

2009 SENATE HUMAN SERVICES

SB 2356

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2356

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-28-09

Recorder Job Number: 8001, 8047

Committee Clerk Signature

Mary K. Morrison

Minutes:

Senator J. Lee opened the hearing on SB 2356 relating to a community dental health program for dental clinics; to provide an appropriation; and to provide an expiration date.

Senator Dever (Dist. 32) introduced SB 2356. This involves nonprofit dental clinics and grants for the purchase of equipment for those nonprofit dental clinics. This is one time spending.

Senator Heckaman asked if there are any matching funds required on this.

Senator Dever said there aren't.

Dave Zentner, representing the five community health organizations in ND, said community health centers are required to make dental services an integral part of their delivery of primary health care to underserved areas and patients. Two of the three clinics you hear about today are affiliated with the community centers. These two clinics along with Bridging the Dental Gap in Bismarck are the true safety net providers for dental in ND. Without them many low income children and adults would be unable to obtain needed dental services. He's also a member of the ND Oral Health Coalition which also supports this bill.

Testimony from **Patricia Patron** (FHC) in favor of SB 2356 was read by Mr. Zentner. See attachment #1.

Sharon Erickson (VCHC) testified in favor of SB 2356. Attachment #2.

Marcia Olson (Bridging the Dental Gap) spoke in support of SB 2356. Attachment #3.

There was no opposing or neutral testimony.

The hearing on SB 2356 was closed.

Job #8047

Senator Heckaman moved a **Do Pass and Rerefer to Appropriations** on SB 2356.

Seconded by **Senator Erbele**.

Roll call vote 6-0-0. Motion passed.

Carrier is Senator Dever.

Date: 1-28-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2356

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. Heckaman Seconded By Sen. Erbele

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 Dever

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

REPORT OF STANDING COMMITTEE

SB 2356: 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). SB 2356 was rereferred to the Appropriations Committee.

2009 SENATE APPROPRIATIONS

SB 2356

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2356

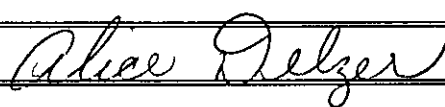
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-04-09

Recorder Job Number: 8591

Committee Clerk Signature



Minutes:

Chairman Holmberg called the committee hearing to order at 10:00 am in reference to SB 2356 in regards to a community dental health grant program for dental clinics. Roll call was taken. He welcomed the students from Mott-Regent.

Senator Mathern introduced the committee to Dr...., Prairie St. John's Hospital, and explained that they would be going to a mental health hearing bill in a few minutes.

Chairman Holmberg said that they have a lot of bills and very little time He welcomed Senator Dever the sponsor of SB 2356

Senator Denver, District 32 introduced and testified in support of SB 2356. He said his comments could be considered for both SB 2356 & 2358. These bills regard dental clinics. (Can't understand).... involves a grant in Fargo, Grand Forks and Bismarck provided funds to buy equipment. The equipment is pretty well used, they need to replace it. At the Human Services Committee hearing they considered both of these bills to be important. One person testified that one of the chairs they use at the clinic in Bismarck has a name, "jerky" and it has a mind of its own. The appropriations on this one would be \$450,000 to provide equipment.

That is one time spending. SB 2358 has an appropriation to provide for loan forgiveness for

dentist who practices in those clinics. We have had this for rural communities and the purpose

was to encourage dental in rural communities. This bill would be to encourage dentist to operate in non profit clinics.

Chairman Holmberg asked if these ideas where presented through the budget process, was this turned down by OMB or were these new ideas.

Senator Dever: No, as far as he knew it was not turned down by OMB, and it went through the process.

Senator Robinson said in the case of SB 2356 he asked if he was aware of any precedence prior to this particular bill. Has there been anything like this?

Senator Dever said he couldn't speak to that.

Chairman Holmberg asked Legislative Council, when one looks at this, listen to testimony, it doesn't say a onetime investment, and many bills say one time.

Legislative Council: The one time funding was identified in the agency budget bill. Would not be included in the onetime funding that you're getting...for.

Chairman Holmberg: IBL heard a bill yesterday that in the bill it said one time funding, is that not being tracked.

Legislative Council said 2408 is not a budget bill the only place you see that is on the fiscal impact report that you get every week. Generally ongoing funding is just relative to the agency budget. These bills that are written for appropriation are for a specific biennium.

Sandy I am not sure how you report that.

Chairman Holmberg asked them to talk with the fiscal staff up there to see how it is being tracked.

Senator Christmann said he had been asked earlier to be a co sponsor for another bill that had to do with help for low income children and he declined. In talking to a dentist about

whether he thought it was a good idea he said it was probably fine but he felt the answer to the

problem is to increase the Medicaid reimbursement. He said frankly each of us dentist can only afford to take so many Medicaid patients. He asked if we were possibly approaching this the wrong way. Would it be better to put all this money in to Medicaid reimbursement?

Senator Dever said this is an ongoing debate. We have a whole list of providers, the lowest one is ambulance services, the reason for that is if you call 911 the ambulance has to come, dentists have an option whether to serve, in many instances; these are non profit dentists that address the low income ongoing debate.

Senator Christmann the unanswered question is if we take the money that we put into a low income clinic and put it in Medicaid services would that solve the problem.

Senator Dever I think there are people that qualify for Medicaid and don't apply for it because they don't want to take welfare. This is a little different.

Senator Wardner asked if he could tell them how many non profit dental clinics there are and where are they.

Senator Dever said there are three: Fargo, Grand Forks and Bismarck.

Dave Zenger representing the five community health care organizations in ND testified in support of SB 2356. Two of the three clinics that would benefit from this bill are community health centers in Fargo and Grand Forks, along with bridging the dental gap in Bismarck. Without them a large number of low income children would not get dental services. We do have an access problem in ND on dental services. We'll hear more about that later.

Patricia Patron, Executive Director of Family Healthcare Center (FHC) in Fargo sent written testimony # 1 (as read by Dave Zenter) in support of Senate Bill 2356. She urged a do pass.

V. Chair Grindberg asked Dave if he knew the case in Patricia's testimony, has another grant application to a private foundation been sought out with private funding.

Dave I am not aware, most don't get private funds for equipment.

V. Chair Bowman how did these clinics originate? Did they come from grants, community, or where did the funding come from to get these three started.

Dave said the Fargo office has been operating for over a decade. Basically, it is a combination of money. There is federal money that goes into Fargo's clinic, they also need additional dollars so they can operate efficiently. For Medicaid you have a sliding fee for those and it is an ongoing issue. In bridging the dental gap it is a different situation. It is a separate, nonprofit, enough people around the community saw the need and started the process through grants and other things. They started in 2004. Dave said they depend on Medicaid, grants and donations. All three are designed to service the low income individual who often times don't have access to other care. If we do increase the fees for dentist it is a good idea.

Sharon Ericson, Chief Executive Officer of the Valley Community Health Centers (VCHC) with sites in Northwood, Larimore, and Grand Forks testified in favor of SB 2356 and provided written testimony # 2

Senator Kilzer do you find a significant percentage of patients are immigrants.

Sharon most of the people we serve have lived in GF county a long time.

Senator Wardner said you are able to prevent dental decay, you are counseling them.

Sharon we will work with programs like the WIC program. We haven't actually measured this so I don't like to give statistics about it but we think nearly 100% of those 1842 people that we saw had not had dental care in over 5 years. Possibly two reasons, some with money, and dentists are not taking new patients and only one is taking Medicaid patients. They say there is an access problem that goes beyond. The dentists in our region have been very involved in the initiation of this clinic through the Northern Valley Dental Health Coalition.

Senator Wardner are you able to counsel the parents to make sure the kids are doing proper dental hygiene.

Sharon said we think we are making a difference but you have to see them first. Close to 10% under the age of 11 have cavities in every tooth. Part of our job is prevention. If we can prevent it, that is what we need to work on.

Senator Wardner said there has to be some personal responsibility (parents). My last question is the dentist that work for you are they dentists in private practice.

Sharon they are dedicated to this. We do not have any volunteers in our clinic. We have two young ND young men who came to work for us to do this work.

Senator Christmann ask if this would be the first time that we gave you money directly.

Sharon said their clinic is only one year old, said this would be the only time and it is one time funding.

Senator Christmann said half patients are MN patience's. He asked if they were pursuing MN.

Sharon, yes. There Medicaid reimbursement is different than ND.

V. Chair Bowman said one thing you want to be careful of, when you say one time funding, that is a statement made quite often in here and we have to remind them of that years from now.

Marsha Olson, Executive Director of Bridging the Dental Gap of Bismarck testified in favor of SB 2356 and presented written testimony # 3. Gave brief history about the Dental Gap, he said they were created as a response to a community needs survey that said access to dental care was one of the primary needs of Medicaid and low income individuals. They were funded through grants to get started. Currently as of today, they have over 7000 patients in their records. During 2008 there were 6800 patient appointments. Of the 7000 patients 68% were Medicaid, the reminder are low income with only 3% are private paying. Their patients range in age from 2 to 100. She stated that they get no federal funds. She said that they have paid

staff and paid dentists, and two volunteers. It is not enough and we do need help. It is their calling. The caremobile program addressed Senator Christmann questions; why fund us – we have a proven track record, see paragarah 2, on page 2 of testimony.

Other testimony:

Written Testimony from Mitch Tupa#2.1

Debbie Swanson, RN #2.2

Dr. Grant Korsmo and Dr. Robert Remmick, #2.3

Closed the hearing on SB 2356.

This was never presented to the governor.

Senator Mathern I recommend we pass this, seconded by Senator Fischer

Senator Kilzer asked if we needed any amendments.

Senator Mathern said we should ask legislative council to draft an amendment for the FTE to come out of the Insurance Tax Distribution Fund.

Senator Kilzer said we will take this up with the full committee because they will want to be in on the discussion of where the money will come from.

4237 heard on 2-3-09 deals with the health care records industry. Secretary of State would like to do this with new software that is available now at the Secretary of State office. That could cost up to \$100,000. 57.50 Subcommittee recommended we pass this. Mathern moved and Fischer seconded.

2302 relating to extended payments was a moved Do Not Pass.

2332 63.19 this bill is not done yet and scheduled for hearing on Friday.

2333 The Department of Health and the public health units worked out a deal to promote functions being done on a regional basis. Motion moved by Senator Mathern do pass and seconded by Senator Kilzer. Sub Committee approves of SB 2333.

Senator Mathern is that money that was anticipated there for immunizations in the budget.

Arvy we don't need funding in our budget because health insurance would pay.

Vote was taken do pass 3-0-0

2342 Sub committee recommends a Do pass on SB 2342 with amendment to be attached.

2356 this is a direct appropriation on the bill. Discussed bill.

Senator Mathern asked if there was a companion bill that would supply equipment.

Senator Said he thinks we have a bill loan payback.

Should the state be involved in this?

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2356

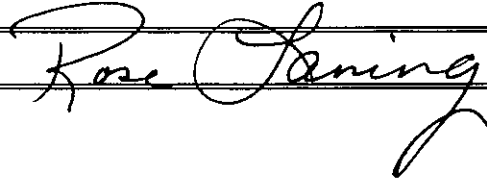
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: February 12, 2009

Recorder Job Number: **9367 (starting at 14:08)**

Committee Clerk Signature



Minutes:

Chairman Holmberg reopened the committee hearing on SB 2356.

Senator Kilzer stated this bill is a request for \$450,000 for dental chairs and dental equipment.

This comes through the state health department and not through Office of Management and Budget. The subcommittee had lengthy discussions and have some favorable requests.

There is a need, but they felt the state should not become involved in purchasing equipment for entities that sprouted up on their own. Therefore, they recommended not to fund this bill.

Chairman Holmberg closed the hearing on SB 2356.

Senator Kilzer MOVED DO NOT PASS.

Senator Fischer seconded.

Discussion followed.

A Roll Call vote was taken. Yea: 11 Nay: 3 Absent: 0

Senator Kilzer has the floor assignment.

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

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2356

Senate _____ Committee _____

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Sen. Kilzer Seconded By Sen. Fischer

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

Total Yes 11 No 3

Absent 0

Floor Assignment Sen. Kilzer

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

REPORT OF STANDING COMMITTEE (410)
February 12, 2009 11:48 a.m.

Module No: SR-28-2504
Carrier: Kilzer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2356: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO NOT PASS (11 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SB 2356 was placed on the Eleventh order on the calendar.

2009 TESTIMONY

SB 2356

SB 2356

Senate Human Services Committee

Senator Judy Lee, Chair

January 28, 2009

Testimony

Same given to Senate Appropriates

Madame Chair and Members of the Human Services Committee, my name is Patricia Patron, Executive Director of Family HealthCare Center (FHC) in Fargo.

Family HealthCare Center supports SB 2356, which provides for one-time funding for equipment, supplies and other operating costs for the three public health dental clinics in North Dakota. FHC has provided dental access in our community for over 13 years. Our services are provided to patients regardless their ability to pay or their place of residency. Twenty percent of our daily appointments are filled with patients traveling long distances coming from rural North Dakota. Since we opened our doors, we have concentrated on serving underserved populations in North Dakota, including the uninsured, homeless, low income, and patients covered by Medicaid. In recent years, we have seen a tremendous increase on the number of elderly patients in need of accessing affordable dental care; patients eligible for Medicare coverage lack dental insurance coverage most of the time.

FHC furnished the dental clinic in Fargo 13 years ago with equipment purchased thanks to the support of private foundations. This equipment has a short remaining life span and the cost of replacement will be significant. FHC is in need of replacing its x-ray equipment, some of the chairs, and many of the instruments we use on daily basis. The cost of a new dental chair is \$7,800; the pan-x-ray is \$40,000 and a digital x-ray to replace our nearly digital system will cost \$70,000; dental instruments are very expensive too and our needs amount over \$40,000 to replace the needed instruments. FHC is also looking at strategies to increase our physical capacity to be able to serve more patients at

our facility. Today, we operate a very small dental clinic with 2 ½ operatories. The high demand for our services will actually support the increase in capacity to 7 operatories. We estimate that the total cost of furnishing the new operatories will cost over half a million dollars.

FHC provided services to 12,428 patients in 2008. Nearly 90% of those patients live under 200% of poverty. Forty-four percent or 5,400 patients do not have access to health and/or dental insurance and 4,900 are on Medicaid. FHC is one of the very few dental providers in our service area that accepts patients on medical assistance and uninsured patients. Access to dental check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage and in some cases reverse the problem.

In 2008, FHC provided over 15,000 dental visits to 5,000 patients. Most of the patients we serve have delayed accessing services for three to five years. Many report that the lack of dental insurance impedes their access to prompt dental services. FHC is committed to served the most vulnerable populations in the state including young children, refugees, and the elderly in our community. The need for oral health services in our community is growing every day; and oral health is a key component of living a healthy life. It is critical for people to be able to access dental services to improve their wellbeing and self-esteem.

Funds provided by SB 2356 will assist our efforts to provide oral health care access. I urge you to recommend a Do Pass for SB 2356 to support and assure access and continuity of care for our patients.

Thank you for allowing me to bring this testimony before you.

Dear Senator Lee and Members of the Human Services Committee:

I am writing on behalf of Family Health Care Dental Clinic in Fargo, North Dakota. My name is Jamie Steidl and I have worked here since June of 2005. I am hoping that I can help you to see the importance of a couple of bills that will be heard in the legislature soon.

The first of the two is Bill SB 2356 which allocates a one-time grant to the three Community Dental Clinics in North Dakota. The three eligible clinics are Family Health Care in Fargo, Bridging the Dental Gap in Bismarck, and Valley Community Health Centers in Grand Forks. This one time grant would be \$150,000 per clinic. This is very important especially in our clinic in Fargo. Most of our equipment is very old, and we also have a limited supply of it. For example we have four high speed hand pieces for operating on teeth. We cannot afford to purchase new ones so we continue to work with old ones. Every month we have to send one or more in to repair it. This ends up costing about five hundred dollars per time and also leaves us short of equipment. This is the way it is with everything we have, if anything breaks it puts us short on already overused equipment. Also many people may be put off from coming here for care due to the appearance of our clinic. It looks very old and outdated.

The second of the two bills in which I would like your support is Bill SB 2358. This is a bill that designates state loan repayment to dentists working in one of these three clinics. I was a recipient of this loan repayment, and although I really enjoy working on the underserved, I don't know if I would have taken this job without loan repayment. Most private offices can offer so much more money that it is hard to say no. We see so many Medicaid patients and people who are uninsured. I would guess that the three health clinics in North Dakota see a great majority of these patients.

It is also very hard for community clinics to recruit new dentists. Most of the people who want to work here are new graduates who are just getting some income while they set up a private office, or older dentists who are interested in working a few days a week. What we need is motivated dentists who want to work here for many years. In order to find dentists like this we must have added incentive. We cannot even come close to the salary that dentists can achieve in the private sector.

I urge you and your fellow senators and representatives to consider these bills and hopefully you can understand how important they are in bringing quality care to the underserved populations.

Jamie Steidl DDS

January 26, 2009

Dear Senator Lee and Members of the Human Services Committee,

Please accept this letter as a highly positive recommendation for Senate Bills No. 2356 and No. 2358. I am currently the Dental Director for Family HealthCare Center in Fargo. In my 35 years of dental experience in the Dakotas, I have only seen the need for dental health care in the underserved populations continue to increase and not decrease as one would expect. My 27 years of experience as a USPHS Commissioned Officer and private contractor with the Indian Health Service and then two years with the US Department of Veterans Affairs and now with Family HealthCare Center have only seen the dental needs become far higher now than even when I worked at my first clinic experience on the Standing Rock Indian Reservation. One would expect that dental healthcare within the United States to be at the highest possible level. Unfortunately, this is not so for the underserved populations in the region. Access to care is quite limited.

The community clinics in North Dakota have continued to expand by first having the Family HealthCare Center Dental Clinic available since 1995 and now having the Bismarck Bridging the Dental Gap Clinic and the Grand Forks Valley Community Health Center Dental Clinic. The need for dental care is seen to still be so high that these three clinics can not meet the need without continuity of care through provider retention and expansion of the clinics in size and manpower. Each clinic is continually met with an ever growing need. Family HealthCare Center Dental Clinic in Fargo is a small 2 ½ operatory one dentist clinic looking within the year to expand to a 7 operatory two dentist facility. The clinic is so small that it often can only treat urgent needs and not have the space or staff to allow for follow-up preventive or rehabilitative care to new seekers of dental care. Family HealthCare Center is currently in search of funding for its anticipated expansion and hopeful offer of loan repayment for an additional dentist provider.

As a result, I ask for a favorable decision on both Senate Bills No. 2356 and No. 2358 so that the above mentioned community dental clinics can strive to meet the ever increasing dental care needs of North Dakota. If you have any further questions, feel free to contact me at 701-367-7619.

Sincerely,

William Savage, DDS
CAPT USPHS (Ret.)
Dental Director

SB 2356

Senate Human Services Committee

Senator Judy Lee, Chair

January 28, 2009

*Sumel
Given to
Senate
Capps*

Testimony

Madame Chair and Members of the Human Services Committee, my name is Sharon Ericson, Chief Executive Officer of the Valley Community Health Centers (VCHC) with sites in Northwood, Larimore, and Grand Forks.

Valley Community Health Centers supports SB 2356, which provides for one-time funding for equipment, supplies and other operating costs for the three public health dental clinics in North Dakota. Valley Community Health Centers initiated the dental clinic after working with the 42 members of the Northern Valley Dental Health Coalition for over four years to find a solution to the oral health needs of the northern Red River Valley. The Coalition and VCHC raised over \$600,000 in federal and private funds because we had a large population of people who are not able to access oral health care. Grand Forks County alone had nearly 4500 people on Medicaid who were not likely to be able to find a dentist. At one point, out of thirty dentists in Grand Forks county, only 19 were taking new patients and only one was taking new Medicaid patients.

Valley Community Health Centers was very fortunate because several private dentists gave us used equipment: six dental chairs, a panoramic x-ray and some x-ray heads. This equipment has a short remaining life span and the cost of replacement will be significant. VCHC is able to purchase in after markets because we are a non-profit clinic with membership in the National Association of Community Health Centers. Even with negotiated prices, the cost of a new dental chair is \$7,800; the pan-x-ray is \$35,000 and a digital x-ray to replace our nearly digital system will cost \$22,000.

Over the first year of its operation, Valley Community Health Centers served 1,842 people; fifty-one percent under age 16. We provided 4,840 encounters or visits: Seventy-five percent had Medicaid insurance and another twenty percent had no insurance and were low income. Thirty percent of the children under age eleven had decay in five or more teeth on their first visit. When we are able to see children, we are able to prevent additional decay in nearly seventy percent of children.

Valley Community Health Centers and the two other public health dental clinics see a population not served as intensively by other dentists in the state. Oral health is a crucial part of our health. We appreciate the support of the wider community in our state to support our efforts to improve the health of our people.

Funds provided by SB 2356 will assist our efforts to provide oral health care access. I urge you to recommend a Do Pass for SB 2356 to support and assure access and continuity of care for our patients.

Thank you for allowing me to bring this testimony before you.



P.O. Box 160 Northwood, ND 58267

Valley Community Health Centers Dental Clinic
Patient Origin - November, 2007 through November 30, 2008

North Dakota Patients	1007	55%
Minnesota Patients	824	45%
SD Patients	1	
Colorado	1	
No zip	9	
	1842	

North Dakota Patients by County

Grand Forks	945
Trails	15
Ramsey	12
Pembina	13
Walsh	11
Nelson	5
Cass	3
Benson	1
Steele	1
Cavalier	1

1007

# of Male Patients	858	47%
# of Female Patients	984	53%

Age of Patients

0-16	944	51%
17-30	402	22%
31-64	457	25%
+65	39	3%
	1842	

Total Encounters 4840





P.O. Box 160 Northwood, ND 58267

STUDY OF VCHC DENTAL PATIENTS
UNDER AGE 11 (80% of children seen)
NOVEMBER 8, 2007 THROUGH OCTOBER 30, 2008
Vonnie Krysko

Children seen:	282
Treatment Plan Completed:	111 (39.3%)
Treatment Plan in Progress	50 (17.7%)
Total:	161 (57%)
Plan not complete and no progress attempted:	30(10.6%)
Periodic Exams Completed:	67 (23.7%)
Periodic Exams Scheduled	17 (6%)
Total:	84 (29.7%)
Children with 5 or more teeth with decay on first visit:	85 (30.1%)
No additional decay @ periodic exam:	44 (65.7%)





PUBLIC HEALTH DEPARTMENT

151 South 4th Street, Suite N301 • Grand Forks, ND 58201-4735 • Telephone (701) 787-8100 • Fax (701) 787-8145

January 23, 2009

Dear Senator Lee and Members of the Human Services Committee:

As the chairperson of the Northern Valley Dental Health Coalition, I am requesting your support for Senate Bill 2356 which provides funding for the public health dental clinics in Bismarck, Fargo and Grand Forks.

Our coalition, based in Grand Forks has worked tirelessly for five years to improve access to dental care for persons with low and moderate incomes. Our dream became a reality in November of 2007 when Valley Community Health Centers Dental Clinic opened its doors. Since that time, more than 3,000 patients have received services at the clinic. A large percentage of the patients are children, some making their first visit ever to a dentist.

While the clinic has been overwhelmed with meeting oral health needs in our community, the dental professionals are doing so with equipment donated by dental offices, and in some cases doing without essential pieces of equipment that would allow state of the art dental care. The one time funding requested in SB 2356 for equipment purchases for the public health dental clinics would be a huge enhancement to the care provided to residents of our region.

The resources needed to start dental clinics are significant and our coalition was creative seeking all sources of funding, including federal, city, and private grants and donated furniture and supplies. Few of these funders allow the purchase of much needed equipment or the replacement of aging donated equipment.

It has been a most rewarding experience to see the faces of children, delighted with their new toothbrush, parents who express gratitude that they don't have to travel 150 miles roundtrip to get affordable dental care for their children, and elderly persons on fixed incomes and public insurance who can be free of dental pain, all because of the work of the professionals at Valley Community Health Centers Dental Clinic. Their stories are heartwarming. I recently had a woman cry with relief in the waiting room of our public health office when I told her that her children could receive care at the dental clinic. She had been trying for several months to find a dentist who would accept their Medicaid insurance. Dental care is something many of us take for granted, but for a large number of North Dakotans, it can be a challenge.

My hope is that you will continue the dream and support SB 2356. Please feel free to contact me at 701-787-8113 or dswanson@grandforksgov.com if I can provide additional information.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Swanson".

Debbie Swanson, RN
Nursing and Nutrition Supervisor
Chair, Northern Valley Dental Health Coalition

January 28, 2009

*Same
given to
Senate
Approvs*



Dear Senator Lee and Members of the Senate Human Service Committee:

Please accept our support for SB 2356 which provides funding for grants for equipment, supplies and other operating costs not to exceed \$150,000 for the three public health dental clinics. Clearly Valley Community Health Centers will benefit from this bill and we want to disclose that from the beginning. Much more importantly, the people served by Valley Community Health Centers Dental Clinic will benefit.

The VCHC Dental Clinic raised more than \$600,000 to initiate the start-up. This included \$149,000 in Community Development Block Grant Funds from the City of Grand Forks. It also included a wonderful donation of all six of our dental chairs, a panoramic x-ray and other x-ray heads. All of this was used equipment. In the next several years, VCHC will need to replace this equipment and we will need to purchase additional equipment.

The kind of equipment we will replace includes the operatory chairs (\$7,800 ea.), the panoramic x-ray (\$35,000), digital x-ray (\$22,000) and various hand pieces. As you can see individually and collectively, this is very expensive, particularly when your patient population is not well off.

The dental operation is at best a break-even for Valley Community Health Centers. Between seventy-five and eighty percent of our patients have Medicaid as their insurance. In addition, another 10-15% of our patients have no insurance. Nearly all of our patients are low income. Fifty-one percent of our patients are children under age 16.

The Board of Directors of Valley Community Health Centers committed to opening and maintaining a resource for people who have no other access to health care services. We opened the clinic knowing that we would need to replace equipment and that our operation would need the support of the wider community. We are so appreciative of the ND Dental Association, the Northern Valley Dental Health Coalition and the ND Oral Health Coalition for their support for the patients we serve. We believe this is very important work and will appreciate the support of the state of North Dakota as we serve patients with Medicaid and other low income people with oral health services.

Sincerely,



Jane Lukens
President



January 26, 2009

*Same
given
to Senate
appropriate*

Dear Senator Lee and Members of the Human Services Committee:

I am writing this letter on behalf of Dr. Robert Remmick and myself, Dr. Grant Korsmo. We are currently the two dentists providing care at Valley Community Health Centers – Dental Clinic in Grand Forks. The purpose of this letter is to inform you of the importance of a couple of bills that are to be heard in the legislature this coming week.

The first of the two is Bill SB 2356 which allocates a one-time grant to the three Community Dental Clinics in North Dakota. The three eligible clinics are Family Health Care in Fargo, Bridging the Dental Gap in Bismarck, and Valley Community Health Centers in Grand Forks. This one time grant would be \$150,000 per clinic. This money would go a long way toward updating old equipment and maintaining current equipment. There is no excess money within each organization to be able to replace some of the equipment that no longer works the way it should, and this grant would make it possible to make some much need improvements.

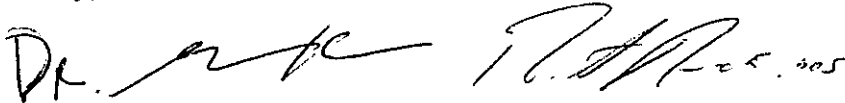
The second of the two bills in which I would like your support is Bill SB 2358. This is a bill that designates state loan repayment to dentists working in one of these three clinics. Both Dr. Remmick and I are recent graduates of dental school. The burden of student loans is daunting and a large factor in the decision on what to do after dental school. The three community clinics are not able to offer a competitive salary that many private offices are able to provide. I personally choose to work at VCHC for a couple of reasons. I grew up in Northwood where the “home” clinic for VCHC was established. VCHC also has a medical clinic on Larimore as well. I always knew I wanted to return to North Dakota after dental school. I also have been involved with missions and traveled to the Dominican Republic to provide dental services to those unable to get any dental care elsewhere. The decision to work here has been a good one, but a hard one as well. Dr. Remmick is also a native North Dakotan. He was very pleased to be able come back to the area and provide services to the people in the region. His choice to work here has been a tough one as well. Without loan repayment, the retention of Dr. Remmick and other dentists just like him is very difficult.

This bill will have a direct affect on the future on these clinics. It is very hard to recruit new competent and willing dentist to work at these types of clinics when compared to the earning potential in private practice. This loan repayment program will make the clinics more competitive, therefore increasing the chances of recruiting new dentists and retaining those already working there. The current dental loan repayment plan is a great one for getting dentists to work in the rural areas of North Dakota. Being the clinics are located in the three most populous cities in North Dakota, the preference is given to those working in rural ND. We don't want to have to compete for that money. I feel it is necessary to have to separate programs, both of which are very important.

To finish this up I just wanted to give a little perspective to the need of these clinics. Among the hundreds of stories I have heard about patients who have been living with dental pain for years because they were unable to see a dentist, one has stuck out. I

had a patient in the chair the other day, and I asked him how everything has been feeling and if he had any pain or discomfort lately. He replied that his mouth feels great since he has been coming to the clinic and he is free from tooth pain for the first time in the last 6 years. This story isn't an anomaly, and goes to show the need and demand for these clinics. Please show your support for these bills and thank you for you time.

Sincerely,



Drs. Grant Korsmo and Robert Remmick
Valley Community Health Centers – Dental Clinic

Background: Senate Bill 2356

Bridging the Dental Gap began as the product of community needs survey to respond to the lack of dental access for Medicaid and low income individuals. We have been operational since August of 2004. Initial start up funds were received through grants by the Bush Foundation, Community Development Block Grants, Ronald McDonald House Charities and others. We provide basic dental services to uninsured, low income and Medicaid families. Our patients range in age from 2 to 100. 68% of our clients are Medicaid, the remainder are low income with only 3% having any form of insurance or not qualifying for some form of sliding fee. Individuals who are not on Medicaid qualify for sliding fees or discounts based on Federal Poverty Guidelines. Currently we have over 7000 patients in our records system. During 2008 there were 6800 patient appointments. Our staff currently consists of 2 dentists, 3 assistants, 2 hygienists, 2 receptionists/medical records clerks, and myself as Executive Director of the non-profit corporation and as Clinic Manager. We get NO Federal Funds. We are self-supporting from Medicaid and discounted fees as well as on-going support through various grants. This income meets our general operational expenses. In order to make larger equipment purchases or to replace existing equipment or add new services, we have to find outside funding sources or new grant sources.

When Bridging the Dental Gap was set up, we began on a shoestring. We used donated equipment or purchased many used pieces of equipment and have only added to these as we could. 5 years later we are discovering why some of this equipment was donated. We have 2 used treatment chairs that can no longer be repaired, the hydraulic mechanism acts like a ghost in the room and the chairs will move at inopportune times for the dentist providing treatment. These chairs must be used with caution, obviously. We have sterilization equipment that we are holding together with some wiring..... we frequently play McGiver with our equipment in order to get the most use out of it. Our computer system is outdated and we cannot update to new software without updating the hardware first. The old software program will no longer be serviced as of the end of 2008. 2 of our computers were hand me downs from the County Social Services offices. We got them when they were trading them out for new machines. The other 2 computers are almost as old. These are just a few samples of what we would like to replace. I am not saying we want the biggest and the best, as non-profit agencies we are used to making a dollar stretch pretty far. We just want to provide services to our patients with equipment that is not at the end of its usefulness. A longer listing of things we may use this grant for is included.

To bring this to a more personal level....everyday we make an impact on the lives of our patients. A few months ago we received a call from a Social Worker from one of the schools. She had a young boy who amongst other things was ADHD and some other emotional behavioral problems. Additionally he had toothpain and this was one more reason that he was unable to concentrate. His family was not on Medicaid but he had just been placed in foster care. The Social Worker asked us to treat him. The young boy was 9 and had an abscessed tooth and multiple other areas of decay. We took out the tooth and started his other treatment. This young boy sent us a picture and a short thank you note for taking his pain away. His social worker has told us that now they are able to work on some of his other issues without the interference and distraction of his toothpain. She tells us it has made a big difference in his schoolwork already.

There is a bill before the Legislature that will ask to raise the Medicaid reimbursement rate and some legislators may argue that this is sufficient to meet the needs of dental access. However I do not believe that this will address the entire issue. It may result in more access in some areas but the sheer volume needing treatment will not deplete the numbers of those that we service. The population that we serve presents additional hardships to the private practice which will continue to serve as stumbling blocks to inclusion: slow payment practices of Medicaid –red tape and paperwork, recipient liability issues, restrictions on coverage, requirement for pre-authorizations for services, not to mention that this population has a tendency to miss multiple appointments and their follow through with treatment requirements is minimal. All of these factors as well as other socio-economic concerns will not easily allow the low income population to "fit" into a standard private practice .

I ask for your support of this one time funding bill for the non-profit dental clinics in North Dakota to allow them to better serve the most vulnerable of our populations.

I have made available a copy of this testimony , copies of some supporting information and a list of some of the needs of our clinic.

Marcia Olson Clinic Manager/Executive Director

BRIDGING THE DENTAL GAP
ONE TIME FUNDING NEEDS

For
ND State Legislature Bill
September 19, 2008

* items have explanations following

ITEMS	Number items	Cost Each	Total
Dental Chairs *1	3	9,000	27,000
Hygienist Chairs *2	2	700	1,400
Mobile Nitrous Unit *3	1	5,200	5,200
Cavitron Plus Ultra Sonic Scaler *4	2	2,997	5,994
Cavitron Tips/Inserts	8	150	1,200
Prophy Jets	2	2,900	5,800
Prophy Plus Handpiece *4	2	550	1,100
Prophy Angles (boxes of 100)	12	50	600
Computer Upgrades*5			5,000
Dentrix System upgrade*6			5,000
2 additional computer workstations/monitors/keyboards			5,000
Computer hub to accommodate additional stations			750
Back up hard drive			1,000
Printer for 2 workstations	2	750	1,500
New Copier*7			8,500
Curing Lights *16	4	700	2,800
X-ray Processor *8	1	5,000	5,000
X-ray duplicator	1	509	509
Lead Free Aprons for disabled persons	3	180	540
Child's lead apron for Panorex	1	150	150
Sterilization Units *9			
Autoclave	1	4,500	4,500
Statum	1	6,000	6,000
Ultrasonic Unit	1	999	999
Endodontic Obturation Unit	1	2,500	2,500
Endodontic Rotary System	1	1,200	1,200
Touch and Heat Endo Sealer	1	900	900
Operatory Lights *10	3	2,500	7,500
X-ray film (sleeve of 150)	120	50	6,000
Panorex Film (box of 50)	12	75	900
XCP X-ray holders (all parts)			
Anterior	5	50	250
Posterior	5	50	250
X-Ray Solution-Fixer and Developer (monthly)	12	50	600
Hygienist Instruments	14	35	490
Amalgamator *11	1	900	900
OraQix injection free anesthesia – box of 20 *12	18	110	1,980
Left Handed Assistant's Chair *13	1	750	750

HANDPIECES: *14			
Couplers for units	6	250	1,500
Highspeed	4	1,500	6,000
Slow Speed (all parts)	6	1,600	9,600
PREVENTATIVES			
Embrace Sealant materials	24	70	1,680
Flouride Varnish	10	120	1,200
Toothpastes	100	8.50	850
Child tooth gel	500	4.50	2,250
Xylitol gum	500	7.00	3,500
Floss (gross)	12	49	588
Toothbrushes per doz	200	12	2,400
Postcards-reminders-recalls	12	250	3,000
Pediatic Educational materials			2,500
Fluoride Trays 3 sizes	12	120	1,440
Pedo kits for school visits	1200	2.40	2,880
Toothbrush covers –gross	18	25	450
Pay off Loan on Panerex unit *15			6,000
TOTAL			165,600

EXPLANATIONS:

- *1 We have dental chairs in all rooms. They are all donated used chairs. 2 of them go out all the time and require repeated repairs. A third is “jerky”. We would like to replace these.
- *2 All our hygienists chairs are donated used chairs. They are not the best for our staff – there was reason the previous owners got rid of them.
- *3 We have 1 room that has nitrous piped into it. There is a waiting list for using this room and scheduling is a problem. It is cost prohibitive to add stationary nitrous units to the other operatories. A portable unit would allow us more flexibility of use.
- *4 We have Cavitron units for our 2 hygienists. One has already broken down and been in for repairs and still overheats and shuts down. We have heavy use of these units. The prophylaxis plus handpieces are required so we have extra handpieces and do not have to wait for sterilization to be complete before we see the next patient. We have a limited number of handpieces available.
- *5 Our computers are 4 plus years old. If we get to upgrade our Dentrix system, the operating system will no longer be compatible and the memory is insufficient.
- *6 Dentrix is our dental patient accounting software package. We purchased it at the end of 2004. The software is no longer being supported by Dentrix. We need to upgrade to the current version in order to do more electronic submissions and to qualify for support. The current software is showing its age – there are numerous errors occurring and parts of the program are no longer functioning.
- *7 Copy Machine/Printer that services all but 1 of our computer workstations. We only have one to service 4 computers and the scanner and fax no longer work on it. Additionally it has broken down on several occasions already as far as printing from the Dentrix software. Now whenever bills or other items are being run that require lengthy run times, the copier is tied up and nothing can be run separately etc. We would get a new copier that would be dedicated with all the features and use this one as a stand alone copier for non-computer linked functions.

*8 We currently have an x-ray processor. It has had numerous repairs done to it in the past 6 months and multiple parts replacement. We believe that this one is already on the verge of breaking down permanently.

*9 The current sterilization units that we have were donated used items (except the ultrasonic). We have had some concerns about the autoclave. Additionally we would like to set up a second sterilization area on the South side of the building so that each "wing" could process their own instruments. (and so we would have a back-up if the one autoclave will no longer heat to the proper sterile temperatures).

*10 All of our operatory lights were donated used equipment. 3 of them do not function well and one of the 3 overheats and goes out frequently. We need to at least replace the 3 that are no longer providing good light and that short out.

*11 We need one more Amalgamator in order to have a back-up and to have one in each of the dental operatories.

*12 We would like to try OraQuix anesthesia for some of our children and adults who are fearful of needles and injections.

*13 We have a left handed dentist who is in our practice as well as a left-handed volunteer dentist who visits us. We would like to get a left handed assistant's chair to use in these rooms.

*14 We have a combination of purchased and donated (used) handpieces. We do not have enough handpieces on a busy day to keep up with the number of patients. Our dentists have had to wait for sterilization to be complete. Additionally some of the handpieces "freeze-up" and go back and forth for repairs, it would be good to have additional in our supply.

*15 Our first Panerex was a donated used one. It lasted 11 months and then went out. The repair cost for the machine was going to be \$5000 with no assurance that it would totally fix the problem. We opted to buy a new Panerex and used a lease/loan agreement to fund the purchase option. The cost was \$18,000. It would be good to get this paid off and reduce some of the operational costs.

*16 We do not have enough curing lights for each room. We currently have 2 that are no longer functioning, these were donated/used. One is believed to be repairable and the other is not. Some of the curing lights are of lesser quality as well. Staff also prefers the lights that are cordless for ease of use with the patients.

CLINIC STATISTICS OVERVIEW

Month	# Appts	#Misses	# New Pts	Miss/Appt
2008	6767	2542	1717	38%
December	529	179	107	34%
November	438	171	142	39%
October	706	219	171	31%
September	592	223	171	38%
August	637	224	152	36%
July	716	274	155	39%
June	486	238	125	49%
May	574	208	124	37%
April	534	214	152	40%
March	506	176	133	35%
February	496	197	135	40%
January	553	219	150	40%
2007	5920	1867	1574	32%
December	444	145	95	33%
November	466	161	125	35%
October	520	187	129	36%
September	477	146	140	31%
August	605	159	149	27%
July	565	157	154	28%
June	568	160	118	29%
May	538	194	107	36%
April	498	188	120	38%
March	493	143	168	29%
Feb	407	115	109	29%
Jan	339	112	160	33%
2006	3832	1769	794	47%
Dec	335	117	104	35%
Nov	283	114	124	41%
Oct	344	190	111	56%
Sept	368	131	91	36%
Aug	399	164	139	42%
July	274	158	91	58%
June	310	159	82	52%
May	314	184	DNT	59%
April	253	152	DNT	60%
March	368	220	DNT	60%
Feb	300	97	20	33%
Jan	284	83	32	30%
2005	3452		374	
Dec	279	105	35	38%

Nov	292	97	50	34%
Oct	395	148	0	38%
Sept	353		73	
Aug	369		51	
July	371		100	
June	286		65	
May	285			
April	191			
March	232			
Feb	217			
Jan	182			

2004

Dec	154
Nov	198
Oct	216
Sept	143
Aug	69

2.2



PUBLIC HEALTH DEPARTMENT

151 South 4th Street, Suite N301 • Grand Forks, ND 58201-4735 • Telephone (701) 787-8100 • Fax (701) 787-8145

February 2, 2009

Dear Senator Holmberg and Members of the Senate Appropriations Committee:

As the chairperson of the Northern Valley Dental Health Coalition, I am requesting your support for Senate Bill 2356 which provides funding for the public health dental clinics in Bismarck, Fargo and Grand Forks.

Our coalition, based in Grand Forks has worked tirelessly for five years to improve access to dental care for persons with low and moderate incomes. Our dream became a reality in November of 2007 when Valley Community Health Centers Dental Clinic opened its doors. Since that time, more than 3,000 patients have received services at the clinic. A large percentage of the patients are children, some making their first visit ever to a dentist.

While the clinic has been overwhelmed with meeting oral health needs in our community, the dental professionals are doing so with equipment donated by dental offices, and in some cases doing without essential pieces of equipment that would allow state of the art dental care. The one time funding requested in SB 2356 for equipment purchases for the public health dental clinics would be a huge enhancement to the care provided to residents of our region.

The resources needed to start dental clinics are significant and our coalition was creative seeking all sources of funding, including federal, city, and private grants and donated furniture and supplies. Few funders allow the purchase of equipment.

It has been a most rewarding experience to see the faces of children, delighted with their new toothbrush, parents who express gratitude that they don't have to travel 150 miles roundtrip to get affordable dental care for their children, and elderly persons on fixed incomes and public insurance who can be free of dental pain, all because of the work of the professionals at Valley Community Health Centers Dental Clinic. Their stories are heartwarming. I recently had a woman cry with relief in the waiting room of our public health office when I told her that her children could receive care at the dental clinic. She had been trying for several months to find a dentist who would accept their Medicaid insurance. Dental care is something many of us take for granted, but for a large number of North Dakotans, it can be a challenge.

My hope is that you will continue the dream and appropriate funding for SB 2356. Please feel free to contact me at 701-787-8113 or dswanson@grandforksgov.com if I can provide additional information.

Sincerely,

Debbie Swanson, RN
Nursing and Nutrition Supervisor
Chair, Northern Valley Dental Health Coalition

Background: Senate Bill 2356

Bridging the Dental Gap began as the product of community needs survey to respond to the lack of dental access for Medicaid and low income individuals. We have been operational since August of 2004. Initial start up funds were received through various grants. We provide basic dental services to uninsured, low income and Medicaid families. Our patients range in age from 2 to 100. 68% of our clients are Medicaid, the remainder are low income with only 3% having any form of insurance or not qualifying for some form of sliding fee. Individuals who are not on Medicaid qualify for sliding fees or discounts based on Federal Poverty Guidelines. Currently we have over 7000 patients in our records system. During 2008 there were 6800 patient appointments. Our staff currently consists of 2 dentists, 3 assistants, 2 hygienists, 2 receptionists/medical records clerks, and myself as Executive Director of the non-profit corporation and as Clinic Manager. We get NO Federal Funds. We are self-supporting from Medicaid and discounted fees as well as on-going support through various grants and donations. This income meets our general operational expenses. In order to make larger equipment purchases or to replace existing equipment or add new services, we have to find outside funding sources or new grant sources. We only service a 50 mile radius of Bismarck due to the large demand and lack of available staffing.

When Bridging the Dental Gap was set up, we began on a shoestring. We used donated equipment or purchased many used pieces of equipment and have only added to these as we could. 5 years later we are discovering why some of this equipment was donated. We have 2 used treatment chairs that can no longer be repaired, the hydraulic mechanism acts like a ghost in the room and the chairs will move at inopportune times for the dentist providing treatment. These chairs must be used with caution, obviously. We have sterilization equipment that we are holding together with some wiring..... we frequently play McGiver with our equipment in order to get the most use out of it. Our computer system is outdated and we cannot update to new software without updating the hardware first. The old software program will no longer be serviced as of the end of 2008. 2 of our computers were hand me downs from the County Social Services offices. We got them when they were trading them out for new machines. The other 2 computers are almost as old. These are just a few samples of what we would like to replace. I am not saying we want the biggest and the best, as non-profit agencies we are used to making a dollar stretch pretty far. We just want to provide services to our patients with equipment that is not at the end of its usefulness. A longer listing of things we may use this grant for is included.

To bring this to a more personal level....everyday we make an impact on the lives of our patients. A few months ago we received a call from a Social Worker from one of the schools. She had a young boy who amongst other things was ADHD and some other emotional behavioral problems. Additionally he had toothpain and this was one more reason that he was unable to concentrate. His family was not on Medicaid but he had just been placed in foster care. The Social Worker asked us to treat him. The young boy was 9 and had an abscessed tooth and multiple other areas of decay. We took out the tooth and started his other treatment. This young boy sent us a picture and a short thank you note for taking his pain away. His social worker has told us that now they are able to work on some of his other issues

without the interference and distraction of his toothpain. She tells us it has made a big difference in his schoolwork already. We were part of a pilot project for the State Oral Health Department providing sealants to one low income elementary school in the Bismarck public school system. We examined 20 students and should have been able to provide sealants on 8 teeth per student for a total of 160 sealants. Instead, we were only able to provide less than 12 sealants total. All the other teeth were too decayed and needed fillings.

There is a bill before the Legislature that will ask to raise the Medicaid reimbursement rate and some legislators may argue that this is sufficient to meet the needs of dental access. However I do not believe that this will address the entire issue. It may result in more access in some areas but the sheer volume needing treatment will not deplete the numbers of those that we service. The population that we serve presents additional hardships to the private practice which will continue to serve as stumbling blocks to inclusion: slow payment practices of Medicaid –red tape and paperwork, recipient liability issues, restrictions on coverage, requirement for pre-authorizations for services, not to mention that this population has a tendency to miss multiple appointments and their follow through with treatment requirements is minimal. All of these factors as well as other socio-economic concerns will not easily allow the low income population to “fit” into a standard private practice .

Another bill before the Legislature that seeks funding for a Caremobile program for dental access for children. It may seem that this would also eliminate some of the need for our services. But in actuality it will increase the need. The Caremobile at best may be able to go once or twice a year to a given location.. We are operating in partnership with that program and will be available as the referral site for the care that will need to be provided on a more on-going basis.

So why fund the 3 non-profit clinics with one time funding for equipment when everyone else has their hands out for funds this biennium? We all 3 have a proven track record. We all three have impacted a large number of lives of the most vulnerable of ND citizens. We all 3 are a result of community needs assessments demonstrating the need for the services we provide. We all 3 have pieced together equipment and supplies and funds from a number of sources to keep functioning and to remain operational, but to better serve our patients and provide a level of care that should be expected, we need some assistance from the State Legislature.

I ask for your support of this one time funding bill for the non-profit dental clinics in North Dakota to allow them to better serve the most vulnerable of our populations.

I have made available a copy of this testimony , copies of some supporting information and a list of some of the needs of our clinic.