

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2295

2001 SENATE HUMAN SERVICES

SB 2295

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## 2001 SENATE STANDING COMMITTEE MINUTES

### BILL/RESOLUTION NO. SB 2295

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 30, 2001

Tape Number	Side A	Side B	Meter #
1	X		34.7
1		X	3
2	X		36.1
Committee Clerk Signature <i>Carol Holman</i>			

#### Minutes:

The hearing on SB 2295 was opened by SENATOR KILZER

SENATOR JUDY LEE introduced the bill. This bill deals with dentists offering donated dental services.

BRENT HOLMAN, DDS, supports bill. (Written testimony) SENATOR MATHERN: From experience in Fargo area, how many dentists would participate if we establish this?

RHEA HAUGRUD, Red River Valley Dental Access Project, explained about the numbers that would be involved. (Written Testimony) SENATOR KILZER: What kind of hard financial line or how much paper work does this involve? MS. HAUGRUD: A coordinator goes through questions asked about how much the individual has coming in during the month and how many expenses are for the month. There are no hard fact guidelines. SENATOR LEE: You do all your own financial qualifying. MS. HAUGRUD: A coordinator from the National Foundation Dentistry for Handicapped that is making the decisions.

CAROL TWOEAGLES supports bill. Native Americans cannot afford dental plans. They need dental work.

KRISTI KELLER, ND Community Action, supports bill. Low income needs assessment. This assessment polled over 1400 families of ND. Over half of them indicated they needed the most help with dental needs only second to food. They cannot afford the cost or are not eligible for aid.

DIANE SHEPHERD, ARC of the Valley, supports bill. There is an ongoing dental crisis. They need access to dental care. They are providers throughout the state

TODD KRANDA, ND Asso. Of Community Facilities, (NDAF) supports bill.

MRS GARY ZENTZ supports bill. Applaud the dental association for this bill..

KATHLEEN MANGSKAU, Dept of Health, supports bill. (Written testimony) SENATOR MATHERN: Is this amount of money translated to information, telephone calls? MS.

MANGSKAU: The department would link people to the services. We would require that they provide us with the number of people reached, the dollar amount of services provided, so that we would have a good tracking method. We would not assume the role of a coordinator but would link people with the coordinator and they would link a client with a dentist preferably in the community that they live in. SENATOR LEE: Would the elderly be able to be treated in a nursing home? View this as a new challenge without being under the roof of the dentist's office.

SENATOR FISCHER: How are you going to roll this out to the public. MS. MANGSKAU: Through our contract with the administering organization we will work with them to make sure publicity is rolled out. The National Association of Dentistry for the Handicapped have valuable

Page 3  
Senate Human Services Committee  
Bill/Resolution Number SB 2295  
Hearing Date January 30, 2001

information to assist states in doing this. They provide technical assistance for a small fee.

SENATOR MATHERN: Who pays for the 1-800 number? MS. MANGEKAU: That is included in the \$39,000.

The hearing was closed on SB 2295.

Discussion was held. Tape 2, Side A, Meter 36.1

SENATOR MATHERN moved to overstrike line 8 - use their respective offices to. That would enable dentists to serve clients anyplace. SENATOR POLOVITZ seconded the motion. Roll call vote carried 6-0. SENATOR MATHERN moved DO PASS AS AMENDED. SENATOR FISCHER seconded it. Roll call vote carried 6-0. SENATOR MATHERN will carry the bill.

**FISCAL NOTE**  
Requested by Legislative Council  
01/23/2001

Bill/Resolution No.: SB 2265

Amendment to:

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

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$39,000		\$39,000	
Appropriations			\$39,000			

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

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

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

The bill will provide for an act to develop and administer a donated dental services program in the state and provide an appropriation to fund the administration of the program. Volunteer dentists will provide comprehensive dental care for needy, disabled, aged, or medically compromised individuals who cannot afford essential dental care and are realistically unable to get care through other programs. The North Dakota Department of Health will contract with the North Dakota Dental Association, or other qualified organization to administer the program. Program development and administration will require a part-time coordinator, office space and equipment, office supplies and necessary laboratory services. Total general funds to develop and administer the program for the 2001-2003 biennium are \$39,000.

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

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

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

\$39,000 in general funds for the biennium is requested to develop and administer the program through a contractual relationship with a qualified organization. Administration costs are based on similar programs operating in other states. Administrative costs are estimated at \$19,500 per year. Year 2 costs will require less in equipment and training, but greater amounts in laboratory and personnel costs. Year two costs are

also estimated at \$19,500 for a total of \$39,000. If the program would continue into the next biennium, costs would remain about the same at \$39,000.

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

This bill includes an appropriation of \$39,000 for the 2001-03 biennium which is not included in the Health Department's appropriation bill SB 2004.

<b>Name:</b>	Kathy J. Albin	<b>Agency:</b>	Health Department
<b>Phone Number:</b>	328-2392	<b>Date Prepared:</b>	01/26/2001

1/30/01

2295

## Committee

**or**

**Legislative Council Amendment Number**

## Amendments

Sen Matheson

Des Palavitz

[illegible]

6

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\_\_\_\_\_

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



Roll Call Vote #: 2Date: 4/30/012001 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2295Senate HUMAN SERVICES

Committee

☐ Subcommittee on \_\_\_\_\_  
or  
☐ Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken

Do Pass As Amended + Refer to App.

Motion Made By

Sen MathenSeconded  
BySen Fischer

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathen	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0Absent 0Floor Assignment Sen Mathen

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

**REPORT OF STANDING COMMITTEE (110)**  
**February 1, 2001 4:03 p.m.**

**Module No: SR-18-2161**  
**Carrier: T. Mathern**  
**Insert LC: 18331.0101 Title: .0200**

**REPORT OF STANDING COMMITTEE**

**SB 2295: Human Services Committee (Sen. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2295 was placed on the Sixth order on the calendar.**

Page 1, line 8, remove "use their respective offices to"

Renumber accordingly

2001 SENATE APPROPRIATIONS

SB 2295

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2295

Senate Appropriations Committee

☐ Conference Committee

Hearing Date February 12, 2001

Tape Number	Side A	Side B	Meter #
Tape #1	x		6.4-18..2
Committee Clerk Signature <i>Jennie Rietzsch</i>			

Minutes:

Senator Nething opened the hearing on SB2295.

Joseph Cichy (Lobbyist #049), The North Dakota Dental Association, A Mutual Aid Corporation, spoke in support of SB2295.

Dr. Brent Holman, Pediatric Dentist from Fargo, representing the North Dakota Dental Association, spoke in support of SB2295 (a copy of his written testimony is attached).

Senator Nething: Where would this position be housed?

Dr. Brent Holman: Perhaps in the Department of Health, could be in a state agency; will be approximately 8 hours per week.

Senator Lee, District 13, West Fargo, and Chairman of the Senate Human Services Committee testified that this bill had a favorable review there; and she supports it.

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Senate Appropriations Committee

Bill/Resolution Number SB2295

Hearing Date February 12, 2001

Kathleen Mangskau, Oral Health Program Director of the North Dakota Department of Health, appeared to provide information on oral health needs in the state (a copy of her written testimony is attached).

Senator Tomac: 36 thousand free in 1 year --- 39 thousand for administering?

Kathleen Mangskau: These figures were taken from neighboring states where this is ongoing. The first year has the greatest impact --- 100 thousand donated with a cost of 39 thousand in states such as South Dakota and Wyoming.

Senator Tomac: 8 hours a week -- 416 a year--makes \$40. Heavy on administration costs?

Kathleen Mangskau: We would be happy to provide a breakdown --approximate ones are: personnel (6200), rent (2000), equipment (3000), travel (1200), training (3000) postage and supplies (1710), lab services (2190) and audits (200).

Senator Andrist: Able to provide the breakdown?

Kathleen Mangskau: Yes.

Senator Lindaas: Since you are neither for or against this bill --- are the resources in the department to do this?

Kathleen Mangskau: No, we do not have the funds.

Senator Tallackson: Report to Human Services? Health Department?

Kathleen Mangskau: Duty of the coordinator; dental volunteers will respond to public notices, submit application; will report directly to the coordinator.

Senator Bowman: How can it cost 3 thousand for training? Who?

Kathleen Mangskau: It is higher the first year. Need to bring national people here or have our people go to the national -- learn the program.

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Senate Appropriations Committee  
Bill/Resolution Number SB2295  
Hearing Date February 12, 2001

No additional testimony. Hearing closed. Senator Nething assigned this bill to the Health Subcommittee, Senator Andrist, Chair; Senator Grindberg and Senator Robinson.

February 16, 2001 Full Committee Action (Tape #2, Side A, Meter No. 0.0-1.2)

Senator Nething reopened the hearing on SB2295. Discussion.

Senator Andrist moved a DO NOT PASS ; Senator Solberg seconded. No discussion; call for the Roll Call Vote: 14 yes; 0 no; 0 absent and not voting. Senator Andrist accepted the floor assignment.

Date: 2-16-01

Roll Call Vote #: \_\_\_\_\_

**2001 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. SB 2295**

Senate Appropriations Committee

☐ Subcommittee on \_\_\_\_\_

or

☐ Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do not pass

Motion Made By

Senator

Andrist

Seconded

By

Senator

Solberg

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

Total Yes 14 No 0

Absent 0

Floor Assignment Senator Andrist

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

**REPORT OF STANDING COMMITTEE (410)**  
February 16, 2001 11:41 a.m.

**Module No: SR-29-3645**  
**Carrier: Andrist**  
**Insert LC: . Title: .**

**REPORT OF STANDING COMMITTEE**

**SB 2295, as engrossed: Appropriations Committee (Sen. Nething, Chairman)**  
**recommends DO NOT PASS (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).**  
Engrossed SB 2295 was placed on the Eleventh order on the calendar.



2001 TESTIMONY

SB 2295

## **SB 2295 Donated Dental Services (DDS)**

**Brent L. Holman DDS  
North Dakota Dental Association**

**Senate Human Services Committee  
January 30, 2001**

Madame Chair and members of the Senate Human Services Committee: My name is Dr. Brent Holman and I am a pediatric dentist from Fargo representing the North Dakota Dental Association. I urge your support for SB 2295 so as to establish a Donated Dental Services Program in North Dakota.

Donated Dental Services (DDS) is a humanitarian program dedicated to meeting the oral health needs of disabled, elderly, or medically-compromised individuals who cannot afford needed treatment. The DDS program was established by the National Foundation of Dentistry for the Handicapped and is currently active in 29 states. The Foundation works with state dental associations to establish a network of volunteer dentists that agree to treat these selected patients for no charge. A DDS coordinator facilitates the program to ensure the program runs smoothly for both volunteer dentists and clients. The coordinator screens each applicant, links clients with dentists, contacts specialists when necessary, coordinates laboratory donations, and follows each case until treatment is completed. Patients are seen in the volunteer dentist's office and comprehensive treatment is provided. \$39,000 is requested from the state of North Dakota to fund the administrative costs associated with implementing the program during the first two years.

Nationally, state governments, including those of neighboring Montana, Wyoming, and South Dakota, provide funding for 27 of the 29 DDS projects. The addendum at the end of my testimony lists the DDS data for the neighboring states for the last fiscal year. No state government has ever withdrawn or reduced support for the project. There are more than 8,000 volunteer dentists and 1,700 participating dental labs. Since DDS started as a small pilot project in Colorado about a dozen years ago, over 30,000 needy disabled, elderly, and medically compromised persons have received care in excess of 35 million dollars. Historically, \$1 spent on the administrative costs yields \$5.50 worth of pro bono care, after several years. It is estimated that in North Dakota, about \$36,000 in free dental care will be produced during the first year. The program has already been implemented in the Red River Valley through grant funding and we are hoping the early success in dentist recruitment there can be expanded statewide.

I'm sure that all of you are aware of the deteriorating access that is developing for dental patients in North Dakota secondary to a declining workforce and deteriorating Medicaid access. Access is complicated further for the elderly since Medicare provides no dental benefits. This program is another piece of the necessary safety net for needy dental patients in North Dakota as our workforce continues to decline and access difficulties increase. Recognizing that this program by itself will not solve the access problem in our state, North Dakota dentists feel a responsibility to do whatever they can to involve their profession, their communities, and the state in joining together to work for cost-effective solutions. Dentists would like to step up to the

plate and are respectfully asking you for help to enable this commitment.

Attached are letters of support from former Governors Schafer and George W. Bush for your review. Thank you for your kind consideration of this humanitarian proposal.

Brent L. Holman DDS MSD  
2538 S University Drive #A  
Fargo, ND 58103  
701-232-1148  
fgojayhawk@aol.com

**ADDENDUM:**

**Montana:** Program started in 1997

117 dentists or 29% of their dentists participate in the program

43 labs participate

68 cases for a value of \$95,640 were completed in the last fiscal year

**South Dakota:** Program started in 1998

69 dentists or 25% of their dentists participate

18 laboratories participate

56 completed cases for a value of \$70,000 completed in the last fiscal year

**Wyoming:** Program started in 1994

98 dentists or 47% of their dentists participate

44 labs participate

67 completed cases for a value of \$96,700 in the last fiscal year

**Minnesota:** No program yet, but may still be introducing a bill this year for funding



EDWARD T. SCHAFER  
GOVERNOR

# STATE OF NORTH DAKOTA

OFFICE OF THE GOVERNOR

500 E Boulevard Ave Dept 101

BISMARCK NORTH DAKOTA 58505-0001

(701) 328-2200

FAX (701) 328-2205 TDD (701) 328-2887

E-MAIL: governor@state.nd.us

November 20, 2000

Dr. Brent L. Holman  
2538 South University Drive #A  
Fargo, ND 58103-5737

Dear Dr. Holman:

I want to commend and thank the dental profession in North Dakota for its interest in developing a Donated Dental Services (DDS) project in the state. The humanitarian project, as it has been explained to me, would involve volunteer dentists, with the assistance of dental laboratories, providing comprehensive care to needy disabled, elderly, and medically compromised individuals. I am writing to urge your participation.

Extraordinary dependency is perhaps the greatest disability shared by people unable to work because of such conditions as cancer, heart diseases, multiple sclerosis, kidney failure, advanced age, mental retardation, or mental illnesses. Victimized by terrible problems beyond their control, many must frequently rely on an array of government programs. Such services, however, are frequently insufficient since government cannot afford to pay for all of their needs. That, unfortunately, includes comprehensive dental care. Consequently, the Donated Dental Services program is very important and commendable.

A feature of the project that I find particularly impressive is that it has been designed by dentists to work for dentists as well as patients. Volunteers work in their own offices rather than having to go to an unfamiliar clinic. Patients can be conveniently integrated into appointment schedules. The volunteer dentist decides the appropriate treatment, and doesn't need to get approval for proceeding. Actually, it's just the reverse. The program functions to assist dentists by arranging for the involvement of volunteer specialists and laboratories. Patients understand their responsibility to be on time for appointments, and failure to do so can disqualify the person from further treatment.

I hope you will consider participating. A reply postcard to Dr. David Brant, President of the Southeast District Dental Society, is enclosed for your convenience. Your involvement is not only important for vulnerable individuals in the Red River Valley region but, indirectly, for others throughout the state. The project is initially being established in the Fargo/Moorhead area. Further expansion will be influenced by its successes.

Closing as I began, I commend your profession for its civic leadership. Thank you very much.

Sincerely,

Edward T. Schafer  
Governor



STATE OF TEXAS  
OFFICE OF THE GOVERNOR

GEORGE W. BUSH  
(GOVERNOR)

September 11, 2000

Dr. David S. Wilbanks  
Board Chairman  
Texas Dentists for Healthy Smiles Foundation  
1945 South IH 35, Suite 300  
Austin, TX 78704

Dear Dr. Wilbanks:

Congratulations to Foundation members as you kick off the Donated Dental Services Program in Texas. This statewide effort, carried out with funding and support from the Texas Department on Aging, shows dentists' commitment to providing seniors with quality dental care.

Dedicated health professionals who strive to ensure the well-being of others help build stronger communities. I commend the Foundation for its efforts to recruit volunteer dentists across the Lone Star State to ensure the elderly receive important dental services. Your efforts help improve the quality of their lives and show your concern for your fellow Texans.

Laura joins me in sending best wishes for a successful and effective program.

Sincerely,

A handwritten signature in dark ink, appearing to read "George W. Bush".

GEORGE W. BUSH  
OWB:mg

## **SB 2295 Donated Dental Services (DDS)**

*Rhea Haugrud, MS  
Red River Valley Dental Access Project*

*Senate Human Services Committee  
January 30, 2001*

Madame Chair and members of the Senate Human Services Committee. My name is Rhea Haugrud and I am the Coordinator for the Red River Valley Dental Access Project. I am here today to urge your support for Senate Bill 2295 which would establish a Donated Dental Services (DDS) program in the state of North Dakota.

As you may be well aware, access to dental care is a critical and growing problem in the state, particularly for elderly, handicapped and financially compromised individuals. The DDS program attempts to address this issue by providing free, comprehensive dental care to needy individuals. By the time an individual has completed treatment through this program he or she will have received, on average, \$1,200 worth of dental care. This dental care is provided by dentists and dental laboratories willing to donate their time and services.

The Red River Valley Dental Access Project has recently worked together with the North Dakota Dental Association to establish a DDS pilot program in the Fargo area. Recruitment of dentists for the program began in late November with a letter sent by former Governor Schafer to area dentists urging their participation. To date, 25 dentists have signed up to participate and we continue to receive enrollment cards from dentists on a weekly basis. Based on statistics from the other 29 states with established programs, we were told to expect participation from 15% of the area dentists. Instead, Fargo has 33% of its dentists participating, showing awareness and a commitment by dentists to address this critical and growing problem. Recruitment of dentists can easily be expanded state-wide and we would expect to see similar results.

The DDS program was formally announced to the public last Wednesday through an article published in the Fargo Forum. Since that time 51 requests for applications have been received, already showing a tremendous need for such a program. Ten human service agencies in the Fargo area have also been contacted and will generate additional referrals. Each of the human services agencies contacted relayed a need for such a program in the North Dakota.

The initial results from the Fargo program indicates willingness on the part of area dentists to participate and the number of requests for applications shows evidence to the need for the DDS program. With your support we hope to see this valuable service extended to all needy citizens in North Dakota. Thank you for your consideration of this program.

*Statement of*

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

*SB No. 2295*

Regarding  
A Donated Dental Services Program

*Before the*

Senate Human Services Committee

January 30, 2001

Good morning Madame Chair and members of the Senate Human Services Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. I am here to provide information on oral health needs in the state. The establishment of a Donated Dental Services Program (DDS) could help meet the need for some of the disabled, elderly, and medically compromised people in North Dakota who cannot afford essential dental care.

Access to dental care is already a critical issue for many low-income families, the elderly and the disabled in North Dakota. Along with disabling conditions that can complicate dental care, many elderly and disabled people do not receive needed care because they cannot afford it or are unable to travel easily to a dental office. Others suffer because their families or caretakers may be apathetic about dentistry and its impact on overall health. Among the barriers restricting access to dental care for the disabled, elderly and low-income families, paying for the treatment is the most serious barrier. Medicare does not cover dental services, and the only dental public health clinic in North Dakota located in Fargo has a lengthy waiting list and offers only basic services. There are no dental treatment services provided in local public health units.

A 1998 survey by the North Dakota Dental Association showed that 38 health and human service agencies in the state reported being aware of more than 3,600 needy disabled, elderly, and medically compromised individuals unable to access essential dental services. The most common reasons cited for inability to get dental care were lack of dental care in Medicare, limited access for Medicaid recipients, and dental care was unaffordable.

The Behavioral Risk Factor Survey of North Dakotans age 18 and over showed a decline in the percent of people who visited the dental clinic in the past year from 70.1 percent in 1998 to 66.2 percent in 1999. The greatest decline was in the 65 and older age group where 62.0 percent visited in 1998 and only 50.3 percent visited a dentist in 1999. The survey also showed an increase in the percent of adults age 65 and over who have lost all their natural teeth from 31.1 percent in 1998 to 38.6 percent in 1999. The data indicate that oral health status and access to dental services for older adults may be declining.

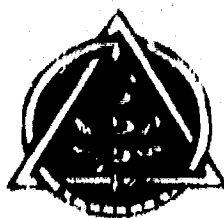
In April of 2000 a statewide dental summit of public and private providers identified the lack of dental programs and resources for special populations as a priority issue. The Donated Dental Services Program was identified as one strategy to improve dental access for special populations.

If this bill is passed, the Department of Health would need the \$39,000 appropriation of general funds to develop and implement the program statewide in the 2001-2003 biennium. No additional FTEs would be required as current staff could administer the contract.

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



5132295



# North Dakota Dental Association

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2001 ANNUAL SESSION  
September 14-16, 2001  
Fargo, North Dakota

DR. J.K. TAYLOR  
*General Chairman*

DR. L.W. MARR  
*Exhibits Chairman*

February 12, 2001

Kathleen Mangskau  
ND Department of Health  
600 E. Boulevard Ave. Dept 301  
Bismarck, ND 58505-0200

Re: Donated Dental Service Project

Dear Kathy:

Pursuant to your request the following is a break-out of the costs to implement SB 2295 the DDS project for the next biennium.

Administration costs are based on similar programs operating in other states of similar size. Administrative costs are estimated at \$19,500 per year.

	Year 1
Personnel	\$6,200 (Salary and fringe for part-time coordinator) Approximately 8 hours per week.
part-time coordinator	
Rent and Utilities	\$2,000 Telephone estimated at \$1,200 per year for local service, an intrastate WATS line, and some out of state long distance charges. Rent @ 800/year or \$67/month.
Equipment	\$3,000 Computer, printer, desk, file cabinet, bookcase, telephone equipment, (answering machine)
Travel	\$1,200 The referral coordinator will be trained for 3 days at the National Foundation of Dentistry for the Handicapped in Denver, CO. Several months later, the Foundation will travel to ND for 3 days of follow-up training. Each trip is budgeted at \$600.
Training/technical support	\$3,000 Fiscal, personnel and program management; ongoing evaluation; preparation of financial and ongoing program reports, initial and ongoing training of program coordinator; development of systems to insure

Kathy Mangskau  
February 12, 2001  
Page 2

coordination with health and human service agencies throughout the state; management of development plans to assure financial stability for project in the future.

Postage/supplies

\$1,710 Postage, printing and copying, software, office supplies

Laboratory Services

\$2,190 More than 1/3 of the DDS patients are expected to need fixed or removable dentures. The fabrication of many dentures will be donated by labs; however, the need for laboratory support will exceed what volunteer labs can reasonably provide.

Other (Audit, Ins., misc)

\$200 Audit of annual financial reports, share of general liability insurance

Year 1 \$19,500

Year 2 costs will require less in equipment and training, but greater amounts in laboratory and personnel costs. Year 2 costs are estimated at \$19,500.

Continuation costs for the program are estimated to remain about the same at \$39,000 for future bienniums.

Based on other states experience, for every \$1 spent a \$2 return is expected in the first year and in future years as the program matures for every \$1 spent, a \$5 return is expected. Neighboring states of Montana, Wyoming, and South Dakota are showing that for every \$20,000 spent they are seeing the range of \$80,000 to \$100,000 of dental services provided per year.

If you have any questions please contact me.

Sincerely,

  
Joseph J. Cichy

knh  
enclosure

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