ND Legislature-Health Services Committee

HB 1454-Dental Services Study- January 8, 2014

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I am Brent L Holman DDS and I am a pediatric dentist in Fargo. I am not able to attend the meeting of the Health Services Committee on January 8, but would like to submit testimony electronically with this email and associated attachments. I greatly appreciate the consideration of Chairman Lee and the Committee members.

Attached is a PowerPoint series that was presented at a webinar on December 11, 2013 sponsored by the National Conference of State Legislators titled "Oral Health Workforce: Policy Options to Meet Increased Demand". Senator Lee represented North Dakota well with a piece titled "Dental Care in North Dakota" that is found on pages 13-17. I would like to address my comments to specific slides presented in this webinar series.

Slide page 3 discusses current national problems relating to difficulties of many children in accessing dental care. While a critical and widespread problem, North Dakota, by most definitions, has shown significant improvements in this area with significant increases in dental public health safety net clinic infrastructure, including FQHC dental clinics, school sealant programs, and oral health partnerships that target specific areas of need such as Head Start and Native American populations. In North Dakota, we have an improvement, not a worsening, of oral health status.

Slide page 4 shows that ND has 10-15% of the population living in Dental Health Professions Shortage Areas. Previous testimony at earlier meetings of the Committee has provided evidence of the flawed methodology of Dental HPSA's, particularly in rural areas. Even given these limitations, HRSA estimates it would only take 7 dentists to eliminate these "need" HPSA counties. Slide page 4 also shows a nationally aging workforce, which was also discussed, in earlier testimony as being non-applicable to North Dakota.

Slide page 5 has a slide titled "Declining Work Force" which is clearly the opposite of what is happening in North Dakota. With 10-15% yearly increases in the number of new dentists, North Dakota leads the way nationally in percentage increase as compared to its population. An additional slide on page 5 regarding Medicaid expansion via the ACA is ironic in that, as in other states, there is no corresponding increase in dental Medicaid reimbursement in North Dakota to match the additional number of eligibles that will be seeking dental care. As an aside, my pediatric dental practice received reimbursement of 53% of billed charges in 2013 for North Dakota Medicaid. This is below the cost of providing those services.

In slide pages 7-12 various policy options for states are described to address "dental workforce issues". With the exception of mid-level providers, virtually all of the

things mentioned have been or are currently being implemented in North Dakota with positive grades in all the assessments completed by the Pew Center for the States. Senator Lee very effectively lays out these accomplishments in slide pages 13-17 in her presentation.

In summary, I think this Webinar clearly summarizes the essence of the current state of access to care in North Dakota. We should appreciate that our "North Dakota public/private partnership" has made significant strides in improving access and increasing the safety net for low-income citizens. **There is a significant increase in the number of dentists yearly in our state, a staggering school debt load of current new dental graduates who aren't busy, and the very measureable improvement in the availability of care for low-income and rural patients. What would be the urgent need for North Dakota to be the second state in the nation to allow non-dentists to do irreversible surgical treatment procedures?** There may be dental mid-level models that may be beneficial in other states; there maybe models that make sense in North Dakota, but it seems way too early to head for the most untested, radical approach first, given the lack of evidence about efficacy in our state, not to mention lack of standardized accreditation standards at this time. What's the rush?

Thanks for your consideration.

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