

Testimony
Health Services Committee
Thursday, October 9, 2014 – 10:10 a.m.
North Dakota Department of Health

Good morning, Madam Chair and members of the Health Services Committee. My name is Kimberlie Yineman and I am the Director of the Oral Health Program for the North Dakota Department of Health. I am here today to provide testimony on:

- The estimated cost to provide school-based dental health prevention services to all of the children in the state
- The estimated cost to provide school-based dental health prevention services to those children qualifying for free and reduced-fee lunches regardless of the school they attend
- The number of schools anticipated to qualify for school-based dental health prevention services each year of the program

A chart summarizing the terms and funding sources for dental loan repayment programs administered by the state, including programs receiving Medicaid funding is attached to my testimony. Mary Amundson, who represents the North Dakota Department of Health as the director of the primary care office, will discuss this information at the end of my testimony. Julie Schwab, North Dakota Department of Human Services, Medical Services Division Director, will be presenting information on the Medicaid dental loan repayment program.

To estimate the cost to provide school-based dental health prevention services, which includes dental sealants, fluoride varnish and oral health education, we analyzed program costs from our 2012-2013 pilot project. Because the pilot project covered only one year, we also consulted two national expert organizations; the Centers for Disease and Prevention (CDC), Division of Oral Health, and the Children's Dental Health Project (CDHP). Expenses to provide these services include staff time, travel and per diem expenses; portable dental equipment; and supplies.

The pilot project costs for 2012-2013 were approximately \$58 per child. CDC estimated the cost at approximately \$62 per child. CDHP estimated the cost to be \$136 per child. For our calculations, we took the average of the three which is \$85 annually per child.

According to the North Dakota Department of Public Instruction (DPI), 112,408 students were enrolled in North Dakota schools during the 2013-2014 school year. This includes public, private, Bureau of Indian Affairs (BIA) and other institutions. Student enrollment numbers for the 2014-2015 school years will not be available until November 2014. Based on the average of \$85 per child from the various cost estimates referred to above, the estimated cost to provide school-based dental health prevention services for all children enrolled in all North Dakota schools is \$9,554,689. **(Is this per year? Will that cost be repeated each year?)**

DPI reports that 34,692 children qualified for free and reduced fee lunches in October 2013. Eligibility numbers for the 2014-2015 school years will not be available until November 2014. Based on \$85 per child, the estimated cost to provide school-based dental health prevention services to children qualifying for free and reduced fee lunches regardless of the school they attend would be \$2,948,820.

On September 1, 2014, the North Dakota Department of Health received federal funding to re-establish our school-based dental health prevention service programs for 2014 through 2017 (three year grant). Our target population is schools where 45 percent or more of the students qualify for free and reduced fee lunches. Using DPI's data from October 2013, 89 schools would qualify for school-based dental health prevention services for the 2014-2015 school year. It is difficult to anticipate the number of schools that will qualify in years two and three of the grant, but we do not expect to see a significant change in this number.

In closing, I would like to remind everyone that good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions.

The Morbidity and Mortality Weekly Report (MMWR) report that was released in September 2014 reviews the use of dental sealants in preventing tooth decay in children and adolescents. Among other things, the report states:

- About 40 percent of dental expenditures on U.S. children (\$20 billion) were paid out of pocket, compared to 17 percent paid out of pocket for medical care.
- Dental sealants prevent decay in permanent molars by 81 percent approximately two years after placement, and continue to be effective up to 4.5 years after being placed.
- The American Dental Association (ADA) recommends placing sealants on primary and permanent molars of children at risk for decay.

- The ADA council on Scientific Affairs found that delivering sealants to high-risk children is cost effective.
- CDC and the American Dental Association (ADA), strongly recommend fluoride varnish because of consistent, good quality, patient orientated evidence. Fluoride varnish is effective in preventing caries on permanent and primary teeth. The quality of evidence for the efficacy of fluoride varnish in moderate/high-risk children is high.

This concludes my presentation. I am happy to answer any questions you may have.