

North Dakota Legislative Management
Health Services Committee
Fort Totten Room, State Capitol
July 31, 2013

Testimony of Dr. Alison Fallgatter

Good morning Senator Lee and members of the Health Services Committee. My name is Alison Fallgatter. I am an orthodontist and the President of the North Dakota Dental Association (NDDA). I live outside of Steele on my family's farm and my practice is in Jamestown. I appear here on behalf of over 320 members of the North Dakota Dental Association.

There are many barriers to accessing oral health care. These barriers include; poverty, geography, workforce, inadequate funding of dental Medicaid, lack of oral health education, language, cultural barriers, fear of dental care and the belief that people who are not in pain do not need dental care. There are other barriers particular to the reservation communities including insufficient federal funding and administrative challenges in the clinics themselves.

For the past decade the NDDA has been working to reduce barriers to care with the help of many partners including the state legislature. The association worked with past legislatures to allow non dentist ownership of the Ronald McDonald Care Mobile, supported legislation to allow medical personnel to apply fluoride varnish, worked to expand the scope of practice for hygienists, modified their supervision by dentists to allow hygienists to provide preventive services in schools, public health settings, and long term care facilities including cleanings, sealants, and fluoride varnish. The legislature has fund of the dental loan repayment program that rewards new dentists who practice in rural areas of our state. This program has been very successful in providing access to dental care in many rural communities. In addition this past session the legislature again funded the loan repayment program for dentists who practice in our safety net clinics.

The NDDA supports the public health clinics as we believe they are an integral part of the states oral health delivery system. Our members organized a pediatric dental day on the Spirit Lake Reservation in September of 2011 where 232 children were seen and \$107,000 of free dental care was provided. The NDDA is now helping to plan another pediatric specialty dental event in October on the Standing Rock Reservation. It will be a 2-day event for children to age 18. We hope to provide oral health services to over 300 children with a value in excess of \$200,000.

The association's Donated Dental Service program has provided over \$2 million in free dental care to disabled people who do not qualify for government programs. We have attached the DDS annual report to my testimony. A legislative appropriation supports the administrative cost of the DDS program.

Our association with the financial support of the American Dental Association has developed an American Indian Oral Health Care Initiative. Through this project we are working with the Tribal Nations in our state to improve the oral health of the people on the reservation. We conducted a Dental Oral Care Workshop this past fall here in Bismarck to help us assess the oral health needs on our state's reservations. All the Tribal Nations were represented and it was determined that need exists for oral health education, preventive services and restorative work. The workforce issue that surfaced during this meeting was the inability to retain dentists in the HIS system. They stated there was no pressing need for an additional workforce model. The participants felt that administrative and organizational barriers adversely affected the delivery of oral health services as well as inadequate funding of authorized positions. Among other things NDDA is assembling a cadre of volunteer dentists to work on the care mobile when it visits the reservation communities of Standing Rock, Turtle Mountain and Fort Berthold.

We believe there is an adequate workforce of dentists and hygienists. In the past decade there has been a significant increase in dentists practicing in our state. North Dakota has the highest "dental student" to "dentist" ratio in the country, so future dentists are in the pipeline. There are many hygienists in the state who are not working. The workforce problem we have is with dental assistants, where a significant shortage exists.

The NDDA also works closely with the state health department's Oral Health Division. That division received a Denta Quest grant and surveyed the state to assess the oral health needs of its residents. Public forums were held around the state. This effort established two priorities: 1) develop dental/medical collaboration which will facilitate education and prevention among children; 2) provide a pathway to provide oral health care in long term care facilities. We continue to work with the Health Department and the other stakeholders in the implementation of the grant and develop the programs that were identified during the year long process. I hope this committee will reach out to the department to get this comprehensive state wide assessment as well as the significant data they have assembled on oral health in North Dakota. NDDA believes it is good public policy to thoroughly review the efficacy of any program or workforce change before considering the implementation of it in North Dakota.

The NDDA also works with and supports the Ronald McDonald Care Mobile, supports Bridging the Dental Gap' initiative in Bismarck to develop a work plan for dentists and hygienists to provide care in long term care facilities, and supports the state health department's fluoride and school sealant programs which reach underserved and economically disadvantaged children. With the help of our many partners the oral health needs of North Dakotan's are being met.

Unfortunately, we may be facing a serious blow to programs that have been developed to improve the oral health of children. I have heard rumors that the Department of Health's Oral Health Division may not be awarded a 5 year CDC grant (\$400,000 per year). That grant has funded the Oral Health Division's infrastructure for 13 years. The program is one of the top in the country however, because of our state's robust economy it will not be selected for one of the fifteen available grants. If this funding is not replaced it will decimate all the children's oral health programs that are just starting to take off, such as its school based sealant and fluoride programs. It is imperative that these programs continue or it will be a devastating blow to our children.

The solutions to the oral health disparities that may exist in areas of the state would be developing a case management type position to educate and coordinate dental care in communities of most need. This would help eliminate the no-show problem faced by providers and provide oral health education. Creating an Expanded Function Dental Assistant and expanding the scope of practice of hygienists to allow the placing and carving of amalgam would free up the dentist to provide other services. Finally, along with a case manager an increase in Medicaid reimbursement would enlist more dental Medicaid providers and would remove the principle barrier to oral health care this population faces.

I would be happy to answer any questions.



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*North Dakota
Donated Dental Services (DDS)*

*In Partnership with the
North Dakota Dental Association*

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NORTH DAKOTA DONATED DENTAL SERVICES (DDS) PROGRAM

**Annual Report for July 1, 2012 - June 30, 2013
And Fourth Quarter Activities - April 1, 2013 - June 30, 2013**

Funded by the North Dakota Department of Health

Annual Activity Highlights

- Enabled 80 individuals with special needs to access \$256,235 worth of care.
- Volunteers donated \$10.18 for every dollar spent during the fiscal year.

Program History

Many North Dakotans with disabilities or who are elderly or medically fragile have serious dental problems because they cannot afford treatment. As a result of their ages or disabilities, many cannot work and depend on government assistance for their health care. Medicare, however, does not provide dental care, and while North Dakota's Medicaid program provides dental coverage for adults, it can be difficult to find a dentist who accepts Medicaid due to the low reimbursement rates. And many aged individuals or those with disabilities or who are medically fragile who can work often earn too much to qualify for public aid but not enough to afford dental insurance or treatment. As a result, they suffer in agonizing pain from severe dental problems and have nowhere to turn for help.

In 1998, the North Dakota Dental Association (NDDA) endorsed developing a Donated Dental Services (DDS) program to help some of these individuals. Late in 2000, the Red River Dental Access Program (RRDAP) received a grant to develop a pilot DDS program in the Red River Valley Region of North Dakota/Minnesota. RRDAP contracted with Dental Lifeline Network to operate the pilot program (effective January 2011, the National Foundation of Dentistry for the Handicapped changed its name to Dental Lifeline Network, and the North Dakota organization is now Dental Lifeline Network • North Dakota). On July 1, 2001, the North Dakota Department of Health awarded monies to the NDDA to expand the pilot program statewide with Dental Lifeline Network.

Since the DDS program began, 660 vulnerable individuals have received \$2,042,947 in donated dental treatment from some of the 140 dentists and 32 dental laboratories that volunteer!

North Dakota's DDS program is similar to others Dental Lifeline Network has developed in 40 other states that collectively helped 7,337 individuals access \$23.2 million in services during the fiscal year that ended June 30, 2013.

Accomplishments

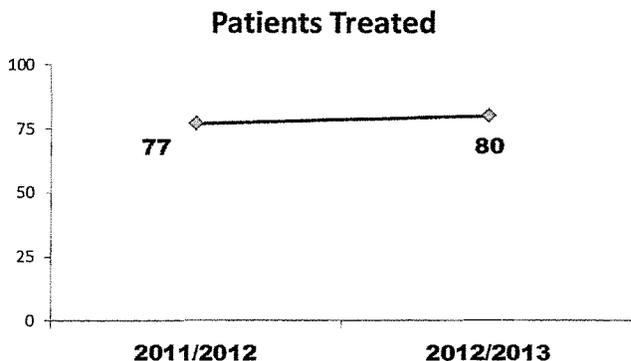
The primary goal this fiscal year was to help 90 individuals with disabilities or who are aged or medically fragile to access \$298,000 in donated care.

During the fiscal year, 80 individuals received \$256,235 in care, just below goal. The 80 patients treated each received an average of \$3,203 worth of treatment, which illustrates the complex needs of the patients served as well as the generosity of the volunteers.

Another 39 patients were referred to dentists and receiving care at the end of the June 30th reporting period (i.e., active cases).

A second goal was to generate \$38,000 of donated laboratory services. Volunteer labs donated \$27,796 worth of fabrications during the fiscal year. We truly appreciate the contributions of the volunteer laboratories.

The following graphs illustrate program performance this fiscal year compared to last fiscal year. As the graphs indicate, we treated a few more patients this fiscal year but they required less donated care. Patients served this fiscal year also needed slightly fewer laboratory fabrications.



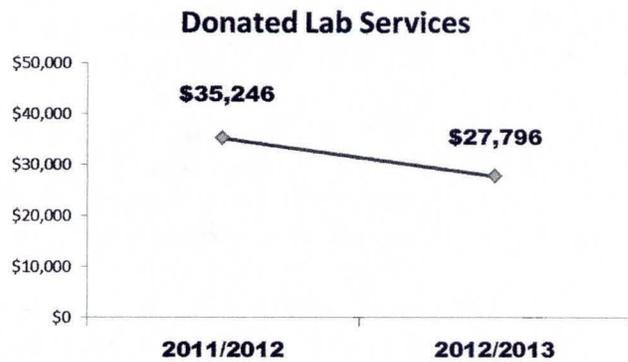
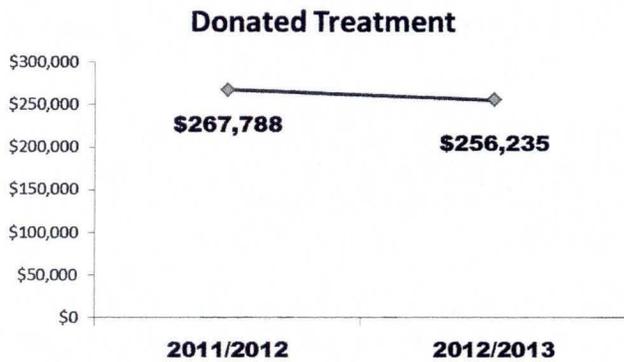
The DDS Program in Action

Sixty-year-old Mr. M. and his family live in Upham. Mr. M. suffers from several health issues, including degenerative arthritis and degenerative disc disease in his spine, atherosclerosis. And, he had a heart attack ten years ago, after which he received three stents. Mr. M. wore upper and lower dentures but they were broken and fit poorly, causing them to fall out and food to get stuck when he eats. He needed new dentures, but sadly, could not afford them.

Despite his many health challenges, Mr. M. still works part-time at an auto dealership to help make ends meet. He and his wife have custody of their teenage grandson who has disabilities and they are financially responsible for two other grandchildren with disabilities. Even with his pension and their combined Social Security Disability and Social Security benefits, Mr. M. and his wife struggle financially. Extra expenses such as new dentures were simply beyond their reach.

Thankfully, the North Dakota Division of Vocational Rehabilitation referred Mr. M. to the DDS program, and he was linked with a generous team of volunteers. An oral surgeon extracted a root, sculpted his jaw bones so that dentures would fit better, and removed a growth that developed after surgery. A general dentist donated full upper and lower dentures and a volunteer laboratory helped by fabricating them at no charge. **Thanks to this kind team, Mr. M. received \$7,521 in free care that he could not access on his own!** He wrote to express his true appreciation for this gift.

"Everyone involved has done an outstanding job and I am very grateful to all of you. Without this program, I would still be struggling with ill-fitting, broken dentures. My quality of life has improved tremendously. God bless you all."



Staffing

Ms. Marilyn Craig serves as the DDS Coordinator and manages services up to 12 hours per week. She determines each applicant's eligibility, links patients with nearby volunteer dentists, monitors each patient's progress, arranges laboratory services and the help of specialists as necessary and thanks the volunteers when they complete a case. Resolving problems that may interfere with care is, perhaps, her most important duty.

Ms. Craig had coordinated a similar program in Illinois before she and her husband retired to Texas. We could not find a local Coordinator for North Dakota and she agreed to take on this responsibility. She works from an office in her home (in Texas), and since she communicates with patients, dentists and labs via telephone and mail, not having a local Coordinator usually is invisible to the consumers and volunteers.

Applications

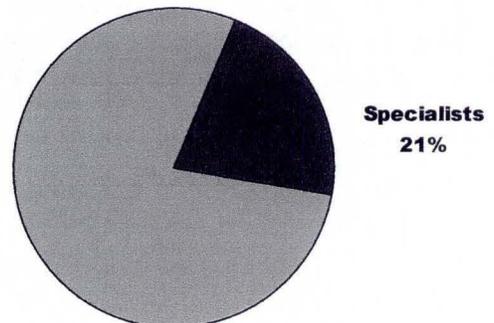
We received 93 applications during the fiscal year, and at the end of the June 30th reporting period, 40 people were waiting to be linked with a volunteer.

Volunteers

The volunteers are the backbone of the DDS program, and we are truly grateful to the dentists and dental laboratories that volunteer.

With 140 volunteer dentists, one might wonder why all of the individuals waiting have not yet been referred. Of these volunteers, 29 are specialists, leaving 111 general dentists who receive initial referrals. Further complicating matters, dentists and

**General
Dentists
79%**



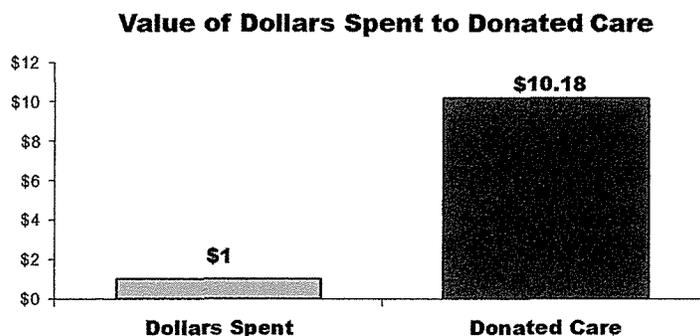
applicants are not always aligned geographically. For example, only 28 percent of the general dentists are located in Cass County; however the majority of people on the waitlist (83 percent) are Cass County residents.

Many of the remaining general dentists live in areas where we have received very few applications. To help, we have contacted human service organizations in those areas to inform them of the program and distribute applications. As a result, 61 of the 93 applications received during the fiscal year were from counties other than Cass.

In addition to the dentists, 32 dental laboratories volunteer to help patients in North Dakota. Along with the 15 located in North Dakota, 17 additional labs in other states that are part of Dental Lifeline Network’s national cadre also volunteer to help North Dakota DDS patients. We truly appreciate the generous efforts of all of our volunteers.

Financial Information

During the fiscal year, volunteers donated \$10.18 in care for every dollar spent!



Though the dentists and many of the laboratories donate their services, we need to raise funds to support their volunteer efforts and pay for the part-time Coordinator, laboratory bills when we cannot find labs to donate, and other program expenses such as office supplies and postage. As mentioned, the state Department of Health generously provides the funds to operate the DDS program and support the volunteers.

Future Plans

In the next fiscal year —July 1, 2013 to June 30, 2014—our goal is to help 90 people with disabilities or who are aged or medically fragile receive at least \$315,000 worth of free dental care, including \$55,000 worth of donated laboratory fabrications.