

## Health Services Committee

October 9, 2014

North Dakota Dental Association

Dr Katie Stewart

Senator Lee and members of the Committee, my name is Dr Katie Stewart and I am Vice-President of the North Dakota Dental Association. I will present to you this morning an update of the Case Management Outreach Model and affirm our support for the Action for Dental Health as proposed by the North Dakota Oral Health Coalition.

As been presented to this Committee previously, the Case Management Outreach model is a pilot study that aims to create a sustainable model for dental assistants and hygienists to work with their collaborative dental offices in outreach community settings. These settings could include schools, preschools, medical settings, and long-term care facilities. **Oral health assessments, fluoride varnish, sealants, and case management services** would be provided with the goal of reaching high-risk dental patients and getting them into a dental home. A dental home is the most effective way to prevent oral disease and future costs of treatment. The key to developing this model is to achieve third party reimbursement (Medicaid and dental insurance) for the 4 outreach services mentioned above to make the outreach a sustainable business model that will save these third parties money. Attached is the recent concept paper that was submitted to Dentaquest for grant

funding of the pilot phase. We are confident we will obtain funding for the pilot program soon.

The North Dakota Dental Association also supports the Action for Dental Health that was submitted to this committee by the Oral Health Coalition. The 5 initiatives listed are targeted solutions developed by North Dakotans based on the unique needs of the state and enjoy broad-based support from the dental organizations, state oral health officials, and the non-profit public health sector. Any resolution by this committee to extend its work of reducing barriers to dental care should include these initiatives. Assertions by relentless out-of-state advocates that midlevel dental providers be included in these initiatives are not supported by evidence. There is in fact no evidence that mid-level providers would reduce costs, improve access to care, or improve quality of care in a rural state like North Dakota. We feel the issue of midlevel dental providers has received adequate study by this committee and it is time to seek targeted solutions that make sense for North Dakota.

Thank you for your consideration.