

MICROFILM DIVIDER

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



ROLL NUMBER

DESCRIPTION

12000

2005 HOUSE HUMAN SERVICES

HB 1200

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

House Human Services Committee

☐ Conference Committee

Hearing Date January 17, 2005

Tape Number	Side A	Side B	Meter #
Number 1	x		60-2935
		x	4145-6225
Number 2	x		0-170

Committee Clerk Signature



Minutes:

Chairman Price opened hearing on HB 1200. 12 members present.

Rep. Kaiser: To give you background on this issue, we have been meeting with the Dental Assoc. and ND Bd. of Dental Exam. and various groups. Rep. Kaiser handed around a sample of a truck. The Ronald McDonald charities developed a program to implement a service in under served regions to bring health care services. In the western part of ND, as we did assess the different health areas, we discovered a great need for dental services in the area of under served. We thought this was a good idea and came forward to pursue this, only to discover that the Century Code - which listed the codes for dental application would preclude us from implementing this program. So we introduced this bill which addresses two things, dental services through nonprofit organizations and expansion, and removes the 49% ownership area, as is covered under the amendment I am passing around now. All of the parties involved under this bill were in contact, and as far as I know, everyone is in agreement of this concept.

When we were drafting this, in doing research, we found that two facilities, I believe, were operating illegally. They did not meet the 49% ownership requirements. We further discovered that we needed to supply services, like this mobile unit, to be able to bring services to the underserved and also provide language that would assist the non-profit's to take advantage of this opportunity. We did provide language that will indicate that the patient's welfare is number one.

Rep. Porter: Regarding the Ronald McDonald mission statement, what area's are they targeting to serve?

Rep. Kaiser: RMCD. is a very professional organization. During their research process, they began with the assumption a home was not needed in SW ND and after going through a very lengthy process, they did realize that we could use those facilities and they laid the groundwork for that venture. They even dictated who would be members of your board. With the business plan, you also would have an attorney, doctor dentist, architect, financial advisor and community members. Their direction was very well directed. At this point, we are not sure whether we will be going through them or not. We still are deciding if we will have 2 health unit, 1 health unit/1 dentistry unit, or just how that will be decided. We first, need to make sure it is legal and that is the reason we are coming before you today.

Rep. Kreidt: Would it be scheduled every week?

Rep. Keiser: Absolutely, this is a very sophisticated unit, however it will need a very large power source, school's often become a sight, because of the available power source. Hydraulic systems, as the unit has to be level. We may have to establish sights to be able to hook up.

Rep. Kreidt: What about the small communities that already have a clinic? And who will determine if it will be a dental/medical.

Rep. Keiser: Some areas have clinic's closing, this may be a source of health care to those communities.

Rep. Potter: On page 3, line 9, it says an heir or personal rep. may operate an office under the name of the deceased dentist for a period of not longer than two years from the date of the dentist's death". Does that have to do with RMcD proposal?

Rep. Keiser: This section of the code, originally written, did not get reviewed so LC wanted some of the language clarified. This is why we are looking at cleaning it up. That portion has no bearing on the nonprofit areas.

JoAnn Lugar: See Attached Testimony

Rep. Kreidt: Do you keep track of the other communities other than Bis/Mdn?

J. Lugar: We are trying to limit it to a 50 miles radius, when we get a new computer, we should be able to provide better statistics. MR#1340

Dr. Parag Kumar: Pediatrician, See attached testimony

Kathy Kaiser: Ronald McDonald House, Ex. Dir. See attached testimony

Pat Traynor: We are very much in support of this effort, we are looking forward to assisting with information on financial areas of grants.

Robert Claus: President Oral Health America See Attached Testimony

Barbara Wickel, Representing ND Oral Health Coalition, Northland Health care Alliance.
See Attached Testimony.

Janelle Johnson, Medcenter One Health System. See Attached Testimony

Gina Nolte, Ex. Dir. Red River Valley Dental Access Project. See Attached Testimony.

Chairman Price opened discussion on HB 1200.

Rep. Weisz: Are we now prohibiting anyone from owning an interest in a dental practice, besides the dentist, and why do we want to do that?

Rep. Keiser: I am not sure, when Mr. _? entered in his testimony, never came to testify.

Rep. Weisz: I am bothered by the fact that in our rural communities, when we have difficulty in finding dentist's, now we are prohibiting anyone from investing or helping a dentist establish a practice. That's the way I am reading, I don't understand why that is in the bill. I have no problem with the nonprofit. part of this.

Chairman Price: You do not agree with the new language?

Rep. Weisz: I would not support it at all, the way it is worded right now. The 49% needs to be removed.

Rep. Porter: In communities that share in cost to bring in a medical practice of any kind, if they put up a building or some other concept to assist with their locating in the community. They would almost have to have some ownership in it. It doesn't make sense for a rural community to have that removed, they wouldn't be able to recruit anyone.

Chairman Price: Rep. Weisz, I understand your not opposed to the mobile unit?

Rep. Weisz: Not at all.

Rep. Kaldor: I am wondering when I look at this language, they may be requiring that a dentist would have to come into a clinic setting, how are they complying with the current law?

Rep. Weisz: Under the current law, they can invest up to 49%. I don't know how other communities are doing it.

Rep. Kaldor: I am not sure that that is what it is saying, they could own the office and pay the dentist a salary.

Rep. Weisz: That's not what they want, they want their own office, this would prohibit anything but a clinic or public health setting. If they assist a dentist in getting set up in his own practice, and the dentist can buy the investors out over time. This makes it very clear for every person, except for the dentist. Most dentist's aren't associated with a clinic setting. I have some concerns, in prohibiting this.

Chairman Price: Rep. Keiser has proposed amendments.

Rep. Porter: I move the amendment.

Rep. Weisz: Second.

Rep. Uglem: Does that mean that I can own 49% and Rep. Weisz can own 49% and dentist can own 2%?

Chairman Price: It reads that the dentist has controlling interest.

Rep. Devlin: When you read it that way, 2 could own 49% which wouldn't be _____, of the law. The dentist could have 2%.

Rep. Porter: Dentist has to own 51%

Rep. Potter: What difference would it make who owns what of a dentist business?

Rep. Porter: I wouldn't know, the present law says that the dentist owns 51%. It regards, malpractice etc. that there needs to be someone who answers to a governing/licensing board.

Rep. Kaldor: That is fairly significant amendment, and wasn't addressed in the testimony.

Chairman Price: Just on the back side of Mr. Sitchy. It is a question of accountability.

Rep. Kaldor: Move Do Pass as Amended.

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House Human Services Committee
Bill/Resolution Number HB 1200
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Rep. Uglem: Second

Vote: 12-0-0.

Carrier: Rep. Weisz

MR# Tape 2 Side A 0-170.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1200

Page 3, line 6, remove "a" and overstrike "medical"

Page 3, line 7, replace "clinic or" with "a health care clinic, hospital, health system, or"

Renumber accordingly

VK
1/17/05

HOUSE AMENDMENTS TO HOUSE BILL NO. 1200 H.S. 1-18-05

Page 3, line 3, remove the overstrike over "~~more~~"

Page 3, line 4, remove the overstrike over "than forty nine percent of"

Page 3, line 6, remove "a" and overstrike "medical"

Page 3, line 7, after "are" insert "a health care" and after "clinic" insert ", hospital, health system."

Renumber accordingly

Date: 1-17-05

1-Amd 12-0-0
Roll Call Vote #: 2: 12-0-0

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1200

House

Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ~~7~~

Action Taken

Do Pass as Amended

Motion Made By

Rep Kaldor

Seconded By

Rep Uglem

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price	/		Rep.L. Kaldor	/	
V Chrm.G. Kreidt	/		Rep.L. Potter	/	
Rep. V. Pietsch	/		Rep.S. Sandvig	/	
Rep.J.O. Nelson	/				
Rep.W.R. Devlin	/				
Rep.T. Porter	/				
Rep.G. Uglem	/				
Rep C. Damschen	/				
Rep.R. Weisz	/				

Total () 12

No 0

Absent

0

Floor Assignment

Rep Weisz

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

REPORT OF STANDING COMMITTEE

HB 1200: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1200 was placed on the Sixth order on the calendar.

Page 3, line 3, remove the overstrike over "~~mere~~"

Page 3, line 4, remove the overstrike over "than forty nine percent of"

Page 3, line 6, remove "a" and overstrike "medical"

Page 3, line 7, after "~~are~~" insert "a health care" and after "clinic" insert ", hospital, health system."

Renumber accordingly

2005 SENATE HUMAN SERVICES

HB 1200

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

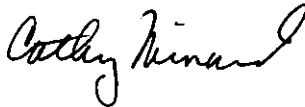
Senate Human Services Committee

☐ Conference Committee

Hearing Date February 15, 2005

Tape Number	Side A	Side B	Meter #
1		x	3730-end
2	x		00-525
2	x		2900-4340

Committee Clerk Signature



Minutes:

Chairman Lee opened the public hearing on HB 1200. All members were present.

Representative George Keiser, District 47 introduced the bill. He passed around a toy truck as a visual aid to demonstrate a point. The Ronald McDonald House Charities organization has established many houses throughout the world to provide a service to families with children in medical facilities. About five years ago they began looking at what other areas are under served and what could be done. They initiated a new program, that was the reason I brought the truck, to help you understand where we have come from and where we are today. They have come up with the Ronald McDonald Care Mobile. These are amazing facilities. We saw the one that was delivered to Billings pass through Bismarck for us to see and for health care providers from our area see it too. They cost approximately \$300,00 to \$400,000. They come equipped with a reception area and a clinical area on each side. The clinical operations can be anything from both medical, both dental or a combination. They are targeted to serve children who are under served

in your community. We quickly discovered that the language in the century code did not allow that to happen. The bill brought to you today begins to address that. But interestingly, significant changes are occurring on page 3 subsection 9. If you read the language carefully, we discovered that we actually currently have operating in the state of North Dakota two dental clinics that operating in violation of this section of the code: Bridging the Dental Gap in Bismarck and the facility in Fargo, do not meet the percentage requirement for ownership that is indicated in our century code. We have gone to the North Dakota Dental Association and have appeared before the Board of Dentistry and we bring to you this bill with their blessings, but they're here to testify also. I thought we had it all taken care of on the House side, but I do have amendments, and the first part of the amendment, we've overlooked a typo: we have to add an 'a'. (Attachment 1).

Rep. Keiser described how the Ronald McDonald charities work and the requirements involved in building the Ronald McDonald house. He also went over the possible uses for the Ronald McDonald Care Mobile.

Sen. Brown: Who would own this and who does Ronald McDonald House serve?

Rep. Keiser deferred this question.

Sen. Warner: Page 3 line 8 it references board approved nonprofit organization, what is the board that's referenced there? I assume that there is no percent of ownership required for the medical half of the project?

Rep. Keiser: The dental board and I will defer the second question.

Sen. Dever: This would be located permanently in the state or it goes through the state.

Rep. Keiser: It would be located here or wherever its base is and then it goes out and you plug it in and set it up. Which brings an important point. This isn't as simple as it sounds. You have to have significant power capacity wherever this is located. In most communities, this is associated with community centers, schools or something else like that. The utilities companies that serve those areas, typically as a contribution, will put those facilities in for these to hook up to. It's located in a central location and goes out, serves a community, and comes back.

Sen. Dever: So it would be staffed by North Dakota licensed practitioners?

Rep. Keiser: Absolutely.

Chairman Lee: The way we avoid the problem in the Fargo/Moorhead area is that the urgent care clinic for the dental work is actually done on the Moorhead side of the river. Appletree Dental out of Holly, has a mobile unit and visits, for example, nursing homes, which is a big deal, and provides services to residents of long term care facilities because, in many cases, it's easier for someone to be treated at a mobile unit than to get them all the way to a dentist's office. It's been terrific and there is a tremendously under served population in the long term care facilities.

Kathy Keiser, Executive Director of the Ronald McDonald House Charities of Bismarck:

See written testimony (Attachment 2).

Janelle Johnson, MedCenter One Health Systems. See written testimony (Attachment 3)

Joe Cichy, representing the North Dakota Dental Association: We are supportive of the bill and the proposed amendments.

Sen. Warner: With reference to an heir or personal representative may operate an office under the name of the deceased dentist for a period of not longer than two years, is there any implication of that that we should be aware of?

Cichy: I don't believe so, that's the way it's been and it hasn't been a problem; they time frame seems to be adequate. It's just cleaning up the language

Sen. Warner: It appears to be new language.

Chairman Lee: I think 'personal representative' is the only thing that's new.

Mitch Vance, President of Bridging the Dental Gap Clinic. See Attachment 4. We favor this bill because we want to be legal.

Sen. Brown: Who owns the clinic?

Vance: This is a community owned clinic. It's a 501 (C) 3 corporation.

Chairman Lee: Is North Dakota the only state that requires a majority ownership of a dental clinic?

Cichy: I don't think so. Most states require that a dentist owns a clinic

There was no further testimony on HB 1200. Chairman Lee closed the public hearing on HB 1200.

Chairman Lee reopened the discussion on HB 1200. All members were present.

Sen. Lyson: Did you ask for a DO PASS on HB 1200?

Chairman Lee: We have an amendment. Joe Cichy brought one from the North Dakota Dental Association.

Senator Lyson moved DO PASS on the amendments, seconded by Senator Brown.

VOTE: 5 YEAS, 0 NAYS, 0 ABSENT

Senator Lyson moved DO PASS bill as amended, seconded by Senator Brown

Sen. Dever: This doesn't open up dental clinic ownership to hospitals, does it?

Chairman Lee: I was more concerned about opening it up to medical foundation.

Sen. Warner: It does open it up to hospitals doesn't it?

Chairman Lee: It says, this provision does not apply to a hospital.

Sen. Warner: So it does allow hospitals to own dental clinics.

Chairman Lee: It's already that way, though. It's already in statute. I'm not sure I want a hospital to own a dental clinic.

The committee continued to discuss the wording in the bill and the proposed amendment and why the wording.

Sen. Warner: I would have to wonder why they excluded the language 'medical clinics' and replaced it with 'health care clinic'

Carlee called Joe Cichy concerning the section in question. Joe was put on the speaker phone.

Cichy: The reasons for that change is to include hospitals because presently they either employ or give privileges to oral surgeons to operate in the clinics and hospitals, and we want to make sure we didn't take that out. We made it more clear, because the previous line does not apply to medical clinics and we wanted to add hospitals so it was clear that those oral surgeons were there and they were under the law.

Chairman Lee: What's the difference between a medical clinic and a health care clinic?

Cichy: A health care clinic, we think could be chiropractic clinic, acupuncturists clinic, that's why that language wasn't very clear.

Chairman Lee: A little too broad?

Cichy: A little too vague.

Sen. Warner: It got broader didn't it? That's the language they added.

Chairman Lee: No, they deleted health care.

Cichy: No, that was added, though, the first time around. That's new language for this statute.

Chairman Lee: But now you're asking that it be removed.

Cichy: Right, because it's unclear what those are.

Chairman Lee: Would this allow a hospital to own an off-site dental office without having a majority ownership by dentists?

Cichy: It could, I think.

Chairman Lee: Do we want to do that?

Cichy: It hasn't been a problem, but no, we don't want to do that.

Chairman Lee: I would think that we would not. So if we came up with some language that clarified that, which you are certainly welcome to participate in, would that be better so that we make it clearer that we're not interested in having...Here's another example, I don't have a problem with the board approved nonprofit organization thing, but I'm also not eager for, as much as I love to support Dakota Medical Foundation affords to our region, I'm not sure I want them to be an owner of an off-site facility either. I want them to continue to support facilities that are otherwise governed but I'm not anxious for them to be the owner.

Cichy: I agree with you on that.

Chairman Lee: So when we flip this over about the hospital I think that there's an opening there that we might not be entirely comfortable with.

Cichy: If you can narrow it down, that would be fine with us.

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Senate Human Services Committee

Bill/Resolution Number HB 1200

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Chairman Lee: Do you want to write this with our intern, Carlee McLeod?

Joe agreed.

Sen. Lyson: Would that be something with the hospital with the exemption where it says hospital for oral surgeon privileges.

Cichy: I'll try and get to her tomorrow or Thursday.

Senator Lyson withdrew his motion.

Discussion ended on HB 1200. No action was taken.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 2, 2005

Tape Number

2

Side A

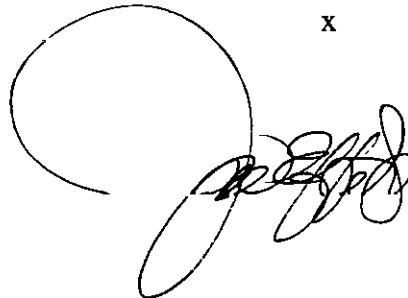
Side B

x

Meter #

4900 - 4950

Committee Clerk Signature



Minutes:

Chairman Judy Lee opened the discussion on HB 1200.

Carlee said she met with Joe Cichy this morning and she has not finished the amendments.

Senator J. Lee said the amendments were requested by the Dental Association.

Senator Dever said we were concerned about hospital ownership of dental clinics.

Senator J. Lee asked if Carlee and Joe Cichy had worked out the amendment.

Carlee said yes, what he wants in on page 3 line 6, after the word to, insert "Board Approved".

Senator J. Lee asked if we are going to leave "medical" in there?

Carlee said she believes so. "Medical clinics or hospital, health system or public health setting"

he wanted to leave that in there, "with which the dentist is associated". She will take that up to

Legislative Council.

Senator J. Lee asked if Joe Cichy needs to talk to the committee.

Carlee said no, she is going to email the amendment to him.

Page 2

Senate Human Services Committee

Bill/Resolution Number HB 1200

Hearing Date March 2, 2005

Senator J. Lee said if he has any comments, we can talk with him then.

Chairman Judy Lee closed the discussion on HB 1200.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 7, 2005

Tape Number
1

Side A

Side B
X

Meter #
21.2 - 31.8

Committee Clerk Signature



Minutes:

Senator Judy Lee, Chairman of the Senate Human Services Committee opened the committee work on HB 1200.

All members of the committee were present.

A new amendment proposed by Joe Cichy, representing the North Dakota Dental Association was brought before the committee. This amendment is slightly different (see attachment #1).

Discussion was held as to the amendment proposed by Joe Cichy adopted on 2-15-05 and the reason to reconsider this action.

Senator Richard Brown made a motion to reconsider the amendment adopted on 2-15-05.

Senator Stanley Lyson second the motion.

Roll call vote #1 to reconsider adoption of amendment on HB 1200 was taken by voice vote indicating 5 YEAS, 0 NAYS AND 0 ABSENT OR NOT VOTING.

Senator Brown made a motion to delete the amendment as adopted on 2-15-05.

Senator Lyson second the motion.

Roll call vote #2 to delete the amendment as adopted on 2-15-05 was taken indicating 5 YEAS, 0 NAYS AND 0 ABSENT OR NOT VOTING.

Senator Brown made a motion to adopt the second amendment now being proposed by Joe Cichy.

Senator Warner second the motion.

Senator Dever quoted the amendment and questioned if that included billing procedures.

Senator Lyson answered that this was only for the dental health portion of what they do.

Senator Lee responded that an insurance company cannot tell the dentists what to do.

Discussion was held regarding different health care affiliations and if they can interfere with the judgment of a licensed dentist.

Senator Lee quoted the bill concerning the ownership of a dental practice.

Roll call vote #3 to adopt the amendment was taken indicating 5 YEAS, 0 NAYS AND 0 ABSENT OR NOT VOTING.

Senator Brown made a motion for a Do Pass as Amended of HB 1200.

Senator Dever second the motion.

Roll call vote #4 for Do Pass as Amended of HB 1200 was taken indicating 5 YEAS, 0 NAYS AND 0 ABSENT OR NOT VOTING.

Senator Dever will carry HB 1200.

Senator Lee closed the committee work on HB 1200.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 21, 2005

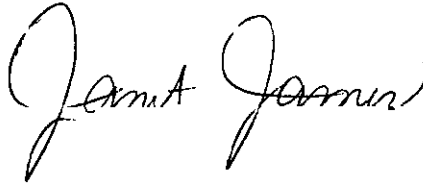
Tape Number
1

Side A

Side B
X

Meter #
50.1 - 54..9

Committee Clerk Signature



Minutes:

Senator Judy Lee, Chairman of the Senate Human Services Committee opened committee work on HB 1200.

All members of the committee were present.

Senator Lee stated that the House does not concur on HB 1200 but it should be easy to resolve.

The bill is related to dental services through a non profit organization. The committee adopted the amendment that was proposed by Joe Cichy stating a dentist could not be told what to do.

The concern is that every licensed dental practice in North Dakota will be effected and interfering with the dental ownership of dental practices. Further conversations indicated the lobbyist does not seem to be concerned with the inclusion of the amendment, but a conference committee will still need to be scheduled.

Senator Lee closed the committee work on HB 1200.

Prepared for North Dakota Dental Association

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1200

Page 3, line 6 after "to" insert "a"

Page 3, line 6, remove overstrike over "medical"

Page 3, line 7, remove "a health care," and after "clinic" insert "or"

Page 3, line 7, after "hospital" remove "health system or public"

Page 3, line 8, remove "health setting"

Page 3, line 13, after "death" insert "It is unlawful conduct for any unlicensed person or corporate entity to direct or interfere with a licensed dentist's judgment concerning the practice of dentistry."

Renumber Accordingly

2/15/05

Date: 2-15-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1200

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass Amend

Motion Made By Sen Lyson Seconded By Sen. Brown

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent

Floor Assignment

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

Date: 2-15-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken *Do Pass as amended*

Motion Made By *Sen Lyson* Seconded By *Sen Brown*

Senators
Sen. Judy Lee - Chairman
Sen. Dick Dever - Vice Chairman
Sen. Richard Brown
Sen. Stanley Lyson

Yes No

Senators
Sen. John Warner

Yes No

Total (Yes) No

Absent

Floor Assignment

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

*withdrew
motion*

Date: 3-7-05
Roll Call Vote #: ~~22~~ 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1200

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass - reconsider amendment

(VOICE vote)

Motion Made By

Sen Brown

Seconded By

Sen. ~~to~~ Lyson

Senators	Yes	No
Sen. Judy Lee - Chairman	✓	
Sen. Dick Dever - Vice Chairman	✓	
Sen. Richard Brown	✓	
Sen. Stanley Lyson	✓	

Senators	Yes	No
Sen. John Warner	✓	

Total (Yes)

5

No

0

Absent

0

Floor Assignment

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

Rebate amendment voted on 2/15.

Date: 3-7-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1200

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass - delete amendment

Motion Made By Sen. Brown Seconded By Sen. Lyson

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment

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

Delete amendment adopted 2/15

Proposed Additional Amendments to HB 1200

Page 3, line 6, after "to" insert "a board approved" and remove the overstrike over "medical"

Page 3, line 7, remove "a health care", after the second underscored comma insert "or", and remove "health system."

Page 3, line 13, after the period, insert "It is unlawful conduct for any unlicensed person or corporate entity to direct or interfere with a licensed dentist's judgment concerning the practice of dentistry."

Renumber accordingly

3/7/05

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1200

Page 3, line 6, after "to" insert "a board-approved" and remove the overstrike over "medical"

Page 3, line 7, remove "a health care" and remove "health system,"

Page 3, after line 13, insert:

"10. For any unlicensed person to direct or interfere with a licensed dentist's judgment concerning the practice of dentistry."

Renumber accordingly

Date: 3-7-05
Roll Call Vote #: 3

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB1200

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass amendment

Motion Made By

Sen Brown

Seconded By

Sen Warner

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes)

5

No

0

Absent

0

Floor Assignment

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

Substituting new version of
new amendment

Date: 3-7-05
Roll Call Vote #: H

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1200

Senate Human Services

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as amended

Motion Made By Sen Brown Seconded By Sen Deen

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen Deen

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

REPORT OF STANDING COMMITTEE

HB 1200, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1200
was placed on the Sixth order on the calendar.

Page 3, line 6, after "to" insert "a board-approved" and remove the overstrike over "~~medical~~"

Page 3, line 7, remove "a health care" and remove "health system,"

Page 3, after line 13, insert:

"10. For any unlicensed person to direct or interfere with a licensed dentist's
judgment concerning the practice of dentistry."

Renumber accordingly

2005 HOUSE HUMAN SERVICES

CONFERENCE COMMITTEE

HB 1200

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1200

House Human Services Committee

X Conference Committee

Hearing Date March 23, 2005

Tape Number

1

Side A

x

Side B

Meter #

0-1064

Committee Clerk Signature



Minutes:

Conference Committee:

Rep. Pietsch, Weisz & Sandvig Sen. Dever, J. Lee & Brown

Rep. Pietsch called the meeting to order. I would like to have one of the Sen. give us an explanation concerning the changes to the HB 1200.

(Tape is inaudible at times during the hearing)

Sen. J. Lee: We have 3 different amendments on page 3. The first two were requested concerning the board approved medical clinic and we also removed health care, health systems from that language, and that was ????????, was added in the Senate at the request of the ND Dental Association, they were concerned that nonprofit entity would tell the dentist that they couldn't do a ???????? area. So at their request we added it on.

Rep. Weisz: ?????? Board approved.

Sen. J. Lee: I don't recall who? I believe it was a different entity.

Rep. Weisz: When the house had this bill, we were looking at the Ronald Mc Donald presentation and felt it was an answer to areas that weren't being served, or individuals that were not able to seek regular treatment due to rural areas, age, etc.

Sen. J. Lee: I don't believe that a free dental clinic is legal.

Rep. Pietsch: Rep. Sandvig, do you have any comments?

Rep. Sandvig: No, not at this time.

Sen. Dever: Could they then do orthodontia?

Sen. J. Lee: I don't believe they were concerned about that. In the clinic in Fargo, they don't orthodontia. I don't have a problem one way or the other, if that was an important issue, it can be removed. We wanted to make sure that the dentist was able practice as intended. I think the Board should be able to say we are going to limit it to urgent care or something other than orthodontia.

Sen. Dever: Did Joe Sichy work with this amendments?

Rep. Weisz: So the original language we had was written just to satisfy those medical ????. You have changed to Board approved, and so you are saying that this could apply to a clinic that would be approved by the Board. You are potentially narrowing the field.

Sen. Dever: If the Board approves the concept.

Sen. J. Lee: These dentist work for the board.

Sen. Dever: They are not paid.

Sen. J. Lee: We feel strongly in regards to the 51% ownership.

Rep. Weisz: Page 3, lines 13 & 14, direct the practices.

Sen. J. Lee: Certain areas, because of the cost.

Page 3
House Human Services Committee
Bill/Resolution Number HB 1200
Hearing Date March 23, 2005

Rep. Pietsch: Are we all in agreement that on page 3, lines 13/14 will be removed?

Rep. Weisz: We brought the amendment, if we take it off, I have no problem. Simple solution, just remove it.

Motion: Rep. Weisz

Sen. J. Lee: Second.

Vote: 6-0-0.

Senate recedes from its amendment and will adopt removing lines 13 & 14 on page 3 .

These changes will be made from the 0200 engrossed amendment.

Rep. Pietsch: Rep. Weisz will carry the bill.

Hearing closed. MR# 1064

50438.0202
Title.0400

Adopted by the Conference Committee
March 23, 2005

**House Amendments to Engrossed HB 1200 (50438.0202) - Human Services Committee
03/24/2005**

That the Senate recede from its amendments as printed on page 986 of the House Journal and pages 738 and 739 of the Senate Journal and that Engrossed House Bill No. 1200 be amended as follows:

Page 3, line 6, after "to" insert "a board-approved" and remove the overstrike over "~~medical~~"

Page 3, line 7, remove "a health care" and remove "health system,"

Renumber accordingly

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE) - 420

07398

(Bill Number) *HB 1200*

(, as (re)engrossed):

Your Conference Committee

House Human Services

For the Senate:

6-0-0

Y N

Sen. Newer

✓

Sen. J. Loe

✓

Sen. Brown

✓

(pg 3 - line 6 & 7)

For the House:

6-0-6

Y N

Rep. Pietsch

✓

Rep. W. Liss

✓

Rep. J. Liss

✓

☒ recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)
723/724 723/726 8724/8726 8723/8725

the (Senate/House) amendments on (SJ/HJ) page(s) *738 - 739*
pg 3 - line 6 & line 7 (55-986)

☐ and place
727

on the Seventh order.

☐ , adopt (further) amendments as follows, and place
on the Seventh order:

☐ having been unable to agree, recommends that the committee be discharged
and a new committee be appointed. 690/515

((Re)Engrossed)
calendar.

was placed on the Seventh order of business on the

DATE: *03123105*

CARRIER: *Rep. W. Liss (requested by Rep. Pietsch)*

LC NO. *50438 . 0200* of amendment

LC NO. *50438 . 0202* of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

(1) LC (2) LC (3) DESK (4) COMM.

REPORT OF CONFERENCE COMMITTEE

HB 1200, as engrossed: Your conference committee (Sens. Dever, J. Lee, Brown and Reps. Pietsch, Weisz, Sandvig) recommends that the **SENATE RECEDE** from the Senate amendments on HJ page 986, adopt amendments as follows, and place HB 1200 on the Seventh order:

That the Senate recede from its amendments as printed on page 986 of the House Journal and pages 738 and 739 of the Senate Journal and that Engrossed House Bill No. 1200 be amended as follows:

Page 3, line 6, after "to" insert "a board-approved" and remove the overstrike over "~~medical~~"

Page 3, line 7, remove "a health care" and remove "health system."

Renumber accordingly

Engrossed HB 1200 was placed on the Seventh order of business on the calendar.

2005 TESTIMONY

HB 1200

HB1200 Testimony

Kathy Keiser

1/17/05

Chairman Price, Members of the Committee, I am Kathy Keiser, Executive Director of Ronald McDonald House Charities of Bismarck. Today I am representing both the RMHCs of Bismarck and Fargo. Hopefully, most of you are familiar with the services that we have provided to thousands of North Dakota children and their families over the past 17 years.

The passage of this bill would enable us to bring an unbelievable gift to the underserved children of this state – two Ronald McDonald Care Mobiles – one based here in Bismarck, and one in Fargo. A Ronald McDonald Care Mobile is a state of the art vehicle that delivers cost-effective medical, dental and health education services directly to underserved children in their own neighborhoods. Unlike most mobile clinics, the Ronald McDonald Care Mobile is designed and built specifically as a pediatric healthcare vehicle. The Caremobile would provide immunizations and health screenings, diagnosis and treatment of chronic disease, preventative dental care, and health education to children who otherwise would go without healthcare. The Caremobile will serve children ages 0 – 21.

Our National RMHC office will “grant” each of the \$300,000 Care Mobiles to local health care organizations in partnership with our local Ronald McDonald Houses in Fargo and Bismarck. The local health care organizations will in turn fund and run the programs.

All services offered on board the Caremobile are provided free of charge to the children and their families; that is, no out-of-pocket expenses are incurred and no child is denied care based on ability to pay. Third party reimbursement is sought, such as Medicaid or the Caring Program, if applicable, as well as sliding-scale payments. Enrollment services to these programs will also offered on the Caremobile.

The RMHC of Billings has had their Caremobile operating for about 2 years now with tremendous success. Sioux Falls launched their Caremobile program this past September, and in its first 3 months, has served over 800 patients.

The Ronald McDonald Care Mobile has been described as "delivering hope on wheels" – passage of this bill will allow us to bring this "hope" to the underserved children of rural North Dakota.

I would also like to relay some comments from Pat Traynor, President of Dakota Medical Foundation in Fargo, and also Robert Klaus, President of Oral Health America, and have them entered into the record.

Testimony in Favor of
HB 1200
Janelle Johnson
January 17, 2005

Chairperson Price and members of the House Human Services Committee,

My name is Janelle Johnson and I represent Medcenter One Health Systems. The Mission of Medcenter One is to advance the health of the patients and communities we serve through a culture of leadership, continuous improvement and accountability. Medcenter One is a tertiary referral center and includes a Level II Trauma Center and a 238 bed hospital; 331 nursing home beds; an ambulatory surgery center; a college of nursing; nine primary/specialty care clinics; two exercise centers; a home health/hospice agency; and dialysis units in Jamestown, Bismarck and Fort Yates, North Dakota.

I am here today to support HB 1200. Medical research shows the importance of good oral health and new studies indicate that dental caries and oral infections may be responsible for triggering heart attacks and strokes.

Many providers within our network struggle with the storage of dentist and dental care. For our cardiologists, it is imperative that their patients see a dentist prior to a heart catheterization and bypass surgery if at all possible. The obstetrician knows that cavities and oral infections can induce labor prematurely. Complications associated with heart surgeries or pregnancies are not only costly, but may be preventative with adequate access to dental services.

Nursing home staff continually attempt to schedule their patients for dental exams and find that this is only possible in emergencies during weekdays.

Family physicians understand that healthy teeth are important to maintain a diet full of fresh fruits and vegetables and whole grains. As people loose their teeth or experience dental pain, they begin to limit the foods that they eat. Some residents of our nursing homes are on mechanically altered or pureed foods simply because of their lack of teeth.

Good oral health isn't just about a white smile. It is necessary to maintain a high quality healthy life. Please vote do pass on HB 1200 and expand the options for providing dental access so that we can improve the health of the residents in North Dakota.

Accessing DENTAL CARE



Urgent Care

Urgent Care/Walk In Dental Clinic is for people who:

- Have urgent dental pain
- Do not have a dentist
- Low income and uninsured (may have Medical Assistance or CHIP)
- All minors must be accompanied by a parent/guardian
- No residency requirements

Services:

- Immediate relief of pain only. This may include:
 - Sedative fillings
 - Management of oral infections
 - Extractions
 - Other procedures to relieve pain

Cost: \$20 per visit (paid at visit). No billing to other payers or Medical Assistance.

When: Walk-in, no appointments—first come, first served

- **Every Tuesday**, 5:30 p.m. to 7:45 p.m.
- **1st and 3rd Fridays**, 1 p.m. to 3:30 p.m. (Sept. – May only)
- (Closed holidays)

Where: Family HealthCare Center, Moorhead Dental Clinic
Family Service Center
715 North 11th Street, Suite 106B
Moorhead

Staff: Volunteer dentists

Please bring your own interpreter. Questions? Call (701) 364-5364.

A program coordinated by Red River Valley Dental Access Project

Grand Forks and Polk Counties

Urgent Dental Care for:

- Persons who are low income and uninsured
- Do not have a regular dentist
- Grand Forks County/Polk County Residents
- Experiencing pain

Service:

- Procedures for Immediate relief of pain only

Cost:

- No cost to those who qualify for the program

How:

- Screened and referred by Third Street Clinic
Call: 701-772-1263 – Monday through Friday; 8:00 to 4:30

Where:

- Services provided in the offices of the participating Dentists

Care at Technical Programs

We are very fortunate to have two excellent dental hygiene/dental assisting programs at our technical colleges. Staff and students welcome participation by the public as "teaching cases." Services for children and adults may occur as part of an educational activity.

Minn. State Community and Technical College

Moorhead: (218) 299-6560
1900 28th Ave. S.

Services:

- Examination by a staff dentist
- X-rays
- Cleaning
- Fluoride treatment
- Sealant placement
- Oral hygiene education
- Charges apply for the above services.
- All forms of insurance plans are accepted, including Minnesota Health Care, UCare, Medica, Blue Plus and Minnesota and North Dakota Medical Assistance.

N.D. State College of Science

Wahpeton: 1-800-342-4325 ext. 2333 or (701) 671-2333
800 6th St. N.

Services:

- Examination by a staff dentist
- Radiographs (X-rays)
- Prophylaxis (Cleaning)
- Fluoride treatment
- Sealant placement
- Oral hygiene education
- Charges apply for the above services.
- All forms of insurance plans are accepted, including Minnesota Health Care, UCare, Medica, Blue Plus, PrimeWest, and North Dakota Medical Assistance.

Donated Dental Services

The Donated Dental Service (DDS) program, a program of the National Foundation for Dentistry for the Handicapped, provides extensive treatment, for those who cannot afford needed dental treatment and have no other way of getting help. Applicants must be disabled, chronically ill (physically or mentally) or elderly. Qualified applicants will be matched with an area participating dentist who will provide services in their office. An extended waiting period may occur for this program. For more information call:

Minnesota Residents:

(651) 454-6290 or 1-866-242-6290

North Dakota Residents:

(303) 534-5299 or 1-888-471-6334

Private Practice Dentists

The private practice dentists provide a full range of services.

Please contact individual dentist offices to ask about services, accepted payment, scheduling appointments and more.

Plan ahead!

Getting dental appointments is difficult, even if you are having an urgent problem—especially if you are a new patient. Schedule routine care!

Plan ahead for yourself or your child's dental appointment:

- Make sure you have a ride.
- Be on time.
- If you must cancel, always call and let the dentist's office know as soon as you can.
- Keep your dentist's name and phone number handy.

Prevention is the key!

For Babies

- Prevent baby bottle tooth decay by *not* putting baby to sleep with a bottle, exposing baby to lots of sugary formula, juice or soda pop, or using bottle as a pacifier.
- Clean baby's gums and teeth after every feeding with a small, damp cloth or gauze pad—even before baby's teeth have come in!
- Start teaching baby to use a "sippy" or training cup around six months of age; after age one, always drink from a cup (training cup).
- Your child should have a first visit to the dentist around age one.

For Kids

- Limit drinks (especially juices and soda pop) and food high in sugar. Choose healthy snacks.
- Find out if your water supply has fluoride. If you drink bottled water, look for a brand that contains fluoride.
- Brush your children's teeth or, when they are able, have them brush with a soft-bristled toothbrush for about two minutes at least twice a day. Use a pea-size amount of toothpaste that smaller children won't swallow.
- Floss daily as soon as the child is able, around six years of age.
- Visit dentist at least once a year.

For Adults

- Brush at least twice daily and floss daily. Limit sugary foods and drinks.
- Visit the dentist at least once a year.
- Set an example for your children! Brush and floss!

Have you had trouble getting dental care?
Listed below and inside are options
to help you and your family
get the dental care you need!

Dental Clinics

Family HealthCare Center

Fargo: (701) 271-3332
306 4th St. N. (lower level)

Moorhead: (218) 299-7830
715 11th St. N., Suite 106B

Services for all ages:

- Routine restorative care
- Urgent care (extractions, sedative fillings, pain relief)
- Preventative (cleaning, exam, x-ray)

Generally accepted payers (verification of eligibility required):

- North Dakota and Minnesota Medical Assistance
- Minnesota plans (BluePlus, Medica, Ucare)
- North Dakota and Minnesota state assistance programs
- Sliding fee scale based on eligibility
- Other specialized programs; for example, Homeless Health Services, special grants and contracts
- Minimum co-pay and self-pay amounts are due at visits.

Apple Tree Dental

Hawley: (218) 483-1038
520 Main Street

Services for all ages:

- Routine restorative care
- Urgent care (extractions, sedative fillings, pain relief)
- Preventative (cleaning, exam, x-ray)
- Dentures
- Root canals
- Crowns

Generally accepted payers (verification of eligibility required):

- North Dakota & Minnesota Medical Assistance
- Minnesota plans (BluePlus, Medica, Ucare)
- North Dakota and Minnesota state assistance programs
- Self pay
- Payment plans
- Minimum co-pay and self-pay amounts are due at visits.

Bridging the Dental Gap

Bismarck, ND: (701) 221-0518
1223 South 12th Street, Suite #1

Services for all ages:

- Routine restorative care
- Urgent care (extractions, sedative fillings, pain relief)
- Preventative (cleaning, exam, x-ray)
- Limited to residents within 50 miles

Generally accepted payers (verification of eligibility required):

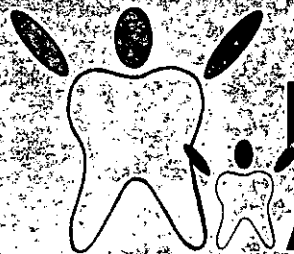
- North Dakota Medical Assistance
- Sliding fee scale based on eligibility
- Minimum co-pay of \$20 per visit & self-pay amounts are due at visits.

Medical and Dental Coverage

Is your child or another member of your family currently without health care coverage? If you would like information about any of the low-cost or free health coverage programs offered in your state, please call toll-free:

1-877 KIDS NOW / 1-877-543-7669

Covering Kids & Families



Red River Valley
**Dental
Access**
Project

Fargo, ND 58103

Phone: (701) 364-5364

Fax: (701) 364-5367

Web: www.rrdentalaccess.com

Information in this brochure current as of November 1, 2004.
Services available subject to change.

A publication by Red River Valley Dental Access Project,
with funding from Dakota Medical Foundation, the Otto Bremer
Foundation, and Project #17 MC 309 from the Healthy Tomor-
rows Partnership for Children Program; Maternal and Child Health
Bureau, Health Resources and Services Administration and the
Department of Health and Human Services.

HB 1200
Testimony in Favor
Dr. Parag Kumar
January 14, 2005

Chairperson Price and members of the House Human Services Committee,

My name is Dr. Parag Kumar and I am a practicing pediatrician.

I am here today to support HB 1200.

Many of my young patients come to me with cavities as they do not have access to preventative and early oral care. Some of these patients are covered under Medicaid, but their families can not find a dentist who will take any more Medicaid patients. For other patients, their families do not have dental insurance coverage and so they cannot financially afford to send them to the dentist.

Adequate dental access in North Dakota is a critical problem. Preventative care, fluoride varnishes and early intervention in oral issues are key steps to ensuring the overall health of North Dakota children.

This legislation allows for non-profit dental clinics such as Bridging the Dental Gap and Red River Dental Coalition to continue to provide oral health care to the underserved and would allow Ronald McDonald Charities to serve additional children through a mobile dental unit.

Please help increase access to dental services for my patients and other children across the state by passing HB 1200.

Thank you for allowing me to testify in front of your committee today. I would be happy to answer any questions you may have at this time.

January 14, 2005

Testimony before the House Human Services Committee
Fort Union Room
Representative Clara Sue Price, Chair

House Bill 1200- Relating to Dental Services Provided Through Nonprofit Organizations

Chairperson Price and members of the Committee, my name is Joe Cichy, executive director of the North Dakota Dental Association (lobbyist #230) and I offer this testimony on behalf of the North Dakota Dental Association in support of House Bill 1200.

The North Dakota Dental Association has been working to address the dental access issues in our state. One way has been working with the Ronald McDonald House board to look at reducing barriers to providing dental care for our indigent children's population. We have also worked with Bridging the Dental Gap to help provide dental care to the underserved population in the Bismarck/Mandan area. This statutory change in House Bill 1200 is necessary to allow non-profit organizations, with the approval of the Board of Dental Examiners, to provide dental access to the underserved and disadvantaged citizens in our state.

North Dakota Century Code 43-28-25 subsection 9 addresses who can own a dental practice. In that subsection there is an exception for dentists who work in medical clinics or public health settings. However, if Ronald McDonald House is able to secure a mobile dental/medical unit it is possible that they may not be exempted by the existing statute. Also, Bridging the Dental Gap, which opened recently in Bismarck, may not fit under the statute as presently drafted. This bill clarifies the language which would allow these groups to conduct their missions with the approval of the board.

The bill amends the statute to allow board approved non-profit corporations to set up dental practices for the purposes of serving the underserved population. Thus non-profit organizations must be approved by the Board of Dental Examiners before they could provide dental services. This is necessary to insure that the group setting up the practice is truly one that is interested in benefitting the underserved area.

The NDDA is concerned about a dental practice that is not owned by a dentist. The reasons for the change in the first portion of the statute and the concern about the wording of the exemptions, is to insure that dentists are making the treatment decisions based upon the needs of the patient and not based upon a business decision from a non-dentist investor. It is a question of accountability. That accountability and decision making must be unfettered and lie solely with the dentist. If an organization were to set up a dental office for the mere purpose of making a profit, this could put the dentist at a disadvantage regarding communicating with patients on their options for care, and more importantly, subject patients to decisions about their care based purely upon economics, rather than what is best for them.

The dentist must be in charge of those decisions, after consulting with the patient, and the decision needs to be made jointly between the patient and the dentist. This relationship cannot be interfered with. The NDDA believes the bill has sufficient safeguards to protect that relationship so that the independent decision-making between the dentist and the patient is not jeopardized.

This legislation is another step by the dental community and others interested in providing care to our underserved population to create an environment that protects the delivery of dental care, as well as the quality of the dental care provided to these citizens. The NDDA asks you to support this bill.

Testimony in Favor

HB 1200

Dr. Joanne Luger

January 17, 2005

Chairperson Price and members of the House Human Services Committee,

I am Dr. Joanne Luger and I am a dentist for the Bridging the Dental Gap Clinic in Bismarck. The Bridging the Dental Gap Clinic is operated by a nonprofit organization created to serve the dental needs of an underserved population.

The clinic has been providing oral health services since August 5, 2004. From August until the end of the year, 942 appointments for dental care were provided.

Approximately half of our patients are without dental insurance and have a limited income, 45 percent of our patients are covered by Medicaid and less than five percent have dental insurance. All of our patients have postponed dental care because they could not afford it in the past.

I am requesting your support of House Bill 1200. It is imperative that residents of North Dakota have access to oral care. I came from a frontier region in Canada and remember the excruciating pain that can come with a toothache. I grew up without preventative oral care where only emergency dental services were occasionally available.

Unfortunately many of our patients have felt dental pain. A patient recently came to our clinic with a swollen jaw. He was in so much pain and

could not afford care that he tried to pull the tooth. The tooth broke off at the gum line and it had become severely infected. Finally, he presented himself at our clinic so we could begin to lessen his pain and begin the process of healing.

We need to find new ways to meet the dental needs of people in North Dakota so that NO ONE should feel the kind of pain that this man was experiencing.

House Bill 1200 allows for non-profit dental clinics such as Bridging the Dental Gap to continue to provide oral health care to the underserved. This bill would also allow other health entities and board-approved non-profit associations to provide dental care so that we can start to meet the demand for dental services in North Dakota.

It is only with your support that we can continue to provide oral health services for people in the central part of our state. Please support HB 1200.

Thank you for allowing me to testify in front of your committee today. I would be happy to answer any questions you may have at this time.

January 14, 2005

The Honorable Clara Sue Price
State Representative
Chair, Health and Human Services
600 E. Blvd. Ave.
Bismarck, ND 58505



Dear Chairman Price and Members of the Health and Human Service Committee,

Oral Health America is pleased to support House Bill 1200 and its amendment.

Oral Health America is the nation's only independent oral health advocacy group. Our mission is to increase public awareness of oral health's importance to total health. We bring a voice to the silent epidemic of oral disease in America.

As part of Oral Health America's mission, we monitor and evaluate legislative activities that address issues related to access to care and impact on disparities across the nation. With careful review of North Dakota's HB1200 and its amendment, we feel this is a significant and powerful step towards increasing access to care and eliminating disparities for the citizens of North Dakota. This bill will provide a mechanism that allows nonprofits, healthcare clinics, hospitals or public health settings to significantly increase access to care and reduce disparities for all North Dakotans, particularly those who have the least resources and the greatest needs.

We request that you and your committee recommend adoption of HB 1200 as amended and use your considerable influence in support of this Bill as it moves through the legislative process.

Best wishes for success--for all citizens in North Dakota.

Respectfully,

Robert Klaus, Ph.D.
President/ CEO



**Testimony in Support of
HB 1200**

01-17-05

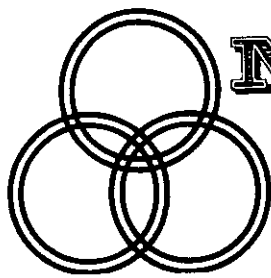
Ms. Chairman, and members of the committee, my name is Gina Nolte, Executive Director of the Red River Valley Dental Access Project located in Fargo. The Red River Valley Dental Access Project is a 501 (c) (3) non-profit, non-governmental organization, which was formed to address the critical and growing problem of access to oral health care especially for low-income, uninsured and those who have Medical Assistance.

Thank you for accepting our organization's written testimony in support of HB 1200. This bill seeks to clarify ownership of oral healthcare settings. The language of this bill recognizes the need for flexibility in ownership, in particular for those organizations who may not primarily be owned by a dentist, but whose mission is to serve the oral healthcare needs of underserved individuals. As efforts continue to address the serious issues of accessing oral healthcare, including those two-thirds of the Medicaid enrolled children who do not have a dental service in a year, those who are low-income and uninsured and those with special needs, this legislation will be key to supporting innovative approaches.

I urge you to vote to pass HB 1200. It is only with your leadership that residents in North Dakota will have improved access to oral healthcare. We thank you for your consideration of this very important legislative action.

Current Red River Valley Dental Access Project Board of Directors:

Sherlyn Dahl	Family HealthCare Center	President (2005)
David Manning	Prairie Oral Surgery	Vice President
Stacy Goodwill, DDS	Family HealthCare Center	Sec/Treasurer
James Lichtsinn, DDS	Moorhead	Past President (03-04)
Brent Holman, DDS	Fargo	Past President (00-02)
Kathy McKay	Clay County Public Health	
Fowzia Addie	Representative from Refugee Community	
Joan Altenbernd	Migrant Health	
Maija Beyer	North Dakota Department of Health, Oral Health Program	
Dan Boedigheimer, DDS	Apple Tree Dental	
Mary Kay Herrmann	Fargo Cass Public Health	
John Hicks, DDS	Dakota Clinic/Dakota Medical Foundation	
James McDonald, DDS	Fargo	
Heather Skari, DDS	Fargo	
Carol Steidl	MN State Community and Technical College	
Bob Syverson	ND Protection and Advocacy	
Judy Vorachek	Fargo Dental Hygienist	



NORTH DAKOTA

Oral Health Coalition

HB 1200
Testimony on Favor
Barbara Wickel
North Dakota Oral Health Coalition
January 17, 2005

Ms. Chairperson and members of the Health and Human Services Committee,

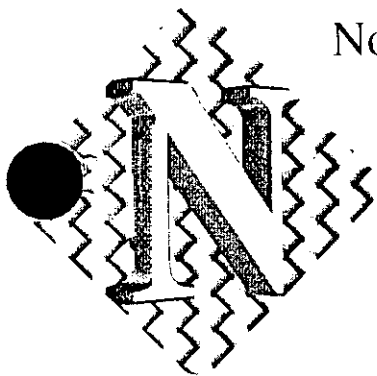
I am Barbara Wickel and I am the Chairperson of the North Dakota Oral Health Coalition. The Coalition is a group of individuals and agencies who are concerned about the oral health of North Dakotans. We have much strength in oral health in North Dakota. We rank in the top five for states with the most municipal water systems that are fluoridated. We exceed the Health People 2010 objectives for sealants in children.

On the negative side, we have a higher per capita ratio of individuals to dentists than all but 10 states. While our dentists are seeing many low income and Medicaid patients, much more needs to be done to meet the needs of these vulnerable children and our elderly who often have no dental coverage at all.

We strongly encourage approval for passage of House Bill 1200 as we feel it will allow more access to dental care for our Medicaid and low income populations. We commend Bridging the Dental Gap, Red River Valley Dental Access and others for their work in filling a critical need. These and other organizations such as Ronald McDonald House Charities require this legislation for their plans to serve this population to go forward. Thank you for your time.

Organizations and agencies in the North Dakota Oral Health Coalition:

Senator Kent Conrad's Office
North Dakota Department of Human Services, Children's Special Health Services
North Dakota Department of Human Services, Tribal Liaison Program Civil Rights
North Dakota Department of Human Services, Medicaid Services
North Dakota Department of Human Services, Health Tracks
Protection & Advocacy Project the Dakotas
Community Healthcare Association of the Dakotas
Red River Valley Dental Access Project
North Dakota Dental Hygienists Association
West River Head Start
KAT Productions
North Dakota Department of Public Instruction, Coordinated School Health
MedCenter One Health Systems
Bridging the Dental Gap, Inc.
Northland Healthcare Alliance
The Baptist Home
North Dakota Dental Association
North Dakota Head Start-State Collaboration Office
Bismarck Burleigh Public health
North Dakota Department of Health, Office of Community Assistance
North Dakota Department of Health, Oral Health Program
North Dakota Department of Health, Diabetes Program
Center for Rural Health, UND School of Medicine & Health Sciences
North Dakota Community Action Association
Valley Community Health Centers
North Dakota Long Term Care Association
Fraser LTD



Northland
Healthcare
Alliance

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HB 1200
Testimony in Favor
Barbara Wickel
Northland Healthcare Alliance
January 17, 2005

Ms. Chairperson and members of the Health and Human Services Committee,

I am Barbara Wickel and I represent Northland Healthcare Alliance, an network of 23 hospitals and nursing homes throughout the state of North Dakota. We provide services ranging from group purchasing, joint maintenance and equipment repair agreements to grant writing, leadership training, HIPAA compliance and billing and coding support. We have also provided extensive support to communities and organizations to enhance the medical safety net and provide assistance to underserved populations.

I am here today to support House Bill 1200. Our members and their patients have been impacted by the need for better access to dental services in North Dakota. While the dental community has been very caring and helpful in their efforts to provide care, there are gaps in the system that this bill would seek to alleviate. This legislation would make it possible for non-profit groups working with licensed dentists to set up clinic sites or mobile units to serve the underserved populations of our state.

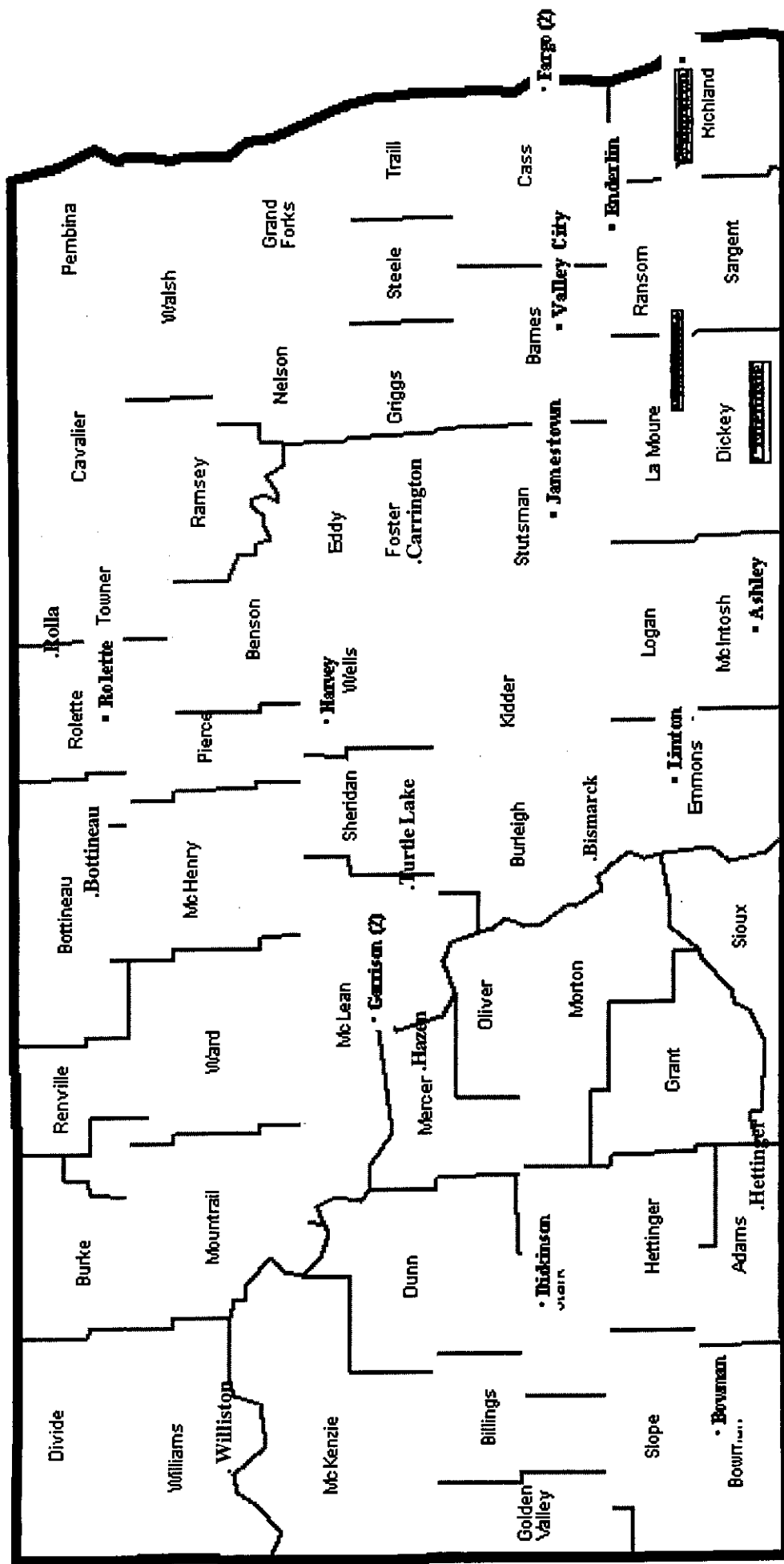
We have seen the impact on the health of individuals unable to access dental services and we believe that this legislation would open some additional alternatives of care for this population without adversely affecting the dentists in our state.

Thank you for your time.

Membership of Northland Healthcare Alllance:

Ashley Medical Center	Ashley, ND
St. Alexius Medical Center	Bismarck, ND
Benedictine Living Foundation	Bismarck, ND
St. Andrew's Health Center	Bottineau, ND
Southwest Healthcare Services	Bowman, ND
Carrington Health Center	Carrington, ND
St. Joseph's Hospital & Health Center	Dickinson, ND
St. Benedict's Health Center	Dickinson, ND
Maryhill Manor	Enderlin, ND
Rosewood on Broadway	Fargo, ND
Villa Maria	Fargo, ND
Garrison Memorial Hospital	Garrison, ND
Benedictine Living Center of Garrison	Garrison, ND
St. Aloisius Medical Center	Harvey, ND
Sakakawea Medical Center	Hazen, ND
West River Regional Medical Center	Hettinger, ND
Central Dakota Village	Jamestown, ND
Linton Hospital	Linton, ND
Mobridge Regional Hospital & Clinics	Mobridge, SD
Presentation Medical Center	Rolla, ND
Community Memorial Hospital	Turtle Lake, ND
Sheyenne Care Center	Valley City, ND
Mercy Medical Center	Williston, ND

Northland Healthcare Alliance



HB1200 Testimony

Kathy Keiser

2/15/05

Chairman Lee, Members of the Committee, I am Kathy Keiser, Executive Director of Ronald McDonald House Charities of Bismarck. Today I am representing both the RMHCs of Bismarck and Fargo. Hopefully, most of you are familiar with the services that we have provided to thousands of North Dakota children and their families over the past 17 years.

The passage of this bill would enable us to bring an unbelievable gift to the underserved children of this state – two Ronald McDonald Care Mobiles – one based here in Bismarck, and one in Fargo. A Ronald McDonald Care Mobile is a state of the art vehicle that delivers cost-effective medical, dental and health education services directly to underserved children in their own neighborhoods. Unlike most mobile clinics, the Ronald McDonald Care Mobile is designed and built specifically as a pediatric healthcare vehicle. The Caremobile would provide immunizations and health screenings, diagnosis and treatment of chronic disease, preventative dental care, and health education to children who otherwise would go without healthcare. The Caremobile will serve children ages 0 – 21.

Our National RMHC office will "grant" each of the \$300,000 Care Mobiles to local health care organizations in partnership with our local Ronald McDonald Houses in Fargo and Bismarck. The local health care organizations will in turn fund and run the programs.

All services offered on board the Caremobile are provided free of charge to the children and their families; that is, no out-of-pocket expenses are incurred and no child is denied care based on ability to pay. Third party reimbursement is sought, such as Medicaid or the Caring Program, if applicable, as well as sliding-scale payments. Enrollment services to these programs will also be offered on the Caremobile.

The RMHC of Billings has had their Caremobile operating for about 2 years now with tremendous success. Sioux Falls launched their Caremobile program this past September, and since then, has served over 900 patients.

The Ronald McDonald Care Mobile has been described as "delivering hope on wheels" – passage of this bill will allow us to bring this "hope" to the underserved children of rural North Dakota.

I would also like to relay some comments from Pat Traynor, President of Dakota Medical Foundation in Fargo, and also Robert Klaus, President of Oral Health America, and have them entered into the record.

Testimony in Favor of
HB 1200
Janelle Johnson
February 15, 2005

Chairperson Lee and members of the Senate Human Services Committee,

My name is Janelle Johnson and I represent Medcenter One Health Systems. The mission of Medcenter One is to advance the health of the patients and communities we serve through a culture of leadership, continuous improvement and accountability. Medcenter One is a tertiary referral center and includes a Level II Trauma Center and a 238 bed hospital; 331 nursing home beds; an ambulatory surgery center; a college of nursing; nine primary/specialty care clinics; two exercise centers; a home health/hospice agency; and dialysis units in Jamestown, Bismarck and Fort Yates, North Dakota.

I am here today to support Engrossed HB 1200. Medical research shows the importance of good oral health and new studies indicate that dental caries and oral infections may be responsible for triggering heart attacks and strokes.

Many providers within our network struggle to get their patients appropriate dental care since there is a shortage of dentists in North Dakota. This is especially true for patients who have Medicaid coverage and other self-pay low-income patients. For our cardiologists, it is imperative that their patients see a dentist prior to a heart catheterization and bypass surgery if at all possible. The obstetrician knows that cavities and oral infections can induce labor prematurely. Complications associated with heart surgeries or pregnancies are not only costly, but may be prevented with adequate access to dental services.

Nursing home staff continually attempt to schedule their patients for dental exams and find that this is only possible in emergencies during weekdays.

Family physicians understand that healthy teeth are important to maintain a diet full of fresh fruits and vegetables and whole grains. As people loose their teeth or experience dental pain, they begin to limit the foods that they eat. Some residents of our nursing homes are on mechanically altered or pureed foods simply because of their lack of teeth.

Good oral health isn't just about a white smile. It is necessary to maintain a high quality healthy life. Please vote do pass on Engrossed HB 1200 and expand the options for providing dental access so that we can improve the health of the residents in North Dakota.

Bridging — the — Dental Gap

Bridging the
Dental Gap
Clinic is a not-
for-profit dental
clinic serving

the Bismarck/Mandan area.

Bridging the Dental Gap accepts
all forms of dental coverage
including Medicaid and has a
sliding fee scale for those who
qualify according to the Federal
Poverty Guidelines.

The new, custom designed clinic
serves people living up to 50 miles
surrounding Bismarck/Mandan.
With three dental chairs and two
oral surgery suites, it is equipped
to take care of the basic oral health
needs of our patients.

Businesses and individuals are
encouraged to consider a tax-
deductible contribution. Your
support is much appreciated.

Bridging the Dental Gap Clinic
1223 South 12th Street
Bismarck, ND 58504
(701) 221-0518

Dental Bites:

- ▲ Dental cavities are the most common, preventable disease in children.
- ▲ "[Dental] cavities are five times more common than asthma and seven times more common than hay fever, making it the most common childhood disease," said Dr. David Satcher, Former U.S. Surgeon General.
- ▲ Children below 300% of poverty have 5 times more unfilled, decayed teeth than children above 300% of poverty. For a family of four this is \$56,550 per year.
- ▲ For adults in low-income groups, half of teeth that have decay have never been filled.
- ▲ 38% of people in North Dakota report that they have no teeth.
- ▲ Children can avoid cavities entirely if given early and proper dental care.
- ▲ Bridging the Dental Gap is doing something to ease the pain and lost productivity associated with lack of professional dental care.

Bridging the Dental Gap

**"Enhancing Dental Care
for Those in Need"**

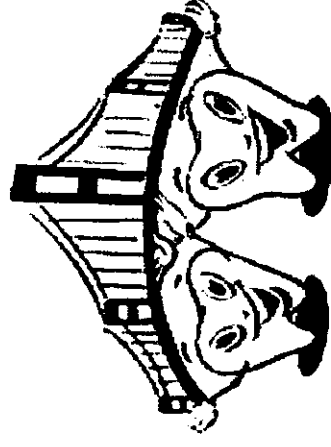
1223 South 12th Street
Suite #1
Bismarck, ND 58504

Telephone: 221-0518
Fax: 221-0537
email:

dentalgap@yahoo.com

*How can I access the services
provided at the BDG clinic?*

New patient intake is held each Monday from 1 - 4 p.m. During the intake you will be required to provide both medical history and financial information. Please bring verification of your income, medical assistance or dental insurance information. Once this process is completed, dental appointments will be made, with priority given to children and those considered to have emergency needs.



Bridging the Dental Gap is a non-profit community dental clinic serving low income and uninsured individuals in the Bismarck/Mandan area.

Services are provided based on the following criteria:

- The BDG service area is limited to a 50-mile radius of the cities of Bismarck and Mandan.
- Priority will be given to children and those adults with emergency needs.
- Services will be provided on a sliding fee schedule based on family size and household income.
- A minimum co-pay of \$20 per office visit will apply to all clients and will be collected at time of service.