakota and practice in under served areas of the state. North Dakota is losing dentists at an alarming rate due to retirement. If steps are not taken to encourage dentists to set up practices in the state a serious health care crisis will occur. All segments of our society will be negatively impacted. The Senate bill initially proposed funding this program with tobacco money. The House Human Services committee placed it in the NDUS budget without providing additional funding for the program. Additional money must be appropriated to fund this program. If not it will fail or other worthy and necessary programs will be adversely affected.

I have attached for your review the testimony that Dr. Ron Seeley presented at the House Human Services Committee regarding SB 2276.. The North Dakota Dental Association believes that this legislation is extremely important to the health of North Dakotans and ask that specific funds be appropriated for this program to help insure the oral health of our citizens.

TESTIMONY IN SUPPORT OF SB 2276 PRESENTED BY DR. RON SEELEY

Chairman Price, Vice Chairman Devlin, members of the Human Services Committee. Thank you for allowing me to testify in favor of SB 2276 this morning. My name is Ron Seeley. I am a general dentist, with a private practice in Williston. I am also Vice President of the North Dakota Dental Association (NDDA), and chairman of their Manpower Shortage Committee.

By way of background information, I was born in Grand Forks, my mother is from Crosby and my father is from Grand Forks. Due to my dad's job on the Burlington Northern we started moving when I was two, and moved nine times before I graduated from high school in St. Paul, Minnesota. During that time I lived in North Dakota, Minnesota, Iowa and Washington. I still had grand parents living in Grand Forks upon graduation from high school, so I chose UND for my undergraduate education. After graduation from UND in 1976, I attended Creighton University in Omaha, Nebraska for my dental education, graduating in 1980. I then returned to North Dakota (Williston) to begin private practice, originally with my wife's family dentist, who was 63 and close to retirement. I have been here ever since.

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We formed a Workforce Committee. We held talks with North Dakota University Systems (NDUS) staff people on the issue. We talked to and sent letters and information to every North Dakota college and university, private and public, two and four year. We also placed a dentist at the disposal of each of those schools for added information and job shadowing. We attended (and continue to attend) the annual counselors convention in Bismarck to disseminate information to the counselors of children in grades 7-12. We entered into an agreement with the University of Minnesota Dental School for an externship program. This brings in 4 senior dental students each summer to rural practices to work for one month with a local dentist. This gives those students a feel for what dentistry in North Dakota is like. They not only work in our offices, they go wherever we go and see how active in the community we are. We considered legislation at the last session to help, but deemed that we had not yet exhausted all of our options, so continued to push for solutions without legislative intervention.

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Past President, church council, Mayville State Alumni Association board member, UND Art Museum board member. Owns and operates (wife Kim) Floral Designs in Mayville with 15 employees. Current President of the NDDA. As for myself, I have been on the Park Board, church council, a high school mentoring group, Community Center Building Fund Executive Committee, broadcasting local sports on radio, coaching youth hockey, basketball and baseball, and I officiate high school and college football, basketball and baseball.

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For all of these reasons, and many more, we in the NDDA feel very strongly that the state of North Dakota must act pro-actively, and institute a loan repayment program that will help insure quality dental care for our citizens now and into the 21st century. We need this program to show our best and brightest students that they can pursue a dental education and return to North Dakota to practice and not be over burdened with a debt they may not easily repay if they choose to practice here. I urge the members of this committee, and all North Dakota Legislators, to pass SB 2276. Thank you.

Are there any questions from the committee?

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Statement of

Kathleen A. Mangskau, RDH, MPA
Oral Health Program Director
North Dakota Department of Health

SB No. 2276
Regarding
Dentist's Loan Repayment Program

Before the
House Appropriations Committee
March 20, 2001

Good morning Mr. Chairman and members of the House Appropriations Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. I am here to provide information on oral health provider needs in the state.

Access to dental care is already a critical issue for many low-income families in North Dakota both in urban and rural areas. Over three-fourths (76%) of the dentists in the state report they do not actively seek new patients and only 43 percent accept new Medicaid patients.

Currently there are 16 areas designated as dental health professional shortage areas (dental HPSAs). The attached fact sheet defines these areas.

In North Dakota we have one dentist for every 2253 people while the national average is one dentist for every 1700 people. There are currently 282 licensed practicing dentists in the state. Of that number, 48 are dental specialists, which means our actual population to dentist ratio closer to one dentist for every 2687 people. The current recommended ratio under many state managed care contracts is 1:2000. To reach that ratio North Dakota needs another 39 dentists in the state. In the past 10 years North Dakota has lost an average of 12 dentists per year and gets six new ones for an average net loss of six per year.

In April of 2000 a statewide dental summit of public and private providers identified the lack of dental manpower and the financing and resources to support manpower improvement in the state as a priority issue. In August of 2000, North Dakota re-instituted an externship program with the University of Minnesota. Four dental externs spent a month working in rural and underserved communities in the state. Post externship interviews with the students indicated they need incentives to return to the state. A loan repayment option was the number one incentive students indicated they felt would attract them to the state. Students also indicated that scholarship and tuition assistance programs encouraged them to enter the field.

Mr. Chairman, this completes my formal testimony. I would be pleased to answer any questions that you or other members of the committee have regarding dental provider status.

North Dakota Oral Health Care Access Facts

- Access is a critical issue for many low-income families in North Dakota.
 - Currently 26 percent of dentists report that new patients must wait more than four weeks for treatment.
 - Only 43 percent of dentists accept new Medicaid patients.
- There are 16 areas designated as dental health professional shortage areas (dental HPSAs).
 - Fifteen geographic HPSAs including Billings, Bottineau, Burke, Dunn, Foster, Golden Valley, Griggs, Kidder, McIntosh, McKenzie, Nelson, Sioux, Slope, Steele, and Towner are designated. County designation means that the dentist to population ratio is greater than 1 to 5,000.
 - One facility designation at the Family Health Care Center in Cass County. Facility designation indicates the facility provides 50 percent or more of their care to residents of a designated HPSA, each dentist has more than 5,000 outpatients visits, and the waiting time for an appointment is more than six weeks.
 - Two additional counties (Burleigh and Morton) are being studied to see if they would qualify. In addition, a facility designation for the State Penitentiary is being requested. The loss of just one dentist in many rural counties places them in health professional shortage area status.
- According to the 1999 Health Resources and Services Administration state profiles, dentistry is the one area in the distribution of primary care providers where North Dakota falls below the national rates.
 - North Dakota total dentist to population ratio 1:2253
 - US average general/pediatric dentist to population ratio 1:1700
 - North Dakota general/pediatric dentist to population ratio 1:2687
 - There are 282 licensed practicing dentists in the state. Of that number, 48 are dental specialists. The current recommended ratio under many state managed care contracts is 1:2000. To reach that ratio North Dakota needs another 39 dentists in the state.
- In the past 10 years North Dakota has lost an average of 12 dentists per year and gets six new ones for an average net loss of six per year.
- A November 1998 survey of North Dakota dentists showed 36 percent of the licensed practicing dentists were over the age of fifty. The average age of North Dakota dentists is 48.2 years. We have an aging dentist population.
- The shortage of dentists is a nationwide problem. Dental schools currently have long waiting lists for acceptance. We are competing with other states to secure dental providers for our state.