

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2152

2007 SENATE HUMAN SERVICES

SB 2152

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-15-07

Recorder Job Number: 1078, 1080, 1081

Committee Clerk Signature

Mary K. Mowson

Minutes:

Senator J. Lee, Chairman opened the hearing on SB 2152 relating to selection criteria and eligibility for loan repayment by dentists. All members were present.

Joe Cichy (ND Dental Association) testified in favor of SB 2152. (Attachment #1)

Senator Warner asked Mr. Cichy to give him an idea of the scale, in terms of dollars, that a typical, non profit practice would generate in Medicaid.

Mr. Cichy couldn't answer that question.

Senator Dave Nething (Dist. 12 from Jamestown) a prime sponsor, spoke in support of SB 2152. The program we currently have with the dentists is working fairly well. This bill will add some clarification of purpose. The intention is to do the best we can for our smaller communities. Dental services are extremely important and it is important that we have access to them. That's what this bill is all about.

Senator J. Lee pointed out that there will be an amendment to exempt those coming in to bridge the dental gap in larger cities.

Senator Nething said anything that can be done to make the availability of dentistry to the most people is fine with him.

Gary Garland (Director of the Office of Community Assistance for the ND Dept. of Health)

See attached testimony offering an amendment to SB 2152. (Attachment #2)

Senator Erbele asked how long the loan repayment period was.

Mr. Garland said the loan repayment is over a 4 year period – up to \$80,000 over a 4 year period. Payments have been made on an annual basis of \$20,000 per year.

Senator Erbele asked if after the loan repayment period they are free to establish a practice.

Mr. Garland said that was correct.

Senator J. Lee asked if it would be correct to say that, since most dentists are sole practitioners or are in a very small practice group, that there is a lot of personal expense involved in setting up a practice. There is a fairly significant investment to establish a practice or a fairly significant investment to purchase an existing practice for most dentists/dental practitioners.

Mr. Garland said that would be correct.

Senator Warner asked for his opinion of the \$12,000 requirement and whether it is adequate or too low or too high.

Mr. Garland said he wasn't part of the discussion concerning that amount. The application the dentist fills out when applying coming into this program asks the question as to whether the dentist will see Medicaid clients in proportion to the percent of Medicaid clients in their respective service area. Generally that means about 10% of the caseload would be for Medicaid clients.

Joe Cichy offered the information that the amount of Medicaid services provided by dentists varies by dentist. These are new dentists coming in. It takes a while to get their practice going, so the Association felt that the \$12,000 as a threshold would be a fair amount.

There was no further testimony in favor of SB 2152.

Shari Doe (President of the Bridging the Dental Gap Board of Directors) See attached testimony opposing SB 2152. (Attachment #3)

Marcia Olson (Executive Director for Bridging the Dental Gap) testified in opposition to SB 2152 in its entirety whether it is amended or not. See attached testimony #4.

Senator J. Lee asked what her objection is since there is no threshold now.

Marcia Olson said her objection is that the amendment says "full time".

Senator Dever asked how the amount she is able to pay a full time dentist compares with what they would be able to make otherwise.

Marcia Olson said that, locally, they are probably getting twice what they can pay.

There was no further testimony in opposition to SB 2152.

There was no neutral testimony.

The hearing on SB 2152 was closed.

Recorder #1080

Senator J. Lee opened SB 2152 for discussion.

Senator Warner asked for Maggie Anderson to give some ideas of the scale of a typical Medicaid portion of the practice.

Ms. Anderson said she doesn't have an average. The gap is wide. She said the highest she has is about \$264,000 received by an independent dentist, not to take into account the Bridging the Gap which is quite a bit more. She said she could provide the committee with an a range if they wanted. (She later sent the information. Attachment #7)

Senator Warner asked if we are subsidizing \$80,000 over 4 years, is there some correlation between the subsidy and the amount of the requirement, assuming that Medicaid reimburses at half.

Ms. Anderson said they don't know how many of these individuals have been practicing for a long time versus a newly enrolled dentist.

Senator Heckaman wondered if there was a way to change the wording of "full time" in the amendment to make it more acceptable.

No changes were suggested.

Recorder #1081

Senator J. Lee made available for the record two e-mail messages showing concern about public health clinics being exempted because they support the work of the various public health clinics. (Attachments #5 and #6)

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-22-07

Recorder Job Number: 1606

Committee Clerk Signature

Mary K. Monson

Minutes:

Senator J. Lee opened SB 2152 for discussion on an amendment submitted by Joe Cichy that makes exceptions for dentists who will practice at public health clinics or non profit clinics.

(Attachment #8)

Senator Dever asked if this amendment was agreed to by the people on the public health clinic side.

Senator J. Lee said, yes, that was her understanding.

Senator Pomeroy moved to accept the amendment. Seconded by Senator Warner.

Some discussion followed concerning when a dentist would be eligible.

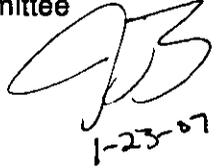
Roll call vote 6-0-0. Amendment accepted.

Senator Pomeroy made a motion for a Do Pass as amended on SB 2152.

Seconded by Senator Erbele.

There was a brief discussion on the point of the bill not being to exclude the communities of Fargo, Bismarck, and Grand Forks, but to encourage dentists to locate in rural areas.

Roll call vote 6-0-0. Passed. Floor carrier is Senator Dever.



Handwritten signature and date: 1-23-07

PROPOSED AMENDMENTS TO SENATE BILL NO. 2152

Page 1, line 6, replace "The" with "Except for a dentist who practices a minimum of two full days per week at a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill its patients, the"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2152: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2152 was placed on the Sixth order on the calendar.

Page 1, line 6, replace "The" with "Except for a dentist who practices a minimum of two full days per week at a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill its patients, the"

Renumber accordingly

2007 HOUSE HUMAN SERVICES

SB 2152

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 7, 2007

Recorder Job Number: no minutes recorded) :

Committee Clerk Signature <i>Judy Schrock</i>

Minutes:

Chairman Price: Opens up the hearing on SB 2152.

Senator Dave Nething, District 12: We are here at the request of the Dental Association. It would be an incentive to keep a dentist in our rural areas if we gave them back some of the loan payment.

Gary Garland, Director of the office of Community Assistance for the ND Department of Health: See attached testimony. Any dentist getting back part of their loan payment, could go anywhere in ND. The amendment would be for low income population, and possibly a non profit clinic.

Representative Porter: If the program is working why mess with this? For access issues keep the bottom half of the bill. Would that help us with the access issues?

Mr. Garland: The size of the community is not the issue. A possibility would be to put a desired amount of Medicaid coverage. A dentist might be overwhelmed with Medicaid clients. You could expect 10% for Medicaid. You could also have them work in a non profit clinic two days a week to get this.

Chairman Price: anyone else in favor of SB 2152? Anyone in opposition of SB 2152?

Hearing none we will close the hearing on SB 2152

Later in the day the committee takes the bill out again for discussion.

Representative Porter: It comes down to money. We need to address the access service.

It can't say rural either or billing 20,000 dollars.

Representative Weisz: It doesn't address rural access. There id never anyone to take over.

It isn't about being busy. Naturally they would come to the larger communities if no limits are put on.

Representative Uglem: questions 20,000 dollars being enough.

Representative Price: dismisses the committee.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

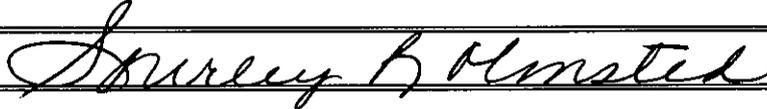
House Human Services Committee

Check here for Conference Committee

Hearing Date: March 12, 2007

Recorder Job Number: 4935 (Beginning at 66:20 on tape)

Committee Clerk Signature



Minutes:

Chairman Price asked the committee to consider SB 2152.

Representative Weisz went through the proposed amendments. He said that this is addressing the needs in the rural areas that are having a severe difficulty getting dentists. One of the issues that came up in visiting with local dentists is that some new dentists are going to work on the reservations for the federal government and are getting their full schooling paid for. It is not that they are making a great deal of money when they are working and establishing a practice. This bill would do is allocate up to one hundred thousand dollars on a 50/50 ration by the community to help establish a practice for a dentist no matter where he is from. They would have to stay in the state for 5 years and be in a community with a population that does not exceed seven thousand five hundred. He is not sure if they will get anyone to do this but he has heard that there is some interest out there right now. There would be a cap of two hundred thousand dollars on this.

Chairman Price asked if he was looking for an additional two hundred thousand on top of the three hundred eighty that we have in the dental loan fund right now.

Representative Weisz said yes. He was not trying to steal away from the current dental loan fund. We are going to need a fair amount of money to get someone established as dental practices are not cheap.

Representative Conrad asked if this was supposed to replace what was there or are we adding something to the dental loan fund.

Representative Porter asked about the granting program. Are you talking about general fund money? Are we getting one hundred thousand from the general fund and one hundred thousand from the communities?

Representative Weisz said he thought that is how it should be and then it should be limited to fifty thousand which would mean ten thousand per year.

Representative Porter said he thought it holds a lot of merit to the program but I would think we might want to look at the community size as being a little larger than what we have here. I don't know that there is a magic number but certainly when you think about the communities where access is difficult and the rural areas and pockets of the state we could easily say ten thousand and give it out into those areas where there are access concerns.

Chairman Price said so we are really looking at ten thousand per year for five years with a ten thousand dollar match from the community.

Representative Weisz said that was correct.

Representative Porter asked why they aren't looking at a community of ten thousand or less in population.

Chairman Price asked Representative Weisz to redo the amendment so that they could look at it tomorrow.

Representative Weisz said he was not going to pursue that if the communities don't have any interest in doing that.

Representative Porter said just from the standpoint of trying to get the person to live there you may have to go to that next rural level in order to get them there.

Representative Hofstad asked how many dentists are there in communities of three thousand or less.

Representative Weisz said in his community of 2,000 there are two dentists and you still have to wait six weeks to get an appointment. Rugby has three I believe.

Representative Porter said in discussions with the dental association he said he had a bit of problem with the wording in Section 1 because it really is going after a job protection situation in urban areas where they are trying to restrict the current funding source in the dental repayment program to only dentists who are working at a non profit dental clinic. I don't know that this is necessarily fair. We have a huge dental access problem even in the urban areas.

It bothered me from the beginning that the language was even in there but to limit that to two days per week at a public health clinic or a non profit clinic in order to get access to this money and then if even the rest of the week they are working on other patients. If you have someone who wants to get going on a practice and will open up their schedule to see Medicaid patients you are saying that person can't get into the loan repayment program because they are not working two days a week at a public health clinic or non profit clinic. I do not think that is good public policy for our access problems. If we are thinking that we need to limit the applicants in urban areas then maybe we should just make it a straight dollar for dollar or if it is twenty thousand dollars that they are getting that if they see and bill Medicaid twenty thousand dollars then they are eligible for the dental repayment program. That way it is a straight dollar for dollar situation. I just can't imagine that if we had a new dentist come into town in Bismarck and wanted to access the loan repayment program that they couldn't because they are not working two days a week in a public health or non profit clinic but they opened their schedule

up completely to Medicaid patients and were billing them thirty or forty thousand dollars a year and helping ease the access problems they still would be punished by us doing this. He said he would not have any problem if the amendment was a hog house and completely getting rid of that first section because the way it is designed right now there are three different loans available. There is the urban loan, the rural loan and the frontier. What they are doing is coming in and putting super restriction on the urban loan to limit competition.

Representative Weisz is going to rework the amendments for tomorrow.

Chairman Price referred back to the original bill. The second part is the same. They did not have the two days per week in the original bill.

Representative Potter said she thought the whole purpose of this bill was to get more Medicaid people in there so why would we take that out.

Representative Porter said the intern could pull up the original bill which was just putting a limit around the three cities. Then the bridging of the dental gap and some of the other non profits came in and said whoa, if we are going to have a dentist come in two days a week and then they are going establish a private practice and now you are going to say they cannot get in this. What I am saying is if you open it back up to the way it was or is right now, then it doesn't matter. If you want to put a restrictor on, then they should bill Medicaid at least the amount that they are receiving on the loan. Then you are at least guaranteeing access back into the program and they know that the years they are in the loan, that if they are getting twenty thousand dollars for four years and they bill Medicaid for two thousand dollars, then we are not getting any bang for our buck in access, but if they come back in these urban areas and they bill the twenty thousand dollars then we know that we are getting some of our access concerns taken care of.

Chairman Price something tells me that the dental association put the bill in just so that they could justify the 85% reimbursement to increase access management.

Representative Porter said you would never put that on anybody except those three identified communities.

Representative Weisz – unable to hear comments.

Chairman Price asked Representative Weisz to have something ready to discuss tomorrow.

The discussion was closed.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

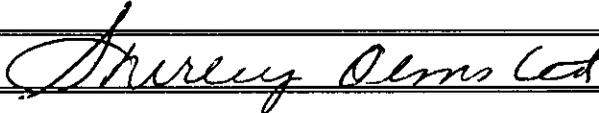
House Human Services Committee

Check here for Conference Committee

Hearing Date: March 13, 2007

Recorder Job Number: 5009

Committee Clerk Signature



Minutes:

Chairman Price asked the committee to consider SB 2152.

Representative Weisz discussed the amendment in front of them. It is technically a hog house. Section 1 after discussion in the committee, the amendment basically says if a dentist within fifteen miles of the city limits of Bismarck, Fargo or Grand Forks, to qualify to receive a yearly disbursement under this chapter during that year of obligated service, the dentist must have received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement.

Chairman Price asked if there was going to be any conflict if they are able to practice on October 1st.

Representative Weisz said it was a year of service so if that starts on October 1 they are just obligated to give one year of service and it does not have to coincide with the biennium. That is the first part of section 1. The point is that they can qualify in an urban area but we at least wanted to address the Medicaid reimbursement.

Chairman Price asked if the Dental Association put the bill in for them.

Representative Weisz said yes. In Section 2, which is a new section, it says a dentist who graduates from an accredited specialty training program within the previous five years may

submit an application for the purpose of establishing a dental practice in a city not exceeding seven thousand five hundred. The maximum amount that the state would award is fifty thousand dollars and it has to be matched with a 50% match by the community. The dentist must use the funds for buildings, equipment, and operating expenses. It is reimbursed at 20% per year for five years. In other words they are committing to a five year program. If they bail out in two years we don't have to try to get the money back. If they want to close up shop on the sixth year that is fine, but the reality is they will have established a practice after five years.

Chairman Price asked about them graduating from an accredited specialty training program with the previous five years.

Representative Weisz said that was put in because they may have practiced somewhere else for two years prior because I am thinking of the situation where they were working in the federal program where they were already working the rural area and they were not making much money. If they like working in the rural area, they can now qualify for this program.

Chairman Price asked if there were any questions.

Representative Hofstad asked if there was any reason why they were not addressing the access program.

Representative Weisz said it in the information that he had gathered, access didn't seem to be a problem. Most of the rural dentists take care of their share of the Medicaid population. They are not complaining in the rural areas. I would have no problem if you want to tie the access program into this.

Representative Porter said it would be difficult to tie this program to access in rural areas. Not knowing the percentage of Medicaid recipients in some of the rural areas, there is definitely more of a concentration of the Medicaid recipients in the urban areas. I don't

disagree with Representative Hofstad but I can't think of way to tie it in. You could have your door open all day and not have a Medicaid recipient.

Representative Conrad said she would like to see the numbers on that. She said she thought that there was more rural poverty and I think it is more significant in North Dakota than we care to admit. Why is it just Bismarck, Fargo and Grand Forks?

Representative Porter said those are the federally recognized metropolitan statistical areas in the state of North Dakota.

Representative Conrad asked if there were any access problems between those cities under seventy five hundred and the urban areas.

Chairman Price said that if you are in Bismarck, Fargo and Grand Forks and you want to apply for this part of the program then you have to take Medicaid patients.

Representative Kaldor asked if you had a retirement in a small area and a new dentist wants to buy into that practice, do they have report what they are buying into as far as equipment, and the buildings. I am a little concerned about the buildings, equipment and operating expenses. Would they be eligible under this circumstance?

Representative Weisz said he did not think they would qualify. I think at the point in time when they joint a practice of someone who is going to retire in a few years and when they take over the practice alone they could potentially qualify as long as you were within that five years of leaving dental school. It would have to be your practice.

Representative Kaldor had a question regarding the operating expenses. It makes sense to help them with the building but it concerns me with the language operating expenses. That could be very broad with the use of those funds.

Representative Weisz but they are going to have to submit an application as to how they are going to use the funds. I think a building lease and the startup costs could be huge and that is

what it is there for. It was not intended to supplement the payroll costs. I think if they are going to get the community to buy in they are going to have to have a plan as to what the funds is going to be used for. Hopefully it is going to be used for startup costs and new equipment that you need to purchase. He made a motion to accept the amendments.

Representative Hofstad seconded the motion.

Chairman Price asked for discussion. Hearing none, a voice vote was taken. The motion carried.

Representative Porter made a motion for a do pass on SB 2152 with referral to appropriations.

Representative Hatlestad seconded the motion.

Chairman Price asked for discussion. Hearing none, the clerk called the roll on a **do pass as amended with referral to appropriations on SB 2152**. Let the record show 11 yes, 1 no with all present.

Representative Hofstad will carry the bill to the floor.

Date: 3/13
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2152 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken None Amendment

Motion Made By Rep. Weisz Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman			Kari L Conrad		
Vonnie Pietsch - Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglen					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/13
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2152 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken none do pass R/R/app

Motion Made By Rep. Porter ^{do amended} Seconded By Rep. Hattestad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	<input checked="" type="checkbox"/>		Kari L Conrad	<input checked="" type="checkbox"/>	
Vonnie Pietsch - Vice Chairman	<input checked="" type="checkbox"/>		Lee Kaldor		<input checked="" type="checkbox"/>
Chuck Damschen	<input checked="" type="checkbox"/>		Louise Potter	<input checked="" type="checkbox"/>	
Patrick R. Hattestad	<input checked="" type="checkbox"/>		Jasper Schneider	<input checked="" type="checkbox"/>	
Curt Hofstad	<input checked="" type="checkbox"/>				
Todd Porter	<input checked="" type="checkbox"/>				
Gerry Uglem	<input checked="" type="checkbox"/>				
Robin Weisz	<input checked="" type="checkbox"/>				

Total (Yes) 11 "Click here to type Yes Vote" No 1 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Hattestad

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2152, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (11 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed SB 2152 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 43-28.1-03 of the North Dakota Century Code is created and enacted as follows:

For the purposes of a dentist selected for loan payment who practices within fifteen miles [24.14 kilometers] of the city limits of Bismarck, Fargo, or Grand Forks, to qualify to receive a yearly disbursement under this chapter during that year of obligated service, the dentist must have received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement.

SECTION 2. A new section to chapter 43-28.1 of the North Dakota Century Code is created and enacted as follows:

New practices - Grants.

1. A dentist who graduated from an accredited graduate specialty training program in dentistry within the previous five years may submit an application to the state health council for a grant for the purpose of establishing a dental practice in a city in the state which has a population that does not exceed seven thousand five hundred.
2. The state health council shall establish the criteria for the grant program under subsection 1 which must include:
 - a. A maximum grant award of fifty thousand dollars per applicant;
 - b. A requirement that the community must provide a fifty percent match for a grant;
 - c. A requirement that a dentist who receives a grant under this section must use the funds for buildings, equipment, and operating expenses;
 - d. A provision that the grant must be distributed in equal amounts over a five-year period; and
 - e. A requirement that a dentist selected for a grant under this section must commit to practice in the community for a minimum of five years.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000, or so much of the sum as may be necessary, to the state department of health for the

purpose of providing grants under section 2 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

SB 2152

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

House Appropriations Committee

Check here for Conference Committee

Hearing Date: 3-16-07

Recorder Job Number: 5181

Committee Clerk Signature



Minutes:

Chairman Svedjan opened the hearing on SB 2152 from the Human Services committee.

Rep Weisz: This bill is basically a dental loan repayment program. In the past we tried to put together a loan repayment program that specifically targeted rural populations. We didn't get any takers the way it was set up. The program has been broadened to say the loan repayment program is for any community with preference to the rural communities which is what we have today. What the bill in front of you does is two things. (1) It tightens up the current loan repayment program that are in the three largest cities. The first amendment in section one says that any dentist that wants to practice in those three cities and wants to use the loan repayment program must do a minimum of \$20,000 in Medicaid payments per year to qualify. (2) Establishes new practice grants to attract dentists to small communities. It has to be a 50% match with the community and it would be for any dentist within five years of graduation from anywhere in the country who would want to come back and practice. The reason for the five years is that many dentists will go into a federal program that serves underserved areas and get their loans paid by the federal government. So you have a pool of dentists that are already serving rural areas across the US. The money in there is \$100,000.

Chairman Svedjan: You said that under the current provisions for dental loan repayment - you had not takers. But we appropriated money to that. Is there anything available from what's been appropriated that could be used herek?

Rep Weisz: The initial program that started, we didn't have any takers for those under \$2500 and under \$5000. We then changed it to open it up so they are filling the slots. I believe only two of them have gone to rural areas. They give preference to rural areas. The first year they didn't use the money and then they opened it up to the larger areas.k

Rep Bellew: In the Health Dept budget we have, out of the community health care trust fund, \$380,000 going to this program. Why can't we use that money for this - or some of that money for this?

Rep Weisz: I would leave that up to the committee whether they should be combined or add the extra money. I am aware that there are 14 potential applicants now for the original loan repayment program. I don't know whether they will qualify.

Chairman Svedjan: Under the current program is the maximum loan also \$50,00?

Rep Weisz: Under the current program it's \$80,000.

Rep Nelson: In the bill it talks about a grant to establish a dental practice in the cities. There has been a lot of attrition. In our area a partnership was established and one of the partners has left and the practice is bigger than one person can handle. Would this work to bring in another partner?

Rep Weisz: We did have discussion on that area. It was the committee's intent that yes that should be allowed if there was a true partnership. That would be up to the Health Council to determine who would qualify.

Rep Nelson: As I read the bill it does say for the purpose of establishing. Do you feel that that is broad enough to work in that regard?

Rep Weisz: Committee felt it should be allowed to happen as long as it was a true partnership.

Rep Nelson: Is it logical/practical that someone that comes into the community without having any experience to receive a 50% partnership in a practice. It seems to me that that number is very high.

Rep Weisz: I don't see that as necessarily a limiting factor.

Chairman Svedjan: The existing program is working, but it isn't working for the smaller communities.

Rep Pollert: If you're thinking about changing the \$100,000 in the Community Health Trust Fund, there are already bills taking that out and it's already in the negative figure in '09-11.

Rep Carlson: It's my understanding that the percentages of distribution of money to the trust funds has been changed. It used to be 45, 45, 10 and I understand there is a bill coming that changes that. And I wondered if they changed it to allow money to be used for areas such as this.

Rep Weisz: That's a different bill. There was a concern by some of the committee that we were using the health care trust fund. If we were continuing to use the trust fund some of the committee felt that we needed a greater percentage of dollars going to that trust fund to insure that it was viable.

Rep Kempenich: How do the bill sponsors feel about this amendment?

Rep Weisz: I don't know how the Senate feels. They seemed flexible to whatever we could come up with that might enhance the dental program for rural areas.

Rep Pollert: Did you and the committee, when you amended the bill, look at a change in the whole dentist loan program and the \$380,000 and redistribute the grant amounts and try to spread it out?

Rep Weisz: The committee purposely left the funding source open so the appropriations committee could decide. I'm not sure I would support the \$80,000 on reducing the loan repayment down. If this committee thinks the \$100,000 should be part of the \$380,000, I think that should be reasonable.

Chairman Svedjan: Are you saying we should fund both programs out of the \$380,000?

Rep Weisz: I'm not saying that we should - but that's not unreasonable since they are both trying to do the same thing. I would prefer that preference be given to the grant program.

Rep Nelson: Is there a critical need in the urban areas for new dentists? The program right now works against rural areas because the same money is available no matter where they go. That's the consequence of the current loan repayment program. Do we need a program for urban ND?

Rep Weisz: There are shortages in the urban areas. Are they critical? No. We have critical shortages in the rural areas. We were disappointed in the original program when it was expanded. Only two of the slots have gone to what we consider small communities. If you were to limit it to the \$380,000 the grants would need to state preference. We need to make sure we emphasize the rural areas.

Rep Skarphol: If we were to fund both of the programs out of the \$380,000 and if there were no applicant for this grant program in the first half of the biennium would there be anything wrong with only retaining one grant for the second half?

Rep Weisz: That's probably reasonable.

Chairman Svedjan: If we were to do a side by side here, SB 2152 in section 1, the access issue, and that's different from what's in the current program. Then SB 2152 limits it to communities to 7500 or less. SB2152 allows up to 50,000, the current program is at 80,000. But the paybacks, are they about the same?

Rep Weisz: On the loan repayment program, I thought it was 4 year repayment. Under the grant program, it's a 5 year repayment. The money isn't up front on this program. Our intent was that the 50% community participation would be handled in the same way.

Chairman Svedjan: Does 2152 - if the dentist were to qualify and be awarded a grant, and they commit to 5 years and leave in two - is there a repayment provision?

Rep Weisz: No. We don't collect for the years they have stayed there.

Don Wolf: I just wanted to point out that if you are thinking about taking the grant program out of the \$380,000, it's going to limit it to what's in the 2007-09 biennium. There probably won't be funds available to do that during that biennium. If someone was accepted this year - a substantial amount has already been committed to this and the other loans already accepted into the program.

Rep Skarphol: Part of this process is that we have different bills introduced at different times that have different effects. We implemented the MEDPACE program as well. I think we should tie the two together. There is a lot of similarity in the qualifications.

Chairman Svedjan: It appears to me that this bill needs a little work from the funding standpoint. Rep Pollert will you take it?

Rep Pollert: Yes.

Chairman Svedjan: It would be important for the council to do a two or three biennium projection on the utilization of those funds. The hearing is closed.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2152**

House Appropriations Committee
Human Resources Division

Check here for Conference Committee

Hearing Date: **03-19-07**

Recorder Job Number: **5280**

Committee Clerk Signature

Donna Kramer

Minutes:

Hearing for SB 2152 was opened.

Rep Weisz: Representative from District 14. This is a dental loan repayment program. What it does is changes the current loan repayment program to those dentist who get loan repayment that are going into the 3 largest communities, which are the only 3 MSA's we have in the state. They would have to do at least \$20,000 of medical assistances or Medicaid work in their practice to be eligible for the loan repayment.

Section 2 of the bill, which again a grant program, this is for establishing a practice in a community of under 7,500 people. It spreads the payments over five years and requires a 50/50 match with the local community. It would apply to any Dentist who has graduated with in the last 5 years. The reason for this is if they have joined a Federal Program to get their loans repaid serving under served areas and so then the thought would be they would be eligible to come in here and would not have the resources that some would maybe have practicing in a big city, but they could come and get assistance to establish a practice.

Rep Bellew: Section 1, I don't see it includes Minot. Is there a reason for that?

Rep Weisz: Actually there are only 3 areas large enough and Minot was not considered large enough.

Chairman Pollert: I know we have a Dentist Loan Program now that is funded through the Community Health Trust Fund. Is that \$250,000? I understand 2 years ago there was not a big call for the program but now I understand there is.

Rep Weisz: The amount from the Community Health Trust Fund is \$380,000. I am not sure if that is the case. Since the Program has been in effect we have had at least 2 communities that I would have qualified or have gotten loan repayment. I am aware that we do have more applicants but in the end generally the applicants tend to fizzle out for the small communities. There has not been any big rush.

Chairman Pollert: At times we look at the \$100,000 and say if we are going to fund it or not fund it. I may ask for us to look at would it be an objection of yours if we looked at the \$100,000 and brought that as a priority before the \$380,000. That would drop the Dental Program down to \$280,000.

Rep Weisz: The intent of the committee would prefer that you could find the additional \$100,000. If the committee can't or feels that it is not a priority, I think if you are going to put the 2 programs together within the 380, I guess I would prefer that the grant program would have first chance and if they don't get a taker then all obviously all the money would be available for the loan repayment and I would assume then you would need to put some kind of limit.

Rep Nelson: Previous testimony showed the grants that were given out. There were 2 rural communities that were the only setting for this program that were used. The \$20,000 in medical assistance that would have to be done in those 3 areas in the state, do you look at that as a way to directing more money at rural areas. Take Section 2, line 16 and it talks about a specialty training program. I would take that to mean that would be a part of the practice that may be more utilized in urban areas.

Rep Weisz: That is currently the same language that means you have gone to dental school. That is not a specialty of dentistry. This is the same language that is in the loan repayment program. As far as Section one, I don't think it will change the loan repayment shifting it from urban to rural. The thought was if we are going to pay them to go to the urban where there are already a lot of dentists we are going to require them to take Medicaid cases if they take loan repayment.

Rep Nelson: I am somewhat confused as to what we can do with this bill in the appropriation side of it without changing the policy side of it. I have been cautioned as that is what we are supposed to do here.

Rep Weisz: I guess that is why we left the dollar amount vague.

Chairman Pollert: With the Committee Health Trust Fund, with all the other senate bills that have been, we are looking at a negative that are going to have to be settled in Conference Committee.

Gary Garland: He runs the program for the Dental Loan repayment Program for the Department of Health. For a matter clarification, the \$380,000 of Community Trust Fund that had been mentioned: When the Dept. put the budget together in July or mid summer the \$380,000 was based on the number of participants currently in the program and the addition of 3 new individuals each year as we move into the next biennium. What I am saying is the \$380,000 has been or will be committed exclusively to paying the loan repayment awards to dentists selected for the program.

On the matter of smaller communities, I am faced with a very difficult but good problem this coming round, the health council will be meeting in June and selecting 3 dentists for the first biennium. I have 13 applicants so far for 3 positions. This allows us to really focus in on the

smaller communities, are certainly going to be given a higher priorities. I don't know if this going to be a trend or not.

Chairman Pollert: Is the \$380,000 already allocated for the 07-09 biennium?

Gary: That is correct. \$200,000 of that \$380,000 would go to dentists currently on the program. We anticipate 3 more each year. The 3 that would come on this year, we would obviously pay again in the next biennium, plus another 3 in the next biennium. At the award level of \$20,000 a year that equals \$380,000.

Chairman Pollert: Say we would set a preferential to this bill, you would not necessarily need the 3, right?

Gary: We would be prohibited from awarding in the future years.

Chairman Pollert: But that doesn't say that still couldn't select for SB 2152, something in that program.

Gary: We could select something up to the amount of dollars available.

Rep Nelson: As I understand it you have \$200,000 committed into the next biennium not \$380,000 and you have 3 applications. Of those applications, have you made any kind of commitment to those individuals on those applications?

Gary: There are 13 applications.

Rep Nelson: That would mean 6 new dentists to receive grants, is that correct?

Gary: That is correct, except that if we allow 3 in this year, we pay the same amount the 3 next year, and allow 3 more the next year. So you are really looking at 9 \$20,000 payments.

Rep Nelson: Do you have any criteria currently have any waiting formula do you put on those individuals that would go into smaller communities or rural areas.

Gary: The legislature the last session directed us to give preference to small/rural communities, which we have done when there have been applicants for small/rural

communities. Now with this pool of 13, we will weigh that very heavily and the awards will most likely go to candidates who will work in small/rural ND communities.

Rep Nelson: Do you have an idea of how many are looking at smaller/rural communities?

Gary: We have not examined the applications in great detail. I am working with the ND Dental Association and the Dept. of Health's oral health's program to review the applicants.

Chairman Pollert: I have heard there are 14 applicants. Is that the 14 applicants in the SB 2152 or is that 13 that might be 14?

Gary: We have 14 participants currently in the program.

Rep. Bellew: This is the request of the Council. If you could project into the next biennium or the next 2 biennium's balance of the Community Health Care Trust Fund, that may help us.

Because I understand the next biennium there would be a deficit.

Closed the hearing.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2152**

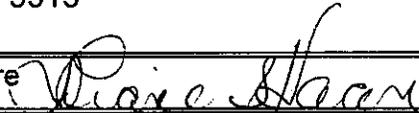
House Appropriations Committee
Human Resources Division

Check here for Conference Committee

Hearing Date: 3-23-07

Recorder Job Number: 5513

Committee Clerk Signature



Minutes:

Chairman Pollert: We'll work on SB 2152 ... handed out amendment .0202. This is further information on the Dell loan program. The difference between 02 and 01 is what you'll see because that became the bill. I talked to the Dental Association and they had problems with where it says new practices grants...it says accredited graduate specialty training program and that has been changed from 0201 to 0202 where it says...accredited dental school. There was more...the dollars committee and this amendment...I had this discussion with the Dental Assoc as well as Rep Weisz, who brought the bill to our committee. The appropriations on 0201, he was looking for \$100T to general funds...that's why you'll see on the handout that I gave you that it will give you an idea and you'll see what's going out in the bill alone program. The amendment of 0202 is that that dollar has been melded in for the grants...according to the Dental Assoc, what may happen... this bill is probably languaged to say on the back page...with preference of the use and the funding to the grant applicants on the bill that Rep Weisz brought forward to us...trying to get more to rural, so that would take preference to the established dental loan program. Rep Weisz was asking for another \$60 to 70,000 and I told him I wouldn't put it into the bill.

Rep Kreidt: So is the \$100,000 moved into section 3?

Chairman Pollert: The \$100,000 from 0201 is eliminated.

Rep Kreidt: We're just using the \$380T that's already in that fund?

Chairman Pollert: That's correct

Rep Kreidt: And the \$100,000 out of SB 2152.

Chairman Pollert: Actually, the bill will come out to about \$60,000/year...that's what the Dental Assoc told us.

Rep Kreidt: I move the amendment 0202

Rep Nelson: I second it.

Rep Wieland: On the list of dentists involved here and I see only 1 smaller town that's included...I hope they don't think West Fargo is small anymore.

Chairman Pollert: I'll say this upfront...the preference of the bill Rep Wesiz brought forward is to go to rural and I talked to him and everyone in here knows as well, that rural hadn't been applying for the Dental Loan program...I don't know if this is going to change that...there's also a stipulation that they have see some Medicaid patients to be eligible. If no further discussion, we'll do a roll call vote.

Chairman Pollert: **It passes** Basically, 0202 becomes the bill.

Rep Nelson: I'll move a **DO PASS AS AMENDED** on **SB 2152**

Rep Metcalf: I'll second it.

Yes 8 No 0 Absent 0 Carrier Rep Nelson

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

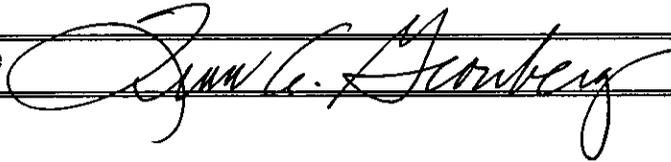
House Appropriations Committee

Check here for Conference Committee

Hearing Date: 3-23-07

Recorder Job Number: 5550

Committee Clerk Signature



Minutes:

Chairman Svedjan opened the hearing on SB 2152.

Rep Nelson: (amendments were distributed 0202 - attachment A)

Rep Nelson moved amendment 0202

Seconded by Rep Pollert

Rep Nelson: There are two changes that the section made. The \$100,000 appropriation was taken out. This proposal would go forward with the same appropriation as the last session. The other change we made was in adding legislative intent in Section 3, which would give preference to those applicants from rural areas.

Amendment was adopted on a Voice Vote

Rep Nelson moved a Do Pass as Amended on SB 2152

Seconded by Rep Kline

Rep Carlson: What is the average salary for a dentist?

Rep Nelson: That never came to our attention. We are concerned that more grants go to rural areas.

Mitch Vance: We're paying in Bismarck for beginning dentists approximately \$100,000 per year.

Rep Aarsvold: I the health care trust fund in jeopardy as a result of this bill.

Chairman Svedjan: It was included in that analysis.

Rep Pollert: The cost of this bill will be approximately \$60,000. The amendments say that if they take advantage of the program they will have to see a certain percentage of Medicaid customers. The language in the amendment also says that this bill gives preference to get to the rural areas. If it is not used it goes back to the regular loan program.

Rep Aarsvold: We are contributing to the jeopardy of the community health trust fund right?

Rep Pollert: The appropriation in the community health trust fund is \$380,000. And if it's at 240 and this costs 60, it's at 300.

On the motion of a Do Pass as Amended on SB2152

(yes) 13 (no) 8 (absent) 3

Carrier: Rep Nelson

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2152

In lieu of the amendments adopted by the House as printed on pages 1002 and 1003 of the House Journal, Engrossed Senate Bill No. 2152 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program; and to provide legislative intent.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 43-28.1-03 of the North Dakota Century Code is created and enacted as follows:

For the purposes of a dentist selected for loan payment who practices within fifteen miles [24.14 kilometers] of the city limits of Bismarck, Fargo, or Grand Forks, to qualify to receive a yearly disbursement under this chapter during that year of obligated service, the dentist must have received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement.

SECTION 2. A new section to chapter 43-28.1 of the North Dakota Century Code is created and enacted as follows:

New practices - Grants.

1. A dentist who graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the state health council for a grant for the purpose of establishing a dental practice in a city in the state which has a population that does not exceed seven thousand five hundred.
2. The state health council may award a maximum of two grants per year and shall establish the criteria for the grant program under subsection 1 which must include:
 - a. A maximum grant award of fifty thousand dollars per applicant;
 - b. A requirement that the community must provide a fifty percent match for a grant;
 - c. A requirement that a dentist who receives a grant under this section must use the funds for buildings, equipment, and operating expenses;
 - d. A provision that the grant must be distributed in equal amounts over a five-year period; and
 - e. A requirement that a dentist selected for a grant under this section must commit to practice in the community for a minimum of five years.

SECTION 3. LEGISLATIVE INTENT - GRANT PREFERENCE. House Bill No. 1004 contains a \$380,000 appropriation from the community health trust fund to the state department of health for the dental loan repayment program for the biennium

beginning July 1, 2007, and ending June 30, 2009. This funding is also to be used for the grant program established in this Act, with preference in the use of the funding to the grant applicants."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2152, as engrossed and amended: Appropriations Committee (Rep. Svedjan, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (13 YEAS, 8 NAYS, 3 ABSENT AND NOT VOTING). Engrossed SB 2152, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on pages 1002 and 1003 of the House Journal, Engrossed Senate Bill No. 2152 is amended as follows:

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Renumber accordingly

2007 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2152

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-09-07

Recorder Job Number: 5844

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman Senator Erbele opened the conference committee on SB 2152 with all members present: Senator Erbele, Senator Dever, Senator Warner, Rep. Weisz, Rep. Nelson, and Rep. Potter.

Senator Erbele asked the Representatives to explain what they did in the House and why. Rep. Weisz addressed the changes the Human Services made (meter 00:52). They looked at the extreme problems in the rural areas. They added a grant program for the purpose of establishing dental practices in rural areas. As is came out of the their committee it had an additional \$100,000 to specifically fund the dental practice grant program and kept the \$380,000 for the loan repayment.

The other substantial change they made was with the Medicaid. The House took the three MSA areas and said they needed to do \$20,000 of Medicaid reimbursement.

Rep. Nelson said he was working off .0202 amendments and explained the House Appropriations committee made a change in section 2, subsection 1. They defined dental school for clarification.

The most significant change was in section 3 where they took the \$100,000 general fund appropriation out and put in some legislative intent language that the grant program be used as it was intended in those communities of 7500 people or less.

Senator Erbele asked about the grant program -- \$50,000 per applicant to be spent over five years.

Rep. Nelson said that was consistent with the loan repayment program.

Rep. Weisz explained that was incentive for staying for five years and it has to be matched by the community 50%.

Rep. Weisz explained that the original bill which was passed in 1999 was to address the shortage in rural areas (meter 06:35). There were no takers so they opened it up. All but two have been coming from the urban areas in the last several years. They wanted to make sure if they go to the big city they will do Medicaid but this is an attempt to look at another approach to getting them out to the rural areas (meter 07:27).

They were trying to broaden it and focus on the rural hoping that something will work.

Senator Erbele went back to section one and asked if they had any discussions at their hearings from people within these cities that work with the dental gap program and that sort of thing. Would they be decreasing participation there?

Rep. Weisz replied that they looked at two things. One, they opened it up to everybody in that MSA. They looked at the dollars generated and figured the average of Medicaid of 8%.

Senator Dever thought one of the differences with the regular dentist office in the non profit dental clinics is that they take not only Medicaid patients but they also take low income non Medicaid patients. Dentists working two days a week serving low income patients are doing a real service.

Rep. Weisz asked if he would like to see that section brought back in—the two days a week.

Senator Dever thought so. The House opened it up to all dentists. The Senate's intent was to deal with dentists working in the non profit clinics.

Representative Potter spoke about the non profit clinic in Bismarck and the one in the works in Grand Forks.

Mitch Vance (Board of Bridging the Dental Gap – a non profit clinic in Bismarck) agreed with Rep. Potter that the clinic in Grand Forks was not yet seeing patients. Grand Forks is in the process of establishing a clinic similar to Bridging the Dental Gap which is based on the sliding fee scale. They treat people who have no ability to pay so there is a discount from 0-100%. That differs from the existing clinic in Fargo/Moorhead which is an evening clinic for emergency care.

Rep. Potter asked if he thought the original bill from the Senate would be a helpful thing with the non profit clinic in Bismarck

Mr. Vance said it certainly was helpful in terms of excluding them from the prohibition of loan forgiveness within the MSA's. There was nothing in the bill that would hamper them in any way. They easily treat Medicaid patients every day of the week.

Rep. Weisz addressed Senator Dever (meter 15:45). He asked about bringing back in the two full day a week and had no minimum Medicaid reimbursement for that and had \$20,000 for anybody else.

Senator Dever thought that was an improvement although part of the Senate's thought was the purpose of this is to promote the rural areas and the loan forgiveness was not being extended to the dentists in the larger cities.

Rep. Weisz asked again what the original intent of the bill was.

Senator Dever said his understanding of the original intent of the bill was that it was to promote the location of dentists in rural areas. The suggestion that came to the Senate was that the non profit dentists serve a real purpose too and that they should extend it to them.

By opening it up he felt the House moved away from the exclusive intent of the rural areas and opened it to the cities as long as they did at least \$20,000 of Medicaid payments.

Rep. Weisz thought the House actually looked at it that this would be more restrictive toward the urban (meter 18:40).

The feeling was that they weren't getting them in the rural from the loan repayment program. Their idea was that they wanted to go to rural but if they are going to go to an urban, they need to do at least \$20,000.

It was their intent to tighten it up somewhat. He didn't know if the House would have a problem just bringing the public health in and saying that two days a week is just as good as doing \$20,000 with Medicaid. They would probably be doing that anyway.

Senator Dever pointed out that the Senate version in the three larger cities only provides loan repayment to those who work in non profits.

Rep. Weisz didn't believe that was correct. It says "in order to be eligible under this chapter" not "under this subsection" the dentist must have received medical assistance of less than \$12,000 per year.

Senator Dever said that would apply to all dentists.

Rep. Weisz replied that was part of their issue, too. In some small practices that might even become a struggle to provide the \$12,000. Theirs was limited to the three MSA's.

Both bills are limiting but in different ways.

(Meter 23:00) Discussion on a dentist going to a small rural area indicated that he might want to take the loan repayment and there would be no restrictions on the Medicaid.

Senator Erbele wanted to know if that would be forcing those Medicaid people from the rural areas and into the cities.

Rep. Weisz said it's rare to find rural dentists who don't do Medicaid. It isn't rare to find an urban dentist who doesn't do Medicaid because there are always dentists to fill in. The rural areas have a disproportionate share of Medicaid.

Rep. Nelson pointed out another aspect. Medicaid reimbursement has been addressed in this session as well. Reimbursement from a baseline position probably shouldn't be discussed because the bar has been raised there to some degree. The numbers they saw in the appropriations committee was that there are 13 applicants for dental loan funds that haven't been granted yet. There are critical needs out there (meter 25:40).

He knows of several situations where young people have graduated from dental school and have indicated they want to come back to North Dakota. To get them to consider an area outside the Red River Valley or the Bismarck area takes an incentive program that excludes some of those areas with the attractiveness of the urban environment.

Rep. Potter said that she is glad they are getting the non profit clinic going because it sounds like it is a necessary thing. From what she has been told, there are only two dentists in Grand Forks that see Medicaid patients.

Senator Dever asked if he was correct in his thinking that the grant program money could be used 100% for that and none of it for the loan repayment.

Rep. Weisz said the way the bill is supposed to be worded is that the dental loan program is limited to \$100,000 as it came out of House Human Services. The idea was that the \$100,000 would come first so that a maximum of \$100,000 utilized to start with. If it wasn't used for the dental loan program, then it could all be used for the loan repayment program.

Senator Erbele didn't see where \$100,000 was mentioned.

Rep. Weisz explained that there was a maximum of two grants a year for a total maximum of \$100,000. Personally he felt they should look at adding \$100,000 in there because of the number of applicants filing for the repayment program.

The other point that could help sell this is that a ND student graduating could qualify for both of these programs (meter 29:40).

Senator Erbele asked if there was anything they should be looking at by way of amending for the next meeting.

Rep. Nelson thought they could work through the problem with the non profits, but the fact is that it isn't funded at a level they can maximize the utilization of a program like this. Finding additional funding is probably the critical aspect of what should be looked at. General fund appropriations are becoming hard to get so he suggested the Community Health Trust Fund as a possible source of funding.

The conference committee on SB 2152 was recessed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-11-07

Recorder Job Number: 5884

Committee Clerk Signature

Mary K. Monson

Minutes:

Chairman Senator Erbele re-opened the conference committee on SB 2152 with all members present: Senator Erbele, Senator Dever, Senator Warner, Rep. Weisz, Rep. Nelson, and Rep. Potter.

Senator Erbele recognized Rep. Weisz for his thoughts.

Rep. Weisz suggested the section the Senate had with the minimum of the two full days a week at public health or a non profit should be put back in and leave the House \$20,000 in for those three MSA's to get the loan repayment. They would either go in with the two days a week or they agree to do at least \$20,000 of Medicaid.

Senator Erbele asked if he was saying "either/or".

Rep. Weisz – they would have the option in those three MSA's that they could work at two days a week minimum at a public health clinic or non profit or they can agree to do \$20,000 in Medicaid. It would only apply to those three MSA's we have in the state.

He didn't think it was the intent of the House Human Services to take that part out.

Senator Erbele asked if they were pretty firm that it should be \$20,000 instead of \$12,000.

Rep. Nelson replied, yes.

Rep. Weisz said that also applies to the MSA's. He didn't think, in the rural areas, they were looking at restricting that to the non MSA's.

Senator Erbele asked if they should be adding language for the non MSA's.

Senator Warner thought it would be hard to conceive that a practice somebody was piecing together in a small town wouldn't include significant Medicaid work (meter 03:45).

Discussion continued about dentists in the rural areas taking Medicaid patients.

Senator Dever wondered how much a dentist can receive under the loan repayment program.

Rep. Weisz answered \$20,000 for four year—maximum of \$80,000.

There was discussion that once the four years are up the hope is that they will have established a client base and will stay in the rural areas.

Rep. Nelson said the other things they would like to add would be in section 3, the Appropriations bill. Currently there is a \$380,000 appropriation in the Community Health Trust Fund. They would like to add an additional \$60,000 which would fund the two positions that are spelled out in the bill for the grant program. That would fully fund those two positions through this biennium. He was waiting for an analysis from the Legislative Council as to the sustainability of the Community Health Trust Fund through the 2009-2011 biennium and was hoping to get that information before they adopt any amendments.

Senator Erbele asked if, as a member of the Appropriations Committee, he felt comfortable asking for the \$60,000 increase.

Rep. Nelson said he certainly was for this biennium (meter 08:30).

Senator Warner asked if the Community Health Trust Fund is tobacco money. He also wanted to know where the IGT money is—what's left of it.

Rep. Nelson answered that the IGT money was Health Trust Fund money. House action took \$1.4 million of that for the inflator for the nursing homes. Discussion followed on those figures of the IGT and Health Trust Fund funds.

Senator Dever referred to section 3. It is now written as a \$380,000 appropriation. He recognized that 1004 has a \$380,000 appropriation dental loan repayment program. Then it says that money would also be used for the grant program with preference given to the grant program. He wondered if they add the \$60,000 if it would be appropriate to spell that out differently so the \$380,000 would be used for the loan repayment and the \$60,000 would be used for the grant program.

Rep. Nelson said he wouldn't have any problems with that although he wasn't sure if the money from the grant program would be utilized. He would suggest that if that isn't used there would be two options--to identify that money to return it back to the Community Health Trust Fund or add it to the loan program.

Senator Dever said he raised the question because there was some concern expressed to him that this might be a dilution of that money and not be available for the loan repayment.

Rep. Nelson replied that, as it sits right now, it is.

Rep. Weisz said the intent was to give the preference to the grant program. If the grant program wasn't used, all of that money would be available for loan repayment if needed.

From his perspective, if they added the \$60,000, he would still look at it the same way.

Senator Erbele asked if that intent is understood in the language or do they need to be more specific.

Rep. Weisz thought the language that is in there does that. It gives preference to the grant program, but the entire amount would be available for loan repayment if the grant program wouldn't be utilized at all.

(Meter 15:00) There was discussion on holding back the \$60,000 for a period of time if there weren't any applications, if that needed to be spelled out in legislation, or if it should be left up to the Department of Health.

Senator Erbele asked if any of the guests in the room wished to respond to anything that was being discussed.

Joe Cichy (ND Dental Association) said the only question he had was that he thought the statute as read allows for three a year.

Senator Dever said, as he understands it, the grant program is limited to \$60,000 so if they add \$60,000 the \$380,000 would all go to loan repayment. His question then was if they needed to amend this bill to include the \$60,000 since they were not in a position to amend HB 1004.

Rep. Weisz replied that they would have to do the amendment here because 1004 was not in front of them. He didn't have any objection to leaving the language about the priorities for the grant. It would be at the discretion of the health department.

The Representatives thought they should stipulate the appropriation in this bill and then it would be triggered in appropriations.

Senator Erbele asked what they would like to accomplish at this time.

Rep. Nelson suggested that if it was possible to meet again they could have amendments drawn up if they have an agreement in principal to add the non profit portion back in (section 1) and the \$60,000 appropriation, if that is sustainable into the 09-11 biennium (meter 19:50).

Senator Dever said there was a kind of general agreement on what they wanted to do. It was a matter of having it drafted.

Rep. Nelson said there was one question that needed to be answered. If in the next biennium the grant program hasn't been utilized, do they want to trigger a mechanism where they can

add another applicant to the loan repayment portion of the bill. Was there any desire to go beyond three?

Senator Warner suggested they could revisit that next biennium if they wanted. He preferred to see the grant stay the same for this biennium.

Rep. Nelson agreed with Senator Warner to see the grant aspect given a full opportunity to work during the full cycle of the biennium.

The Representatives said they could take care of getting amendments drafted.

Senator Erbele reviewed what should be included in the amendment—add the language in section 1 for the two day non –profit, and bring the \$60,000 into section 3.

There were no questions or issues with section 2.

The conference committee meeting was recessed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2152

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-12-07

Recorder Job Number: 5969

Committee Clerk Signature

Mary R Monson

Minutes:

Senator Erbele called the conference committee on SB 2152 to order. Roll call was taken with all members present: Senator Erbele, Senator Dever, Senator Warner, Rep. Weisz, Rep. Nelson and Rep. Potter.

Rep. Nelson addressed the \$60,000 funding that was earmarked in the last meeting that would fund the grant portion. They looked for funding within the community health trust fund. (See attachment #1 – Analysis of the Community Health Trust Fund) Within that they thought they could earmark in the community health grant program advisory committee that \$60,000. He proposed they could add this grant program to that line item (meter 02:50).

Senator Erbele recognized Carolee Harper (Director of Tobacco Prevention & Control Program) who informed the committee that part of the advisory committee money is what they use for match for the CDC grant program.

Rep. Nelson asked if the whole \$360,000 is earmarked. She replied that it was.

Rep. Nelson then proposed that they take \$60,000 from the Community Health Trust Fund in another line item to fund this grant program. (Meter 05:20) With that, he thinks it's still important to include a study in the bill to study the utilization and the sustainability of the community health trust fund.

Rep. Weisz explained amendments he was proposing (attachment #2) which included the study proposed by Rep. Nelson. The \$380,000 would be left alone for the current repayment program and the \$60,000 would be specified to be used for the dental loan grant program. They brought back in language so they can do either/or the \$20,000 or 2 day a week.

(Meter 09:00) Rep. Nelson explained the study portion and the reasons for it.

Senator Erbele asked if the study portion would be part of an interim study.

Rep. Nelson said it would and that it wouldn't be a mandatory study.

Senator Warner said he had no problems with the changes in section 1 or the study. He wasn't entirely convinced about the grants process. It seemed to him it was duplicating what they were doing in section 1. Rather than dissipate their efforts by trying to do two different things both aimed at the same population, he wondered if they should focus on just one for awhile.

Rep. Weisz replied that they have focused on one since '01. He thought that was when they passed loan repayment. They're not the same thing. They could actually be in coordination with each other. There could be a dentist who qualifies for both. If it that could bring a dentist out to a rural area, then they should give it a shot. The loan repayment by itself has not caused any rush of applicants for the smaller communities. (Meter 13:03)

Rep. Nelson had a question about the funding for the Community Health Trust Fund. There is a 5% reduction that OMB has taken because of the uncertainty of funds. He wondered if that 5% goes into the general fund or where it goes.

Ms. Harper said the reduction is because the tobacco companies have been holding back full payments to the state. Right now it is in litigation to get that 5%. Her understanding is that

once that money does come back into the state it will go into the funds as allocated.

Senator Erbele asked about using the \$60,000 from other parts of the community health trust fund and if that would be okay.

Ms. Harper said there would be deficit spending of about \$564,000 if they continue to go the way they go so in 2013-2015 they would actually be in the hole.

Senator Erbele asked if they wanted to do that.

Rep. Nelson said they could afford it through this biennium and through next biennium at the current levels. That's where the study needs to come in (meter 16:25). A sunset clause could be put on, too, and review it in two years as far as the grant program goes.

Senator Erbele said that everything in here has a two year life regardless of whether it is sunset or not. If they do the study that would automatically trigger a need for doing something.

Senator Erbele had a question on the reference to HB 1004 and changing the figures from \$380,000 to \$440,000. He wondered if that would create any problems with dealing with that bill.

Rep. Nelson said that would not be a problem.

Senator Dever stated that this says HB 1004 contains a \$380,000 appropriation. This language is about legislative intent; it's not about an appropriation. In order for it to be appropriated in 1004, what needs to be done in this bill?

Rep. Nelson thought all they needed to do was change the \$380,000 to \$440,000 (meter 19:40).

Senator Dever asked if they say in this bill that HB 1004 contains \$440,000 appropriation does that change 1004.

Rep. Nelson said that 1004 is also in conference and they would make that change and then it would be compatible.

Senator Warner said they would also have the power to not do it. This is the policy side and the appropriations side doesn't always follow.

Senator Erbele brought the discussion back to just the amendments.

Senator Dever said the \$380,000 they were talking about for the loan repayment program is to cover those dentists who are currently in the program plus new dentists that come into the program in the next biennium. Because that's been in place since 2001, the grant program of \$60,000 will cover new dentists coming into the program and in the next biennium that amount needs to be increased in order to sustain the ones that are in it and add new ones. He asked if that was correct.

Rep. Nelson replied that it was if it is utilized.

Rep. Nelson reminded the committee that the original bill had \$100,000 in it which would not have been expended in this biennium because it is specific in the bill that it is only for two applicants. It certainly will be revisited two years from now and then adjustments can be made.

Rep. Weisz made a motion that the House recede from their amendments and adopt amendments as discussed.

The motion was seconded by Rep. Nelson.

Roll call vote 6-0-0. Motion carried.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2152

That the House recede from its amendments as printed on page 1110 of the Senate Journal and pages 1191 and 1192 of the House Journal and that Engrossed Senate Bill No. 2152 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program and for new practice grants; to provide for a legislative council study; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 43-28.1-03 of the North Dakota Century Code is created and enacted as follows:

For the purposes of a dentist selected for loan payment who practices within fifteen miles [24.14 kilometers] of the city limits of Bismarck, Fargo, or Grand Forks, to qualify to receive a yearly disbursement under this chapter during that year of obligated service, the dentist must have:

- a. Received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement; or
- b. Practiced at least two full workdays per week at a public health clinic or at a nonprofit dental clinic that uses a sliding fee schedule to bill the nonprofit dental clinic's patients.

SECTION 2. A new section to chapter 43-28.1 of the North Dakota Century Code is created and enacted as follows:

New practices - Grants.

1. A dentist who graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the state health council for a grant for the purpose of establishing a dental practice in a city in the state which has a population that does not exceed seven thousand five hundred.
2. The state health council may award a maximum of two grants per year and shall establish the criteria for the grant program under subsection 1 which must include:
 - a. A maximum grant award of fifty thousand dollars per applicant;
 - b. A requirement that the community must provide a fifty percent match for a grant;
 - c. A requirement that a dentist who receives a grant under this section must use the funds for buildings, equipment, and operating expenses;
 - d. A provision that the grant must be distributed in equal amounts over a five-year period; and

- e. A requirement that a dentist selected for a grant under this section must commit to practice in the community for a minimum of five years.

SECTION 3. LEGISLATIVE COUNCIL STUDY - COMMUNITY HEALTH TRUST FUND. The legislative council shall consider studying, during the 2007-08 interim, the historic and anticipated uses of funds from the community health trust fund, including a cost-benefit evaluation of past expenditures from the fund, the feasibility and desirability of establishing a strategic plan for future use of the fund, and the sustainability of the fund.

SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of \$60,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding the new practice grant program, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

JF
4-17-07
1 of 2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2152

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- 2 of 2
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SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of \$60,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding the new practice grant program, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

**REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)**

Bill Number 2152 (, as (re)engrossed):

Date: 4-9-07

4-11-07

Your Conference Committee Senate Human Services 4-12-07

For the Senate:

For the House:

	4-9	4-11	4-12			4-9	4-11	4-12		
Sen. Erbele	P	P	✓	Y		Rep. Weisig	P	P	✓	Y
Sen. Dever	P	P	✓	Y		Rep. Nelson	P	P	✓	Y
Sen. Warner	P	P	✓	Y		Rep. Potter	P	P	✓	Y

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1110 -- _____

_____ and place _____ on the Seventh order.

adopt (further) amendments as follows, and place 2152 on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) 2152 was placed on the Seventh order of business on the calendar.

DATE: _____

HOUSE CARRIER: _____

SENATE CARRIER: _____

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: _____

SECONDED BY: _____

VOTE COUNT: ___ YES ___ NO ___ ABSENT

REPORT OF CONFERENCE COMMITTEE

SB 2152, as engrossed: Your conference committee (Sens. Erbele, Dever, Warner and Reps. Weisz, Nelson, Potter) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1110, adopt amendments as follows, and place SB 2152 on the Seventh order:

That the House recede from its amendments as printed on page 1110 of the Senate Journal and pages 1191 and 1192 of the House Journal and that Engrossed Senate Bill No. 2152 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program and for new practice grants; to provide for a legislative council study; and to provide an appropriation.

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 - b. A requirement that the community must provide a fifty percent match for a grant;
 - c. A requirement that a dentist who receives a grant under this section must use the funds for buildings, equipment, and operating expenses;

- d. A provision that the grant must be distributed in equal amounts over a five-year period; and
- e. A requirement that a dentist selected for a grant under this section must commit to practice in the community for a minimum of five years.

SECTION 3. LEGISLATIVE COUNCIL STUDY - COMMUNITY HEALTH TRUST FUND. The legislative council shall consider studying, during the 2007-08 interim, the historic and anticipated uses of funds from the community health trust fund, including a cost-benefit evaluation of past expenditures from the fund, the feasibility and desirability of establishing a strategic plan for future use of the fund, and the sustainability of the fund. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of \$60,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding the new practice grant program, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

Engrossed SB 2152 was placed on the Seventh order of business on the calendar.

2007 TESTIMONY

SB 2152

Testimony of Joseph J. Cichy
Lobbyist # 347

Senate Bill No. 2152

Senate Human Services Committee

Senator Judy Lee, Chair

Chairman Lee and Committee Members:

My name is Joe Cichy and I represent the North Dakota Dental Association. This bill relates to the North Dakota Dental Loan Repayment Program, funded through the North Dakota Health Department. The purpose of these amendments is to encourage new dentists coming back to the state to practice in the underserved and more rural areas of our state and to require that they provide a minimum of \$12,000.00 of dental Medicaid services during the year in which of they receive the loan repayment.

The loan repayment legislation was enacted in 2001. It provides repayment of up to \$80,000.00 over a four year period. One of the reasons for the program is to encourage new dentists to practice in North Dakota and serve in the underserved areas of the state. At this point, the three cities identified in the bill have an adequate number of dentists. This amendment attempts to distribute the new dentists into more rural areas. We are proposing through this legislation that the State Health Council may not select a dentist who plans on practicing within fifteen miles of the exterior boundaries of Fargo, Bismarck or Grand Forks. In this way, we hope to distribute the dentists who receive this grant to the more rural areas of the state.

Also, another purpose of this initial legislation was to help better serve the Medicaid population. As the law presently exists, they are required to see Medicaid recipients as patients but there is no minimum amount of services that they must provide. This bill would specifically provide that before they receive a payment for a particular year, the dentists must treat Medicaid patients and receive medical assistance reimbursement of no less than \$12,000.00 during that year.

The North Dakota Dental Association and its Board of Trustees along with its House of Delegates supports this legislation and requests that the Committee recommend a do pass.

Testimony

Senate Bill 2152

Senate Human Services Committee

Monday, January 15, 2007; 9 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is Gary Garland, and I am the director of the Office of Community Assistance for the North Dakota Department of Health. I work with the State Health Council in administering the North Dakota Dentists' Loan Repayment program.

I am here today to offer the following amendment to Senate Bill 2152: on line 8 after "Grand Forks," add except for a dentist who practices full-time at a nonprofit dental clinic that uses a sliding fee schedule to bill its patients.

This amendment would allow the State Health Council to provide access to dentists for low-income populations in Fargo, Bismarck and Grand Forks. It would apply to dentists who work full-time at the Family HealthCare Center, a Federally Qualified Health Center in Fargo, ND; The Bridging the Dental Gap Clinic in Bismarck, ND; and a new dental clinic being developed as a satellite site in Grand Forks, ND, by the Valley Community Health Center, a Federally Qualified Health Center in Northwood, ND, and Larimore, ND.

Low-income populations have difficulty accessing dental services. Participation in the loan repayment program may be an incentive for dentists to work in clinics that serve low-income people. Currently, one dentist in the loan repayment program works at the Family HealthCare Center in Fargo, and another potential participant is considering employment with the Bridging the Dental Gap Clinic in Bismarck.

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

Testimony to Senate Human Services Committee

SB 2152

January 15, 2007

I'm Shari Doe and I am the President of the Bridging the Dental Gap Board of Directors. Bridging the Dental Gap is a non profit dental clinic in Bismarck. Our clinic serves those people who typically can't access dental care because they don't have the financial means to pay for the service or because they are Medicaid eligible. I am here today to speak in opposition to SB 2152.

Bridging the Dental Gap opened in July 2004. Since that time the clinic has provided dental care to over 3000 adults and children who live within a 50 mile radius of Bismarck. About 38% of our patients are 20 years old or younger and 38% are between the ages of 21 – 40. 40 of our patients have been over the age of 81. 65% of our patients are Medicaid eligible and 82% of our patients are eligible for a discount based on their family size and income.

The clinic is currently has about a 1. FTE dentist. Dr. Joanne Lugar is the Dental Director. We have a few other dentists who work on a very part-time basis and a couple of local dentists who regularly volunteer. Right now, our schedule is backed out into April. We can not keep up with the demand. We are currently in the process of recruiting dentists and the recruits ability to participate in the loan repayment is an extremely important recruitment tool for us.

Establishing a non profit dental clinic was an uphill battle but I can say with pride that the clinic is not only surviving but thriving. SB 2152 would be a huge set back and I urge a Do No Pass vote.

TESTAMONY IN OPPOSITION TO
SENATE BILL 2152

Date: 1/15/2007

Given By: Marcia Olson - Executive Director/Clinic Manager
Bridging the Dental Gap

Bridging the Dental Gap was established in August of 2004 as a non-profit agency to provide dental care to an underserved population, primarily Medicaid and low income patients. These patients were unable to acquire dental care elsewhere in the Bismarck-Mandan community. We receive no federal funds and no state funds other than Medicaid payments. Originally it was expected that volunteer dentists would come forward to fill some of our dental needs. This has not happened 28 months later. We have attempted to recruit the dentists in the community to contribute a day here and there but to no avail despite initial assurances that they would.

Since August of 2004 we have approximately 3900 patients on record and have provided 8900 patient appointments to meet the dental care needs of our patients. We have given away services that total \$926,909.

It is a major need to recruit at least another full time dentist to our clinic. Currently I am working with 3 dentists who are coming out of school. All of these need the student loan repayment program as incentive to work with us. We are competitive with our salary funding but not nearly as competitive as private practice. The student loan repayment program gives additional value to our program.

Currently there is a similar public health program in Fargo which is federally funded and is connected with a community health clinic. Grand Forks is looking to establish a similar clinic to help meet the needs of the underserved.

Additionally Dickinson is in the same predicament as they do not have dentists to support the needs of low income and Medicaid patients. There is a group looking at ways to start a clinic there.

Under our current staffing we have 1 FTE and 3 dentists that come at least one day a month. Two of these qualify under the student loan repayment program having applied at a time when there were fewer or no applicants requesting funding. In lieu of full time dentists, at least these fill some of the need. We are currently booking out into May and June with patients.

The North Dakota Oral Health publication released this Fall by the North Dakota Department of Health stresses the need for continued access to oral health and demonstrates that the problem not only exists but is not improving.

“Resources in North Dakota are limited. In Fargo, resources include the Family Health Care Center and Migrant Health Program. In Bismarck, Bridging the Dental Gap, a community dental clinic, was developed in response to the community’s need for dental services for the underserved.” (page 36 Oral Health in North Dakota)

“Progress has been made in the oral health of North Dakotans. However, disparities remain. Access to preventative care remains a problem for some segments of the population, specifically low income, minority individuals. “ (page 37 Oral Health in North Dakota)

Several of the ways suggested in this report to combat these inequities are to have creative dental coverage programs available to the public to “combat these challenges to high risk populations such as children, the elderly, the uninsured, the developmentally disabled and the mentally ill... “ (page 57 Oral Health in North Dakota)

Continued goals are to “encourage private dentists and hygienists to provide services” to this population. “To explore alternative providers of dental services, which would lead to an increase in Medicaid providers”. This is aimed at non-dentists including medical practitioners, nurses and public health nurses among others. In order to find creative solutions to improve access to oral health care, some suggestions are made. Among them to “explore the possibilities in Dickinson for free/reduced dental care”; “to collaborate with existing community health centers to expand dental access (through grant writing, letters of support and other means)”; “support efforts to fund a mobile program “(for example through Ronald McDonald House) , “investigate the promotion of Candian-trained dentists to come to North Dakota”; “explore improving incentives for dentists (i.e. vacation, reduced home loans etc) and share ideas with all communities”; and “collaborate with legislators to determine if the legislature will add slots in dental schools (Arizona and Iowa)”. (Pages 58 – 59 and 64-65).

This bill appears to be counter productive to the report outlined by the North Dakota Oral Health Coalition and North Dakota Health Department. It flies in the face of providing access to care for an underserved population.

An amendment is being proposed regarding exempting the non-profit agencies when full time dentists are recruited. While this amendment makes this more palatable, I am still opposed to the bill. If I am unable to recruit a full time dentist, I need to have available an option to allow repayment programs for part-time dentists. The amendment does not offer relief on this aspect.

With respect to the second portion of the bill requiring payments be available only to those who qualify by providing at least \$12,000 per year of Medicaid services, this portion is extremely low. You could see 12 patients and provide this level of care based on the amount of problems with which low income clients present.

In a state where 60% of our dentists will be retiring in the next 10 years, passing a bill that limits recruitment seems short sighted. We should be adding to the slots that are available and not restricting them.

I respectfully request a DO NOT PASS on Senate Bill 2152.

Lee, Judy E.

From: Debbie Swanson [dswanson@gra.midco.net]
Sent: Sunday, January 14, 2007 11:45 PM
To: Lee, Judy E.
Subject: SB 2152 Dental Loan Repayment Program

Dear Senators:

I am writing to you in your role as members of the committee holding a hearing on the dental loan repayment program. It is important that this bill provide opportunities for dentists practicing in public health settings, regardless of the geographic area of the state, to be eligible for the dental loan repayment program. I am the chairperson of the Northern Valley Dental Health Coalition, a grassroots organization representing 40 organizations in the Grand Forks area, addressing dental access. We are poised to open a dental clinic to serve low and moderate income persons in our region this year and sincerely hope that we will be able to retain our ability to recruit dentists through the loan repayment program. We expect a significant percentage of clients will be insured by ND Medicaid. Please feel free to contact me if I can answer any questions about our coalition's work.

Debbie Swanson
3334 Primrose Ct.
Grand Forks, ND 58201
701-772-6103 home /701-739-2901 mobile

1/15/2007

Lee, Judy E.

From: Ritamichel@aol.com
Sent: Sunday, January 14, 2007 11:12 PM
To: Lee, Judy E.
Subject: SB 2152

Dear Senator Lee;

Regarding SB 2152: I think it would be very unfortunate if an amendment to this bill was not offered that would EXCLUDE dentists who choose to work at public health clinics such as the Bridging the Gap Dental Clinic and the Fargo Clinic. I have previously served on the Board of Directors for the Bridging the Dental Gap Clinic. I can tell you that it is no easy task recruiting dentists to this type of practice setting for many reasons. This bill makes the hurdles even higher for clinics such as the Bridging the Gap Dental Clinic in Bismarck, whose mission in part is to provide dental services to the under served and needy and provide access to dental care that would otherwise not be available. This would certainly be a set back to those who are not fortunate enough to access dental health care by other means. Please consider an amendment to this bill that would exclude any dentist who chooses this practice setting.

Sincerely, Rita Sommers, RDH, BA

1/15/2007

Proposed Amenments
Senate Bill 2152

A new subsection to 43-28.1-03

Any Dentist who has graduated from an accredited dental program within 5yrs of graduation, may apply for a grant of up to \$100,000 for the purposes of establishing a practice in a community of 3000 or less. This grant must be matched by the community on a 50% match basis.

NDLA, S HMS

From: Lee, Judy E.
Sent: Tuesday, January 16, 2007 5:34 PM
To: NDLA, S HMS (shms@nd.gov)
Subject: FW: Information Request - Senate Bill 2152- Dental Loan Repayment

Attachments: 1-15-07 Summary Sheet - Committee Request.xls



1-15-07 Summary
Sheet - Commit...

Mary - Would you add this to the records for SB 2152?

-----Original Message-----

From: Maggie D. Anderson [mailto:soandm@ND.GOV]
Sent: Tuesday, January 16, 2007 8:01 AM
To: Lee, Judy E.; Erbele, Robert S.; Dever, Dick D.; Heckaman, Joan M.; Warner, John M.; Pomeroy, Jim R.
Cc: Olson, Carol K.; Weisz, Brenda M.; Lee, Twyla J.; Fischer, Barbara J.
Subject: Information Request - Senate Bill 2152- Dental Loan Repayment

Senator Lee and Committee Members:

Per your request, I have prepared the following information on the amount of Medicaid Reimbursement, for Calendar Year 2005 for Dentists currently enrolled in North Dakota Medicaid. Please note: If a Dentist has retired and has not notified our office, he/she will continue to appear in our numbers until they notify us of their desire to terminate the Medicaid Provider Agreement. This may cause the dentist with \$0 reimbursement to be larger than actual.

(See attached file: 1-15-07 Summary Sheet - Committee Request.xls)

Maggie Anderson, Director
Division of Medical Services
600 East Boulevard Avenue
Bismarck, ND 58505-0250
(T) 701-328-1603 (F) 701-328-1544
e-mail: soandm@nd.gov

Medicaid Reimbursement for CY 2005	Number of Dentists
\$0 - \$20,000	304*
\$20,000 to \$40,000	28
\$40,000 to \$60,000	18
\$60,000 to \$80,000	6
\$80,000 to \$100,000	6
Over \$100,000	10
* of these 110 showed \$0 Medicaid Payments	
* of these 258 provided less than \$10,000	
* of these 12 were between \$10,000 and \$12,000	

Proposed Amendments to Senate Bill 2152

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Page 1, line 8, after "Grand Forks." Insert, "except for a dentist who practices a minimum of two full days per week at a public health clinic or non profit dental clinic that uses a sliding fee schedule to bill its patients."

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Renumber Accordingly

Testimony of Joseph J. Cichy
Lobbyist # 347

Senate Bill No. 2152

House Human Services Committee

Representative Clara Sue Price, Chair

Chairman Price and Committee Members:

My name is Joe Cichy and I represent the North Dakota Dental Association. The NDDA membership consists of over 90% of the practicing dentists in the state. This bill relates to the North Dakota Dental Loan Repayment Program, funded through the North Dakota Health Department. The purpose of the statute is to encourage dentists to return to ND and practice in underserved areas. While it has served that purpose a greater number of dentists are returning to the larger cities. The purpose of these amendments is to encourage new dentists coming back to the state to practice in the underserved and more rural areas of our state and to require that they provide a minimum of \$12,000.00 of dental Medicaid services during the year in which they receive the loan repayment.

The loan repayment legislation was enacted in 2001. It provides repayment of up to \$80,000.00 over a four year period. At this time, the three cities identified in the bill have an adequate number of dentists. There are presently 66 North Dakota resident dental students funded by WICHE or attending the University Minnesota. There are North Dakota students at other dental schools as well. There will be an adequate number of dentists setting up practices in the larger North Dakota cities. This amendment attempts through this program to distribute the new dentists into more rural areas. We are proposing through this legislation that the State Health Council may not select a dentist who plans on practicing within fifteen miles of the exterior boundaries of Fargo, Bismarck or Grand Forks with an exception for new dentists who will practice in public health settings and non profit clinics. These dentists **would be eligible** for the loan repayment and be able to practice in these cities if they work at least 2 full days in those settings.

Another purpose of the original legislation was to help better serve the Medicaid population. As the law presently exists, recipients are required to see Medicaid patients but there is no minimum amount of services that they must provide. This bill would specifically provide that before they receive a payment for a particular year, the dentists must treat Medicaid patients and receive medical

assistance reimbursement of no less than \$12,000.00 during that year. The \$12,000 per year amount was arrived at based upon two factors, 1) new dentists are not as efficient as those more experienced dentists, and 2) \$12,000 per year was seen as reasonable in that the amount of the loan repayment is a maximum of \$20,000 per year thus, if the recipients are mandated to see more medicaid patients it may be a disincentive based upon the present Medicaid reimbursement.

The North Dakota Dental Association and its Board of Trustees along with its House of Delegates supports this legislation and requests that the Committee recommend a do pass.

PROPOSED AMENDMENTS TO ENGROSSED SB 2152

Page 1, line 1, after "Act" replace the remainder of the bill with "to create and enact a new subsection to section 43-28.1-03 and a new section to chapter 43-28.1 of the North Dakota Century Code, relating to selection and eligibility for loan repayment under the dentists' loan repayment program; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 43-28.1-03 of the North Dakota Century Code is created and enacted as follows:

For purposes of a dentist selected who practices within fifteen miles of the city limits of Bismarck, Fargo, or Grand Forks, in order to qualify to receive a yearly disbursement under this chapter, during that year of obligated service the dentist must have received dental medical payments of at least twenty thousand dollars in the form of medical assistance reimbursement .

SECTION 2. A new section to chapter 43-28.1 of the North Dakota Century Code is created and enacted as follows:

New practices - Grants.

1. A dentist who graduated from an accredited graduate specialty training program in dentistry within the previous five years, may submit an application to the state health council for a grant for the purpose of establishing a dental practice in a city in the state which has a population that does not exceed seven thousand five hundred.
2. The state health council shall establish the criteria for this grant program which must include:
 - a. A maximum grant award of fifty thousand dollars per applicant;
 - b. The community must provide a fifty percent match for a grant awarded under this section;
 - c. A dentist who receives grant funds under this section shall use the funds for buildings, equipment, and operating expenses;

~~Funds dispersed 204/15/16~~

- d. The grant must be distributed in equal amounts over a five year period; and
- e. A dentist selected for a grant under this section shall commit to practice in the community for a minimum of five years.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$100,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing grants as defined in chapter 43-28.1 of the North Dakota Century Code, for the biennium beginning July 1, 2007 and ending June 30, 2009."

Renumber Accordingly

Testimony

Senate Bill 2152

House Human Services Committee

Wednesday, February 7, 2007; 10 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the House Human Services Committee. My name is Gary Garland, and I am the director of the Office of Community Assistance for the North Dakota Department of Health. I work with the State Health Council in administering the North Dakota Dentists' Loan Repayment program.

I am here today to explain the amendment to Senate Bill 2152 that we suggested to the Senate Human Services Committee and which they adopted.

The amendment allows the State Health Council to provide access to dentists for low-income populations in Fargo, Bismarck and Grand Forks. It applies to dentists who work a minimum of two full days per week at the Family HealthCare Center, a Federally Qualified Health Center in Fargo, N.D.; the Bridging the Dental Gap Clinic in Bismarck, N.D.; and a new dental clinic being developed as a satellite site in Grand Forks, N.D., by the Valley Community Health Center, a Federally Qualified Health Center in Northwood, N.D., and Larimore, N.D.

Low-income populations have difficulty accessing dental services. Participation in the loan repayment program may be an incentive for dentists to work in clinics that serve low-income people. Currently, one dentist in the loan repayment program works at the Family HealthCare Center in Fargo, and another potential participant is considering employment with the Bridging the Dental Gap Clinic in Bismarck.

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

NORTH DAKOTA DENTAL LOAN APPLICANTS

JULY 1, 2001-NOVEMBER 6, 2006

<u>NAME</u>	<u>CITY</u>	<u>1st PAY</u>	<u>FINAL PAY</u>
Dr. Heidi Undlin	Grand Forks		
Dr. Nick Dorsher	Fargo		
Dr. Chase Boyd	Williston		
Dr. Allison Fallgatter	Grand Forks		
*Dr. Lance Behm (Pediatric Dentist)	Minot	04/2002	10/2005
Dr. Brent Selle	Dickinson		
Dr. Heather Geisler	Fargo		
*Dr. James Richmond	Larimore	10/2002	07/2006
*Dr. Jock Stevic	Minot	01/2003	07/2006
*Dr. Brenda Barfield	Fargo/CHC	01/2004	07/2007
*Dr. Robert Cudworth	New Rockford	02/2004	08/2007
*Dr. Troy Petersen	Grand Forks	12/2004	06/2008
*Dr. Jeremy Wehrman	Fargo	01/2005	07/2008
*Dr. Heidi Nichols-Johnson	Bismarck/Dental Gap	02/2005	08/2008
*Dr. Bryan Seeley	West Fargo	01/2005	06/2008
*Dr. Jamie Steidl	Fargo/CHC	01/2006	06/2007**
*Dr. Judith Schmidt	Wahpeton/LaMoure	in oral surgery training	
*Dr. William Quinn	Bismarck/Special Pops.	11/2006	05/2010
*Dr. Kristen Manolovits	Mott	12/2006	06/2010
*Dr. Stephanie Ritter	Minot	12/2006	06/2010

*approved

** two year state/federal contract (half state loan repayment, half National Health Service Corps)

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2005-07, 2007-09, AND 2009-11 BIENNIUMS (REFLECTING LEGISLATIVE ACTION AS OF APRIL 11, 2007)

	2005-07 Biennium	2007-09 Biennium	2009-11 Biennium
Beginning balance	\$4,502,525	\$1,981,564	\$1,416,875
Add estimated revenues			
Transfers to date from the tobacco settlement trust fund	\$2,161,049 ¹		
Projected remaining transfers from the tobacco settlement trust fund	2,182,346	\$7,000,290	7,000,290
Total estimated revenues	4,343,395 ²	7,000,290 ²	7,000,290 ²
Total available	\$8,845,920	\$8,981,854	\$8,417,165
Less estimated expenditures and transfers			
State Department of Health (2005 SB 2004; 2007 HB 1004)			
Tobacco prevention and control	\$4,700,000 ³		4,700,000
Dentists' loan and grant program (SB 2152)	420,000 ⁴	\$4,700,000 ³	380,000
Community Health Grant Program Advisory Committee	495,000 ⁵	380,000 ⁴	360,000
Tobacco "quit line"	884,000 ⁶	360,000 ⁵	1,069,000
Tobacco cessation coordinator and operating expenses	111,000 ⁷	1,069,000 ⁶	142,075
Physician loan repayment program		142,075 ⁷	150,000
Colorectal cancer screening initiative		150,000 ⁸	150,000
Emergency medical services grants		150,000 ⁹	300,000
Governor's office		300,000 ¹⁰	
Governor's Prevention and Advisory Council (2007 SB 2276)			100,000
Department of Human Services			
Breast and cervical cancer assistance (2005 HB 1012; 2007 SB 2012)			
Total estimated expenditures and transfers	6,864,356	7,564,979	7,564,979
Estimated ending balance	\$1,981,564	\$1,416,875	\$852,186

¹For the 2005-07 biennium, four transfers totaling \$2,161,049 have been made from the tobacco settlement trust fund as of April 11, 2007. Total transfers of \$17,445,766 have been made from the tobacco settlement trust fund to the community health trust fund.

²Revenues - Interest earned on the community health trust fund is deposited in the state general fund. The tobacco settlement revenues for the community health trust fund were estimated to be \$5,127,121 for the 2005-07 biennium at the end of the 1999 legislative session. The decrease in the amount of revenues collected from the tobacco settlement trust fund of \$783,726 is the result of volume adjustments made to payments received. A volume adjustment is an adjustment made to a settlement payment to reflect increases or decreases in tobacco manufacturers' operating income from cigarette sales. The original estimate was calculated before the anticipated effect of volume adjustments on tobacco settlement collections was determined. In addition, two major tobacco companies reduced their total 2006 payment to North Dakota by approximately \$2.7 million, of which \$270,000 would have been deposited in the community health trust fund. The tobacco companies are contending that the master settlement agreement allows for the payments to be reduced if they lose sales to small cigarette makers that did not participate in the agreement and if states do not enforce laws intended to make smaller tobacco companies set aside money for legal claims. The Attorney General's office has filed a lawsuit against the tobacco companies to collect the full payment. The tobacco companies have set aside the additional payment until the dispute is resolved. The total estimated revenues of \$4,343,395 do not include the \$270,000 withheld by tobacco companies. Due to the uncertainty of the lawsuit, the Office of Management and Budget has further reduced

remaining estimated tobacco settlement revenues for the 2005-07 and 2007-09 bienniums by 5 percent. The community health trust fund share of the 5 percent reduction represents \$114,860 for 2005-07 and \$368,436 for 2007-09. Community health trust fund revenues for 2009-11 are projected to be \$7,368,727; however, due to the uncertainty of the lawsuit against the tobacco companies, revenues are also reflected at 95 percent of the projection.

The revenues for the community health trust fund originally estimated during the 1999 legislative session and the estimated collections as revised by the Office of Management and Budget to reflect anticipated volume adjustments and legal challenges are:

Biennium	1999 Original Estimated Collections	Office of Management and Budget Revised Estimated Collections
1999-2001	\$5,759,377	\$5,290,078
2001-03	6,114,358	5,363,637
2003-05	5,127,121	4,631,001
2005-07	5,127,121	4,343,395
2007-09	8,223,108	7,000,290
2009-11	8,223,108	7,368,727
2011-17 (\$8,223,108/\$7,368,727 per biennium)	24,669,324	22,106,181
2017-25 (\$5,859,149/\$5,250,383 per biennium)	23,436,596	21,001,532
Total	\$86,680,113	\$77,104,841

³North Dakota Century Code (NDCC) Section 54-27-25 provides that money in the community health trust fund may be used by the State Department of Health, subject to legislative appropriation, for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage. The executive budget recommendation provides an appropriation of \$4.7 million, the same as the 2005-07 biennium appropriation, to the State Department of Health for tobacco prevention and control programs.

⁴The dentists' loan repayment program, which is administered by the State Health Council, was established in 2001 Senate Bill No. 2276 (NDCC Chapter 43-28.1). Each year the State Health Council is to select up to three dentists who agree to provide dental services in the state. The dentists are eligible to receive funds, not to exceed a total of \$80,000 per applicant, for the repayment of their educational loans. The funds are payable over a four-year period (\$20,000 per year). Senate Bill No. 2276 (2001) provided for one dentist to be selected annually for the program from each of the following community-size categories—small (less than 2,500 residents), medium (less than 10,000 residents), and large (10,000 or more residents). The dental loan repayment program is to provide the highest priority for acceptance into the program to dentists willing to serve the smallest and most underserved communities in North Dakota. Dentists accepted into the program per biennium include:

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

Senate Bill No. 2152 (2007) proposes a dental grant program to be funded from the \$380,000 available for the dental loan program.

⁵The community health grant program was established in 2001 Senate Bill No. 2380 (NDCC Section 23-38-01) with the intent to prevent or reduce tobacco usage. The Community Health Grant Program Advisory Committee is to advise the State Department of Health regarding the community health grant program. The 2005 Legislative Assembly authorized \$495,000 for tobacco cessation grants (\$395,000) and the Community Health Grant Program Advisory Committee (\$100,000). The grants to cities and counties for cessation programs are to be matched with \$1 of local funds for every \$3 of state funds. The 2007-09 biennium executive budget recommends \$360,000 for city and county cessation programs (\$260,000) and the Community Health Grant Program Advisory Committee (\$100,000).

⁶The 2003 Legislative Assembly authorized the establishment of a telephone tobacco "quit line." The 2005 Legislative Assembly appropriated \$884,000 to operate the "quit line" for the 2005-07 biennium. The executive budget recommendation increases the funding for the "quit line" to \$1,069,000 to provide nicotine replacement therapy and cessation counseling.

⁷The Legislative Assembly authorized one full-time equivalent tobacco prevention coordinator position and related funding for salaries and wages (\$95,666) and operating expenses (\$15,334). The executive budget recommendation includes funding for salaries (\$117,101) and operating expenses (\$22,296) for the position. In addition, \$2,678 for operating costs is included in this amount to balance the department's total authorization from the community health trust fund.

⁸North Dakota Century Code Chapter 43-17.2 provides for the state-community matching physician loan repayment program. A qualifying physician may receive up to \$22,500 per year for up to two years for a total of \$45,000. Section 43-12.2-01 provides for mid-level practitioners to receive up to \$2,500 per year for up to four years for a total of \$10,000. Communities must contribute an amount at least equal to the amount of the state contribution for the physicians and mid-level practitioners. The executive budget recommendation provided \$75,000 from the community health trust fund for the physician loan repayment program. The House appropriated an additional \$75,000 from the community health trust fund for this program. The total funding for this program is \$75,000 from the general fund and \$150,000 from the community health trust fund.

⁹The House appropriated \$150,000 from the community health trust fund and \$50,000 from the general fund for a grant to the North Dakota Cancer Coalition to provide for a colorectal cancer screening initiative.

¹⁰The House appropriated \$300,000 from the community health trust fund for emergency medical services training grants.

¹¹Engrossed Senate Bill No. 2276 provides an appropriation from the community health trust fund to the Governor for the Governor's Prevention and Advisory Council. A proposed amendment to Senate Bill No. 2276, which was adopted by the House Human Services Committee, would reduce this amount to \$100,000.

¹²The executive budget recommends an appropriation of \$213,904, a decrease of \$40,452 from the 2005-07 biennium appropriation of \$254,356, to the Department of Human Services for providing the state matching funds for medical assistance coverage for women screened and found to have breast and cervical cancer.

FUND HISTORY

The community health trust fund was created by the 1999 Legislative Assembly through passage of House Bill No. 1475. This bill creates a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund as follows:

- Ten percent to the community health trust fund.
- Forty-five percent to the common schools trust fund.
- Forty-five percent to the water development trust fund.

Proposed Amendments to SB 2152 version 7825.0400

Page 1, line 11, after "must" insert "either"

Page 1, line 12, after "reimbursement" insert "or must practice a minimum of two full days per week at a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill its patients"

Page 2, line 8, replace "\$380,000" with "\$440,000"

Page 2, line 10, replace "This" with "\$60,000 of this" and remove "also"

Page 2, line 11, remove ", with preference in the use of the funding to the grant applicants"

The continuing NEED for funding
To study - the
sustainability & utilization of funds
from the Community Health Trust
fund

Source: S.L. 1959, ch. 319, § 25; 1975, ch. 106, § 501; 1995, ch. 414, § 1; 2001, ch. 380, § 11.

section 11 of chapter 380, S.L. 2001 became effective August 1, 2001.

Effective Date.

The 2001 amendment of this section by

Cross-References.

Violation of dental hygiene chapter a class B misdemeanor, see § 43-20-09.

43-28-26. Punishment for misdemeanors. Repealed by S.L. 1975, ch. 106, § 673.

43-28-27. Fees. All license fees, registration fees, and other fees authorized to be assessed and collected by the board must be established by rules adopted by the board.

Source: S.L. 1991, ch. 465, § 22.

CHAPTER 43-28.1

DENTISTS' LOAN REPAYMENT PROGRAM

Section	Section
43-28.1-01. Loan repayment program — Dentists — Maximum amount of funds.	43-28.1-04. Community selection criteria.
43-28.1-02. Loan repayment program — Dentists — Powers of state health council.	43-28.1-05. Eligible loans.
43-28.1-03. Dentist selection criteria — Eligibility for loan repayment.	43-28.1-06. Breach of loan repayment contract.
	43-28.1-07. Release from contract obligation.
	43-28.1-08. Payment.
	43-28.1-09. Gifts, grants, and donations — Continuing appropriation.

43-28.1-01. Loan repayment program — Dentists — Maximum amount of funds. Each year the state health council shall select from a pool of applicants no more than three dentists who shall provide dental services to communities in this state. The dentists are eligible to receive funds for the repayment of their education loans. The funds, which are payable over a four-year period, may not exceed eighty thousand dollars per applicant. If the state health council accepts any gifts, grants, or donations under this chapter, the council may select additional dentists for participation in the loan repayment program under this chapter.

Source: S.L. 2001, ch. 385, § 1.

2001, pursuant to an emergency clause in section 4 of chapter 385, S.L. 2001.

Effective Date.

This chapter became effective April 27,

43-28.1-02. Loan repayment program — Dentists — Powers of state health council. The state health council may:

1. Determine the eligibility and qualifications of an applicant for loan repayment funds under this chapter.
2. Identify communities that are in need of a dentist and establish a priority ranking for participation in the program by the selected communities.
3. Create and distribute a loan repayment application.

4. Determine the amount of the loan repayment funds for which a dentist is eligible under this chapter and in making this determination, examine any outstanding education loans incurred by the applicant.
5. Establish conditions regarding the use of the loan repayment funds.
6. Enter a four-year nonrenewable contract with the dentist and the selected community to provide to the dentist funds for the repayment of education loans in exchange for the dentist agreeing to practice in the selected community.
7. Receive and use funds appropriated for the program.
8. Enforce any contract under the program.
9. Cancel a contract for reasonable cause.
10. Participate in federal programs that support the repayment of education loans incurred by dentists and agree to the conditions of the federal programs.
11. Accept property from an entity.
12. Cooperate with the state department of health to effectuate this chapter.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-03. Dentist selection criteria — Eligibility for loan repayment.

1. In establishing the criteria regarding a dentist's eligibility for loan repayment funds under this chapter, the state health council shall include consideration of:
 - a. The dentist's training in general dentistry or in a dental specialty and the extent to which such services are needed in a selected community.
 - b. The dentist's commitment to serve in a community that is in need of a dentist.
 - c. The compatibility of the dentist with a selected community.
 - d. The date by which the dentist would be available for service to the selected community.
 - e. The dentist's competence and professional conduct.
 - f. The dentist's willingness to accept medicare and medicaid patients.
2. A dentist who is selected to receive loan repayment funds under this chapter:
 - a. (1) May not have practiced dentistry full-time in this state during the three years immediately preceding the application;
 - (2) Must have graduated from an accredited graduate dental training program in dentistry during the year immediately preceding the application or within one year after the application; or

- (3) Must be enrolled in an accredited graduate specialty training program in dentistry; and
- b. Must be licensed to practice dentistry in this state.
3. One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having fewer than two thousand five hundred residents. One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having fewer than ten thousand residents. One out of every three dentists selected annually shall contract to provide full-time dental services for a minimum of four years in one or more selected communities having ten thousand or more residents.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-04. Community selection criteria.

1. The state health council shall apply the following criteria in selecting a community with a defined need for the services of a dentist:
 - a. The size of the community.
 - b. The number of dentists practicing in the community and the surrounding area.
 - c. The access by residents to dentists practicing in the community and the surrounding area.
 - d. The mix of dental specialties in the community and surrounding area.
 - e. The degree to which residents support the addition of a dentist within the community.
2. The state health council shall give priority for participation to a community that demonstrates a need for a dentist or for an individual who is trained in a dental specialty.
3. In evaluating communities for participation in this program, the state health council may consult with public and private entities and visit the communities.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-05. Eligible loans. The state health council may provide for loan repayment funds to a dentist who has received an education loan. The council may not provide funds for the repayment of any loan that is in default at the time of the application. The amount of repayment must be related to the dentist's outstanding education loans. A dentist is eligible to receive loan repayment funds in an amount equal to the outstanding balance of the dentist's education loans with applicable interest, or eighty thousand dollars, whichever is less. Loan repayment funds may not be used to satisfy other service obligations under similar programs.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-06. Breach of loan repayment contract. If a dentist who receives loan repayment funds under this chapter breaches the loan repayment program contract by failing to begin or failing to complete the obligated service, the dentist is liable for the total amount of any loan repayment funds received. Any damages the state is entitled to recover under this chapter must be paid to the state health council, within one year from the date of the breach. Any amounts not paid within one year from the date of the breach are subject to the collection process and may be recovered through deductions in medicaid payments. Damages recoverable for a breach of the contract include all interest, costs, and expenses incurred in collection, including attorney's fees. Damages collected under this section by the health council must be deposited in the state general fund. The health council may agree to accept a lesser measure of damages for breach of a loan repayment program contract if compelling reasons are demonstrated.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-07. Release from contract obligation.

1. The state health council shall release a dentist from the dentist's loan repayment contract, without penalty, if:
 - a. The dentist has completed the service requirements of the contract;
 - b. The dentist is unable to complete the service requirement of the contract because of a permanent physical disability;
 - c. The dentist demonstrates to the health council extreme hardship or shows other good cause justifying the release; or
 - d. The dentist dies.
2. A decision by the state health council not to release a dentist from the dentist's loan repayment contract without penalty is reviewable by district court.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-08. Payment. The state health council may not provide any loan repayment funds to a dentist under this chapter until the dentist has practiced at least six months on a full-time basis in the selected community. Loan repayment funds for a year of obligated service are payable by the state health council no later than the end of the fiscal year in which the dentist completes the year of obligated service.

Source: S.L. 2001, ch. 385, § 1.

43-28.1-09. Gifts, grants, and donations — Continuing appropriation. The state health council may accept any conditional or unconditional gift, grant, or donation for the purpose of providing funds for the repayment of dentists' educational loans. If any entity desires to provide funds to the council to allow an expansion of the program beyond the three dentists contemplated by this chapter, the entity shall commit to fund fully the expansion for a period of four years. The council may contract with any public or private entity and may expend any moneys available to the council to obtain matching funds for the purposes of this chapter. All money received as gifts, grants, or donations under this section is appropriated as a continuing appropriation to the state health council for the purpose of providing funds for the repayment of additional dentists' educational loans.

Source: S.L. 2001, ch. 385, § 1.

**CHAPTER 43-29
VETERINARIANS**

- Section
- 43-29-01. Purpose of the chapter.
 - 43-29-01.1. Definitions.
 - 43-29-02. State board of veterinary medical examiners — Appointments — Qualifications — Terms — Vacancies.
 - 43-29-03. Officers of board — Seal — Meetings — Limitations on meetings — Examinations — Rules — Code of ethics — Inspection of facilities — Educational requirements — Reciprocity.
 - 43-29-04. Record of proceedings of board — Register of applicants kept by board — Records and register as evidence.
 - 43-29-05. Compensation and expenses of members of board.
 - 43-29-05.1. Executive secretary.
 - 43-29-06. Graduation from recognized school and certificate or permit from board required.
 - 43-29-07. Application for license — Change of address — Display of certificate of registration.
 - 43-29-07.1. Veterinary technicians — Examinations.
 - 43-29-07.2. Examination — License without examination — Temporary permit.
 - 43-29-07.3. License renewal — Continuing education requirements.
 - 43-29-08. Certificate of qualification issued

- Section
- to applicants passing examination — Conclusiveness of certificate — Reexamination — Repealed.
 - 43-29-08.1. Veterinary technician — Renewal of license.
 - 43-29-09. Limited specialty license — Graduate veterinary technicians.
 - 43-29-10. Display of license and certificate.
 - 43-29-11. Fees deposited with state treasurer — Separate fund — Vouchers.
 - 43-29-12. Veterinary medicine defined — Repealed.
 - 43-29-12.1. Veterinary technician services — Emergency services — Prohibited services.
 - 43-29-13. Practices excepted from chapter.
 - 43-29-14. Refusal, suspension, and revocation of license and certificate — Reinstatement and relicensure.
 - 43-29-15. Complaints — Investigations.
 - 43-29-16. Proceedings on revocation or suspension of license — Appeals — Costs of prosecution — Disciplinary proceedings.
 - 43-29-16.1. Abandonment of animals by owner.
 - 43-29-17. Unlawful practice of veterinary medicine — Penalty — Civil remedy.
 - 43-29-18. Effect of invalidity of part of this chapter — Repealed.

DENTAL LOAN REPAYMENT PROGRAM OBLIGATIONS

The following table provides information regarding dentists accepted into the dental loan repayment program and obligated loan repayments for the 2007-09 and 2009-11 bienniums:

Dentist Location	First Payment Date	Last Payment Date	Fiscal Year Ended June 30, 2008, Payments	Fiscal Year Ended June 30, 2009, Payments	Fiscal Year Ended June 30, 2010, Payments	Fiscal Year Ended June 30, 2011, Payments
Dr. Peterson - Grand Forks	12/2004	06/2008	\$20,000			
Dr. Seeley - West Fargo	01/2005	06/2008	20,000			
Dr. Wehrman - Fargo	01/2005	06/2008	20,000			
Dr. Nicholas Johnson - Bismarck/Dental Gap	02/2005	06/2008	20,000			
Dr. Quinn - Bismarck/Special Populations	11/2006	05/2010	8,448	\$8,448	\$8,448	
Dr. Manolovits - Mott	12/2006	06/2010	20,000	20,000	20,000	
Dr. Ritter - Minot	12/2006	06/2010	20,000	20,000	20,000	
July 2007 (three new dentists)	07/2007	07/2010	60,000	60,000	60,000	\$60,000
July 2008 (three new dentists)	07/2008	07/2011		60,000	60,000	60,000
July 2009 (three new dentists)	07/2009	07/2012			60,000	60,000
July 2010 (three new dentists)	07/2010	07/2013				60,000
Total			\$188,448	\$168,448	\$228,448	\$240,000