2009 HOUSE HUMAN SERVICES

HB 1231

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1231

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 20, 2009

Recorder Job Number: 7368

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz called hearing to order on HB 1231.

Rep. Keiser from District 47, sponsored and introduced the bill. Testified in support of bill.

Kathy Keiser, representing the Ronald McDonald House Charities in Bismarck: See Testimony #1.

Chairman Weisz: You stated the projected budget on going, is $400,000 a year?

Kathy Keiser: Yes.

Chairman Weisz: How much of that do you anticipate to be (inaudible) to Medicaid or other (inaudible). How much would be through private?

Kathy Keiser: Not sure how many not insured right now, but no child will be turned away for inability to pay.

Kathleen Mansell (inaudible) to the project: I've been a hygienist previously. It would depend on the reimbursement rate, how many children are not insured. There are Medicaid reimbursement for the vast majority of them. These estimates were based on programs in other states. You could estimate that 50% would be financial and 50% from donations and grants.

Rep. Conrad: How long you been in SD?

Kathy Keiser: In third year.

Rep. Conrad: How much does site partner pay?

Kathy Keiser: $2,000.

Rep. Conrad: How often do you come to a town?

Kathy Keiser: The way SD has it set up, it is first come, first serve.

Rep. Conrad: The downside of this is the irregularity of seeing the children.

Kathleen Mansell: Goal is to establish a dental home for each child and to educate the child and family on dental care.

Rep. Conrad: You go to promote dental care and link them to a local dentist?

Kathleen Mansell: We are in the planning stage and things we are going to be looking at once identify the dental provider. Don't know if we will get back once a year, don't know if that will be feasible.

Rep. Holman: Is there any history in SD on dentists not taking on Medicaid patients and any success in more dentists taking Medicaid patients?

Kathy Keiser: In SD if they specifically track how many of those particular children have found a dental home, but they have told us they have are able to link more children with providers in the community.

Rep. Hofstad: The partnership model, help me with that. How it works and how do you coordinate that and where does the money come from, how much from where? On the revenue side of the picture, are you paying the dentist?

Kathy Keiser: Wish I had answers for them. We are still putting this thing together. We want as many different partners as we can.

Rep. Hofstad: How about conflicting interests with local dentists? Is that a problem?

Kathy Keiser: We work with dental association and hope local dentists will sign up to work with us.

Janelle Johnson, ND Oral Health Coalition: See Testimony #2.

Rep. Holman: Has there been any contact to any health services or tribal nations since they would be probably involved with this program?

Janelle Johnson: We have an advisal committee made up of tribal liaison and in communication with the tribes. They have trouble finding dentists. We will continue to work with the tribal nations.

Rep. Hofstad: We have reservations near where I live and they have a dentist. I don't think access is a particular problem.

Janelle Johnson: They treat the most urgent needs and it is a first come first serve on another reservation. Care is backed up and preventative and diagnostic services not being provided.

Rep. Kilichowski: When mobile comes to town do they perform root canals and crowns? Who finishes the work?

Janelle Johnson: They may screen 100 kids and 40 may need care. They will do as many as possible each day. May have to refer kids.

Rep. Conrad: Does SD legislature put money in to start up?

Kathy Keiser: They did do start up money.

Rep. Nathe: We are looking at state appropriated funds at $196,000. Will the state have say where it goes?

Janelle Johnson: I think we are open about the model.

Rep. Nathe: Are you looking at this as being more regional?

Kathy Keiser: We are looking at all sorts of options. Another key part of this is whoever our clinical partner is going to be.

David Zentner, representing the five Community Health Center organizations in ND:

See Testimony #3.

Rep. Porter: In the reimbursement scheme, are clinics reimbursed more by Medicaid then a standalone dental practice because of the high Medicaid patients they see?

David Zentner: Yes. Based on cost with the community health centers.

Rep. Porter: One hundred percent of the established cost?

David Zentner: Yes.

Rep. Porter: On the no shows, in previous sessions we talked about allowing a Medicaid reimbursement back to the clinic for a no show so there wouldn't be a loss of a time slot in the practice. Is that currently being done for the dental gaps?

David Zentner: No. If there is a no show, we cannot bill for services not provided.

Rep. Porter: Does that relate back to 25%-30% (inaudible) of cost because of the patients not being in those time slots?

David Zentner: You are still dividing the total number by the dollars. So if you have more visits, the rates going to be lower. Based on cost and total visits.

Rep. Porter: How often is that (inaudible).

David Zentner: Yearly.

Maija Beyer, representing ND Dental Hygienists' Association: See Testimony #4.

NO OPPOSITION.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1231

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 2, 2009

Recorder Job Number: 8408

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz: Let's take up HB 1231. There is a FN for $196,000, a one-time FN.

Rep. Porter: Motion a DO PASS.

Rep. Kilichowski: Second.

Rep. Conrad: How many kids are they going to serve?

Chairman Weisz: 800.

Rep. Potter: I like the concept. One hand they were going around the state on other hand, not going to. Prefer it going around the state.

Chairman Weisz: There is a limitation and practicality of how many you can serve.

Rep. Conrad: They don't go back to an area. (Inaudible).

Rep. Potter: I asked her what role does the state play and she said none. She said we could give this money, but have no say in it. Only go to high populated areas, maybe go statewide. Have same concerns Rep. Potter has.

Chairman Weisz: We don't control where they go and who they serve and that is the way it is.

Rep. Holman: Does the state support any other non-profits. Do we open a door here?

Chairman Weisz: Don't have an answer for it.

Rep. Porter: Why I did a do pass on this particular bill is, number 1, it is a one-time spending. Number 2, the dental access to serve under served dental areas. Good preventative money spent.

Rep. Hofstad: Issue with dentist is that the under insured or no insurance are no shows. Program has merit.

Rep. Holman: McDonald has history of doing this kid of work. I do support this bill.

Rep. Uglem: Find it hard to believe it's a one-time funding. It doesn't hurt to give them some encouragement.

Rep. Kilichowski: Did they say they would coordinate with local office that will finish up services?

Chairman Weisz: Yes.

Rep. Damschen: Good program. Rep. Holman gives a solid concern.

Vice-Chairman Pietsch: Grant will run through Dept. of Health and they will have oversight.

Chairman Weisz: Doesn't have criteria for grant.

Rep. Conrad: They are going to coordinate with Medicaid.

Chairman Weisz: Because they are going to take Medicaid. There wouldn't be any restrictions on who and where they see and go.

Roll Call Vote for a Do Pass: 13 yes, 0 no, 0 absent.

MOTION CARRIED DO PASS and Re-Referred to Appropriations.

BILL CARRIER: Rep. Porter

Date: 2-2-09

Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1231

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Rep Porter Seconded By Rep. Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 13 No 0

Absent 0

Bill Carrier Rep. Porter

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

Rereferred To Appropriations

REPORT OF STANDING COMMITTEE

HB 1231: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1231 was rereferred to the **Appropriations Committee**.

2009 HOUSE APPROPRIATIONS

HB 1231

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1231

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 12, 2009

Recorder Job Number: 9332

Committee Clerk Signature

Minutes:

Rep. Robin Weisz approached the podium and discussed HB 1231 which deals with the Ronald McDonald House and the mobile care unit to serve the uninsured in ND. North Dakota is going to receive a mobile care unit (basically a truck) valued at over $500,000 to provide mobile care, dental care to the underserved and uninsured in the state of ND. The bill that came to us asked for a $196,000 one-time grant to cover their start-up costs. Ronald McDonald is going to furnish the care mobile and the area foundation is going to be responsible for the ongoing costs. Those costs are estimated at around $400,000 per year. While they will be able to bill Medicaid in most cases, the reality is their foundation is going to pay for their losses you might say that are going to be incurred. What they asked the Human Services Committee is if we would fund the one-time start-up costs that are going to be incurred up front, supplies, computer equipment, etc. to run this program. As we took a hard look at it, the committee agreed because it was a one-time cost. They do tremendous work. We have had numerous bills over the session dealing with increased reimbursements for dentists. We have a huge problem with the Medicaid population, getting enough people to serve them. We have many areas in the state that frankly have a very hard time getting served. We took a look at this and based on the amount of investment and the fact that this is

a one-time deal, the committee decided this was worthy of putting forward. That is why it is in front of you this morning.

Rep. Pollert: This is a one-time only $196,000?

Rep. Weisz: That's correct. They will have ongoing costs estimated at $400,000. The Foundation will cover those costs on the ongoing basis. This will only pay for start-up costs. If the committee wants, I have a breakdown of everything. It is their responsibility to continue funding it in the future through private foundations, etc.

Rep. Pollert: Are the individuals that would be served by this unit being served now?

Rep. Weisz: No they are not. That is part of the problem. We have some of the youth going years without any dental care and they don't get served until they end up in an emergency room with severe dental problems of one sort or the other. They don't have insurance or they are under Medicaid but they just can't get in to see somebody because of the concern of reimbursement rates and the lack of dentists willing to take Medicaid patients.

Rep. Kreidt: What area of the state will this unit be working out of? Do we have other units out there now or is the first one?

Rep. Weisz: There are no other units. This is the first in the state. They will go based on the community's ability to arrange service. It is not controlled by the state. They go where the need is and the number of places they would be able to reach in a given year.

Rep. Nelson: The $196,000 looks to come out of the general fund. That seems like an appropriate use of one-time funding. Mr. Chairman, would you?

Chm. Svedjan: If you are asking me personally, I really question if this is legitimate use of one-time money because the things you have cited, gasoline, diesel, supplies, and computers are replaced real often. I would raise a real question if this is the legitimate use of one-time money. If you mean one-time in terms of this being a one-time appropriation that will never

happen again, that is a whole different deal. I find it ironic that the Ronald McDonald Foundation can buy the truck and stand for the larger capital expense on this, but they are looking for funds to operate it. If that is the case, wouldn't it be that the operating expenses would also go into future biennia?

Rep. Weisz: Let me correct, when I said one-time funding, I didn't mean from the standpoint that we are looking at it from a state perspective. This is a one-time grant for the Ronald McDonald Foundation. I can't guarantee that they wouldn't come back in a future biennium and ask for money. When Ronald McDonald does this, the agreement is we will give you the care mobile. It is up to the community, the local foundation to figure out how to provide the service and pay for it. It has to have community involvement; it has to have local input and involvement. What they are saying is we are going to give you $500,000 worth of equipment. You have to figure out how to operate it. That is part of the terms. This pays for start-up costs to get the thing going as soon as possible and they will cover the ongoing costs in the future through Medicaid reimbursement and private costs. Some of these costs are what we would consider ongoing and they are, but they are start-up costs so they can bring a supply of general equipment, $50,000 for consumable disposable dental equipment and supplies. They need to have that up front so this is paying for the up-front start-up costs.

Rep. Pollert: There will be a schedule for this unit to go to certain locales in the state and the children may not have normal dental problems – so how will they meet those needs? Are they going to serve these individuals on a regular schedule? I question that.

Rep. Weisz: We discussed that at length in Committee. If that person needs follow-up care, they work with local dentists to insure they get follow-up care. Getting them even an annual visit is preventative care. It's more than they are getting now. You can take care of problems before they reach the point of going to the emergency room because of a severe abscess, etc.

One part of their program is to work with area dentists on follow-up. If they have severe needs that go beyond that one-stop visit. The other issue is one visit every year or every other year is a whole lot better than no visits. That is what they are working on.

Rep. Kreidt: Will this unit have a dentist with it? Or will a dentist from the area it visits come in and work it?

Rep. Weisz: They have dentists who will travel in the unit and dental hygienists. Part of these costs is they have to put these people up in motels. Many dentists will volunteer. In some cases, they may have a dentist from within an area that will agree to work when they come to an area. There are several different arrangements.

Rep. Pollert: Initial visit will be with the unit, and then there will be a follow-up at local dentist. Why doesn't the local regional dentist start with the program in the first place?

Rep. Weisz: There could be follow up, depending on the patient's needs. They will try to arrange someone somewhere and it may not be in the area. They might have to travel to Minot or Bismarck or Fargo to get that. But they will at least have seen the patient and been able to evaluate. In many cases, if they are not insured and they don't have the resources, they don't go to the dentist and it reaches that emergency situation.

Rep. Pollert: SCHIP, does it cover dental?

Rep. Weisz: Yes. SCHIP covers dental. Those patients under SCHIP should be covered and should be getting the care they need.

Rep. Pollert: So if SCHIP is covered under this then, the underserved or underinsured are covered by SCHIP unless they are over 150% net, the way it is right now if they are enrolled.

Rep. Weisz: SCHIP are not the underserved or underinsured because they have adequate insurance. The biggest issue is the Medicaid population because many dentists won't take Medicaid below the SCHIP level. We struggle with that because many dentists don't, the low-

income uninsured, who may have insurance of some sort that doesn't count dental. They would go into areas where people don't have insurance and feel they can't go to the dentist; they would have the ability to go.

Rep. Meyer: How would this affect reservations? Would this be eligible to go on our Native American reservations?

Rep. Weisz: Absolutely. In South Dakota, one of the reasons they are looking at a second unit is because of the demand on reservations. We're not telling them where to go. They will decide where they are going to serve based on the interest, the distance and putting it together. This bill doesn't mandate that they cover the whole state or reach a certain area or specifically deal with the reservation. Obviously that will be high on the list because of demand.

Chm. Svedjan: We understand the program. What we need to evaluate is whether this is an appropriate use of funds. That is where our focus should largely be.

Rep. Meyer: I just wanted to make sure there was no prohibition on going onto the reservations.

Rep. Kreidt: SD has one of these. Did it start the same way (one-time funding coming from the state, an up-front grant?) After that, were they able to continue without coming back for money?

Rep. Weisz: SD annually funds the care mobile. I do not remember if they did a start up. I believe it is a request they bring forward every time, I believe it is $50,000 per year that SD has.

Rep. Metcalf: There are several reasons why people don't get treated by our local dentists. First of all is the cost, their repayment. Secondly, they don't show up for appointments. Is this

the same thing, the same people are not going to show up for these same appointments? Is there something you can do to make them show up?

Rep. Weisz: We discussed that also. Their experience has been, the word gets out – a lot of times they are at a school. They work with the school. The students are already there; the kids are in school so they are a captive audience in a sense in that they are going to be there. You don't structure the appointments like you do in a normal office; they show up and they try to take everybody they can. They felt that problem was mitigated by the care mobile.

Rep. Ekstrom: There is money for Indian counties coming out of the federal stimulus. The FMAP is going to change and that is one-time. In terms of where some of this money will come from, it may be something we can look into.

Rep. Wald: Is parental consent needed if this unit is at a school?

Rep. Weisz: Yes. It's done ahead of time.

Rep. Wald: Where does the liability lie? Dentist's individual malpractice policy or does this unit provide the liability?

Rep. Weisz: Liability was not discussed. It appears it hasn't been an issue with the dentists that have volunteered, but we did not discuss that.

Chm. Svedjan: We're delving into policy. The real question here is is this a legitimate use of GF dollars?

Rep. Metcalf: I think it would be a legitimate use. HB 1012, which we have not heard yet, has money to reimburse dentists; that is state money and it is federal money. I feel this is probably justified.

Chairman Svedjan: What are your wishes? Representative Klein moves a "do pass". Second by Representative Meyer. Any discussion?

Rep. Nelson: I think this is appropriate use of one-time funding myself. As it has been presented to us, it is just for this biennium. The impression, although with a grin on his face, is that they won't be back for operating money. This is more start up. I think that is an appropriate use of one-time money funding and I would much rather see it taken in that regard rather than from the general fund.

Rep. Kempenich: I guess I have trouble with SCHIP. There are a pile of programs out there and I am struggling with the whole thing.

Rep. Delzer: If the Committee decides to fund this, I would hope that if federal stimulus money would cover this in the future, that it would be covered before the end of the session. I have some problems with this. If the federal stimulus money would come in, I guess I would support that.

Chairman Svedjan: Did everyone hear that? He indicated that if federal stimulus monies come in that it could be a legitimate use of those funds. Any further comments? Seeing none, we will take a roll call vote on a "do pass" recommendation on HB 1231. Motion passed. The vote was 15 ayes, 7 nays, 3 absent. Representative Porter will carry the bill.

Date: 2/12/09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1231

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass

Motion Made By Klein Seconded By Meyer

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan		✓			
Vice Chairman Kempenich		✓			
Rep. Skarphol		✓	Rep. Kroeber	✓	
Rep. Wald	✓		Rep. Onstad	✓	
Rep. Hawken	✓		Rep. Williams	✓	
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer		✓	Rep. Glassheim	✓	
Rep. Thoreson	✓		Rep. Kaldor	✓	
Rep. Berg		✓	Rep. Meyer	✓	
Rep. Dosch	—				
Rep. Pollert		✓	Rep. Ekstrom	✓	
Rep. Bellew		✓	Rep. Kerzman	—	
Rep. Kreidt	✓		Rep. Metcalf	✓	
Rep. Nelson	✓				
Rep. Wieland	—				

Total (Yes) 15 No 7

Absent 3

Floor Assignment Rep. Porter

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

REPORT OF STANDING COMMITTEE

HB 1231: Appropriations Committee (Rep. Svedjan, Chairman) recommends **DO PASS** (15 YEAS, 7 NAYS, 3 ABSENT AND NOT VOTING). HB 1231 was placed on the Eleventh order on the calendar.

2009 SENATE HUMAN SERVICES

HB 1231

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1231

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 03/11/2009

Recorder Job Number: 10710

Committee Clerk Signature Mary K Monson

Minutes:

Chairman J. Lee Opened the hearing on HB 1231.

Representative George Keiser District #47. Introduced HB 1231. Spoke about how this bill is part of a trend over the past 6 years or so to deal with scope of practice particularly in the dental area. ND is in position to launch a mobile dental clinic to serve the underserved. This bill simply seeks an appropriation from the general fund. Also introduced a video that describes the program.

Senator Dever What is the appropriation for? Is it to purchase machines or equipment?

Keiser That will be addressed in the testimony. Primarily this money is needed to launch the program. It will then be self supporting. Spoke about the bills reception on the house side and the debates in the appropriation committee.

Kathy Keiser Ronald McDonald House Charities. Showed a video in support of 1231. See attachment #1.

Senator Erbele Where are we at in the process of staffing, etc.? Where are we going with this?

Keiser We have appointed an advisory committee and are trying to determine who will be the clinical partner. We have 2-3 strong possibilities, that is the next big step. Spoke about the role of the advisory committee and the issues they are discussing.

Senator Dever You mentioned Medicaid and SCHIP—would you otherwise charge on a sliding scale?

Keiser We will perhaps start on a sliding scale fee or not at all. We will help where we see need. No one will ever be turned away.

Senator Dever Will you have a full time dentist on staff?

Keiser It varies depending on program and state. It has not been finalized yet how things will work.

Discussion about a HB that Senator Dever carried to the floor relating to a similar topic and its affect on the current bill

Senator Erbele What is the age limit on the children that will be treated?

Keiser The Ronald McDonald house goes up to the age of 22 but because we will be primarily seeing kids in schools, it will probably go up to 18.

Senator Marcellais Have you contacted the Indian Health Service? If you were able to coordinate with the dentists there, perhaps some of them could serve on this project.

Keiser Theresa Snyder, former tribal liaison for the state, is on the advisory committee. Mitch Bernstein from S. Dakota is also a member of the committee and we absolutely are going to pursue those avenues.

Senator Marcellais Their regional office is in Aberdeen, SD. If you need any help, let me know.

Janell Johnson Chair of the ND Oral Health Coalition. Spoke in support of 1231. See attachment #2.

Senator Dever What happens if the bill fails?

Johnson This project has been in the works for about 7 years or more. It is a passion for many of us and the project will move forward regardless but the funding would help us push the project forward. Spoke about the process of developing this plan.

Senator Pomeroy Would they be purchasing their own or partnering with S. Dakota?

Johnson The S. Dakota project has been up and running for several years. They are actually looking at purchasing a second vehicle which will not just help children but will also help adults. Most people who have sponsored these have found that there is much more need than anticipated and are looking at expanding programs. Spoke about the situation in SD.

Senator Erbele Do you know if those other programs are now self sufficient or are they going back for another appropriation?

Johnson In the case of S. Dakota, it is my understanding that they are providing 200,000 dollars of support in a biennium. The reason for that is that they actually provide immunizations as well. They have a department of health nurse who travels with the vehicle. I don't know if the other programs rely on state funds for their operations.

Keiser Every program is entirely different.

Johnson The nice thing is that you can tailor the vehicle to the needs of the community and geographic area.

Karen Larson Deputy Director for the Community HealthCare Association of the Dakotas (CHAD). Spoke in support of 1231. See attachment #3.

Senator Dever I would assume that these will not operate in the three counties that have nonprofit clinics? Can we also assume that these will operate in areas that do not have dentists?

Larson I would leave the last question to Kathy Keiser but in terms of the health centers, we have spoken with them and they believe in the long term they would like to have the care-mobiles in their area. These vehicles could potentially free up some slots for adults at the clinics by caring for children in the care mobiles. I think the first priority of the care-mobile is to go where the need is highest and the access is most limited.

Senator Erbele As far as site sponsors, I'm sure you will get some help but how does that work when you are going to a very small community lacking in resources?

Kathy Keiser Even in some of these small areas in S. Dakota they have gotten together to raise money to bring in a vehicle. In N. Dakota the Kiwanis club is already raising money. 25% of Medicaid kids see a dentist and the fact is that the majority of Medicaid dentist are not taking Medicaid children.

There was no opposition or neutral testimony given.

Senator Erbele Closed the hearing on HB 1231.

Brief discussion to bring Senator Lee up to speed.

Senator Pomeroy I move **Do Pass and Rerefer to Appropriations.**

Senator Marcellais Second

The Clerk called the role on the motion to **Do Pass and Rerefer to Appropriations. Yes: 6, No: 0, Absent: 0.**

Senator Marcellais will carry the bill.

Date: 3/11/09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1231

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Pomeroy Seconded By Sen. Marcellais

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Marcellais

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

REPORT OF STANDING COMMITTEE

HB 1231: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1231 was rereferred to the **Appropriations Committee**.

2009 SENATE APPROPRIATIONS

HB 1231

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1231

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-18-09

Recorder Job Number: 11175

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg: called the committee hearing to order at 8:30 am in reference to HB 1231 in regards to state department for health for a mobile dental care service grant. Roll call was taken.

Representative George Keiser: District 47 Bismarck, explained the bill to the committee. We have been working on this project for at least the last 5 years. We have had several policy bills brought forward. In making adjustments what this does frontend financing for mobile care unit. Ronald McDonald? Global is providing a mobile unit to the states. The value has increased the value of the unit. It is no cost to the state of ND, providing we provide? They provided the van. There is a reception area, lab area, two treatment suites. They could be health or they could b e dental suites. Most states are going to two dental because that is where the greatest need are. 3 reasons why children do don't access dental care: 1) no dental coverage, 2) don't want to spend the money, 3) transportation and access. The difference is we take the unit to where the kids are. We have a video and shows how it works in SD. It takes a tremendous degree of partnership. One of the questions on the house side, you are asking for on the front end, what will you be asking in 4 years for now. I have a simple argument. We have Ron McDonald house in Bismarck and Fargo. They are funding their

people. The Ronald McDonald house opened in 1992 has 8 rooms. The average length of stay is 6 nights. The longest record is Watford City and women stayed for 98 days. (09.46) not all of those families would have been funded by the state of ND. We have not been asked for funds from Ronald McDonald. This mobile dental clinic, Minnesota, South Dakota, and Montana have one, North Dakota does not have one. The Ron McDonalds is coming up with a van. They have a budget which he will share with us if are interested. This is a program that is successful around the US. They are asking for support on the front end. They have no way to start this program. The state of ND, we can choose not to support this program and we will pay on the back end. These children have tooth decay in the outlying areas; it will come back to us in Department of Health or Human Services. I encourage the support of this bill. They had concern of reoccurring costs. The costs on the Ronald McDonald are not there. The dentists are in support of this.

Senator Krebsbach: In the bill it states providing a grant to nonprofit organization is there such an organization that stands ready to take over on this?

Representative George Keiser: Yes it is in place. We still are working on is a dental partner. None of these dollars will ever be spent until he program is actually launched.

Kathy Keiser: Representing Ronald McDonald House Charities (RMHC) in Bismarck testified in favor of HB 1231 and provided written testimony # 1.

Senator Mathern: I am very supportive of this. One concern, what is being done by? For Ronald McDonalds part of that problem relates to Bureau of Indian Affairs, Human Services, I am a little concerned about this becoming cas?

Kathy Keiser: I had a very interesting conversation with Senator Marcellais, and he is supportive of this, he wants to help us so we can access all these areas. We are pursuing that. The situation on the reservations is that they do have dentists, but the backlog is so

tremendous that they aren't seeing a lot of the kids and are mainly seeing the critical cases. We are working with state health department. Other people ask if we run in competition against the free standing health clinics. If we can see some of the kids then that would alleviate some of the need out there. We are the same boat with you how we can partner with as many people that we can.

Senator Mathern: Beyond that, yes partnering with those folks, they should be doing it right now without this. There is no excuse who is working on that. We don't need to run a Ronald McDonald house up on the Turtle Mountain Reservation. Who is working on the root cause?

Kimberly Enninn: we are working on all (state Health department)

Senator Christmann: Do you see all the children that want to come?

Kathy Keiser: we work with communities, for instance we would pull into the school. All the information has been on file. It will not be limited to Medicaid children; it will be the greatest need. In small towns very few dentists. Sign up for dental insurance.

V. Chair Bowman: Any fees charged for any of the services provided if they have the ability to pay to offset the costs.

Kathy Keiser: we will have a schedule of fees available. No family will ever be turned away whether they have insurance as not.

Chairman Holmberg: in opposition. No one.

Karen Larson: Dept health care association of Dakotas testified in support of the bill. We observe this to be an expretmely success in SD. A good partnership already exists. Meet the poverty (29.60) SD has launched a second mobile van.

Joe ND Dental association supports this bill. Along with the loan repayment program has helped to locate dentist in the rural areas. We support the funding for safety net clinics, we

believe this is a comprehensive effort. The head start initiative. Find dental homes for all.

Medicaid reimbursement is important.

Closed the hearing

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1231

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 04-03-09

Recorder Job Number: 11719 starts at (5.32) minutes

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg called the committee to order in reference to HB 1231 regarding a mobile dental care service grant. (The minutes for this bill are on the same job as HB 1256.)

SENATOR KILZER MOVED A DO PASS. SECONDED BY SENATOR FISCHER.

Senator Kilzer As you recall this a request of the Ronald McDonald charitable that is going to be putting together a mobile dental unit that has two chairs and will travel around the state, particularly to rural areas and with a one-time expenditure I am pretty intrigued by it and I am sure it will cut down the usage of Medicaid and therefore I would hope that we could fund this request and would also propose that as we look at the Medicaid budget on the general aspect that we could reduce the usage and part of the appropriation for that in the second year of the upcoming biennium.

Senator Mathern I think this is a fine bill and I hope we pass it. I will add that these folks operating this unit will be asking for Medicaid reimbursement for persons who are Medicaid eligible.

A ROLL CALL VOTE WAS TAKEN ON A DO PASS ON 1231 RESULTING IN 14 YEAS, 0 NAYS, 0 ABSENT. SENATOR MARCELLAIS FROM HUMAN SERVICES WILL CARRY THE BILL. The hearing was closed on HB 1231.(8.12)

Date: 4/3/09
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1231

Senate **Senate Appropriations** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Kilzer Seconded By Fischer

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner	✓		Senator Robinson	✓	
Senator Fischer	✓		Senator Lindaas	✓	
V. Chair Bowman	✓		Senator Warner	✓	
Senator Krebsbach	✓		Senator Krauter	✓	
Senator Christmann	✓		Senator Seymour	✓	
Chairman Holmberg	✓		Senator Mathern	✓	
Senator Kilzer	✓				
V. Chair Grindberg	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment H Services

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

Marcellais

REPORT OF STANDING COMMITTEE

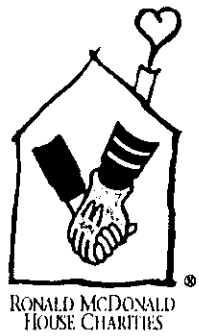
HB 1231: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1231 was placed on the Fourteenth order on the calendar.

2009 TESTIMONY

HB 1231

#1

Same to Senate appropriations



Testimony
HB 1231
House Human Services Committee
January 20, 2009, 2:30 p.m.

Good afternoon Chairman Weisz and members of the House Human Services Committee. My name is Kathy Keiser and I am representing Ronald McDonald House Charities in Bismarck whose mission is "to improve the lives of children and their families". I am providing testimony in support of HB 1231.

Dental Need
Access to dental care for low-income, special populations and rural residents in North Dakota is limited. As the number of dental providers in the state decreases, few dentists currently accept Medicaid clients, and fewer dentists locate to the many rural and frontier areas of the state, creating geographic, as well as financial, access problems. Dental access on the five American Indian reservations/service areas is especially challenging, and the state has an inadequate dental safety net to provide free or reduced-fee dental care for low-income, uninsured and underinsured populations. The dental public health clinics are located in - and serve primarily - the urban areas. There are no dental public health clinics or services in the rural areas of the state.

Ronald McDonald House Charities – Bismarck (RMHC) is committed to working with other agencies and organizations to bring a Ronald McDonald Care Mobile to North Dakota during the first half of the 2009-2011 biennium. There are currently 35 Care Mobiles in 6 countries, including units in our neighboring states of South Dakota, Montana and soon, Minnesota.

A mobile dental unit, which could deliver oral health services directly to children in their own communities, would remove both the geographic and financial barriers to good oral health care for many North Dakota families. Some families also experience transportation issues, and health centers experience a significant broken appointment rate by Medicaid patients. The Care Mobile would address both of these issues by taking dental care to schools and communities where the access problem exists.

RMHC-Global, our national organization, will provide one Care Mobile unit to RMHC-Bismarck at no cost, providing all planning and licensing requirements are met. The Care Mobile is a state-of-the-art truck made specifically for delivering mobile dental care. It is valued at more than $500,000.

RMHC-Bismarck is committed to providing at least 20 percent of the annual operating expenses of the Care Mobile. Annual operating expenses are estimated at $400,000. All other costs of the Care Mobile will come from significant contributions from clinical and community partners, grants and other donations. We are requesting funding to offset one-time operational start-up costs incurred during the first year the mobile dental care unit would deliver services. During the first year, we hope to serve about 800 underserved or low-income children right in their own North Dakota communities.

The start-up costs for fully equipping the new Care Mobile are one-time costs. Other initial start-up operating costs that will become ongoing expenditures will be paid from other sources after the Care Mobile's first year of implementation (i.e., after June 30, 2011).

The Care Mobile plans to serve a significant portion of the Medicaid population during its first year. However, because the current dental Medicaid reimbursement process can take several months, the Care Mobile would not receive Medicaid payments until the middle or end of its first year of operation. This one-time start-up funding would provide funds for critical operating expenses to cover the gap between the provision and reimbursement of services to Medicaid patients.

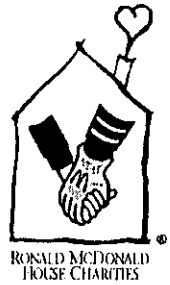
A budget for initial operational start-up costs is attached. We estimate it would take about $196,000 to purchase important structural, record-keeping, and treatment equipment and supplies. The clinical and office equipment and the non-disposable supplies like dental instruments are one-time start-up costs that will be used for several years. Once the Care Mobile provides services and is regularly receiving third-party reimbursement payments, this income will support ongoing operational expenses

Funding for the Care Mobile will help ensure one important solution to the severe lack of access to dental services by high-risk children. Please support HB 1231 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would like to show you a short video of the Care Mobile operation in South Dakota and then would be happy to answer any questions that you might have.

Are there any questions? Thank you.

Kathy Keiser
Executive Director
RMHC-Bismarck



Budget Detail

A. Personnel		**$ -0-**
B. Fringe Benefits		**$ -0-**
C. Travel		**$ -0-**
D. Equipment		**$ 60,000**
Dental x-ray imaging software	$35,000	
One moveable wall (slideout)	$25,000	
(Slideout will create space for reception area & an area to provide health education to children & families.)		
E. Supplies		**$127,000**
Mobile Office & Computer		
Scheduling & billing software	$ 5,000	
Computers – 3 desktop, 1 laptop	$ 9,600	
Server	$ 3,500	
Laser printers	$ 1,000	
Copier/fax	$ 4,500	
Telephone (4 cell phones, 2 Blackberries)	$ 3,000	
Wired telephone/fax/wired internet service	$ 1,100	
Wireless internet service	$ 1,000	
Mobile Unit Expense		
Intraoral camera	$ 4,000	
Fuel/Vehicle maintenance (includes exterior cleaning)	$25,000	
Supplies		
Dental instruments	$10,300	
Consumable/disposable dental treatment supplies (to provide oral health education & to screen 800 children, and, as needed, provide exams, x-rays, cleanings, fluoride treatments, sealants, fillings, simple extractions & referrals)	$50,000	
Office supplies	$ 5,000	
Promotion/publicity		
Promotional materials	$ 4,000	
F. Contractual		**$ -0-**
G. Construction		**$ -0-**
H. Other		**$ 9,000**
Training		
Training on technical software & equipment	$ 3,000	
Professional Fees		
Professional service fees (legal, audit, accounting)	$ 6,000	
I. Total Direct Costs		**$196,000**
J. Total Indirect Costs		**$ -0-**
K. Total Direct and Indirect Costs		**$196,000**

Project Time Period: July 1, 2009 through June 30, 2011.

Estimated number of children served July 1, 2010 through June 30, 2011: 800

One Time Expense: The start-up costs for fully equipping the new Care Mobile dental clinic truck are one-time costs. Other initial start-up operating costs that will become ongoing expenditures will be paid from other sources after the Care Mobile's first year of implementation (i.e., after June 30, 2011).

Stop-Gap Funding: This funding request is to assist in reaching Medicaid recipients, uninsured and underinsured children who are unable to access dental care. The current gap in dental services for Medicaid recipients can be filled in part by fully equipping the Care Mobile through this funding request, until Medicaid recipients are able to find a dental home. This request will also allow the Care Mobile to cover expenses that will be eventually be reimbursed by Medicaid in the first year of the program. The Care Mobile plans to serve a significant portion of the Medicaid population during its first year. However, because the current dental Medicaid reimbursement process can take several months, the Care Mobile would not receive Medicaid payments until the middle or end of its first year of operation. This one-time start-up funding would provide funds for critical operating expenses to cover the gap between the provision and reimbursement of services to Medicaid patients.

Other Funds: Ronald McDonald House Charities Global will gift one mobile dental unit with two dental operatories to the Ronald McDonald House Charities Bismarck. The value of this donation is estimated at $500,000. RMHC Global requires that RMHC Bismarck cover at least 20 percent ($80,000) of the annual operating costs of the Care Mobile which are estimated at about $400,000. RMHC Global also encourages area McDonald's restaurant owner/operators to financially support the Care Mobile, and RMHC Bismarck to secure funding from other sources to cover all remaining costs.

oralhealth
NORTH DAKOTA COALITION

Testimony by Janelle Johnson
in favor of HB 1231
January 20, 2009

Good afternoon Chairman Weisz and members of the House Human Services Committee. I am Janelle Johnson, Chair of the ND Oral Health Coalition. I am here today to provide testimony in support of HB 1231.

Formed in 2005, the North Dakota Oral Health Coalition is a collaborative, statewide coalition comprised of a variety of public and private agencies, organizations and individuals focused on improving the oral health of North Dakotans. The mission of the ND Oral Health Coalition is to *develop and promote innovative strategies to achieve optimal oral health for all North Dakotans.*

The bill before you will provide financial support toward start-up costs for an innovative strategy known as the Ronald McDonald Care Mobile. This Care Mobile will provide preventative and restorative dental services for North Dakota children.

According to the U.S. Surgeon General's Report on Oral Health, tooth decay, although preventable, is a chronic disease affecting children's ability to concentrate and learn, as well as their speech development, eating habits, activity levels and self-esteem. In fact, it is the most common chronic disease of childhood. Nationally, tooth decay is five times more common than childhood asthma and seven times more common than hay fever. Tooth decay, left untreated, can cause pain and tooth loss.

If our children had open sores on their skin that were painful and visible, we would do everything in our power to treat the infection so that the child could heal, but tooth decay is often left untreated and the consequences can be significant.

The North Dakota Department of Health 2004-2005 Oral Health Survey of School Children, 56 percent of third grade children had cavities and/or fillings, substantially higher than the national Healthy People 2010 objective of 42 percent. Tooth decay is not uniformly distributed among North Dakota's children. Some groups are more likely to experience the disease and are less likely to receive treatment. Compared to white, non-Hispanic children in North Dakota, a significantly higher proportion of minority children have caries experience, untreated tooth decay and urgent dental needs. At the time of screening, 5 percent of minority children had tooth decay so advanced that they had pain or an infection. North Dakota's American Indian children experienced more tooth decay, had more untreated tooth decay and fewer dental sealants than white children. For children in pain there are few options, so they often end up in a hospital emergency room for pain relief. Children in pain cannot learn, eat properly and suffer a failure to thrive.

A statewide needs assessment of low-income individuals sponsored by the North Dakota Community Action Agency in 2006 showed that oral health care was a major unmet need. Forty percent of the respondents ranked dental health care among the top three unmet needs along with food and utilities. Respondents who were unable to see a dentist were asked, "If you were not able to see a dentist, please tell us why," 78 percent did not have dental coverage and 73 percent indicated that they did not have enough money. Almost 1 in 5 respondents said that the dentist would not accept additional Medicaid clients and many indicated that they had transportation problems getting to a dental appointment.

The Ronald McDonald House Charities Bismarck is prepared to bring a Ronald McDonald Care Mobile dental truck to North Dakota children in their own communities during the first half of the 2009-2011 biennium. Currently, about 35 Care Mobile units operate worldwide, including in our neighboring states: South Dakota, Montana, and Minnesota. All Ronald McDonald Care Mobile units are sponsored in-part by their local Ronald McDonald House Charities.

The financial support in HB 1231 will provide much needed access to dental care to children in their own communities. I urge you pass HB 1231 with unanimous support from this committee and partner with Ronald McDonald House Charities to make the dream of a dental care mobile a reality.

#3

HB 1231

House Human Services Committee

Representative Robin Weisz, Chair

January 20, 2009

Mr. Chairman and Members of the Committee, my name is David Zentner, and I am representing the five Community Health Center organizations in North Dakota. Community Health Centers are required to make dental services an integral part of their delivery of primary health care to underserved areas and patients.

We request a Do Pass recommendation for HB 1231 with the hope that a Care Mobile will provide opportunity for greatly improved access to dental care for many of the children who are currently patients at Community Health Centers. We believe the Care Mobile will be an important partner in meeting this goal.

I would be happy to respond to any questions the committee may have at this time.

+H 1

Testimony
HB 1231
House Human Services Committee
January 20, 2009, 2:30 p.m.

Good afternoon Chairman Weisz and members of the committee. My name is Maija Beyer and I am representing the North Dakota Dental Hygienists' Association (NDDHA). Our membership is made up of 140 hygienists from across North Dakota. I'm here to provide testimony in support of HB 1231.

The 2000 Surgeon General Report, "*Oral Health in America*" indicates that dental decay is the single most common preventable chronic disease in children. The report states, low-income children suffer from twice as much tooth decay as more affluent children. Dental decay can affect overall health and may cause pain affecting a child's ability to learn and function. The Care Mobile will provide dental visits for early diagnosis, treatment and prevention of oral diseases for these underserved children.

With the economy in decline, it is now more important than ever to increase dental access to underserved children. There is an anticipated shortage of dentists in our state especially in rural areas; which would compromise access to treatment services. Through education of the underserved on the importance of preventive care, we can greatly reduce the future need for emergency dental treatment. The Care Mobile will be especially instrumental in providing these services in communities without dental providers.

Thank you, and this concludes my testimony. I would be happy to answer any questions.

Since 2000, the Ronald McDonald House Charities established **35** Care Mobiles in **21** states and **6** countries.

A Ronald McDonald Care Mobile in South Dakota has served more than 6,500 children since 2004.

Children in need in these area states also receive services from Ronald McDonald Care Mobiles: Montana, Colorado, Nebraska, and Wisconsin.

Currently, HB 1231 includes funding that may assist in supporting this project.

For more information, contact:

Kathy Keiser
Executive Director
Ronald McDonald House Charities
of Bismarck
P.O. Box 7323
Bismarck, ND 58507-7323
701.258.5131
kkeiser@btinet.net

Kathleen Mangskau, RDH, MPA
Consultant
Ronald McDonald
Care Mobile Program
KM Consulting
98 Country Club Drive
Bismarck, ND 58501
701-258-7919-9374
kmconsult@btinet.net

RONALD MCDONALD HOUSE CHARITIES

Ronald McDonald Care Mobile in North Dakota

Delivering
urgently needed,
cost-effective
oral health services
directly to underserved
North Dakota children
in their own communities

RONALD MCDONALD HOUSE CHARITIES

Ronald McDonald House Charities of Bismarck is committed and invested in bringing a Ronald McDonald Care Mobile to North Dakota.

Why a Care Mobile in North Dakota?

- Access to dental care for low-income children is a dilemma.
- Fewer providers locate in rural areas.
- Only 3 public health dental clinics – in Bismarck, Fargo, Grand Forks – are not able to meet current need.
- Low Medicaid reimbursement rates and high no-show rates present challenges for private dental practices.

Benefits of a Care Mobile:

- Eliminates many of the barriers underserved families face in accessing oral health care services
- Addresses the community's most critical childhood oral health needs
- Reduces reliance on expensive and inappropriate health resources, such as emergency rooms
- Raises awareness of good oral health habits
- Helps eligible families acquire SCHIP and Medicaid services
- Complements existing oral health services in the community

A Care Mobile delivers care in a child's own neighborhood, serving children in need without placing additional burden on private practice dentists.

Care Mobile services may include:

- Exams
- X-rays
- Oral health education
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Simple extractions
- Referrals as needed

#1

Testimony
HB 1231
Senate Human Services Committee
March 11, 2009

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Kathy Keiser and I am representing Ronald McDonald House Charities in Bismarck whose mission is "to improve the lives of children and their families". I am providing testimony in support of HB 1231.

Dental Need
Access to dental care for low-income, special populations and rural residents in North Dakota is limited. As the number of dental providers in the state decreases, few dentists currently accept Medicaid clients, and fewer dentists locate to the many rural and frontier areas of the state, creating geographic, as well as financial, access problems. Dental access on the five American Indian reservations/service areas is especially challenging, and the state has an inadequate dental safety net to provide free or reduced-fee dental care for low-income, uninsured and underinsured populations. The dental public health clinics are located in - and serve primarily - the urban areas. There are no dental public health clinics or services in the rural areas of the state.

Ronald McDonald House Charities – Bismarck (RMHC) is committed to working with other agencies and organizations to bring a Ronald McDonald Care Mobile to North Dakota during the first half of the 2009-2011 biennium. There are currently 35 Care Mobiles in 6 countries, including units in our neighboring states of South Dakota, Montana and soon, Minnesota.

A mobile dental unit, which could deliver oral health services directly to children in their own communities, would remove both the geographic and financial barriers to good oral health care for many North Dakota families. Some families also experience transportation issues, and health centers experience a significant broken appointment rate by Medicaid patients. The Care Mobile would address both of these issues by taking dental care to schools and communities where the access problem exists.

RMHC-Global, our national organization, will provide one Care Mobile unit to RMHC-Bismarck at no cost, providing all planning and licensing requirements are met. The Care Mobile is a state-of-the-art truck designed specifically for delivering mobile dental care. It is valued at more than $500,000.

RMHC-Bismarck is committed to providing at least 20 percent of the annual operating expenses of the Care Mobile. Annual operating expenses are estimated at $400,000. All other costs of the Care Mobile will come from significant contributions from clinical and community partners, grants and other donations. We are requesting funding to offset one-time operational start-up costs incurred during the first year the mobile dental care unit would deliver services. During the first year, we hope to serve about 800 underserved or low-income children right in their own North Dakota communities.

The start-up costs for fully equipping the new Care Mobile are one-time costs. Other initial start-up operating costs that will become ongoing expenditures will be paid from other sources after the Care Mobile's first year of implementation (i.e., after June 30, 2011).

The Care Mobile plans to serve a significant portion of the Medicaid population during its first year. However, because the current dental Medicaid reimbursement process can take several months, the Care Mobile would not receive Medicaid payments until the middle or end of its first year of operation. This one-time start-up funding would provide funds for critical operating expenses to cover the gap between the provision and reimbursement of services to Medicaid patients.

A budget for initial operational start-up costs is included as Attachment A. We estimate it would take about $196,000 to purchase important structural, record-keeping, and treatment equipment and supplies. The clinical and office equipment and the non-disposable supplies like dental instruments are one-time start-up costs that will be used for several years. Once the Care Mobile provides services and is regularly receiving third-party reimbursement payments, this income will support ongoing operational expenses. If you will please turn to Attachment A, I'll give you a brief overview of our projected budget.

Funding for the Care Mobile will help ensure one important solution to the severe lack of access to dental services by high-risk children. Please support HB 1231 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would be happy to answer any questions that you might have.

Thank you.

Kathy Keiser
Executive Director
RMHC-Bismarck

Dental Care Mobile			Attachment A
Estimated Budget			
Year 1			
Estimated Revenue	**Amount**		**Source**
Dental Care Mobile (truck)	$500,000		Ronald McDonald House Charities (RMHC)-Global
Operating Revenue			
Planning Grant	$50,000		seeking federal, non-profit or foundation grants
Operations Grant	$80,000		Ronald McDonald House Charities (RMHC)-Bismarck
Operations Donations	$24,000		Community Partners
Service Revenue	$50,000		(Medicaid, SCHIP)
Start-up Costs	$196,000		HB1231
Total Operating Revenue	**$400,000**		
Estimated Expenses	**Amount**		**Source of Payment**
Contractual dentists/staff	$264,000		RMHC-Bismarck Service Revenue, Grants
Travel	$40,000		Service Revenue, Grants, Community Partners
Subtotal	$304,000		
Dental Equipment	$60,000		HB 1231
Supplies			
Dental	$54,000		HB1231
Office	$37,200		HB1231
Mobile Unit	$25,000		HB1231
Other	$19,800		HB 1231
Subtotal	$196,000		
Total Operating Expense	**$400,000**		

#2

oralhealth
NORTH DAKOTA COALITION

Testimony by Janelle Johnson
in favor of HB 1231
March 11, 2009

Good morning Chairman Lee and members of the Senate Human Services Committee. I am Janelle Johnson, Chair of the ND Oral Health Coalition. I am here today to provide testimony in support of HB 1231.

Formed in 2005, the North Dakota Oral Health Coalition is a collaborative, statewide coalition comprised of a variety of public and private agencies, organizations and individuals focused on improving the oral health of North Dakotans. The mission of the ND Oral Health Coalition is to *develop and promote innovative strategies to achieve optimal oral health for all North Dakotans.*

The bill before you will provide financial support toward start-up costs for an innovative strategy known as the Ronald McDonald Care Mobile. This Care Mobile will provide preventative and restorative dental services for North Dakota children.

According to the U.S. Surgeon General's Report on Oral Health, tooth decay, although preventable, is a chronic disease affecting children's ability to concentrate and learn, as well as their speech development, eating habits, activity levels and self-esteem. In fact, it is the most common chronic disease of childhood. Nationally, tooth decay is five times more common than childhood asthma and seven times more common than hay fever. Tooth decay, left untreated, can cause pain and tooth loss.

If our children had open sores on their skin that were painful and visible, we would do everything in our power to treat that infection so that the child could have the highest quality of life. Tooth decay and oral infection can be just as painful, but is sometimes less visible and so it is oftentimes left untreated. Unfortunately, the consequences can be very significant.

The North Dakota Department of Health 2004-2005 Oral Health Survey of School Children, 56 percent of third grade children had cavities and/or fillings, substantially higher than the national Healthy People 2010 objective of 42 percent. Tooth decay is not uniformly distributed among North Dakota's children. Some groups are more likely to experience the disease and are less likely to receive treatment. Compared to white, non-Hispanic children in North Dakota, a significantly higher proportion of minority children have caries experience, untreated tooth decay and urgent dental needs. At the time of screening, 5 percent of minority children had tooth decay so advanced that they had pain or an infection. North Dakota's American Indian children experienced more tooth decay, had more untreated tooth decay and fewer dental sealants than white children. For children in pain there are few options, so they often end up in a hospital

emergency room for pain relief. Children in pain cannot learn, eat properly and suffer a failure to thrive.

A statewide needs assessment of low-income individuals sponsored by the North Dakota Community Action Agency in 2006 showed that oral health care was a major unmet need. Forty percent of the respondents ranked dental health care among the top three unmet needs along with food and utilities. Respondents who were unable to see a dentist were asked, "If you were not able to see a dentist, please tell us why," 78 percent did not have dental coverage and 73 percent indicated that they did not have enough money. Almost 1 in 5 respondents said that the dentist would not accept additional Medicaid clients and many indicated that they had transportation problems getting to a dental appointment.

The Ronald McDonald House Charities Bismarck is prepared to bring a Ronald McDonald Care Mobile dental truck to North Dakota children in their own communities during the first half of the 2009-2011 biennium. Currently, about 35 Care Mobile units operate worldwide, including in our neighboring states: South Dakota, Montana, and Minnesota. All Ronald McDonald Care Mobile units are sponsored in-part by their local Ronald McDonald House Charities.

The financial support in HB 1231 will provide much needed access to dental care to children in their own communities. I urge you pass HB 1231 with unanimous support from this committee and partner with Ronald McDonald House Charities to make the dream of a dental care mobile a reality.

#3

where wellcare begins

CHAD

Community HealthCare
Association of the Dakotas

HB 1231

Senate Human Services Committee

Senator Judy Lee, Chair

March 11, 2009

Mr. Chairman and members of the Committee, I am Karen Larson, Deputy Director of the Community HealthCare Association of the Dakotas (CHAD). I represent the five Community Health Center organizations in North Dakota. Community Health Centers are required to make dental services an integral part of their delivery of primary health care to underserved areas and patients.

We request a Do Pass recommendation for HB 1231 with the hope that a Care Mobile will provide opportunity for greatly improved access to dental care for many of the children who are currently patients at the North Dakota Community Health Centers. We believe our health centers can and will be important partners with the Care Mobile in meeting this goal.

I would be happy to respond to any questions the committee may have at this time.

Delivering Hope on Wheels—

The Ronald McDonald Care Mobile programs offer different services, based on the unique needs of the communities they serve. These services are provided at schools, community centers, civic sites, commercial buildings, faith-based organizations and special events. Services may include—

- **primary care, well-child visits and developmental screening**
- **immunizations**
- **diagnostic, preventive and restorative dental care**
- **oral hygiene education**
- **asthma treatment and self-management education**
- **pulmonary function testing**
- **vision, hearing and lead screening**
- **school and sports physicals**
- **prenatal care for pregnant teens**
- **childhood health promotion and injury prevention education**
- **nutrition counseling**
- **pediatric specialty care, such as oncology, cardiology and otolaryngology**
- **ophthalmology**
- **mental health assessment and referral**
- **blood collection**
- **social service resource referral**
- **health education**
- **care for special needs children**

ald's. This brochure is printed on Forest Stewardship Council (FSC) certified paper that contains 10% post-consumer waste fiber.

"When you see Ronald McDonald, he doesn't only symbolize McDonald's. Something has been started that is beautiful, something that helps us all, as parents, most importantly, to find the assurance that our children are healthy."

Dominik Gotebiowska
Father of child examined on Ronald McDonald Care Mobile in Poland

"Ill health leads to poverty and poverty breeds ill health. Poverty is the greatest threat to children's health, regardless of a country's level of development. Rates of disease and harmful behavior are closely linked to socioeconomic factors, which include poor neonatal health and lack of access to health care."

World Health Organization

Improving health, changing lives—

Through a relationship with local healthcare organizations, RMHC® is tackling the access to health care problem head-on.

The Ronald McDonald Care Mobiles operate in underserved communities around the world, providing primary care, diagnosis, treatment, referral and follow-up for medical and dental conditions, and health education for children without access to health care. All services are administered by RMHC's reputable partners which include public and private healthcare organizations and academic institutions.

These community-based programs go beyond improving health outcomes. They reduce reliance on expensive and inappropriate health resources, such as hospital emergency departments; provide continuity of care; heighten awareness of childhood disease, healthy lifestyles, and safety; help eligible families obtain government-assisted health insurance; and partner with the community to address the area's most critical childhood health needs.

Designed fo[redacted]ess—

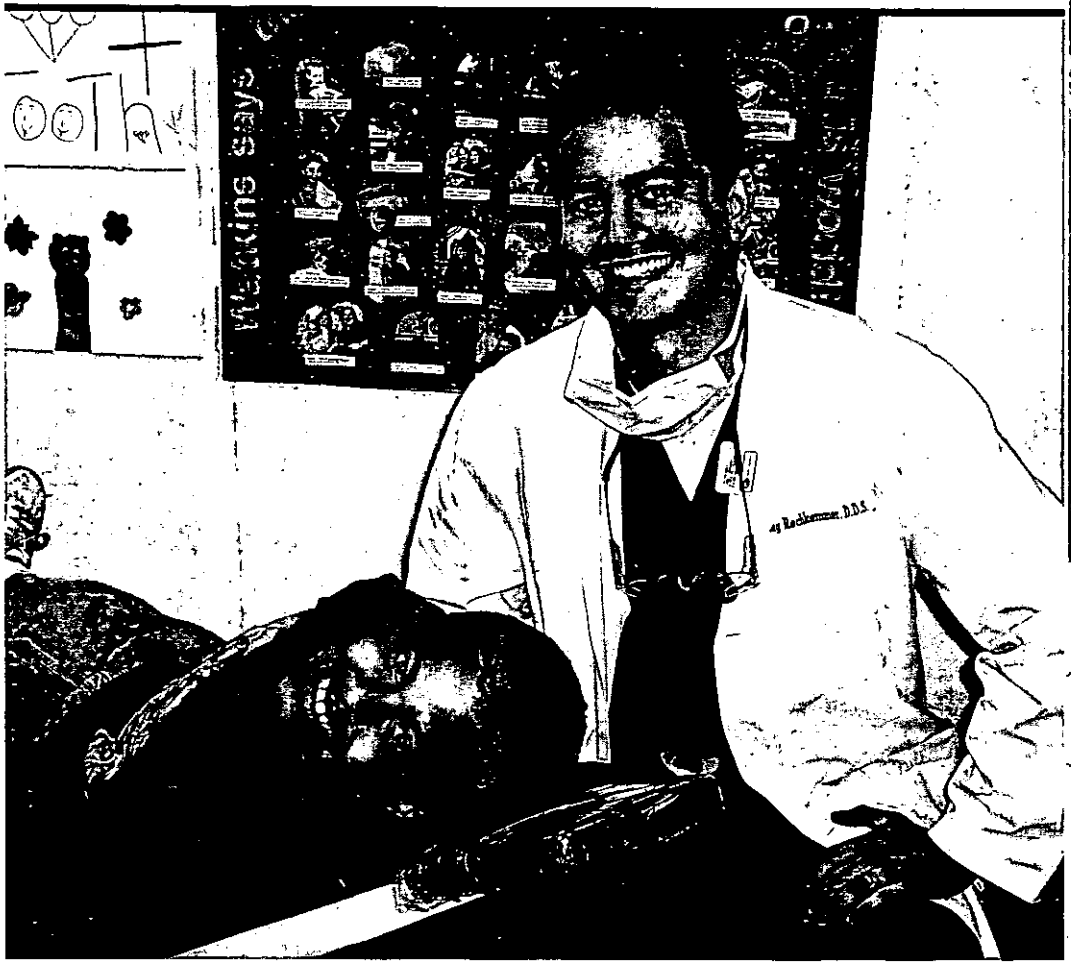
Unlike most other mobile clinics, which are actually converted buses or recreational vehicles, the state-of-the-art Ronald McDonald Care Mobiles are designed and built specifically for the delivery of pediatric care.

Each Ronald McDonald Care Mobile houses two or three patient examination rooms, a laboratory, a reception area and a medical records area. Many have telemedicine capabilities and incorporate advanced technology for medical record keeping and information transfer.

The Ronald McDonald Care Mobile team has specialized pediatric training and staffing models vary based on each Program's unique scope of service. Medical residents, nursing students and ancillary interns may also train with the permanent staff. The team partners with people directly in the communities they serve to determine health needs, identify children requiring health care, schedule appointments and gain the trust of the people in the community.

"We have made a difference in not just one child or two, but thousands of children. We have improved their self esteem, overall health and childhood through dentistry."

Craig Rechkemmer, DDS
Dental Director, Arkansas



"Residency can be particularly challenging, but working on the Ronald McDonald Care Mobile reminded me of all the reasons I went into medicine and all the reasons I chose to specialize in pediatrics. The experience renewed my spirit."

The Ronald McDonald Care Mobile program is bringing care where it's needed most, providing access to health care for vulnerable children around the world.

Did you know—

Sixty percent of uninsured children do not visit a physician's office during the year, and more than half have no care from a provider of any type (physician or non-physician) in an office-based setting.

Poverty's impact is felt most by a nation's children. Children under the age of five are more likely to live in extreme poverty. Uninsured children are at greater risk of experiencing health problems such as obesity, heart disease and asthma that continue to affect them later in adulthood.

One in three children will be poor at some point in their childhood.

Each year nearly 10 million children die worldwide, mostly from *preventable* and *treatable* causes. This is greater than the annual number of deaths from AIDS, malaria and tuberculosis combined. *(Source: Globalhealth.org)*

Uninsured children are 25 percent more likely to miss school than insured children.

Tooth decay is the most common chronic childhood disease today, five times more common than asthma. *(Source: Oral Health America)*

More than 51 million hours of schooling are lost annually due to the lack of dental care among children.

Helping children who need it most—

Ten-year-old Emir was born with Down syndrome and a malformed foot. The El Salvadoran boy has never walked. For years, his mother unsuccessfully sought treatment for her son who spends most of his days in bed, hurting and withdrawn.

The Ronald McDonald Care Mobile program medical team heard about Emir *upon arriving in his rural village. The medical director drove to Emir's home and brought him to the Ronald McDonald Care Mobile for an evaluation. The team arranged his ongoing medical care and connected him with psychological counseling and other support services.*

"My hope is that one day Emir will be able to walk." —**Aracely Aoreli,** *Emir's mother*

Tina Marie was 14 when she started having back pains. The pain stopped her from running, walking long distances, or sitting for too long. At the same time, her father was diagnosed with cancer and her family couldn't afford to send her to the doctor; they were using all the insurance coverage for her father.

The Tampa Bay Ronald McDonald Care Mobile came to her school and Tina Marie *was diagnosed with scoliosis, which is a very treatable condition when caught in the early stages. Tina Marie was able to receive the immediate care that was needed. Today Tina Marie and her family are happy, because their daughter was helped by the Ronald McDonald Care Mobile.*

"Thank you Ronald McDonald Care Mobile for the support you gave my family when we really needed it. You helped us and can help so many other people like us. The Ronald McDonald Care Mobile cares for all." —**Delma Chimelis,** *Tina Marie's mother*

"The impact that the Ronald McDonald Care Mobile has within this community . . . from an economic point of view is real. It's real because when there is health there is development and with development there is progress."

Jose Ernesto Navarro Marin
Vice Minister of Health, El Salvador

"There seems to be a direct correlation between the preventative healthcare that they're getting along with the academic achievement of our students . . . our achievement levels have risen dramatically and the Ronald McDonald Care Mobile is certainly a very large piece to that puzzle."

Karen Marler
Principal, Lacoochee Elementary School
Dade City FL

"Emergency department (ED) visits in the United States have ballooned in the past decade, with many of these visits substituting for primary care. Greater primary care access and scope of services can reduce ED use."

Since 2000, the Ronald McDonald House Charities established **35** Care Mobiles in **21** states and **6** countries.

A Ronald McDonald Care Mobile in South Dakota has served more than 6,500 children since 2004.

Children in need in these area states also receive services from Ronald McDonald Care Mobiles: Montana, Colorado, Nebraska, and Wisconsin.

Currently, HB 1231 includes funding that may assist in supporting this project.

For more information, contact:

Kathy Keiser
Executive Director
Ronald McDonald House Charities
of Bismarck
P.O. Box 7323
Bismarck, ND 58507-7323
701.258.5131
kkeiser@btinet.net

Kathleen Mangskau, RDH, MPA
Consultant
Ronald McDonald
Care Mobile Program
KM Consulting
98 Country Club Drive
Bismarck, ND 58501
701-258-7919-9374
kmconsult@btinet.net

RONALD MCDONALD HOUSE CHARITIES

Ronald McDonald Care Mobile in North Dakota

Delivering
urgently needed,
cost-effective
oral health services
directly to underserved
North Dakota children
in their own communities

RONALD MCDONALD HOUSE CHARITIES

Ronald McDonald House Charities of Bismarck is committed and invested in bringing a Ronald McDonald Care Mobile to North Dakota.

Why a Care Mobile in North Dakota?

- Access to dental care for low-income children is a dilemma.
- Fewer providers locate in rural areas.
- Only 3 public health dental clinics – in Bismarck, Fargo, Grand Forks – are not able to meet current need.
- Low Medicaid reimbursement rates and high no-show rates present challenges for private dental practices.

Benefits of a Care Mobile:

- Eliminates many of the barriers underserved families face in accessing oral health care services
- Addresses the community's most critical childhood oral health needs
- Reduces reliance on expensive and inappropriate health resources, such as emergency rooms
- Raises awareness of good oral health habits
- Helps eligible families acquire SCHIP and Medicaid services
- Complements existing oral health services in the community

A Care Mobile delivers care in a child's own neighborhood, serving children in need without placing additional burden on private practice dentists.

Care Mobile services may include:

- Exams
- X-rays
- Oral health education
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Simple extractions
- Referrals as needed