DENTAL SERVICES STUDY - BACKGROUND MEMORANDUM

The Legislative Assembly approved 2015 Senate Concurrent Resolution No. 4004 (Appendix A) which provides the Legislative Management continue to study dental services in the state, including the effectiveness of case management services and the state infrastructure necessary to cost-effectively use mid-level providers to improve access to services and address dental service provider shortages in underserved areas of the state.

PREVIOUS STUDIES

The 2007-08 Human Services Committee received a report on the status of medical assistance recipients' access to dental services. The committee learned under the Medicaid program dental-related expenditures totaled $12.3 million for the 2005-07 biennium and $14.5 million for the 2007-09 biennium. During the 2009-11 biennium, dental expenditures under Medicaid totaled $23.5 million--a 62 percent increase from 2007-09 biennium expenditures. During the 2011-13 biennium, Medicaid dental services totaled $27 million and 2013-15 biennium Medicaid dental services are estimated to total $28.7 million. The 2015 Legislative Assembly appropriated $29.5 million to the Department of Human Services for Medicaid dental services during the 2015-17 biennium.

The 2013-14 Health Services Committee studied how to improve access to dental services and ways to address dental service provider shortages, including the feasibility of utilizing mid-level providers, whether the use of incentives for dental service providers to locate in underserved areas in the state may improve access, and whether the state's medical assistance reimbursement rates impact access to dental services. The committee received information regarding state dental care programs, dental service provider programs, the North Dakota State College of Science dental program, the dental health workforce, and access to dental services.

The committee reviewed proposals to increase access to dental services, including a proposed case management program in communities with the most need and creating mid-level providers and expanded function dental assistants and dental hygienists to free up dentists and allow them to provide the more complex services. The committee received a report from the University of North Dakota School of Medicine and Health Sciences Center for Rural Health regarding findings included in its preliminary report titled *North Dakota Oral Health Report: Needs and Proposed Models, 2014*. The report was the result of a Center for Rural Health assessment of the oral health needs in the state.

The committee conducted a tour of one of four safety net dental clinics in the state, where patients are served regardless of ability to pay and services are billed on a sliding fee scale. Safety net dental clinics are located in Bismarck, Fargo, Grand Forks, and Turtle Lake. The committee also received information and testimony from other interested persons, including representatives of the dental therapy training programs in Minnesota and Alaska, The Pew Charitable Trusts, University of North Dakota School of Medicine and Health Center for Rural Health, North Dakota State College of Science, the North Dakota State Board of Dental Examiners, various dental professionals, professional organizations, the Indian Affairs Commissioner, community health centers, senior housing and assisted living centers, and other stakeholders. The 2013-14 Health Services Committee determined additional information was necessary and recommended 2015 Senate Concurrent Resolution No. 4004 directing the Legislative Management to continue to study dental services in the state, including the effectiveness of case management services and the state infrastructure necessary to cost-effectively use mid-level providers to improve access to services and address dental service provider shortages in underserved areas of the state.

STATE DENTAL CARE PROGRAMS

Programs available in the state to provide free or low-cost dental care include the following:

- **Medicaid** - An assistance program for eligible individuals without health insurance or for those whose health insurance does not cover all of their needs. Medicaid provides limited dental care services, and copayments may apply for certain recipients.
- **Healthy Steps** - The state children's health insurance program provides premium-free health coverage to uninsured children in qualifying families. It is intended to help meet the health care needs of children from working families that earn too much to qualify for full Medicaid coverage but not enough to afford private insurance. Healthy Steps-covered services include dental services; however, copayments are required for certain services.
- **Caring for Children** - A benefit program for eligible North Dakota children up to age 19 who do not qualify for Medicaid or Healthy Steps and have no other insurance. Benefits include primary and preventative medical and dental care.

- **Health Tracks** - Formerly early periodic screening diagnosis and treatment, Health Tracks is a preventative health program that is free for children up to age 21 who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. Health Tracks also pays for orthodontics.
- **Mobile dental care services** - In 2009 the Legislative Assembly provided $196,000 of one-time funding from the general fund to the State Department of Health to help establish a mobile dental facility. A foundation is responsible for ongoing costs estimated at $400,000 per year. The 2013 Legislative Assembly provided an additional one-time appropriation of $100,000 from the general fund to the State Department of Health for a grant to the organization to provide mobile dental care services, including dental treatment, prevention, and education services to low-income and underserved children in areas of the state with limited or unavailable dental services. In 2015 the Legislative Assembly appropriated $100,000 from the general fund to the State Department of Health for a grant to provide mobile dental services during the 2015-17 biennium.
- **Donated dental services program** - Supported by a $50,000 general fund appropriation to the State Department of Health during the 2015-17 biennium, the program provides dental care, through a network of volunteer dentists and dental laboratories, to disabled, elderly, or medically compromised individuals who cannot afford treatment.
- **Smiles for Life fluoride varnish program** - A school-based fluoride varnish and sealant program.

DENTAL SERVICE PROVIDER PROGRAMS

Dentists' Loan Repayment Program

The dentists' loan repayment program, which is administered by the State Health Council, was established in 2001 Senate Bill No. 2276, codified in North Dakota Century Code Chapter 43-28.1 (Appendix B). In addition, the 2009 Legislative Assembly approved Senate Bill No. 2358 which created Section 43-28.1-01.1 and provided an appropriation of $180,000 from the general fund for a loan repayment program for dentists in public health and nonprofit dental clinics. The Legislative Assembly, in 2015 Senate Bill No. 2205, amended Chapter 43-28.1 related to the dental loan repayment program to remove the maximum number of dentists and to provide the council select dentists who will provide services in areas of defined need, including populated areas where there are public health needs. In 2015 Senate Bill No. 2205, the Legislative Assembly also repealed Section 43-28.1-01.1 and included dentists willing to serve in public health and nonprofit dental clinics in the same loan repayment program as dentists serving small communities. The dentists are eligible to receive funds, not to exceed a total of $100,000 per applicant, for the repayment of their educational loans. The funds are payable over a five-year period ($20,000 per year).

The 2013 Legislative Assembly appropriated $520,000, of which $180,000 is from the general fund and $340,000 is from the community health trust fund, for the dentists' loan repayment program and provided $180,000 from the general fund for the loan repayment program for three dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients. The State Department of Health has enrolled four dentists (Grand Forks (2) and Fargo (2)) in the loan repayment program for dentists in public health and nonprofit dental clinics. The State Department of Health used state funds to leverage federal funds for three of the four dentists in the loan repayment program. Additional funding ($30,000) remains in the loan repayment program and may be used to leverage federal funds if an applicant is received with sufficient time to comply with the requirements outlined in Century Code prior to the close of the biennium. Dentists accepted into the dentists' loan repayment program each biennium through the 2013-15 biennium are as follows:

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2001-03 (3)	Minot (2) Larimore
2003-05 (6)	Fargo Community Health Center New Rockford Grand Forks Fargo Bismarck West Fargo
2005-07 (4)	Fargo Community Health Center Bismarck (serving special populations) Mott Minot

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2007-09 (6)	Park River Bismarck Grand Forks Cando/Devils Lake Rugby Wishek
2009-11 (6)	Bismarck Fargo Jamestown Larimore Valley City Williston
2011-13 (6)	Bowman Hazen Langdon/Walhalla Carrington Cavalier Williston
2013-15 (6)	Minot New Rockford Fargo/Grand Forks Watford City (3)

The 2015 Legislative Assembly provided $540,000, of which $180,000 is from the general fund and $360,000 is from the student loan trust fund, for the dentists' loan repayment program during the 2015-17 biennium, $20,000 more than the 2013-15 biennium legislative appropriation. The 2015-17 executive budget recommended, and the Legislative Assembly approved, $180,000 from the general fund for the loan repayment program for dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients. This funding is in addition to $540,000 provided for the dental loan repayment program. Because Section 43-28.1-01.1 related to the loan repayment program for dentists in public health and nonprofit dental clinics has been repealed, the $180,000 from the general fund is available for the dental loan repayment program, as amended in Senate Bill No. 2205. Total funding available for the combined dental loan repayment program based on defined need is $720,000, of which $360,000 is from the general fund and $360,000 is from the student loan trust fund.

Federal/State Loan Repayment Program

The federal/state loan repayment program is a program providing loan repayment benefits to dentists serving in communities designated as dental health professional shortage areas (HPSAs). The program was established through a grant from the federal Health Resources and Services Administration, is only available in communities designated as dental HPSAs, and requires the state must match federal funds. Successful applicants may receive up to $60,000 to repay educational loans and must agree to a two-year contract at a site that accepts Medicare and Medicaid assignment and offers a reduced rate or no fee for services.

National Health Service Corps Loan Repayment Program

The National Health Service Corps loan repayment program is a federal program providing loan repayment benefits to dental providers serving in communities designated as dental HPSAs. Providers are selected for the program based on the community's HPSA score. Providers receive $50,000 in loan repayment funds for a two-year commitment. This program does not require matching funds, and providers may receive continuation awards.

Dental New Practice Grant Program

Senate Bill No. 2152 (2007) provided for a dental grant program. A dentist who had graduated from an accredited dental school within the previous five years and was licensed to practice in North Dakota could submit an application to the State Health Council for a grant for the purpose of establishing a dental practice in North Dakota cities with a population of 7,500 or less. The council could award a maximum of two grants per year with a maximum grant award of $50,000 per applicant to be used for buildings, equipment, and operating expenses. The community in which the dentist is located was to provide a 50 percent match. The grant was to be distributed in equal amounts over a five-year period, and the dentist was to have committed to practice in the community for five years. The 2013 Legislative Assembly appropriated $25,000 from the community health trust fund for the dental grant program during the 2013-15 biennium. The State Department of Health anticipates expending $5,000 from the fund for the dental new practice grant program during the 2013-15 biennium for expenditures

related to one grant awarded to a dentist in Larimore during the 2009-11 biennium and $20,000 for dental loan repayments. In 2015 the Legislative Assembly repealed Section 43-28.1-10 related to the dental new practice grant program and did not provide funding for the dental new practice grant program during the 2015-17 biennium.

DENTAL HEALTH WORKFORCE

The University of North Dakota School of Medicine and Health Sciences conducted research on the health care workforce in the state, including dental providers, and published a report entitled *2010 Snapshot of North Dakota's Health Care Workforce*. There were 392 dentists in the state in 2010, and in April 2014, there were 435 dentists, an increase of 10.9 percent from 2010. There were also 653 dental assistants and 747 dental hygienists in the state in April 2014. In 2014 34 percent of the counties in the state were either fully or partially designated as dental HPSAs, down from 36 percent in 2010. To be designated a dental HPSA, based on reasonable services areas, the population-to-provider ratio must be greater than 5,000 to 1 and contiguous areas are over-utilized, excessively distant, or inaccessible to the population of the area under consideration. A dental HPSA designation is valid for three years, and counties are continually reviewed for HPSA status.

Nationally, the recommended ratio is one dentist per 1,612 residents and in North Dakota the ratio of dentists to population is approximately one dentist per 1,750 residents. This ratio compares favorably with South Dakota (1:1,890) and Iowa (1:1,825) but not with Minnesota (1:1,630). North Dakota's growing economy has brought more dentists to the state to practice and the number of licenses issued by the State Board of Dental Examiners has been steadily increasing. The favorable ratio of dentists to population indicates the state does not have a shortage of dentists but rather a misdistribution of dentists around the state.

University of North Dakota School of Medicine and Health Sciences Center for Rural Health Assessment

The University of North Dakota School of Medicine and Health Sciences Center for Rural Health published a report titled *North Dakota Oral Health Report: Needs and Proposed Models, 2014.* The report was the result of a Center for Rural Health assessment of the oral health needs in the state. Based on data, input member responses, and stakeholder meetings, three primary oral health needs were identified, including prevention programs, dental insurance revision and/or care access, and greater workforce and improved access to care. The report indicated the greatest need for oral health literacy and prevention was among special populations--children, aging, Medicaid patients, low-income, homeless, new Americans, American Indians, rural, and those with physical/mental disabilities. The stakeholder group agreed increased Medicaid reimbursement would incentivize dentists to accept more Medicaid patients and services to long-term care residents could be restructured to fit current Medicare reimbursement. There is a need to adjust the uneven distribution of the current workforce. In 2013 67 percent of all licensed dentists in the state worked in the four largest counties.

The stakeholder and input groups developed and discussed 24 possible oral health models and the stakeholder working group identified the following top five stakeholder priority models:

1. Increase funding and reach of safety net clinics to include services provided in western North Dakota, using models, ideas, and support from nonprofit oral health programs similar to Apple Tree Dental and Children's Dental to promote hub-and-spoke models of care.
2. Increase funding and reach of the Seal! ND Dental Sealant Program to include using dental hygienists to provide care and incorporating case management and identification of a dental home as proposed under the North Dakota Dental Association's case management model, including Medicaid reimbursement for services rendered.
3. Expand scope of dental hygienists and utilize dental hygienists at the top of their current scope of work to provide community-based preventive and restorative services and education among populations of high need.
4. Create a system to promote dentistry professions among state residents and encourage practice in North Dakota through a consolidated loan repayment program and partnership/student spots at schools of dentistry.
5. Increase Medicaid reimbursement.

NORTH DAKOTA STATE COLLEGE OF SCIENCE DENTAL PROGRAMS

North Dakota State College of Science offers two options, including a certificate and an associate in applied science degree. The college receives between 48 and 59 applicants per year for the dental assisting program which has a capacity of 20 students. The dental hygiene program graduates approximately 25 students per year

with an associate in applied science degree in dental hygiene, over half of which also obtain an associate in applied science degree in liberal arts. Most of the students are from North Dakota cities with populations of less than 50,000. A bachelor's degree in dental hygiene would require 30 to 35 additional credit-hours.

The college has placed 100 percent of the dental assisting graduates each year since 2010. Placement rates for the dental hygiene program from 2010 to 2013 ranged from 91 percent in 2010 to 100 percent in 2011. In 2013 the average salary of a dental assistant was $2,704 per month, and the average salary of a dental hygienist was $4,132 per month.

ACCESS TO DENTAL SERVICES

The Center for Health Workforce Studies at the School of Public Health, University at Albany, New York performed an environmental scan and contextual assessment of the oral health of North Dakota's residents in 2012. The report indicated oral health professionals are located mostly in urban areas of the state and several counties are without a practicing dentist. The federal government has designated 31 dental health professional shortage areas in the state which lack sufficient providers to meet the dental needs of the population. The environmental scan and assessment indicated, while the state has made progress in increasing access to oral health services, some populations still have limited access to these services, including children, especially the very young and those Medicaid-eligible; rural populations; low-income adults; the elderly; and American Indians. A shortage of dentists willing to accept Medicaid patients has resulted in a small number of dentists in the state treating the majority of children on Medicaid and limiting the availability of oral health services even in areas of the state where there is an adequate supply of dental professionals.

Barriers to accessing oral health care exist in the state and include poverty, geography, workforce, an insufficient number of providers that accept Medicaid patients, lack of oral health education, language, cultural barriers, fear, and age, especially those in nursing homes. Additional barriers, particularly in reservation communities, include insufficient federal funding and administrative challenges in clinics. The federal Indian Health Service (IHS) procedures are onerous for volunteers and it can take six to nine months to be authorized to perform services at an IHS clinic. The complex and lengthy federal credentialing process makes it difficult to recruit dentists within the IHS system, and access to dentists and dental services on the reservations has been limited for decades.

A 2008 survey reported less than one-fourth of North Dakota dentists accept all Medicaid patients, one-third of dentists limit the number of new Medicaid patients, and rural dentists are more likely to accept all Medicaid patients than urban dentists.

In November 2013, according to the Department of Human Services, 40 counties had a dentist that provided a service to 1 to 49 children (ages 0 to 20 years) enrolled in Medicaid, 26 counties had a dentist that provided a service to 50 to 99 children enrolled in Medicaid, and 18 counties had a dentist that provided service to 100 or more children enrolled in Medicaid. Medicaid payments for dental services are approximately 61.6 percent of billed charges in North Dakota.

The state has four safety net dental clinics, three of which are federally qualified health centers (FQHCs). The dentists at safety net clinics often perform extractions that could have been prevented with timely access to comprehensive education and preventative care. Safety net clinics have few places to refer patients needing more complex procedures, and patients often go without necessary care. Providers at safety net clinics struggle with the limited scope of practice, and not practicing to the full extent of their training results in higher turnover rates at these clinics.

Legislation was approved in 2009 authorizing general supervision of licensed dental hygienists for procedures authorized in advance by a dentist. In 2011 four public health hygienists, employed by the State Department of Health and paid through a federal grant, began applying fluoride varnish and dental sealants to children in prekindergarten through sixth grade and in some schools grades 7 through 12. Since 2011, the program has served approximately 1,700 students per year. A loss of the federal grant resulted in a significant reduction in the number of students served. However, a recent Health Resources and Services Administration workforce grant will provide $400,000 per year for school-based dental health prevention services. Part of the funding will be contracted to Ronald McDonald House Charities and Bridging the Dental Gap to expand their service area and the remainder will be used for the department's sealant program. When the department received the federal funding to reestablish school-based dental health prevention services in September 2014, the target population was schools where 45 percent or more of the students qualify for free or reduced lunches. Based on 2013 information available from the Department of Public Instruction, 89 schools would qualify for services during the

2014-15 school year. The additional cost to serve all students in the state eligible for free or reduced lunches was estimated to total approximately $2.6 million.

PROPOSALS TO INCREASE ACCESS

During the 2013-14 interim study of how to improve access to dental services and ways to address dental service provider shortages, the Health Services Committee reviewed the following proposals to increase access.

Case Management

A proposed case management program in communities with the most need could provide oral health education and coordinate dental care to help eliminate the "no-show" problem faced by dental providers. The case management model would enable registered dental assistants and hygienists to provide oral health assessments, fluoride varnish, sealants, and case management to high-risk patients in community settings. The services would be provided in preschools, elementary schools, medical settings, or long-term care facilities. Dental professionals would identify high-risk patients and link them to a dental home. Case management has been shown to reduce barriers to care for Medicaid recipients. Case management would include educating individuals, identifying barriers to care, and following up to remove barriers and link the patient to a dental home.

Grant funding was identified as part of a pilot project for the reimbursement of outreach services and administrative costs of a case management program study. State support would be needed for matching grants to implement the model. The five-year pilot project was identified as an opportunity to prove case management is a cost-effective service and that it has the potential to significantly reduce dental costs, improve oral health, and decrease tooth decay.

Expanded Function Dental Auxiliary

Creating expanded function dental assistants and dental hygienists would free up dentists to provide other services. The expanded function dental auxiliary (EFDA) exists in 44 states, the District of Columbia, the federal Public Health Service, IHS, and the United States military. Expanded function dental auxiliaries have been shown to improve efficiencies which can lead to increased access and lower costs. Benefits to employing an EFDA include: dentists already have a working relationship with the EFDAs and the increased function will provide for efficiencies, existing staff would not have to leave the community for training, investments made in the existing workforce living and working in the area are less likely to practice elsewhere.

The State Board of Dental Examiners approved amendments to North Dakota Administrative Code Title 20, which became effective April 1, 2015. The amendments reorganize rules related to dental auxiliaries and expand their functions; address adjunct services such as nitrous oxide inhalation; add definitions to support new duties; and clarify licensure requirements.

Mid-Level Dental Providers

Dental therapists have practiced in New Zealand and the United Kingdom for decades. Existing comprehensive program accreditation processes include standards on admission policies and procedures, curriculum, clinic, administration, preparation for practice, student assessment and examination, evaluation procedures and outcomes, research, and articulation pathways (team integration experience). Minnesota recognizes dental therapists to provide specific dental services. Two models exist in Minnesota--the dental therapist (DT) and the advanced dental therapist (ADT). In Alaska dental therapists only provide care within the tribal health system. Dental therapists may educate patients, perform oral examinations and preventative procedures, drill and repair early stages of tooth decay, and assist in other procedures.

Minnesota

Through December 2013, the dental therapy program at the University of Minnesota School of Dentistry graduated 27 dental therapists in three classes. Dental therapy students are fully integrated into the existing accredited dental and dental hygiene education programs. The Minnesota Board of Dentistry has accredited the program. The federal Centers for Medicare and Medicaid Services demonstrated interest in the dental therapy model by awarding a $45 million state innovation model grant to the Minnesota Department of Health and the Minnesota Department of Human Services. The goal of the innovation model is to expand the use of innovative provider types within primary care practices, and the grant will support the integration of new providers, such as dental therapists, into clinical practices. Minnesota's dental therapists are employed in private practice, group practice, nonprofit community clinics, and FQHCs. They are employed in urban and rural areas, and feedback from employers has been positive. A report entitled *Early Impact of Dental Therapists in Minnesota* was presented to the Minnesota Legislature in February 2014. Preliminary results included in the report indicate:

- Clinics employing DTs/ADTs see more patients, and most are on public programs and are underserved;

- DTs/ADTs improve efficiency of clinics, allowing dentists to handle more complex procedures;
- DTs/ADTs have reduced wait times and travel distances for patients;
- DTs/ADTs produce direct cost-savings to dental clinics;
- Dental clinics use most savings from DTs/ADTs to see more public program and underserved patients;
- No quality or safety concerns; and
- Further research is needed since the program is new and the number of DTs/ADTs is relatively small.

Alaska

Dental therapists in Alaska only provide care within the tribal health system; however, they may treat non-native patients only if there is no access to a dental service provider and there is a compact agreement with the IHS to treat nonnative patients. A 2010 study funded by the W.K. Kellogg Foundation, the Rasmuson Foundation, and the Bethel Community Service Foundation, confirmed that dental therapists are filling a vital need in Alaska, expanding the services of dentists, and allowing those in remote areas to receive care. The evaluation suggests alternative workforce models like dental therapists can be part of the solution as they expand the outreach of the dental team, provide treatment and alleviate pain for vulnerable families and children who have not had regular access to care, and often return to practice in the underserved communities where they grew up. In Alaska, dental therapists have been providing preventative and basic dental care in remote tribal villages since 2005. In 2013 25 certified dental therapists were working in over 80 villages in Alaska to provide care to over 30,000 individuals who previously had limited or no access to dental care. A 2010 study found that 95 percent of patients were satisfied or very satisfied with care received from dental therapists.

North Dakota Oral Health Coalition

Recommendations advanced by the North Dakota Oral Health Coalition, which are similar to the models identified by the University of North Dakota School of Medicine and Health Sciences Center for Rural Health assessment, include:

- Expand the Seal! ND Dental Sealant Program through the State Department of Health oral health programs to target low-income children at public schools;
- Expand funding for dental safety net clinics to include mobile, nonprofit, and FQHCs;
- Expand, simplify, and consolidate the North Dakota dental loan repayment programs;
- Provide funding for the case management outreach model supported through the State Department of Health and the North Dakota Dental Association;
- Facilitate the expansion of duties for dental assistants and hygienists through innovative, nontraditional, outreach education programs to minimize geographic and employment barriers for the current workforce.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding the effectiveness of case management services, including program and administrative costs, anticipated resources, and information regarding a pilot project for the reimbursement of outreach services. Organizations to request information from include the North Dakota Dental Association, Department of Human Services, and State Department of Health.
2. Gather and review information regarding the state infrastructure necessary to cost-effectively use mid-level providers to improve access to services and address dental service provider shortages in underserved areas of the state.
3. Gather and review information regarding expanded function dental assistant and dental hygienist language approved by the State Board of Dental Examiners, including information regarding how the changes will improve access to dental services for underserved populations and in rural areas of the state. Organizations to request information from include the State Board of Dental Examiners, North Dakota Dental Association, North Dakota Dental Hygienists' Association, and North Dakota Dental Assistants' Association.
4. Gather and review information regarding the impact of dental therapists in Minnesota.
5. Receive information from the Department of Human Services regarding billing and reimbursement for services provided by dental therapists and expanded function dental assistants and dental hygienists.

6. Receive updates from the Department of Human Services and the State Department of Health regarding changes to programs and services available to provide dental services in rural areas of the state and to underserved populations.
7. Receive updates from the State Department of Health regarding changes to the dental loan repayment programs in the state, dentists participating in the loan programs, and the adequacy of the programs.
8. Receive information from the University System regarding how University System programs will prepare students for the expanded functions of dental assistants and dental hygienists.
9. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
10. Prepare a final report for submission to the Legislative Management.

ATTACH:2