

2013 HOUSE HUMAN SERVICES

HB 1135

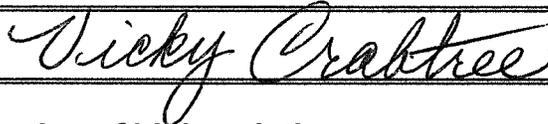
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1135
January 21, 2013
Job #17447

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the State Health Department for dental care services grant.

Minutes:

Testimonies #1-7 attached

Chairman Weisz: Opened the hearing on HB 1135.

Rep. George Keiser: From District 47 introduced and supported the bill. I have an amendment. (See handout #1). The bill before you is 13.0400.01. This amendment was drafted and put on a bill on 02, but when it came to my desk with the cover sheet, I didn't get 02, I got 01 and I didn't check it to see the amendment was on the bill. I apologize. The amendment on line 1 after 4a insert "mobile" dental care services grant. On line 7 after provide insert "mobile" dental care services. I ask you adopt the amendment and place it on the bill because that is what the intent of the bill is. This is an appropriation bill from the general fund for \$100,000 for supplies for a mobile dental clinic. Trust me, the group after me will cover any possible point and questions you may have. I ask for consideration to this bill.

3:54 Kathy Keiser: Executive Director of Ronald McDonald House Charities in Bismarck testified in support of the bill. (See Testimony #2).

12:13 Chairman Weisz: Do you anticipate this as an on-going every biennium for your expanded service or do you think this will get you over the hump?

K. Keiser: We had a glitch with the community site partner fees. It resulted in a shortfall in budget this coming year. We are actively working to secure grants and donations to make this self-sustaining. It is a very successful program and wouldn't be here without the state's help in the first place. We are working hard to make sure this program is going to be around for a long time.

Rep. Mooney: Is this only available in the western part of the state?

K. Keiser: Yes, at this moment. The need is greatest in the western part of the state so we started our focus here. Our friends in Fargo would like a care mobile of their own and we need two in the state. South Dakota has two. We looked at statewide and the need is greatest in the western part of the state. We extended our services to Rolette County

because of the incredible need up there. It is getting further to the East. Hopefully in 4 or 5 years we can have two care mobiles and can serve the entire state.

Rep. Mooney: Would the entire eastern part of the state be covered if they get one in Fargo?

K. Keiser: Yes. It would be owned and operated by the Ronald McDonald House Charities of the Red River Valley which is entirely a separate organization. We will work closely with them to make sure we aren't overlapping.

Vice-Chair Hofstad: You are heavily dependent upon grants and donations. Can you expand where your grants and donations are coming from and how confident you are that they will be forthcoming?

K. Keiser: We have been successful in writing grants. We have received a large grant through the Dept. of Health from HERSA and pursuing opportunities with the Dept. of Health and Medicaid Dept. coming up the next biennium. Ronald McDonald House Charities owns and operates this program and we ensure the operating expenses for the program. Our goal for the next year is to increase the level of this Medicaid level enrollment. We are looking at ways we could service a vehicle to get these children that are eligible enrolled in Medicaid. That will help us to meet our bottom line.

Rep. Laning: Part of the bill addresses the education services. As a normal part of their treatment, do they educate the kids on proper brushing techniques and things to help them down the road?

K. Keiser: Education is a huge part of our program. They are sent home with toothbrushes and toothpaste which are donated to us. For some of the children it is the first time they have had a toothbrush. Health education is done in the schools also by our hygienist.

Rep. Fehr: The Ronald McDonald Charities a 501c3?

K. Keiser: Yes, we are a non-profit organization.

Rep. Fehr: You are requesting funding \$100,000 for supplies. Have you already purchased and funded your vehicle, staffing and the personnel and are covered some other way?

K. Keiser: Yes, the vehicle was donated to us from our national organization. We other sources of funding that cover salaries and everything else. The \$100,000 is just for dental supplies.

Rep. Fehr: If you are successful in your education on the prevention end, will you see a drop in this number?

Kathy Mascow: A dental public health consultant for the Ronald McDonald Care Mobile. We would expect long term reduction. We are teaching children in the schools how to

prevent disease and treat their disease before it gets bad. We do have measures to tract this. Our outcome measures will be through the Dept. of Health.

Rep. Anderson: It appears tooth decay has to do with diet too. Is that correct?

Mascow: Yes. Diet has an impact. We use fluoride and sealant to make the tooth stronger.

Rep. Anderson: Is that part of the education process to tell the kids to lay off the pop?

Mascow: Yes. We send information home with children for them and their parents.

Rep. Porter: On your financials can you explain in the contractual dental staff and clinical service providers. Are those wages that are being paid back to bridging the dental gap and what other subsidized programs are those staff under when working down there?

K. Keiser: Yes, those are the salaries being paid bridging the dental gap. Consulting services is also included in that. You see other salaries up above and they are for the drivers and program manager and they are employed by the Ronald McDonald House Charities.

Rep. Porter: I'm looking at professional staff, the dentist and they are employed by the dental gap. They are getting loan repayment services through the state of ND or are they getting anything other than their wages back from the state on that line item?

K. Keiser: Our dentist has been out of school for a few years so she doesn't qualify for the loan repayment program. We pay some portion of health insurance. I'll let Marsha address that.

Rep. Porter: Depreciation reserve fund, is that at the end of the year cash in the bank?

K. Keiser: It is figured into our budget. We have reserve funds set up for depreciation.

Rep. Porter: Do you have a balance sheet for this operation?

K. Keiser: I could supply the full balance sheet.

27:29 Marsha Olson: Executive Director of Bridging the Dental Gap testified in support of the bill. (See Testimony #3)

30:01 Rep. Porter: When programs are involved in paying for the dentist (inaudible as he was away from the microphone)

Olson: None. I have no student loan payment programs at this time for any of my dentists.

Rep. Porter: If we look at this from a model to get access and \$100,000 is for supplies, but they've got close to \$300,000 professional salary line item; would it be more bang for our

buck if we look at something that decreases the cost of those professional services through the contracting agency so it is on-going?

Olson: One of the problems with a program such as bridging the dental gap care mobile vs. private practice is we cannot afford to match the salaries they can make in a private practice. Many leave after their term is up with the repayment dental program. If we look at anything else from the state that would help to increase the wages to keep some of our employees longer that would make the bottom line increase and be offsetting.

Rep. Porter: I'm looking at it from that standpoint because that wouldn't help this group in the end. I'm looking at shifting inside of the expense sheet in the end. Is the student loan repayment plan working?

Olson: We have only had the dental student loan repayment program once. It was never renewed under the safety net clinics. The regular repayment program is in place that usually goes to people who are in rural areas. Fargo, Grand Forks and Bismarck don't qualify.

Rep. Porter: Did it work when you had it?

Olson: It worked for three years.

Rep. Fehr: You said the dental gap is a non-profit clinic. Is that under the 501c3?

Olson: Yes.

Rep. Mooney: Regarding salaries for your professional staff, are they donating time and energy or are they being reimbursed on somewhat of a full stature?

Olson: All of the staff are paid for the hours they are present. All put in extra hours on their own.

Rep. Mooney: Not a dollar for dollar basis based on their rate sheet.

Olson: Correct.

35:57 Joe Cichy: Executive Director of ND Dental Association and Lobbyist #92 testified in support of the bill. (See Testimony #4).

Rep. Silbernagel: What your estimate be as to the shortage of dentists in ND or do you feel we are adequately staffed?

Cichy: Some areas we have enough and a surplus in Fargo and Bismarck. In rural areas we have a challenge in finding them, but the loan repayment program has been helpful in getting dentists.

Rep. Fehr: Since you represent the dental association which would be private dentists, I assume they don't see this program as competitive to them.

Cichy: We do not. Our dentists are supportive of this and public health dental clinics.

NO OPPOSITION

(Handed in Testimony)

Tamara Uselman: Superintendent of Schools. (See Testimony #5)

Kathy Keiser: Executive Director, RMHC-Bismarck, handed in additional information for the committee. (See Handout #6)

Chairman Weisz closed the hearing on HB 1135.

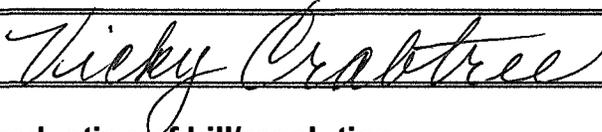
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1135
January 22, 2013
Job #17551

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the Health Dept. for dental care services grant.

Minutes:

Chairman Weisz: Opened the meeting on HB 1135. We gave \$196,000 to get them up and going and they promised not to come back for more money. They have done more good with the money, but we are probably getting more bang for our buck with this program than we have for a ton of other things that we fund.

Rep. Porter: I move the proposed amendments to HB 1135 on line 1 after the a insert the word "mobile" dental care and on line 7 after the word provide insert the word "mobile".

Rep. Fehr: Second.

Chairman Weisz: That was the amendment presented by Rep. Keiser at 01001.

VOICE VOTE: MOTION CARRIED

Rep. Porter: I move a Do Pass as amended with re-referral to Appropriations.

Rep. Laning: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

MOTION CARRIED

Bill Carrier: Rep. Fehr

13.0400.01001
Title.02000

Prepared by the Legislative Council staff for
Representative Keiser
January 15, 2013

1/23/13
TO

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1135

Page 1, line 1, after the "a" insert "mobile"

Page 1, line 7, after "provide" insert "mobile"

Renumber accordingly

Date: 1-22-13
Roll Call Vote #: _____

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1135

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

move proposed amendment 01001 on line 1 after the word a insert "mobile" on line 7 after the word provide insert "mobile"
Voice Vote Motion Carried

Date: 1-22-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1135

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Fehr

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

REPORT OF STANDING COMMITTEE

HB 1135: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1135 was placed on the Sixth order on the calendar.

Page 1, line 1, after the "a" insert "mobile"

Page 1, line 7, after "provide" insert "mobile"

Renumber accordingly

2013 HOUSE APPROPRIATIONS

HB 1135

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee Roughrider Room, State Capitol

HB 1135
2/7/13
Job 18526

Conference Committee

Committee Clerk Signature

Meredith Tracholt

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the state department of health for a mobile dental care services grant.

Minutes:

You may make reference to "attached testimony."

Rep. Robin Weisz, District 14: Introduced the bill.

04:20

Chairman Delzer: Have you looked at the budget information they provided? How much of their fundraising information is included?

Rep. Weisz: I have. Yes, fundraising totals are in there. I think it was \$200,000.

Chairman Delzer: Has it increased or decreased?

Rep. Weisz: I don't have that information, but I don't recall noticing drastic changes in their fundraising. It seems to revolve around their inability to collect on the site visits. They have basically delivered on their presented budget, outside of those site visits.

Chairman Delzer: Do you expect this to be an ongoing request?

Rep. Weisz: That's a good question. We asked them. They said they don't plan to be back, but I can't say they won't be.

Rep. Kempenich: You have the different federal programs, and PPACA, that may add a lot more to this. Did you get into any of that?

Rep. Weisz: Our Healthy Steps does cover dental. Under PPACA, it's not covered under essential health benefits, so it shouldn't have any effect per se.

Chairman Delzer: Was the question asked if kids in Healthy Steps were receiving services here instead of through a dental office? Do they collect insurance if there is insurance?

Rep. Weisz: Yes they do, they collect Medicaid, Healthy Steps, whatever is available.

Rep. Pollert: How many visits have they made in the last two years?

Rep. Weisz: In 2012, they delivered services at 33 sites, treated 796 children and services were valued at \$410,187. Attachment 1 was distributed.

Chairman Delzer: Further questions by the committee?

Rep. Skarphol: What did we authorize in 2009 and 2011 for this?

Rep. Weisz: We've only authorized once, and that was \$196,000, in 2009. It really didn't get operational until all the pieces were put together, which I believe was 2012.

Rep. Pollert: If you are short \$100,000, and you are short \$2000 per site, that would be 50 sites. They visited 33 sites in one year.

Rep. Weisz: If you figure it over a biennium, you're at \$100,000 or \$120,000.

Rep. Skarphol: Are they hoping to increase the number of sites?

Rep. Weisz: I would guess there is a demand to increase dramatically, but they don't have the ability to do that. I know Fargo Ronald McDonald is looking at potentially getting that service, but it appears to be a few years down the road.

Chairman Delzer: Any idea whether they will be asking for the same type of state help?

Rep. Weisz: At this point I have no idea, because they are at least a few years away of entertaining the possibility.

Chairman Delzer: Has your committee discussed the constitutionality of gifting to an outfit like this?

Rep. Weisz: Not on this particularly, but if you recall, we've been doing this. We gave to Great Plains Food Bank last session. Right or wrong, we've been going down that path.

Chairman Delzer: Further questions? Thank you. The committee continued on to the next bill.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1135
2/20/13
Job 19235

Conference Committee

Kristie Hetzler

Explanation or reason for introduction of bill/resolution:

Minutes:

Chairman Delzer: Let's take up 1135.

Rep Hawken: Do Pass motion

Rep Skarphol: Second

Discussion

Rep Skarphol: It does provide a lot of good service for the dollars that we are being asked to spend here.

Rep Pollert: They are going out to the communities and helping a certain segment, it has the potential to lower the human resources cost. 1:58

3:05

Rep. Hawken: I think this is really important, especially with this type of a project, what is the return? The return on this is on the dental health piece, its preventative and you can catch problems early, it keeps you from being in the doctor's office with bigger problems. It does in the long run save the state a good bit of money.

22-0-0

Carried by: Rep Grande.

Date: 2/20/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1135

House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Hawken Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle	X	
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew	X		Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch	X				
Rep. Grande	X		Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt	X		Rep. Guggisberg	X	
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 22 No 0

Absent 0

Floor Assignment Rep. Grande

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

REPORT OF STANDING COMMITTEE

HB 1135, as engrossed: Appropriations Committee (Rep. Delzer, Chairman)
recommends **DO PASS** (22 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1135 was placed on the Eleventh order on the calendar.

2013 SENATE HUMAN SERVICES

HB 1135

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

HB 1135
3/11/13
19728

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the state department of health of a mobile dental care services grant.

Minutes:

Written testimony

Chairwoman Judy Lee opened the hearing on Engrossed HB 1135.

George Keiser, District 47, introduced HB 1135 and testified in support. He stated that this bill is an appropriation bill. It is making a request from the state of North Dakota for an appropriation of \$100,000 to be used to provide mobile dental care services to low income and uninsured children in the areas of the state with limited or unavailable dental serves. The dental service being provided now is through the Ronald McDonald Care Mobile. This mobile clinic has had a tremendous track record the last two years and they are coming back for funding.

Kathy Keiser, Executive Director of Ronald McDonald House Charities in Bismarck, testifying in support of HB 1135. **Written testimony #1**

Marcia Olson: Executive Director of Bridging the Dental Gap, testified in favor of HB 1135. **Written testimony #2**

No opposing testimony.

Chairwoman Lee closed the hearing on HB 1135.

Additional testimony

Tamara Uselman, Superintendent of Schools, Bismarck

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

Engrossed HB 1135
March 14, 2013
19888

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the state department of health of a mobile dental care services grant.

Minutes:

Do Pass 5-0-0

Chairwoman Judy Lee resumed committee work on Engrossed HB 1135.

Senator Anderson moved a Do Pass and rerefer to Appropriations on Engrossed HB 1135.

Senator Larsen seconded.

Do Pass and rerefer to appropriation 5-0-0

Senator Axness is the carrier.

Date: 3/14
 Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1135

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Anderson Seconded By Am Larsen

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	/		Senator Tyler Axness	/	
Vice Chairman Oley Larsen	/				
Senator Dick Dever	/				
Senator Howard Anderson, Jr.	/				

Total (Yes) 5 No 0

Absent _____

Floor Assignment Am Axness

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

REPORT OF STANDING COMMITTEE

HB 1135, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1135 was placed on the Fourteenth order on the calendar.

Submitted Report

REPORT OF STANDING COMMITTEE

HB 1135, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1135 was rereferred to the Appropriations Committee.

Corrected Report

2013 SENATE APPROPRIATIONS

HB 1135

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee Harvest Room, State Capitol

HB 1135
March 22, 2013
Job # 20359

Conference Committee

Committee Clerk Signature

Rose Daning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the state department of health for a dental care services grant.

Minutes:

Testimony attached # 1 - 2

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Chairman Holmberg opened the hearing on HB 1135. All committee members were present.

Representative George Keiser, District 47, introduced HB 1135. The bill is an appropriation for \$100,000 to provide a grant to an organization to provide mobile dental care service, including dental treatment, prevention and education services to low income and underserved children. He said that two sessions ago we provided a grant to the Ronald McDonald care mobile in western North Dakota. The Ronald McDonald care mobile has surpassed expectation. They do ask for a \$4000 community buy in and physical space. The physical space has not been a problem but the \$4000 for some of these communities, especially in western ND, has been difficult. Our success is part of the issue. The number of children treated and the provision of services have far exceeded the projected numbers. This is one of the most successful and impacted program that the state of ND has been in involved in.

Senator Mathern: Do you know how many hours per year the care mobile is open for business?

Representative Keiser: No, but people here can answer that.

Senator Kilzer: How much money in addition to this appropriation is already in the Department of Health (DHS) budget?

Representative Keiser: I'm not on appropriations so I have not done an in-depth analysis. I do know there is nothing in their budget for this program. The DHS is very supportive of this program.

Kathy Keiser, Executive Director, Ronald McDonald House Charities testified in favor of HB 1135. Written testimony # 1

Senator Mathern: There is a lot of capital infrastructure in dental care equipment that is not being used. What is the barrier of using this infrastructure more hours per week?

Kathy Keiser: We work with 2 operatories; one with a dentist and one with a dental hygienist. The long term goal is to secure additional dentists to work with our dentist. They would like to go to a community and enlist retired dentists or some of these dentist that are only working four days a week. They could set their hygienist up in the school or in a clinic and add more dentists on the mobile. Then we could treat twice as many children. Within our system, we've got the infrastructure and are working hard to get the personal.

Senator Richard Marcellais, District 9, Rolette County, testified in favor of HB 1135. Written testimony # 2

In addition, Senator Marcellais stated that we have Indian Health Services and they are overwhelmed. He said that he couldn't get in and has since gotten private insurance and goes to a dentist in Rolla.

Chairman Holmberg said that HB 1135 will go to a Human Services subcommittee.

Senator Carlisle asked if it could be an amendment to the Health Department bill.

Senator Kilzer said that could be a possibility.

Chairman Holmberg adjourned.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee Harvest Room, State Capitol

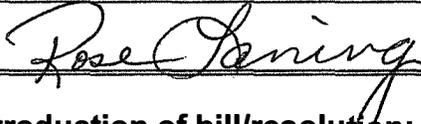
HB 1135 subcommittee

March 27, 2013

Job # 20566

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the state department of health for a dental care services grant.

Minutes:

Legislative Council - Becky J. Keller
OMB - Lori Laschkewitsch

Senator Kilzer opened the subcommittee hearing on HB 1135. **Senators Lee, Erbele and Mathern** were also present.

Senator Kilzer said they are using the first engrossment .02000 versions. What is the difference between the original bill and the engrossed bill?

Senator Erbele: I read the bill and the only change I could find was they added the word "mobile" on line 7.

Kathy Keiser, Executive Director, Ronald McDonald House Charities: The first time they forgot the word mobile and that is why it was amended. One question about our previous funding, in 2009, we received \$196,000 for startup expenses for the care mobile. We launched the program a year ago this February. The second question was if we were going to be part of OAR? We were not a part of that because we had anticipated that we'd be able to raise enough funding through our community site partners to become self-sustaining. When it became apparent that wasn't going to happen, we came forward with this bill.

Senator Kilzer: Even at the \$500 level, are you getting the income you hoped for.

Kathy Keiser: No, tribes have a hard time to raise the money but in New Town they were able to get us donated motel rooms at the casino. Those in-kind contributions are very valuable. We are working with the communities. It is a real challenge.

Senator Erbele: Is there any help from Indian health services?

Kathy Keiser: We bill for reimbursement when we can. An oral health committee is being set up at Fort Yates. We're only a year old and it takes time to build up relationships.

Senator Gary Lee: If we provide the \$100,000, does that tell the community that they are off the hook and their buy in is unnecessary.

Kathy Keiser: The communities' need to feel that they are partners to make the program a success in the community. We've had many partners and don't anticipate the site partner fees to go away. We also have major donors sponsoring like Basin Electric and Touchtone Energy.

Senator Gary Lee: Do you go to these communities even if they are not able to participate financially?

Kathy Keiser: The first year of service we waived the site partner fees. This is the first year we have charged them. We are about half booked for the year (20 weeks) and we have secured fees for those. These can be actual fees or fees in-kind or grants. If we are successful with this appropriation we will have \$50,000 that will help cover the supplies that we will be using over the summer months.

Senator Kilzer: Your total budget is \$600,000/year and this would be \$50,000 of it. He commented on their skin in the game.

Kathy Keiser: We are still looking at raising \$100,000 and communities are aware of this.

Senator Kilzer: You're in western part of state and have expanded into Rolette.

Kathy Keiser: Yes, we booked two weeks in New Town but we could spend many more. Already we're booking into 2014 and will be busier than we know what to do.

Senator Mathern: How do you determine which community to go to?

Kathy Keiser: We prioritize by schools with 50% or greater of kids on free and reduced school lunch plans. Once we go into a school, any child in that school will qualify for care, if they do not have a regular dentist or have not seen a dentist within the past two years. We make sure we aren't in competition with the local dentist.

Discussion continued on geographical area and the need for a second care mobile in the state for the eastern part.

Senator Mathern moved a Do pass recommendation to the full appropriation committee.

Senator Erbele seconded

Discussion followed on equitable service throughout the state and community support.

Senator Kilzer: We also have Bridging the Gap.

Senate Appropriations Committee
HB 1135 subcommittee
March 27, 2013
Page 3

Roll call vote: 4-0-0

Senator Kilzer: We will recommend a do pass to the full committee.

Senator Kilzer: Adjourned.

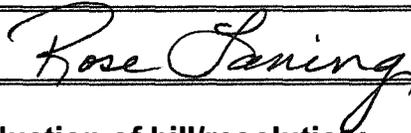
2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1135
March 28, 2013
Job # 20587

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the state department of health for a dental care services grant.

Minutes:

You may make reference to "attached testimony."

Chairman Holmberg opened the discussion on HB 1135.

Senator Kilzer said all three of the next bills came through the Human Services subcommittee and all three were given a Do Pass.

The first one is Kathy Keiser and her Ronald McDonald charities with the care mobile. This is a dental mobile unit that goes out to schools forty weeks out of the year. They have a total budget of \$600,000/year and they are asking us for \$50,000/year which would be \$100,000 for the biennium.

We gave them \$196,000 to get going in the present biennium and they are going quite successfully. They go to schools that have more than 50% on the free and reduced meals program. They go to the western part of the state and also to Rolette because there's a big need up there. The reason they are asking the \$100,000 from us is because they were asking \$2500 from each of the communities that they went to and weren't very successful in getting the \$2500, so they lowered that to \$500 for each community that they go to. They are still a couple hundred thousand dollars short and are only getting private donations. Our committee voted 4-0 to give them this request.

Senator Kilzer moved Do Pass on HB 1135.

Senator Robinson seconded the motion.

A roll call vote was taken. Yea: 11 Nay: 0 Absent: 2

The bill goes to Human Services and Senator Axness will carry the bill on the floor.

Date: 3-28-13

Roll Call Vote # 131

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1135

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Adopt Amendment Do Pass
 Do Pass as Amended Do Not Pass

Motion Made By Kilzer Seconded By Robinson

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell		
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner		
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment 115 Afternoon (Amended)

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

REPORT OF STANDING COMMITTEE

HB 1135, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING).
Engrossed HB 1135 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

HB 1135

13.0400.01001
Title.

Prepared by the Legislative Council staff for
Representative Keiser
January 15, 2013

#1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1135

Page 1, line 1, after the first "a" insert "mobile"

Page 1, line 7, after "provide" insert "mobile"

Renumber accordingly

Testimony
HB1135
House Human Services Committee
January 21, 2013

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Kathy Keiser, and I am the Executive Director of Ronald McDonald House Charities in Bismarck and our mission is "to improve the lives of children and their families". We own and operate the Ronald McDonald Care Mobile which delivers dental care to underserved children in the western half of North Dakota. I am providing testimony in support of HB 1135.

Dental Need:

Access to dental care continues to be a challenge for low-income and underserved populations in North Dakota. The number of dentists in the state has increased slightly; however, Medicaid enrolled children continue to have difficulty finding a dentist and there remains a shortage of dentists in the rural and frontier areas of the state. According to the Health Resources and Services Administration, Bureau of Primary Health Care, seventeen counties/geographical areas in the state are designated as dental health professional shortage areas and three counties are designated low-income dental health professional shortage areas. Fifteen facilities across the state including rural health centers, community health centers, Indian Health Service clinics and the State Penitentiary and James River Correctional Center are designated as dental health professional shortage areas. (Source: UND School of Medicine and Health Sciences, 2012).

Dental disease is not uniformly distributed in North Dakota. A significantly higher proportion of minority children have decay experience, untreated tooth decay and urgent dental needs. Native American children experienced more dental caries (tooth decay) than whites (81% vs. 49%). They also had more untreated dental decay (39% vs. 17%). Rampant decay was three times more prevalent in Native American children than in white children (29% vs. 9%). Children in rural areas were also more likely to have untreated tooth decay compared to children in urban areas (28% vs. 17%). Children in schools with greater than 50 percent of children on the free- and reduced-fee lunch program were more than three times as likely to have rampant tooth decay (20% vs. 6%) and were more than twice as likely to have untreated tooth decay (32% vs. 15%) compared to children in schools with less than 25 percent of children on the program (Source: North Dakota 2009-2010 Basic Screening Survey).

In an effort to address this need, Ronald McDonald House Charities of Bismarck launched a mobile dental program in February of 2012 to reach out to these underserved areas by bringing oral health services directly to underserved children in their own neighborhoods. The Ronald McDonald Care Mobile serves the western half of North Dakota and we recently expanded our service area to Rolette County due to the tremendous need. There are over 3,100 Medicaid enrolled children in that county alone. In order to reach the children in greatest need, the Care Mobile has designated priority service areas including 1) schools with greater than 50 percent of their children enrolled in the free- and reduced-fee school lunch program, 2) Head Start programs, 3) reservation areas, and 4) community health centers without dental clinics. Basic dental services including diagnostic, preventive, and restorative and surgical services are provided. This includes exams, x-rays, oral health education, cleanings, fluoride treatments, dental sealants, fillings, extractions, stainless steel crowns and pulpotomies. Children needing extensive treatment or specialty care are referred as needed.

We have contracted with Bridging the Dental Gap, another Bismarck not-for-profit organization, to provide the dental services and act as our clinical service partner. They provide us with the full-time dentist, dental hygienist and dental assistant that work on the Care Mobile. Additionally, we employ a program manager and 2 drivers/intake coordinators.

We had a very busy first year of service and were fully booked; a summary of service delivery for calendar year 2012 includes:

- Delivered services at 33 sites
- Treated 796 children
- Provided 1,822 appointments
- Provided 7,973 dental services
- Value of dentistry provided \$410,187

Demographics of the children:

Race:

56% Caucasian
36% Native American
3% Hispanic
1% Other races

Gender:

52% male
48% female

Preliminary data for 2012 indicates that around 20 percent of the patients were Medicaid enrolled, 10 percent had other insurance and 70 percent were uninsured. We are still awaiting turnaround of some claims in order to finalize these numbers for last year. This information is included in greater detail in Attachment A.

In future years, the Care Mobile will be on the road approximately 40 weeks per year. We're on the road three weeks per month and then return to home base the fourth week for servicing and restocking of the vehicle. We anticipate that we will treat between 800-1,000 children each year. In 2012, the majority of the children that we treated were of elementary school age.

We're working closely with the ND Department of Health, Oral Health Program, the ND Medicaid Program, the ND Oral Health Coalition and the ND Dental Association to enhance existing programs, as well as in the development of new programs to reach even more children.

Annual operating costs for the Care Mobile are around \$600,000 per year and the majority of the operating costs are secured through grants and donations, as well as insurance reimbursements. In 2013, we requested community site partner fees of \$2,500 per site to help offset the costs of delivering care, however, schools and other sites have had great difficulty in raising these funds. In order to make this more achievable, we've lowered the fee to \$500 to ensure community buy-in which we feel is critical to the success of the program. For this reason, we are requesting funds in the amount of \$100,000 \$(50,000/year) for the 2013-2015 biennium for the purchase of dental supplies to fill this gap. Attachment B provides an overview of our projected budget for 2013 - 2014.

Please support HB 1135 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would be happy to answer any questions you might have. I'd also like to invite you to visit the Care Mobile tomorrow for a tour. It will be parked on the west end of the capitol in the legislative lot.

**Ronald McDonald Care Mobile Service Delivery Summary
January – December 2012**

Aggregate Data

Number of Sites: 33
 Total number of children seen: 796
 Total number of visits/encounters: 1,822
 Total number of services provided: 7,973
 Total value of treatment provided: \$410,187

Individual Data

Average value of services provided per child: \$515.31
 Average number of visits per child: 2.29
 Average number of services per child: 10

Detail of Services provided:

Diagnostic	Number Provided	Preventive	Number Provided	Restorative/Surgical	Number Provided
Exams	781	Oral health education	785	Fillings	1366
X-rays	1020	Cleanings	780	Stainless Steel Crowns	15
		Fluoride Treatments	780	Extractions	115
		Sealants	2311	Pulpotomies	19
				Other-Partial Repair	1
Referrals	82				

Demographics

Race/Ethnicity

Caucasian 56%
 Native American 36%
 African American 4%
 Hispanic 3%
 Other <1%
 Mixed Race <1%
 Asian 0%

Payor Source (Preliminary data until all claims are processed)

20% Medicaid
 10% Private insurance
 70% Uninsured

Gender

Males 52%
 Females 48%

Note: Service delivery started in February of 2012.

Ronald McDonald Care Mobile Budget - 2013 & 2014
(January 1 - December 31)
(Proposed)

Revenue	2013	2014
RMHC-Bismarck (20% of costs)	\$ 121,553	\$ 124,927
Service Revenue	\$ 104,130	\$ 130,000
Community Partners (\$500 per site)	\$ 20,000	\$ 20,000
HRSA Grant (current grant through 2013 - new grant pending)	\$ 79,834	\$ -
Basin Electric Power Cooperative	\$ 16,000	\$ 16,000
Tom and Francis Leach Foundation	\$ 18,750	\$ 18,750
McDonald's Owners/Operators	\$ 20,000	\$ 20,000
Grants (MN Power & ADHA/Wrigley)	\$ 12,500	\$ -
Grants and Donations (still to be secured)	\$ 214,998	\$ 294,960
Total	\$ 607,765	\$ 624,637

Expenses	2013	2014
Salaries and Wages (Drivers & Program Mgr.)	\$ 77,000	\$ 79,310
Fringe Benefits	\$ 7,620	\$ 7,852
Contractual (Dental Staff & Clinical Service Provider)	\$ 280,170	\$ 288,575
Operating		
Equipment	\$ -	
Supplies		
Information technology communications	\$ 8,400	\$ 8,500
Office Supplies	\$ 2,000	\$ 2,000
Client education supplies	\$ 1,000	\$ 1,000
Dental supplies	\$ 50,000	\$ 50,000
Advertising/promotion	\$ 2,000	\$ 2,000
Fundraising	\$ 5,000	\$ 5,000
Fuel (Care Mobile and Van)	\$ 10,400	\$ 12,000
Vehicle Maintenance	\$ 8,000	\$ 10,000
Travel, food, lodging (staff)	\$ 37,000	\$ 38,000
Other		
Professional Development	\$ 2,000	\$ 2,000
Miscellaneous	\$ 2,000	\$ 2,000
RMCM vehicle license and registration	\$ 575	\$ 600
RMCM vehicle insurance	\$ 11,000	\$ 12,000
RMCM vehicle storage	\$ 3,600	\$ 3,800
Depreciation/ Reserve Fund	\$ 100,000	\$ 100,000
Total Expenses	\$ 607,765	\$ 624,637
Operating Gain(loss)	\$ -	\$ -
Operating Gain(loss) excluding depreciation	\$ 100,000	\$ 100,000



Tooth Fairy Tales

Ronald McDonald Care Mobile

December 2012

Vol. 1, No. 3

McDonald's Auction Helping Kids Get Care

When McDonald's owners-operators Debbie and Denny Sotebeer decided to remodel their restaurant on Main Avenue, they had a number of vintage items to be sold. They decided to hold an auction with all proceeds going to the Ronald McDonald Care Mobile. "We think the Care Mobile is a very important thing for the state right now," said Debbie. "We want to use this as an opportunity to make a donation and really promote the Care Mobile."

The auction was held on December 15th in the restaurant and items such as a vintage Wurlitzer jukebox, gas pumps, a '57 Red Air Bench seat, the front end of a Ford Edsel, life size



Marilyn Monroe and James Dean figures, a soda bar and seats and a number of framed Bismarck photos were sold. The auction raised \$25,925 for Care Mobile operations.

"We're delighted to get this support," said Ronald McDonald House Charities of Bismarck, executive director, Kathy Keiser. "With any new endeavor, trying to find ways to ensure sustainability is of the utmost concern."

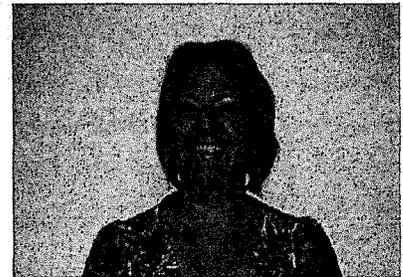
Thanks to this generous support, the Ronald McDonald Care Mobile is looking forward to another successful year in 2013.

Debbie Sotebeer and Kathy Keiser in front of the auction items

Source: Bismarck Tribune

Meet the Hygienist

...



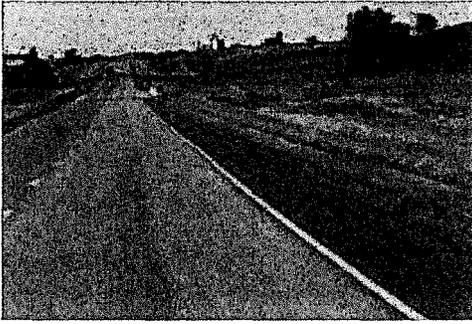
Karey Eisenbarth was born and raised in Bowman, ND. She attended Minot State University and received her degree in dental hygiene from the University of South Dakota in Vermillion in 1998. Karey moved to Bismarck in 1999 and has been employed as a dental hygienist in a number of practices prior to employment at Bridging the Dental Gap, the clinical service provider for the Care Mobile. In addition to her dental hygiene duties on the Care Mobile, she also serves as the infection control manager.

Karey and her husband have three boys and live in Bismarck. Karey enjoys working with children and providing oral health education.

"It's very rewarding to get the children on track with their oral health. The best part of the job is the many hugs we receive from the children."

HAPPY NEW YEAR!

On the Road Again



The Ronald McDonald Care Mobile (RMCM) visited ten sites in the third quarter. The RMCM visited Lincoln, McKinley, Roosevelt and Memorial schools in Minot, Prairie Learning Center in Raleigh, Head Start Programs in Fort Yates, Cannon Ball and Porcupine, Standing Rock School In Fort Yates and Hazelton-Moffit-Braddock. The RMCM had 500 patient visits this quarter serving 208 children. The Care Mobile staff provided 1,962 dental services valued at \$94,883.



HAPPY HOLIDAYS

Service Delivery Statistics

July – September 2012

Number of Sites: 10
Number of children seen: 208
Number of visits/encounters: 500
Number of services provided: 1,962
Value of treatment provided: \$94,883

Services Provided

Diagnostic	Number Provided
Exams	208
X-rays	257
Referrals	26
Preventive	
Oral health education	208
Cleanings	208
Fluoride Treatments	208
Sealants	608
Restorative/Surgical	
Fillings	264
Stainless Steel Crowns	1
Extractions	14
Pulpotomies	1

Promoting Healthy Smiles

Ronald McDonald Care Mobile[®] of North Dakota

Contacts

• • •

Kathy Keiser, Executive Director
701.258.5131

Celeste Espeseth, Program Manager
701.595.4040

E-mail: rmcm@rmhcbismarck.org



Hugs, the
best part of
the day!



The Ronald McDonald Care Mobile is made possible through the generous contributions and support of major partners/sponsors including:

Ronald McDonald House Charities, Inc., Oakbrook, Ill.

Ronald McDonald House Charities – Bismarck

The State of North Dakota

Health Resources and Services Administration

Tom and Francis Leach Foundation, Inc.

Touchstone Energy[®] Cooperatives

Basin Electric Power Cooperative, KEM Electric Cooperative, Inc.,

Slope Electric Cooperative, Inc., Roughrider Electric Cooperative

Otto Bremer Foundation

Western North Dakota McDonald's Owners and Operators

MDU Resources Foundation

And many individuals

Ronald McDonald House Charities of Bismarck, PO Box 7323, Bismarck, ND 58501 Phone 701.258.8551

Website: <http://rmhcbismarck.org/caremobile/>

Testimony in support of House Bill 1135
Marcia Olson
Executive Director of Bridging the Dental Gap

Bridging the Dental Gap is a non-profit dental clinic providing services for low income and Medicaid patients of all ages. Our clinic has joined with the Ronald McDonald Caremobile to serve as the Clinical Provider for their mobile clinic. Staff that is hired by us and work under our auspices are the dental team on board the mobile unit.

Basic dental services consisting of fillings and extractions are offered. Preventative care is provided in the form of cleanings, sealants and fluoride varnish as well as hygiene education.

During this first year of operation, the staff have seen first hand the need for services. A father with six children who cannot believe that someone would help him get needed dental care for his family. A young boy with a painful toothache that kept him from concentrating on schoolwork who became all smiles and hugs for the team that relieved that pain. The Head Start children in the rural areas near Fort Yates who had little or no opportunity to have a dentist provide care. The young people at Prairie Learning Center and South Central High School who needed dental services as a step towards improving their lives. The Minot children, the Hebron children, the Tappen children, the United Tribes children, and local schools in Bismarck-Mandan on free and reduced lunch programs.... The list goes on and the stories are numerous.

But this is only the beginning of the process. The Ronald McDonald Caremobile has seen the needs and wants to touch the lives of other children. The coming year holds scheduling of the New Town and Rolla-Rollete areas and other points West.

The funding that is in House Bill 1135 will assist in paying for supplies over the next two years. The amount is nominal when weighed by the number of children's lives that will be impacted. Toothpain, tooth decay, and poor oral hygiene can affect overall health as well as contribute to a decrease in a sense of self worth.

We urge your support of HB 1135.

#4

HB 1135

House Human Service Committee

Chair Robin Weisz

RE: Testimony in Support of HB 1135

Chairman Weisz, members of the House Human Service Committee. My name is Joe Cichy (Lobbyist #92) I am the Executive Director of the North Dakota Dental Association and appear on its behalf in Support of HB 1135.

The NDDA is committed to removing barriers to oral health care. Working with its many partners, and in conjunction with the legislature, legislation has been enacted to reduce the effect of some of these barriers.

Some of these efforts include legislation that expanded the scope of practice of hygienists, implemented a very successful student loan repayment program, improved Medicaid reimbursement, provided for collaborative practice with dentists and hygienists and funded the administration of the association's Dental Lifeline Network.

Other activities that are helping to improve the oral health of North Dakotan's include:

1) In September of 2011 the NDDA supported a pediatric dental day for children on the Spirit Lake Reservation where 232 children were seen and \$107,000 of care provided. The NDDA is now in the process of helping plan another pediatric specialty dental event this fall. This year it will be in October on the Standing Rock Reservation and will be a 2-day event for children to age 18. We hope to provide oral health services to over 300 children with a value in excess of \$200,000..

2)The NDDA supports the initiative of Bridging the Dental Gap, a public oral health clinic in Bismarck, to provide a business model for dentists to enable them to provide oral health care in long term care facilities. Through the collaborative practice legislation enacted a couple of session ago, dentists can issue a standing order that

allows hygienists to provide preventative services before the patient is seen by the dentist.

3)The NDDA entered into a memorandum of understanding with the state's Department of Health to provide a dentist to work with the department to implement its school based sealant program. This is another use of the collaborative practice legislation.

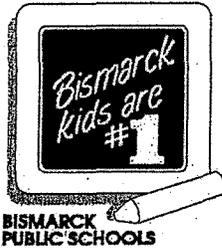
4) The association's Dental Lifeline Network program, f/k/a Donated Dental Services, has provided nearly \$1.5 million in free dental care to disabled adults who have no insurance and do not qualify for any government program.

5) The NDDA, through a grant from the American Dental Association, is working with the American Indian community in our state to help reduce the disparity in oral health care the exists on our state's reservations.

Mobile dental clinics provide oral health care services to economically disadvantaged children by taking the dental clinic to them. Thus they are providing another important piece of the puzzle toward reducing barriers to oral health care.

Therefore, the NDDA asks that this committee recommend a do pass of HB 1135.

Thanks you for your attention.



Bismarck Public Schools

806 North Washington Street
Bismarck, North Dakota 58501
(701) 323-4000
Fax: (701) 323-4001
www.bismarckschools.org

#5
TAMARA USELMAN
SUPERINTENDENT

MICHAEL J. HEILMAN
ASST. SUPERINTENDENT
SECONDARY SCHOOLS
CURRICULUM INSTRUCTION

FRAN A. RODENBURG
ASST. SUPERINTENDENT
ELEMENTARY SCHOOLS
STUDENT SERVICES

EDWIN J. GERHARDT
BUSINESS MANAGER

LISA J. KUDELKA
HUMAN RESOURCES MANAGER

DA: Friday, January 18, 2013

TO: ND Legislators

FR: Tamara Uselman, Superintendent of Schools

RE: Ronald McDonald Care Mobile

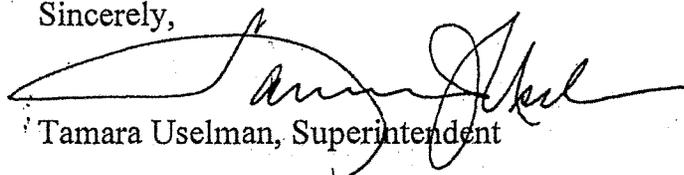
It is with high regard that I write this letter in support of the Ronald McDonald Care Mobile. Our school district, Bismarck Public Schools, has been a partner since the Care Mobile was launched one year ago.

During the 2012-13 school year, the Care Mobile has provided much-needed dental services at nine (9) school sites reaching 177 of our children in Bismarck Public Schools. These are children who do not have a dentist or have not had a dental visit for some time.

The Care Mobile provided 440 patient appointments and 2,071 dental services for a value of \$112,975.00 to Bismarck Public Schools. Our families are grateful for these free and/or Medicaid reimbursed-services.

Please support the Ronald McDonald Care Mobile which serves western North Dakota. It's just one more way we can provide significant services to our children in need.

Sincerely,



Tamara Uselman, Superintendent



Ronald McDonald House Charities of Bismarck
PO Box 7323, Bismarck ND 58507
701.258.8551 tel 701.258.5076 fax
rmh@btinet.net

www.rmhcbismarck.org

#6

MEMORANDUM

To: Chairman Robin Weisz & Members of the House Human Services Committee

From: Kathy Keiser, Executive Director, RMHC-Bismarck *KK*

RE: HB 1135 Follow-up Information

Date: January 21, 2012

In follow-up to our committee hearing on HB 1135 this morning, we are submitting, as requested, the 12/31/12 Balance Sheet for Ronald McDonald House Charities of Bismarck. This unaudited Balance Sheet includes all of the programs operated by RMHC-Bismarck. We have checked and underlined the accounts pertaining to the operations of the Care Mobile.

The net income as of the 12/31/12 RMHC Balance Sheet indicates a deficit of (\$273,984). If you net that amount against the \$341,859 in #3012 Temp Restricted Net Assets, Ronald McDonald Care Mobile (page 2), it covers the deficit. This account #3012 holds the retained earnings from the Care Mobile from years 2010 and 2011 – recognized as revenue in those years, but to be spent in future years as needed (according to Generally Accepted Accounting Principles, GAAP.). This money is reflected in our US Bank Savings account and our McCIP Account #1047.

I'm also attaching page 13 of our audit notes that details the 2011 net assets in Note 7. This reflects Care Mobile net assets temporarily restricted in the amount of \$221,048 - earned in 2011 but to be carried over to 2012.

In further response to Representative Porter's question about the Depreciation/Reserve Fund, we are depreciating the Care Mobile over a 5 year period at \$100,000/year and these funds will be credited to our Reserve Fund for replacement or major repair of the vehicle, when needed if revenue meets our projections.

We would be happy to supply further information/explanation as needed.

Attachments: 12/31/12 RMHC Balance Sheet
Page 13 RMHC Audited Financial Statement 2012

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the RHMC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The RHMC targets a diversified asset allocation with a mix of 60% equities and 40% fixed income securities to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The RHMC considered the long-term expected return on its permanently restricted net assets. Accordingly, over the long term, the RHMC expects the current spending policy to allow its permanently restricted net assets to grow in excess of inflation over the investment time frame while simultaneously meeting spending needs. This is consistent with the RHMC's objective to maintain the purchasing power of the permanently restricted net assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

Temporarily restricted net assets at December 31, 2011 and 2010 were \$1,062,399 and \$797,643.

The net assets released from restrictions for the years ending December 31, 2011 and 2010 are as follows:

	<u>2011</u>	<u>2010</u>
Net assets released from restrictions	<u>\$ 374,366</u>	<u>\$ 286,435</u>

Note 7 - Temporarily Restricted Net Assets

Temporarily restricted net assets are restricted for the following purposes:

	<u>2012</u>	<u>2011</u>
Care Mobile	\$ 221,048	\$ -
Endowment	731,101	722,643
Time restricted contributions receivable	<u>110,250</u>	<u>75,000</u>
	<u>\$ 1,062,399</u>	<u>\$ 797,643</u>

Ronald McDonald House Charities of Bismarck
Balance Sheet
As of December 31, 2012

Dec 31, 12

ASSETS	
Current Assets	
Checking/Savings	
✓ 1028 · Bremer Savings	420.77
✗ 1027 · Bremer Checking	525.69
1010 · Checking - RMH	8,057.43
1025 · Grant Checking	1,537.37
1020 · Savings RMH	230.28
1026 · Grant Savings	274.28
1000 · Petty Cash	21.00
✗ 1015 · US Bank Checking	215.73
✗ 1016 · US Bank Savings Account	102,408.53
Total Checking/Savings	113,691.08
Accounts Receivable	
✗ 1033 · Care Mobile Receivable	
✗ 1033-T · Tooth Fairy Club Acc. Rec.	10,250.00
✗ 1033 · Care Mobile Receivable - Other	86,549.67
✗ Total 1033 · Care Mobile Receivable	96,899.67
Total Accounts Receivable	96,899.67
Other Current Assets	
✓ 1037 · Care Mobile Pre-paid	16,457.47
1035 · Pre-Paid Expenses	1,794.27
1040 · McCIP	
1042 · McCip 7142 - Kroc Endowmen	1,239,545.84
1045 · McCip 7145 - G Angel End.	12,795.21
✗ 1047 · McCip 7147 - Oper./Reserves	208,525.67
Total 1040 · McCIP	1,460,866.72
Total Other Current Assets	1,479,118.46
Total Current Assets	1,689,709.21
Fixed Assets	
✗ 1650 · Care Mobile	
✗ 1655 · Acc. Dep. - Care Mobile	(95,448.78)
✗ 1650 · Care Mobile - Other	403,508.00
Total 1650 · Care Mobile	308,059.22
1050 · Inventory	2,910.32
1600 · Land	161,650.68
1610 · Building	
1615 · Acc Dep - Building	(207,896.93)
1610 · Building - Other	489,208.33
Total 1610 · Building	281,311.40
1620 · Furniture & Equipment	
1625 · Acc Dep - Furn & Equipment	(98,717.58)
1620 · Furniture & Equipment - Other	221,484.15
Total 1620 · Furniture & Equipment	122,766.57
1630 · Land Improvements	
1635 · Acc Dep - Land Improvement	(19,936.40)
1630 · Land Improvements - Other	71,035.00
Total 1630 · Land Improvements	51,098.60
Total Fixed Assets	927,796.79
TOTAL ASSETS	2,617,506.00

(RMH & Care mobile)

11:55 AM
 01/21/13
 Accrual Basis

Ronald McDonald House Charities of Bismarck
Balance Sheet
 As of December 31, 2012

	Dec 31, 12
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
✗ 2020 · Care Mobile Accounts Payable	16,297.34
Total Accounts Payable	16,297.34
Other Current Liabilities	
2030 · FIT/FICA Tax Liability	3,640.90
2035 · SIT Tax Liability	374.00
2040 · SUTA Liability	(61.09)
2047 · Accrued Vacation	1,847.46
Total Other Current Liabilities	5,801.27
Total Current Liabilities	22,098.61
Total Liabilities	22,098.61
Equity	
✗ 3001 · Unr. net assets	
✗ 3008 · Care Mobile Vehicle	403,518.00
3002 · Undesignated	340,532.37
3003 · Land, building, equipment funds	445,461.00
3004 · Designated	
3006 · Expansion/building acquisition	50,000.00
3007 · Future projects	125,000.00
3004 · Designated - Other	100,000.00
Total 3004 · Designated	275,000.00
Total 3001 · Unr. net assets	1,464,511.37
✗ 3010 · Temp restricted net assets	
✗ 3012 · Ronald McDonald Care Mobile	341,858.56
3011 · House operations	528,366.35
Total 3010 · Temp restricted net assets	870,224.91
3020 · Perm restricted net assets	
3021 · House operations	534,600.00
Total 3020 · Perm restricted net assets	534,600.00
32000 · *Retained Earnings	55.16
✗ Net Income	(273,984.05)
Total Equity	2,595,407.39
TOTAL LIABILITIES & EQUITY	2,617,506.00



oralhealth

NORTH DAKOTA COALITION

January 16, 2013

ND Legislature
House Human Services Committee
ND State Capitol
Bismarck ND 58505

Re: House Bill 1135

Dear Legislators:

At their December meeting, the members of the North Dakota Oral Health Coalition voted to support House Bill 1135 to provide funding to the Ronald McDonald Caremobile in the forthcoming biennium for supplies to extend dental services to children with little or no access to care.

The Oral Health Coalition has been a champion of mobile service delivery models to provide better access to dental treatment for North Dakota's vulnerable populations and rural sites. As the Ronald McDonald Caremobile struggled to become a reality, the coalition supported their efforts with volunteers in vital positions to assist with grants, committee work, policy work and business planning. Now that the Caremobile and its staff have begun to provide dental services, it is critical for the coalition and the legislature to continue to support those efforts. An enterprise of this magnitude requires nurturing, particularly in the early stages.

The need in North Dakota is very real and the numbers of services provided in this first year of operation speak eloquently to what can be accomplished. We urge the passage of House Bill 1135 to assure the continuation of a program that addresses the needs of many North Dakotans.

Thank you for your support.

Sincerely,

Dave Zentner

Secretary – North Dakota Oral Health Coalition

MB 1135
2/7/13
Attachment 1

Ronald McDonald House Charities of Bismarck
Ronald McDonald Care Mobile Expenses
 January through December 2012

Expense	Jan - Dec 12	2012 Budget	Notes
CM Office Supplies	\$ 854	\$ 1,000	
CM Client Education Supplies	\$ 2,030	\$ 1,000	start-up materials
CM Dental Supplies	\$ 19,554	\$ 50,000	start-up supplies purchased in 2011
CM Fuel	\$ 7,845	\$ 8,000	
CM Fundraising Expense	\$ 1,568	\$ 2,400	
CM Storage	\$ 3,000	\$ 3,600	
CM IT Communications	\$ 7,851	\$ 5,000	start-up IT issues requiring tech support
CM Licenses & Registrations	\$ 20,999	\$ 500	unanticipated excise tax
CM FICA	\$ -	\$ 6,503	paid by RMHC
CM Fees - Professional	\$ 1,008	\$ 1,000	
CM Conferences	\$ 200	\$ 2,000	
CM Promotion/Publicity	\$ 2,005	\$ 2,000	
CM Postage	\$ 60	\$ -	stamps purchased in 2011
CM Printing	\$ 626	\$ 2,600	start-up printing in late 2011
CM Supplies	\$ 3,698	\$ 3,000	
CM Travel	\$ 17,503	\$ 47,570	served schools in close proximity in first year
CM Misc. Expense	\$ 49	\$ 1,000	
CM Contractural	\$ 262,817	\$ 289,761	Dental Salaries, Contractural fee for billing
CM Depreciation/Reserve Fund	\$ 95,449	\$ 95,449	5 year depreciation schedule
CM Maintenance/Repair/Cleaning	\$ 2,766	\$ 15,000	new vehicle
CM Equipment	\$ -	\$ -	start-up purchased in 2011
CM Liability Insurance	\$ 17,788	\$ 18,968	
CM Retirement	\$ -	\$ 1,350	paid by RMHC
CM SUTA	\$ -	\$ 850	paid by RMHC
CM Salaries	\$ 93,962	\$ 85,000	over-time for drivers
	<u>\$ 561,632</u>	<u>\$ 643,551</u>	

Ronald McDonald Care Mobile Revenue Sources for 2013-2015

Revenue	2013	2014	2013-15 Biennium	Percentage
RMHC-Bismarck (20% of costs)	\$ 121,553	\$ 124,927	\$ 246,480	20.0%
Service Revenue	\$ 104,130	\$ 130,000	\$ 234,130	19.0%
Community Partners (\$500 per site)	\$ 20,000	\$ 20,000	\$ 40,000	3.2%
HRSA Grant (current grant through 2013 - new grant pending)	\$ 79,834	\$ -	\$ 79,834	6.5%
Basin Electric Power Cooperative	\$ 16,000	\$ 16,000	\$ 32,000	2.6%
Tom and Francis Leach Foundation	\$ 18,750	\$ 18,750	\$ 37,500	3.0%
McDonald's Owners/Operators	\$ 20,000	\$ 20,000	\$ 40,000	3.2%
Tooth Fairy Club Pledge Payments	\$ 2,500	\$ 2,500	\$ 5,000	0.4%
Grants (MN Power & ADHA/Wrigley)	\$ 12,500	\$ -	\$ 12,500	1.0%
Otto Bremer Foundation	\$ 100,000	\$ -	\$ 100,000	8.1%
Grants and Donations (still to be secured)	\$ 112,498	\$ 292,460	\$ 404,958	32.9%
Total	\$ 607,765	\$ 624,637	\$ 1,232,402	100.0%

Summary	Percentage
Ronald McDonald House Charities - Bismarck	20.0%
Service Revenue (Medicaid, Insurance)	19.0%
Grants (Bremer, Leach, MDU, ADHA/Wm Wrigley, HRSA, Touchstone Energy, Basin Electric, MN Power)	21.2%
General Donations	6.8%
Grants and Donations still to be secured	33.0%
	100.0%

**Ronald McDonald Care Mobile Service Delivery Summary
January – December 2012**

Aggregate Data

Number of Sites: 33
 Total number of children seen: 796
 Total number of visits/encounters: 1,822
 Total number of services provided: 7,973
 Total value of treatment provided: \$410,187

Individual Data

Average value of services provided per child: \$515.31
 Average cost per child to deliver services: \$705.57
 Average number of visits per child: 2.29
 Average number of services per child: 10

Detail of Services provided:

Diagnostic	Number Provided	Preventive	Number Provided	Restorative/Surgical	Number Provided
Exams	781	Oral health education	785	Fillings	1366
X-rays	1020	Cleanings	780	Stainless Steel Crowns	15
		Fluoride Treatments	780	Extractions	115
		Sealants	2311	Pulpotomies	19
				Other-Partial Repair	1
Referrals	82				

Demographics

Race/Ethnicity

Caucasian 56%
 Native American 36%
 African American 4%
 Hispanic 3%
 Other <1%
 Mixed Race <1%
 Asian 0%

Gender

Males 52%
 Females 48%

Payor Source (Preliminary data until all claims are processed)

20% Medicaid
 10% Private insurance
 70% Uninsured

Summary of Communities Served

Bismarck 12 weeks
 Minot 8 weeks
 Fort Yates 5 weeks
 Hebron 2 weeks
 Mandan 1 week
 Raleigh 1 week
 Hazelton 1 week
 New England 1 week
 Mott 1 week
 Tappen 1 week
33 weeks total

Note: Service delivery started in February of 2012.

**Ronald McDonald Care Mobile
Demographic Statistics 2012**

Site and Date	# of Children	Gender		Race/Ethnicity						
		Total	Males	Females	Caucasion	Native American	African American	Hispanic	Other	Mixed Racial
1st Quarter										
Riverside 2/6-2/10	47	25	22	18	20	7				
Saxvik 2/13-2/17	24	10	14	16	6					
South Central 2/22-2/24	19	9	10	17						
Myhre 2/27-2/29 & 3/1	13	10	3	12						
Riverside 3/19-3/23	0									
UTTC 3/26-3/30	32	14	18		31					
Total	135	68	67	63	60*	10*	1*	1*		
2nd Quarter										
Hebron 4/10-4/13	32	18	14	26						
Military 4/16-4/20	31	17	14	26						
Mary Stark 4/23-4/27	32	14	18	30						
Hebron 5/7-5/11	43	31	12	41						
Longfellow 5/14-5/18	23	10	13	19						
United Tribes 5/21-5/25	18	7	11		18					
City Country 6/4-6/8	32	18	14	23	6					
City Country 6/20-6/21	12	4	8	12						
Fort Yates SS 6/25-6/29	34	21	13		34					
Total	257	140	117	177	66*	5*	7*	2*		
3rd Quarter										
Fort Yates SS 7/9-7/13	28	21	7		28					
Porcupine HS 7/17-7/19	23	12	11		19					
Cannon Ball HS 7/24-7/26	26	9	17		26					
Fort Yates HS 8/7-8/9	41	18	23		41					
PLC 8/13-8/17	14	14	0	8	5					
Dakota B&G 8/27-8/31	23	18	5	20						
HMB 9/10-9/12	19	8	11	17						
McKinley 9/19&9/20	14	7	7	10						
Roosevelt 9/17-18 & 21	16	6	10	12						
Lincoln 9/21	4	4								
Total	208	117	91	75*	125*	1*	5*	1*	1*	
4th Quarter										
Sunnyside 10/1-10/5	43	17	26	30	5	5				
Eric Ramsted 10/8-12	18	8	10	12						
Eric Ramsted 10/15 & 16	4	2	2							
South Central 10/22 -26	17	8	9	15						
Mott/Regent 11/5-8	15	2	13	15						
New England 11/13-16	14	10	4	9						
Tappen 11/26-30	28	17	11	28						
Riverside 12/10-14	24	11	13	9	12					
Saxvik 12/17-21	33	13	20	11	13	5				
Total	196	88	108	131*	34*	18*	12*	1*		
2012 Total	796	413	383	446*	225*	34*	25*	5*	1*	

*To protect the confidentiality of the client, numbers less than 5 have been suppressed in this report.

2012 Encounter and Service Data - Ronald McDonald Care Mobile

Quarter 1		#	#	#		Diagnostic		Preventive				Restorative/Surgical				Other	
Date	Site	children	encounters	services	\$ Value	Exams	X-rays	OH Ed	Clean-ings	Fl Trmths	Seal-ants	Fillings	SS Crowns	Extract-ions	Pulp-otomies	Other	Refer-als
Feb 6-10	Riverside	47	118	496	\$ 27,282.00	47	53	47	47	47	163	85	0	7	0		5
Feb 13-17	Saxvik	24	56	331	\$ 13,380.00	24	30	24	24	24	57	147	0	1	0		2
Feb 22-24	S Central	19	51	265	\$ 15,010.00	19	25	19	19	19	100	64	0	0	0		1
Feb 27-29	Myhre	13	25	130	\$ 7,387.00	13	17	13	13	13	32	23	2	2	2		5
March 1-2	S Central	Data included above															
March 19-23	Riverside	Data included above															
March 26-30	Th Jamerson	32	74	322	\$ 19,061.00	32	54	32	32	32	60	61	2	11	6		5
Total	7	135	324	1544	\$ 82,120.00	135	179	135	135	135	412	380	4	21	8		18
Quarter 2																	
April 9-13	Hebron	32	64	355	\$ 20,454.00	32	49	32	32	32	89	81	1	5	2		0
April 16-20	Milit Child	31	55	273	\$ 13,623.00	31	38	31	31	31	71	35	0	5	0		0
April 23-27	Mary Stark	32	71	286	\$ 15,128.00	31	37	32	31	31	81	37	2	3	1		6
May 7 - 11	Hebron	43	73	307	\$ 8,307.00	43	51	43	43	43	57	25	0	2	0		3
May 14-18	Longfellow	23	69	238	\$ 14,694.00	23	26	23	23	23	51	52	1	13	3		1
May 21-25	Th Jamerson	18	36	159	\$ 6,220.00	18	26	18	18	18	28	31	0	2	0		8
June 4-8	C-C Health	32	61	279	\$ 14,329.00	32	41	32	32	32	63	39	0	8	0		6
June 20-22	C-C Health	12	35	145	\$ 8,139.00	12	15	12	12	12	42	36	0	4	0		0
June 25-29	St Rock SS	34	74	339	\$ 17,659.00	34	47	34	34	34	94	58	1	3	0		1
Total	9	257	538	2381	\$ 118,553.00	256	330	257	256	256	576	394	5	45	6		25
Quarter 3																	
July 9-13	St Rock SS	28	71	288	\$ 13,722.00	28	35	28	28	28	83	56	0	2	0		1
July 17-19	Porcupine HS	23	58	174	\$ 8,993.00	23	26	23	23	23	21	32	0	3	0		2
July 23-27	Cannonball HS	26	52	195	\$ 8,854.00	26	31	26	26	26	31	25	0	4	0		8
August 7-9	Ft Yates HS	41	79	242	\$ 9,494.00	41	41	41	41	41	13	23	0	1	0		7
August 13-17	Raleigh-PLC	14	51	240	\$ 13,120.00	14	29	14	14	14	119	35	0	0	0	1	0
August 27-31	Minot-DBR	23	76	334	\$ 15,429.00	23	28	23	23	23	184	29	0	1	0		2
Sept 10-12	Hazelton	19	40	200	\$ 9,741.00	19	22	19	19	19	77	25	0	0	0		0
Sept 17-21	Minot-MRL	34	73	306	\$ 15,530.00	34	45	34	34	34	80	39	1	3	2		6
Total	8	208	500	1979	\$ 94,883.00	208	257	208	208	208	608	264	1	14	2	1	26
Quarter 4																	
Oct 1-5	Minot-Sunnysi	43	89	334	\$ 13,542.00	43	51	43	43	43	74	27	0	10	0		11
Oct 8-12	Minot-Ramste	18	42	155	\$ 11,665.00	7	17	7	7	7	77	32	0	1	0		0
Oct 15-19	Minot-Ram	4	6	25	\$ 2,972.00	1	1	4	0	0	2	17	0	0	0		0
Oct 22-26	S Central	17	39	224	\$ 14,605.00	17	27	17	17	17	76	51	0	2	0		0
Nov 5-8	Mott	15	39	197	\$ 10,740.00	15	22	15	15	15	86	25	1	2	1		2
Nov 12-16	New England	14	34	151	\$ 8,246.00	14	18	14	14	14	51	22	1	3	0		0
Nov 26-30	Tappen	28	60	346	\$ 17,550.00	28	31	28	28	28	159	42	0	2	0		0
Dec 10-14	Riverside	24	71	272	\$ 16,640.00	24	29	24	24	24	77	59	2	7	2		0
Dec 17-21	Saxvik	33	80	365	\$ 18,671.00	33	58	33	33	33	113	53	1	8	0		0
Total	9	196	460	2069	\$ 114,631.00	182	254	185	181	181	715	328	5	35	3		13
Annual Total	33	796	1822	7973	\$ 410,187.00	781	1020	785	780	780	2311	1366	15	115	19	1	82

Ronald McDonald
Care Mobile[®]
of North Dakota



Patient Information Form

Please fill out this form completely. If you have questions, please ask for help. Thank You!

Patient's Legal Name _____ **Birth Date** (mm/dd/yyyy) _____

Patient's Social Security Number _____ - _____ - _____

School Attending _____ **Grade** _____ **Age** _____ **Sex** (Circle) M F

Ethnicity: Which one of these groups would you say best represents your child's race? (Circle one)
White Black or African American Asian American Indian or Alaska Native Hispanic/Latino Other _____

Home Address

_____ Street/ P.O. Box _____ City _____ State _____ Zip _____

Phone Numbers: Home (____) _____ Work (____) _____
Cell (____) _____

Parent Name _____ Note: Dental visits should start at age 1.

Emergency Contact: Person to contact in case of an emergency
Name _____ Relation to patient _____ Phone (____) _____

Income: Which of these best represents your annual household income? (Circle one)
Less than \$10,000 \$10,000-20,000 \$20,000-30,000 More than \$30,000

Household Size: How many children less than 21 years of age live in your household? _____

Dental History	Yes	No	Please explain answers
Is this the patient's first dental visit?			
If no, how long has it been since the patient last saw a dentist?			
Has the patient had any unpleasant experiences in a dental or medical office?			If "yes" please explain.
Does the patient brush daily?			If "yes" how often?
Does the patient floss?			If "yes", how often?
Does the patient drink soda pop or other sugar sweetened drinks daily (Kool-Aid, fruit drink, Gatorade, sport drinks)?			How many does the patient drink per day?
Does the patient drink milk daily?			How many times per day?
Has dental pain caused you or your child to miss school and/or work in the last year?			If "yes", circle – school work both How many times?
Has the patient visited the ER/hospital for dental pain in the last year?			How many times?
Before the Ronald McDonald Care Mobile did you seek dental care for the patient?			If "yes" where?(Circle) Clinic, Dental Office, Doctor's Office, Emergency Room, School Nurse, No care, Other: _____

Reason for Visit: Check any that apply (✓)

<input type="checkbox"/> First examination	<input type="checkbox"/> Accident to teeth	<input type="checkbox"/> Routine exam
<input type="checkbox"/> Toothache	<input type="checkbox"/> Bleeding around the teeth	<input type="checkbox"/> Teeth appearance
<input type="checkbox"/> Mouth pain/face swelling	<input type="checkbox"/> Couldn't afford dental care	<input type="checkbox"/> Couldn't get appointment anywhere else
<input type="checkbox"/> Other (Specify) _____		

Health History

Current Dentist _____ Patient's Current Physician _____

Health History	Yes	No	Please Explain "yes" Answers
Does the patient have a current medical condition?			
Has the patient been diagnosed with autism?			
Is the patient taking any medications?			If "yes" list medications and dosages
Has the patient ever been hospitalized or had surgery?			If "yes" list reasons and surgeries
Does the patient have any allergies?			If "yes" list allergies
Does the patient have any special needs that would require special arrangements for dental care?			If "yes" describe special needs
Is the patient pregnant or maybe pregnant?			If "yes" how many months?

Has the patient had a history of or had difficulty with the following? Check any that apply (√)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Latex allergy | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Anesthetic allergy | <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Cold sores/Herpes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sinus problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sore throats |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Stomach/intestinal disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Excessive bleeding | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other _____ |

Please explain "yes" answers:

Is there anything else about your health we should know?

Behavioral History	Yes	No	Please Explain "yes" answers
Does the patient use tobacco products (cigarettes, chewing tobacco)?			
Does anyone smoke in the household?			
Does the patient use alcohol and/or drugs?			
Have you noticed any major changes in the patient's behavior, withdrawal, anxiety, grades, moods, friendships, or activities?			

Insurance: Please circle any that apply. If Medicaid or private dental insurance, please indicate Medicaid number or policy number in the space provided and **provide a copy of your dental insurance card.**

Medicaid/ SCHIP
 Private DENTAL Insurance (please provide copy of card)
 IHS
 None
 Medicaid Number/ Policy Number _____ Reservation (IHS) _____

Dental Ins. Name: _____ policy # _____ group # _____

Dental Ins. Address: _____ Ins. Phone # _____

Employer Name: _____

Employment Status: (Circle one) *Full-time* *Part-time* *Student* *Unemployed*

Parent/ Legal Guardian signature _____ Date _____

Treatment Consent and Agreement Form

I authorize and request the provision of dental services for my child _____
(Child's name)

This treatment may consist of dental x-rays, diagnosis, topical fluoride application and other preventive measures as well as restorations (fillings), extractions and space maintainers as recommended by the Ronald McDonald Care Mobile staff. I understand that the Ronald McDonald Care Mobile dentists will use restorative treatment and behavior management that is reasonable and necessary.

I, _____, as a legally responsible guardian of _____
(Print parent/legal guardian name) (Print child's name)
give my consent for the dental services I have authorized below.

 I have signed my name next to each type of service for which I am granting authorization.

_____ **Dental Exam**, including dental x-rays.

_____ **Preventive Services:** teeth cleaning, oral hygiene instruction, sealants, fluoride treatment

_____ **Restorative Services:** fillings, stainless steel crowns, pulpotomy. Anesthesia is used for these procedures.

_____ **Extraction of Primary Teeth:** Removal of primary (baby) teeth that cannot be restored through other treatments. Anesthesia may be used for this procedure.

_____ **Extraction of Permanent Teeth:** Removal of permanent teeth that cannot be restored through other treatments. Anesthesia is used for this procedure.

I understand that local anesthetics and nitrous oxide may be used as deemed appropriate by the Ronald McDonald Care Mobile dentists in performing the recommended treatment(s). I understand there may be risks involved with dental treatment.

I consent that _____, who is under the age of eighteen years, may participate in the
(Print child's name)

dental services provided by the Ronald McDonald Care Mobile, and consent that their dentists and other agents and employees may furnish to Care Mobile employees (and/or authorized organizations) all information concerning the child's case history, dental examinations, written reports (and any accompanying photographs) with respect to the dental examination and the exam results. An authorized organization is one approved by the Ronald McDonald Care Mobile and Bridging the Dental Gap.

I consent and authorize the Ronald McDonald Care Mobile to file and collect North Dakota Medicaid/SCHIP reimbursement for dental services provided. I also certify that I understand and agree to the conditions described above.

 Are you currently the legal guardian for this child?
Can you sign for medical treatment?

YES NO
YES NO

Parent/guardian name _____ (Please print)

Relationship to child _____

 Signature _____ Date _____

HIPAA

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name _____

I, _____ have received a copy of the Ronald McDonald Care
(Parent/legal guardian name)

Mobile Privacy Practices

Parent/legal guardian signature _____

Date _____

Note: This authorization is valid for six years from date of signature unless revoked in writing prior to that date. This authorization may be revoked by writing to: Ronald McDonald Care Mobile of North Dakota, PO Box 7323, Bismarck, ND 58507.

Authorization for Release of Protected Health Information

By signing this document, you are allowing the Ronald McDonald Care Mobile staff to give or receive your child's health care records to other health care providers, or child agencies to provide the best care for your child. The records may be sent to another dentist, dental specialist or other health care provider that the Care Mobile staff recommends further treat your child. The information may also be shared with an agency that your child is affiliated with (such as school, Head Start, etc.) for record keeping purposes.

Patient's Name _____ Social Security Number _____-_____-_____

I hereby authorize:

Ronald McDonald Care Mobile of North Dakota
PO Box 7323, Bismarck, ND 58507
Phone: 701.258.8551

to receive from or release to the appropriate health care provider or agency, my child's records to facilitate his or her health care needs and/or treatments.

Name of parent/legal guardian _____
(Please print)

Parent/legal guardian signature _____ Date _____

If there are providers or agencies that you do NOT want your child's records released to or received from please list here:

Photo Consent and Release

I consent to the use of pictures, video or audio recordings of myself or my child for program promotion, including print, audio, video and web promotion. I also agree that any writing or other material in connection with the Ronald McDonald Care Mobile of North Dakota (including any correspondence from our family to Ronald McDonald House Charities® of Bismarck) may be used in promotional materials.

Signature of parent/legal guardian _____ Date _____

The Ronald McDonald Care Mobile (RMCM) is made possible by a grant from Ronald McDonald House Charities, Inc., (RMHC, Inc.), a non-profit, tax-exempt charitable corporation. RMHC, Inc. has no responsibility or liability for the operation of this RMCM or any of the medical or dental activities conducted on the RMCM.

Testimony
HB1135
Senate Human Services Committee
March 11, 2013

Good afternoon Chair Lee and members of the Senate Human Services Committee. My name is Kathy Keiser, and I am the Executive Director of Ronald McDonald House Charities in Bismarck and our mission is "to improve the lives of children and their families". We own and operate the Ronald McDonald Care Mobile which delivers dental care to underserved children in the western half of North Dakota. I am providing testimony in support of HB 1135.

Dental Need:

Access to dental care continues to be a challenge for low-income and underserved populations in North Dakota. The number of dentists in the state has increased slightly; however, Medicaid enrolled children continue to have difficulty finding a dentist and there remains a shortage of dentists in the rural and frontier areas of the state. According to the Health Resources and Services Administration, Bureau of Primary Health Care, seventeen counties/geographical areas in the state are designated as dental health professional shortage areas and three counties are designated low-income dental health professional shortage areas. Fifteen facilities across the state including rural health centers, community health centers, Indian Health Service clinics and the State Penitentiary and James River Correctional Center are designated as dental health professional shortage areas. (Source: UND School of Medicine and Health Sciences, 2012).

Dental disease is not uniformly distributed in North Dakota. A significantly higher proportion of minority children have decay experience, untreated tooth decay and urgent dental needs. A Basic Screening Survey of North Dakota third graders showed that Native American children experienced more dental caries (tooth decay) than whites (81% vs. 49%). They also had more untreated dental decay (39% vs. 17%). Rampant decay was three times more prevalent in Native American children than in white children (29% vs. 9%). Children in rural areas were also more likely to have untreated tooth decay compared to children in urban areas (28% vs. 17%). Children in schools with greater than 50 percent of children on the free- and reduced-fee lunch program were more than three times as likely to have rampant tooth decay (20% vs. 6%) and were more than twice as likely to have untreated tooth decay (32% vs. 15%) compared to children in schools with less than 25 percent of children on the program (Source: North Dakota 2009-2010 Basic Screening Survey).

In an effort to address this need, Ronald McDonald House Charities of Bismarck launched a mobile dental program in February of 2012 to reach out to these underserved areas by bringing oral health services directly to underserved children age 0 through 21 in their own neighborhoods. The Ronald McDonald Care Mobile serves the western half of North Dakota and we recently expanded our service area to Rolette County due to the tremendous need. There are over 3,100 Medicaid enrolled children in that county alone. In order to reach the children in greatest need, the Care Mobile has designated priority service areas including 1) schools with greater than 50 percent of their children enrolled in the free- and reduced-fee school lunch

program, 2) Head Start programs, 3) reservation areas, and 4) community health centers without dental clinics. Basic dental services including diagnostic, preventive, and restorative and surgical services are provided. This includes exams, x-rays, oral health education, cleanings, fluoride treatments, dental sealants, fillings, extractions, stainless steel crowns and pulpotomies. Children needing extensive treatment or specialty care are referred as needed. Children are eligible for services if they are age 0 through 21, do not have a dental home or regular dentist and have not received care in the past two years. We complement the services of local dentists by seeing the children who do not access their services.

We have contracted with Bridging the Dental Gap, another Bismarck not-for-profit organization, to provide the dental services and act as our clinical service partner. They provide us with the full-time dentist, dental hygienist and dental assistant that work on the Care Mobile. Additionally, we employ a program manager and 2 drivers/intake coordinators.

We had a very busy first year of service and were fully booked; a summary of service delivery for calendar year 2012 includes:

- Delivered services at 33 sites
- Treated 796 children
- Provided 1,822 appointments
- Provided 7,973 dental services
- Value of dentistry provided \$410,187

Demographics of the children:

Race:

56% Caucasian
36% Native American
3% Hispanic
1% other races

Gender:

52% male
48% female

Preliminary data for 2012 indicates that around 20 percent of the patients were Medicaid enrolled, 10 percent had other insurance and 70 percent were uninsured. We are still awaiting turnaround of some claims in order to finalize these numbers for last year. Summary encounter and service data for fiscal year 2012, site specific encounter and service data and demographic statistics are included as Attachments A, B, and C.

In future years, the Care Mobile will be on the road approximately 40 weeks per year. We're on the road three weeks per month and then return to home base the fourth week for servicing and restocking of the vehicle. We anticipate that we will treat between 800-1,000 children each year. In 2012, the majority of the children that we treated were of elementary school age.

We're working closely with the ND Department of Health, Oral Health Program, the ND Medicaid Program, the ND Oral Health Coalition and the ND Dental Association to enhance existing programs, as well as in the development of new programs to reach even more children.

Annual operating costs for the Care Mobile are around \$600,000 per year and the majority of the operating costs are secured through grants and donations, as well as insurance reimbursements. In 2013, we requested community site partner fees of \$2,500 per site to help offset the costs of delivering care, however, schools and other sites have had great difficulty in raising these funds. In order to make this more achievable, we've lowered the fee to \$500 to ensure community buy-in which we feel is critical to the success of the program. For this reason, we are requesting funds in the amount of \$100,000 \$(50,000/year) for the 2013-2015 biennium for the purchase of dental supplies to fill this gap. Attachment D provides an overview of our projected budget for our calendar years 2013 and 2014.

Please support HB 1135 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would be happy to answer any questions you might have.

**Ronald McDonald Care Mobile Service Delivery Summary
January – December 2012**

Aggregate Data

Number of Sites: 33

Total number of children seen: 796

Total number of visits/encounters: 1,822

Total number of services provided: 7,973

Total value of treatment provided: \$410,187

Individual Data

Average value of services provided per child: \$515.31

Average cost per child to deliver services: \$705.57

Average number of visits per child: 2.29

Average number of services per child: 10

Detail of Services provided:

Diagnostic	Number Provided	Preventive	Number Provided	Restorative/Surgical	Number Provided
Exams	781	Oral health education	785	Fillings	1366
X-rays	1020	Cleanings	780	Stainless Steel Crowns	15
		Fluoride Treatments	780	Extractions	115
		Sealants	2311	Pulpotomies	19
				Other-Partial Repair	1
Referrals	82				

DemographicsRace/Ethnicity

Caucasian	56%
Native American	36%
African American	4%
Hispanic	3%
Other	<1%
Mixed Race	<1%
Asian	0%

Gender

Males	52%
Females	48%

Payor Source (Preliminary data until all claims are processed)

20% Medicaid
10% Private insurance
70% Uninsured

Summary of Communities Served

Bismarck	12 weeks
Minot	8 weeks
Fort Yates	5 weeks
Hebron	2 weeks
Mandan	1 week
Raleigh	1 week
Hazleton	1 week
New England	1 week
Mott	1 week
Tappen	1 week
	33 weeks total

Note: Service delivery started in February of 2012.

2012 Encounter and Service Data - Ronald McDonald Care Mobile

Quarter 1						Diagnostic		Preventive				Restorative/Surgical				Other		
Date	Site	# children	# encounters	# services	\$ Value	Exams	X-rays	OH Ed	Clean-ings	Fl Trmts	Seal-ants	55 Fillings	Extract-Crowns	Pulp-ions	otomies	Other	Refer-als	
Feb 6-10	Riverside	47	118	496	\$ 27,282.00	47	53	47	47	47	163	85	0	7	0		5	
Feb 13-17	Saxvik	24	56	331	\$ 13,380.00	24	30	24	24	24	57	147	0	1	0		2	
Feb 22-24	S Central	19	51	265	\$ 15,010.00	19	25	19	19	19	100	64	0	0	0		1	
Feb 27-29	Myhre	13	25	130	\$ 7,387.00	13	17	13	13	13	32	23	2	2	2		5	
March 1-2	S Central	Data included above																
March 19-23	Riverside	Data included above																
March 26-30	Th Jamerson	32	74	322	\$ 19,061.00	32	54	32	32	32	60	61	2	11	6		5	
Total	7	135	324	1544	\$ 82,120.00	135	179	135	135	135	412	380	4	21	8		18	
Quarter 2																		
April 9-13	Hebron	32	64	355	\$ 20,454.00	32	49	32	32	32	89	81	1	5	2		0	
April 16-20	Milit Child	31	55	273	\$ 13,623.00	31	38	31	31	31	71	35	0	5	0		0	
April 23-27	Mary Stark	32	71	286	\$ 15,128.00	31	37	32	31	31	81	37	2	3	1		6	
May 7 - 11	Hebron	43	73	307	\$ 8,307.00	43	51	43	43	43	57	25	0	2	0		3	
May 14-18	Longfellow	23	69	238	\$ 14,694.00	23	26	23	23	23	51	52	1	13	3		1	
May 21-25	Th Jamerson	18	36	159	\$ 6,220.00	18	26	18	18	18	28	31	0	2	0		8	
June 4-8	C-C Health	32	61	279	\$ 14,329.00	32	41	32	32	32	63	39	0	8	0		6	
June 20-22	C-C Health	12	35	145	\$ 8,139.00	12	15	12	12	12	42	36	0	4	0		0	
June 25-29	St Rock SS	34	74	339	\$ 17,659.00	34	47	34	34	34	94	58	1	3	0		1	
Total	9	257	538	2381	\$ 118,553.00	256	330	257	256	256	576	394	5	45	6		25	
Quarter 3																		
July 9-13	St Rock SS	28	71	288	\$ 13,722.00	28	35	28	28	28	83	56	0	2	0		1	
July 17-19	Porcupine HS	23	58	174	\$ 8,993.00	23	26	23	23	23	21	32	0	3	0		2	
July 23-27	Cannonball HS	26	52	195	\$ 8,854.00	26	31	26	26	26	31	25	0	4	0		8	
August 7-9	Ft Yates HS	41	79	242	\$ 9,494.00	41	41	41	41	41	13	23	0	1	0		7	
August 13-17	Raleigh-PLC	14	51	240	\$ 13,120.00	14	29	14	14	14	119	35	0	0	0	1	0	
August 27-31	Minot-DBR	23	76	334	\$ 15,429.00	23	28	23	23	23	184	29	0	1	0		2	
Sept 10-12	Hazelton	19	40	200	\$ 9,741.00	19	22	19	19	19	77	25	0	0	0		0	
Sept 17-21	Minot-MRL	34	73	306	\$ 15,530.00	34	45	34	34	34	80	39	1	3	2		6	
Total	8	208	500	1979	\$ 94,883.00	208	257	208	208	208	608	264	1	14	2	1	26	
Quarter 4																		
Oct 1-5	Minot-Sunnysi	43	89	334	\$ 13,542.00	43	51	43	43	43	74	27	0	10	0		11	
Oct 8-12	Minot-Ramste	18	42	155	\$ 11,665.00	7	17	7	7	7	77	32	0	1	0		0	
Oct 15-19	Minot-Ram	4	6	25	\$ 2,972.00	1	1	4	0	0	2	17	0	0	0		0	
Oct 22-26	S Central	17	39	224	\$ 14,605.00	17	27	17	17	17	76	51	0	2	0		0	
Nov 5-8	Mott	15	39	197	\$ 10,740.00	15	22	15	15	15	86	25	1	2	1		2	
Nov 12-16	New England	14	34	151	\$ 8,246.00	14	18	14	14	14	51	22	1	3	0		0	
Nov 26-30	Tappen	28	60	346	\$ 17,550.00	28	31	28	28	28	159	42	0	2	0		0	
Dec 10-14	Riverside	24	71	272	\$ 16,640.00	24	29	24	24	24	77	59	2	7	2		0	
Dec 17-21	Saxvik	33	80	365	\$ 18,671.00	33	58	33	33	33	113	53	1	8	0		0	
Total	9	196	460	2069	\$ 114,631.00	182	254	185	181	181	715	328	5	35	3		13	
Annual Total	33	796	1822	7973	\$ 410,187.00	781	1020	785	780	780	2311	1366	15	115	19	1	82	

Ronald McDonald Care Mobile
Demographic Statistics 2012

Attachment C

Site and Date	# of Children	Gender		Race/Ethnicity						
		Total	Males	Females	Caucasian	Native American	African American	Hispanic	Other	Mixed Racial
1st Quarter										
Riverside 2/6-2/10	47	25	22	18	20	7				
Saxvik 2/13-2/17	24	10	14	16	6					
South Central 2/22-2/24	19	9	10	17						
Myhre 2/27-2/29 & 3/1	13	10	3	12						
Riverside 3/19-3/23	0									
UTTC 3/26-3/30	32	14	18		31					
Total	135	68	67	63	60*	10*	1*	1*		
2nd Quarter										
Hebron 4/10-4/13	32	18	14	26						
Military 4/16-4/20	31	17	14	26						
Mary Stark 4/23-4/27	32	14	18	30						
Hebron 5/7-5/11	43	31	12	41						
Longfellow 5/14-5/18	23	10	13	19						
United Tribes 5/21-5/25	18	7	11		18					
City Country 6/4-6/8	32	18	14	23	6					
City Country 6/20-6/21	12	4	8	12						
Fort Yates SS 6/25-6/29	34	21	13		34					
Total	257	140	117	177	66*	5*	7*	2*		
3rd Quarter										
Fort Yates SS 7/9-7/13	28	21	7		28					
Porcupine HS 7/17-7/19	23	12	11		19					
Cannon Ball HS 7/24-7/26	26	9	17		26					
Fort Yates HS 8/7-8/9	41	18	23		41					
PLC 8/13-8/17	14	14	0	8	5					
Dakota B&G 8/27-8/31	23	18	5	20						
HMB 9/10-9/12	19	8	11	17						
McKinley 9/19&9/20	14	7	7	10						
Roosevelt 9/17-18 & 21	16	6	10	12						
Lincoln 9/21	4	4								
Total	208	117	91	75*	125*	1*	5*	1*	1*	
4th Quarter										
Sunnyside 10/1-10/5	43	17	26	30	5	5				
Eric Ramsted 10/8-12	18	8	10	12						
Eric Ramsted 10/15 & 16	4	2	2							
South Central 10/22 -26	17	8	9	15						
Mott/Regent 11/5-8	15	2	13	15						
New England 11/13-16	14	10	4	9						
Tappen 11/26-30	28	17	11	28						
Riverside 12/10-14	24	11	13	9	12					
Saxvik 12/17-21	33	13	20	11	13	5				
Total	196	88	108	131*	34*	18*	12*	1*		
2012 Total	796	413	383	446*	225*	34*	25*	5*	1*	

*To protect the confidentiality of the client, numbers less than 5 have been suppressed in this report.

Ronald McDonald Care Mobile Budget - 2013 & 2014
(January 1 - December 31)
(Proposed)

Revenue	2013	2014
RMHC-Bismarck (20% of costs)	\$ 121,553	\$ 124,927
Service Revenue	\$ 104,130	\$ 130,000
Community Partners (\$500 per site)	\$ 20,000	\$ 20,000
HRSA Grant (current grant through 2013 - new grant pending)	\$ 79,834	\$ -
Basin Electric Power Cooperative	\$ 16,000	\$ 16,000
Tom and Francis Leach Foundation	\$ 18,750	\$ 18,750
McDonald's Owners/Operators	\$ 20,000	\$ 20,000
Grants (MN Power & ADHA/Wrigley)	\$ 12,500	\$ -
Grants and Donations (still to be secured)	\$ 214,998	\$ 294,960
Total	\$ 607,765	\$ 624,637
Expenses	2013	2014
Salaries and Wages (Drivers & Program Mgr.)	\$ 77,000	\$ 79,310
Fringe Benefits	\$ 7,620	\$ 7,852
Contractual (Dental Staff & Clinical Service Provider)	\$ 280,170	\$ 288,575
Operating		
Equipment	\$ -	
Supplies		
Information technology communications	\$ 8,400	\$ 8,500
Office Supplies	\$ 2,000	\$ 2,000
Client education supplies	\$ 1,000	\$ 1,000
Dental supplies	\$ 50,000	\$ 50,000
Advertising/promotion	\$ 2,000	\$ 2,000
Fundraising	\$ 5,000	\$ 5,000
Fuel (Care Mobile and Van)	\$ 10,400	\$ 12,000
Vehicle Maintenance	\$ 8,000	\$ 10,000
Travel, food, lodging (staff)	\$ 37,000	\$ 38,000
Other		
Professional Development	\$ 2,000	\$ 2,000
Miscellaneous	\$ 2,000	\$ 2,000
RMCM vehicle license and registration	\$ 575	\$ 600
RMCM vehicle insurance	\$ 11,000	\$ 12,000
RMCM vehicle storage	\$ 3,600	\$ 3,800
Depreciation/ Reserve Fund	\$ 100,000	\$ 100,000
Total Expenses	\$ 607,765	\$ 624,637
Operating Gain(loss)	\$ -	\$ -
Operating Gain(loss) excluding depreciation	\$ 100,000	\$ 100,000

2013 Ronald McDonald Care Mobile Schedule			
<u>Date</u>	<u>Location</u>	<u>Site</u>	<u>holidays</u>
January 2-4	home	service	
January 7-11	Mandan	Mary Stark	
January 14-18	Bismarck	Myhre	
January 22-25	home	service	1/21 MLK day, 1/22 Legislature
January 28-February 1	Bismarck	T. Jamerson	
February 4-8	Mandan	Custer	
February 11-15	Hebron	Hebron School	
February 19-22	Bismarck	Saxvik 20-22	2/18 Pres. Day, 2/19 Staff Dev. Day
February 25-March 1	home	service	2/27 - Leg. spouses; 2/28 staff mtg.
March 4-8	Tappen/Steele		3/8 Spring Break - Bismarck
March 11-15	B/M	make-up week	M. Stark (M-T), Saxvik?
March 18-22	Bismarck	T. Jamerson	
March 25-28	home	service	3/28 staff mtg?, 3/29 Good Friday
April 1-5	Steel (4/2-5)	school	3/31 Easter, 4/1 Conf.(Bismarck)
April 8-12	New Town	Head Start	
April 15-19	Rollette	school	
April 22-26	home	service	
April 29-May 3			4/29 Staff Dev. Day
May 6-10	Center	school	Christie gone the 9th
May 13-17			
May 20-24			5/24 last day of school
May 27-31	home	service	5/27 Memorial Day
June 3-7			
June 10-14			
June 17-21			
June 24-28	Ft. Yates	summer school	
July 1-5	home	service	4th of July
July 8-12	Ft. Yates	summer school	
July 15-19			
July 22-26			
July 29-August 2	home	service	
August 5-9			
August 12-16			
August 19-23			8/20 1st day of school Bismarck
August 26-30	New Town	Head Start	
September 3-6	home	service	9/2 Labor Day
September 9-13	HMB	school	NDDA Convention 9/12-14
September 16-20	Mott/Regent	school	
September 23-27			
September 30 – October 4	home	service	
October 7-11	Ft. Yates?	Mission of Mercy?	Oct. 10-12 (Thursday - Sat.?)
October 14-18			10/14 Columbus Day
October 21-25			
October 28-November 1	home	service	
November 4-8	New England	school	
November 11-15			11/11 Veterans Day
November 18-22	Bismarck	South Central	
November 25-29	home	service	11/28 T. Giving
December 2-6	Bismarck	Saxvik	
December 9-13	Bismarck	Riverside	
December 16-20			
December 23-27	home	service	12/25 Christmas

House Bill 1135
Marcia Olson
March 11, 2013

Bridging the Dental Gap is a non-profit dental clinic servicing a 50 mile radius of Bismarck-Mandan. The patient population is 44% Medicaid and 56% sliding fee scale patients. On average our dental staff covers 550 – 650 appointments per month. Basic care services of fillings, extractions, cleanings, exams, dentures and partials and some root canals and crowns. Bridging the Dental Gap is NOT a federally funded health center. We are a stand alone, look alike, hybrid. We do receive grants from various sources including a HRSA grant for equipment to serve long term care facilities in our area. In the past 16 months, Bridging the Dental Gap has additionally provided almost 1000 appointments in long term care facilities as a mobile outreach program to the elderly at risk populations.

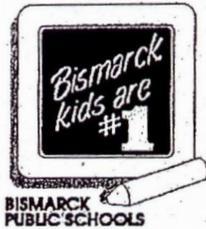
Bridging the Dental Gap also serves as the Clinical Provider for the Ronald McDonald Caremobile. In other words, we hire and oversee the dental staff that works on board the Caremobile. The Caremobile travels well beyond our 50 mile radius.

Kathy Keiser has presented the numbers of children that have been serviced and the types of services provided. This outreach program has been an eye-opener, even for our staff. The need is extremely great. Many parents in these at risk populations do not seek out dental care. It is essential that care be brought to them.

You have heard the stories which Kathy has presented. Please realize that the one or two which she has offered, are only a small sample of what the staff sees and hears every day. Children who cannot participate in classes due to toothpain.

The funding requested in this House Bill will help with supplies and equipment to continue services to those most in need and those who cannot speak for themselves... the children of North Dakota.

I would urge your support of House Bill 1135.



Bismarck Public Schools

806 North Washington Street
Bismarck, North Dakota 58501
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Fax: (701) 323-4001
www.bismarckschools.org

TAMARA USELMAN
SUPERINTENDENT

MICHAEL J. HEILMAN
ASST. SUPERINTENDENT
SECONDARY SCHOOLS
CURRICULUM INSTRUCTION

FRAN A. RODENBURG
ASST. SUPERINTENDENT
ELEMENTARY SCHOOLS
STUDENT SERVICES

EDWIN J. GERHARDT
BUSINESS MANAGER

LISA J. KUDELKA
HUMAN RESOURCES MANAGER

DA: Friday, January 18, 2013
TO: ND Legislators
FR: Tamara Uselman, Superintendent of Schools
RE: Ronald McDonald Care Mobile

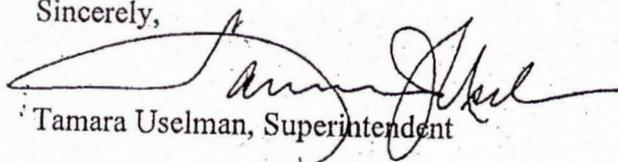
It is with high regard that I write this letter in support of the Ronald McDonald Care Mobile. Our school district, Bismarck Public Schools, has been a partner since the Care Mobile was launched one year ago.

During the 2012-13 school year, the Care Mobile has provided much-needed dental services at nine (9) school sites reaching 177 of our children in Bismarck Public Schools. These are children who do not have a dentist or have not had a dental visit for some time.

The Care Mobile provided 440 patient appointments and 2,071 dental services for a value of \$112,975.00 to Bismarck Public Schools. Our families are grateful for these free and/or Medicaid reimbursed-services.

Please support the Ronald McDonald Care Mobile which serves western North Dakota. It's just one more way we can provide significant services to our children in need.

Sincerely,



Tamara Uselman, Superintendent

#1

Testimony
HB1135
Senate Appropriations Committee
March 22, 2013

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Kathy Keiser, and I am the Executive Director of Ronald McDonald House Charities in Bismarck and our mission is "to improve the lives of children and their families". We own and operate the Ronald McDonald Care Mobile which delivers dental care to underserved children in the western half of North Dakota. I am providing testimony in support of HB 1135.

Dental Need:

Access to dental care continues to be a challenge for low-income and underserved populations in North Dakota. The number of dentists in the state has increased slightly; however, Medicaid enrolled children continue to have difficulty finding a dentist and there remains a shortage of dentists in the rural and frontier areas of the state. According to the Health Resources and Services Administration, Bureau of Primary Health Care, seventeen counties/geographical areas in the state are designated as dental health professional shortage areas and three counties are designated low-income dental health professional shortage areas. Fifteen facilities across the state including rural health centers, community health centers, Indian Health Service clinics and the State Penitentiary and James River Correctional Center are designated as dental health professional shortage areas. (Source: UND School of Medicine and Health Sciences, 2012).

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In an effort to address this need, Ronald McDonald House Charities of Bismarck launched a mobile dental program in February of 2012 to reach out to these underserved areas by bringing oral health services directly to underserved children age 0 through 21 in their own neighborhoods. The Ronald McDonald Care Mobile serves the western half of North Dakota and we recently expanded our service area to Rolette County due to the tremendous need. There are over 3,100 Medicaid enrolled children in that county alone. In order to reach the children in greatest need, the Care Mobile has designated priority service areas including 1) schools with greater than 50 percent of their children enrolled in the free- and reduced-fee school lunch

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48% female

Preliminary data for 2012 indicates that around 22 percent of the patients were Medicaid enrolled, 6 percent had other insurance and 72 percent were uninsured. We are still awaiting turnaround of some claims in order to finalize these numbers for last year. Summary encounter and service data for fiscal year 2012, site specific encounter and service data and demographic statistics are included as Attachments A, B, and C.

In future years, the Care Mobile will be on the road approximately 40 weeks per year. We're on the road three weeks per month and then return to home base the fourth week for servicing and restocking of the vehicle. We anticipate that we will treat between 800-1,000 children each year. In 2012, the majority of the children that we treated were of elementary school age.

We're working closely with the ND Department of Health, Oral Health Program, the ND Medicaid Program, the ND Oral Health Coalition and the ND Dental Association to enhance existing programs, as well as in the development of new programs to reach even more children.

Annual operating costs for the Care Mobile are around \$600,000 per year and the majority of the operating costs are secured through grants and donations, as well as insurance reimbursements. In 2013, we requested community site partner fees of \$2,500 per site to help offset the costs of delivering care, however, schools and other sites have had great difficulty in raising these funds. In order to make this more achievable, we've lowered the fee to \$500 to ensure community buy-in which we feel is critical to the success of the program. For this reason, we are requesting funds in the amount of \$100,000 \$(50,000/year) for the 2013-2015 biennium for the purchase of dental supplies to fill this gap. Attachment D provides an overview of our projected budget for our calendar years 2013 and 2014.

Please support HB 1135 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would be happy to answer any questions you might have.

**Ronald McDonald Care Mobile Service Delivery Summary
January – December 2012**

Aggregate Data

Number of Sites: 33
 Total number of children seen: 796
 Total number of visits/encounters: 1,822
 Total number of services provided: 7,973
 Total value of treatment provided: \$410,187

Individual Data

Average value of services provided per child: \$515.31
 Average cost per child to deliver services: \$705.57
 Average number of visits per child: 2.29
 Average number of services per child: 10

Detail of Services provided:

Diagnostic	Number Provided	Preventive	Number Provided	Restorative/Surgical	Number Provided
Exams	781	Oral health education	785	Fillings	1366
X-rays	1020	Cleanings	780	Stainless Steel Crowns	15
		Fluoride Treatments	780	Extractions	115
		Sealants	2311	Pulpotomies	19
				Other-Partial Repair	1
Referrals	82				

DemographicsRace/Ethnicity

Caucasian	56%
Native American	36%
African American	4%
Hispanic	3%
Other	<1%
Mixed Race	<1%
Asian	0%

Gender

Males	52%
Females	48%

Payor Source (Preliminary data until all claims are processed)

22% Medicaid
6% Private insurance
72% Uninsured

Summary of Communities Served

Bismarck	12 weeks
Minot	8 weeks
Fort Yates	5 weeks
Hebron	2 weeks
Mandan	1 week
Raleigh	1 week
Hazleton	1 week
New England	1 week
Mott	1 week
Tappen	<u>1 week</u>
	33 weeks total

Note: Service delivery started in February of 2012.

2012 Encounter and Service Data - Ronald McDonald Care Mobile

Quarter 1						Diagnostic		Preventive				Restorative/Surgical				Other		
Date	Site	# children	# encounters	# services	\$ Value	Exams	X-rays	OH Ed	Clean-ings	Fl Trmts	Seal-ants	Fillings	SS Crowns	Extract-ions	Pulp-otomies	Other	Refer-als	
Feb 6-10	Riverside	47	118	496	\$ 27,282.00	47	53	47	47	47	163	85	0	7	0		5	
Feb 13-17	Saxvik	24	56	331	\$ 13,380.00	24	30	24	24	24	57	147	0	1	0		2	
Feb 22-24	S Central	19	51	265	\$ 15,010.00	19	25	19	19	19	100	64	0	0	0		1	
Feb 27-29	Myhre	13	25	130	\$ 7,387.00	13	17	13	13	13	32	23	2	2	2		5	
March 1-2	S Central	Data included above																
March 19-23	Riverside	Data included above																
March 26-30	Th Jamerson	32	74	322	\$ 19,061.00	32	54	32	32	32	60	61	2	11	6		5	
Total	7	135	324	1544	\$ 82,120.00	135	179	135	135	135	412	380	4	21	8		18	
Quarter 2																		
April 9-13	Hebron	32	64	355	\$ 20,454.00	32	49	32	32	32	89	81	1	5	2		0	
April 16-20	Milit Child	31	55	273	\$ 13,623.00	31	38	31	31	31	71	35	0	5	0		0	
April 23-27	Mary Stark	32	71	286	\$ 15,128.00	31	37	32	31	31	81	37	2	3	1		6	
May 7 - 11	Hebron	43	73	307	\$ 8,307.00	43	51	43	43	43	57	25	0	2	0		3	
May 14-18	Longfellow	23	69	238	\$ 14,694.00	23	26	23	23	23	51	52	1	13	3		1	
May 21-25	Th Jamerson	18	36	159	\$ 6,220.00	18	26	18	18	18	28	31	0	2	0		8	
June 4-8	C-C Health	32	61	279	\$ 14,329.00	32	41	32	32	32	63	39	0	8	0		6	
June 20-22	C-C Health	12	35	145	\$ 8,139.00	12	15	12	12	12	42	36	0	4	0		0	
June 25-29	St Rock SS	34	74	339	\$ 17,659.00	34	47	34	34	34	94	58	1	3	0		1	
Total	9	257	538	2381	\$ 118,553.00	256	330	257	256	256	576	394	5	45	6		25	
Quarter 3																		
July 9-13	St Rock SS	28	71	288	\$ 13,722.00	28	35	28	28	28	83	56	0	2	0		1	
July 17-19	Porcupine HS	23	58	174	\$ 8,993.00	23	26	23	23	23	21	32	0	3	0		2	
July 23-27	Cannonball HS	26	52	195	\$ 8,854.00	26	31	26	26	26	31	25	0	4	0		8	
August 7-9	Ft Yates HS	41	79	242	\$ 9,494.00	41	41	41	41	41	13	23	0	1	0		7	
August 13-17	Raleigh-PLC	14	51	240	\$ 13,120.00	14	29	14	14	14	119	35	0	0	0	1	0	
August 27-31	Minot-DBR	23	76	334	\$ 15,429.00	23	28	23	23	23	184	29	0	1	0		2	
Sept 10-12	Hazelton	19	40	200	\$ 9,741.00	19	22	19	19	19	77	25	0	0	0		0	
Sept 17-21	Minot-MRL	34	73	306	\$ 15,530.00	34	45	34	34	34	80	39	1	3	2		6	
Total	8	208	500	1979	\$ 94,883.00	208	257	208	208	208	608	264	1	14	2	1	26	
Quarter 4																		
Oct 1-5	Minot-Sunnysl	43	89	334	\$ 13,542.00	43	51	43	43	43	74	27	0	10	0		11	
Oct 8-12	Minot-Ramste	18	42	155	\$ 11,665.00	7	17	7	7	7	77	32	0	1	0		0	
Oct 15-19	Minot-Ram	4	6	25	\$ 2,972.00	1	1	4	0	0	2	17	0	0	0		0	
Oct 22-26	S Central	17	39	224	\$ 14,605.00	17	27	17	17	17	76	51	0	2	0		0	
Nov 5-8	Mott	15	39	197	\$ 10,740.00	15	22	15	15	15	86	25	1	2	1		2	
Nov 12-16	New England	14	34	151	\$ 8,246.00	14	18	14	14	14	51	22	1	3	0		0	
Nov 26-30	Tappen	28	60	346	\$ 17,550.00	28	31	28	28	28	159	42	0	2	0		0	
Dec 10-14	Riverside	24	71	272	\$ 16,640.00	24	29	24	24	24	77	59	2	7	2		0	
Dec 17-21	Saxvik	33	80	365	\$ 18,671.00	33	58	33	33	33	113	53	1	8	0		0	
Total	9	196	460	2069	\$ 114,631.00	182	254	185	181	181	715	328	5	35	3		13	
Annual Total	33	796	1822	7973	\$ 410,187.00	781	1020	785	780	780	2311	1366	15	115	19	1	82	

Ronald McDonald Care Mobile
Demographic Statistics 2012

Attachment C

Site and Date	# of Children	Gender		Race/Ethnicity						
		Total	Males	Females	Caucasian	Native American	African American	Hispanic	Other	Mixed Racial
1st Quarter										
Riverside 2/6-2/10	47	25	22	18	20	7				
Saxvik 2/13-2/17	24	10	14	16	6					
South Central 2/22-2/24	19	9	10	17						
Myhre 2/27-2/29 & 3/1	13	10	3	12						
Riverside 3/19-3/23	0									
UTTC 3/26-3/30	32	14	18		31					
Total	135	68	67	63	60*	10*	1*	1*		
2nd Quarter										
Hebron 4/10-4/13	32	18	14	26						
Military 4/16-4/20	31	17	14	26						
Mary Stark 4/23-4/27	32	14	18	30						
Hebron 5/7-5/11	43	31	12	41						
Longfellow 5/14-5/18	23	10	13	19						
United Tribes 5/21-5/25	18	7	11		18					
City Country 6/4-6/8	32	18	14	23	6					
City Country 6/20-6/21	12	4	8	12						
Fort Yates SS 6/25-6/29	34	21	13		34					
Total	257	140	117	177	66*	5*	7*	2*		
3rd Quarter										
Fort Yates SS 7/9-7/13	28	21	7		28					
Porcupine HS 7/17-7/19	23	12	11		19					
Cannon Ball HS 7/24-7/26	26	9	17		26					
Fort Yates HS 8/7-8/9	41	18	23		41					
PLC 8/13-8/17	14	14	0	8	5					
Dakota B&G 8/27-8/31	23	18	5	20						
HMB 9/10-9/12	19	8	11	17						
McKinley 9/19&9/20	14	7	7	10						
Roosevelt 9/17-18 & 21	16	6	10	12						
Lincoln 9/21	4	4								
Total	208	117	91	75*	125*	1*	5*	1*	1*	
4th Quarter										
Sunnyside 10/1-10/5	43	17	26	30	5	5				
Eric Ramsted 10/8-12	18	8	10	12						
Eric Ramsted 10/15 & 16	4	2	2							
South Central 10/22 -26	17	8	9	15						
Mott/Regent 11/5-8	15	2	13	15						
New England 11/13-16	14	10	4	9						
Tappen 11/26-30	28	17	11	28						
Riverside 12/10-14	24	11	13	9	12					
Saxvik 12/17-21	33	13	20	11	13	5				
Total	196	88	108	131*	34*	18*	12*	1*		
2012 Total	796	413	383	446*	225*	34*	25*	5*	1*	

*To protect the confidentiality of the client, numbers less than 5 have been suppressed in this report.

Ronald McDonald Care Mobile Budget - 2013 & 2014
(January 1 - December 31)
(Proposed)

Revenue	2013	2014
RMHC-Bismarck (20% of costs)	\$ 121,553	\$ 124,927
Service Revenue	\$ 104,130	\$ 130,000
Community Partners (\$500 per site)	\$ 20,000	\$ 20,000
HRSA Grant (current grant through 2013 - new grant pending)	\$ 79,834	\$ -
Basin Electric Power Cooperative	\$ 16,000	\$ 16,000
Tom and Francis Leach Foundation	\$ 18,750	\$ 18,750
McDonald's Owners/Operators	\$ 20,000	\$ 20,000
Grants (Otto Bremer, MN Power & ADHA/Wrigley)	\$ 112,500	\$ -
Grants and Donations (still to be secured)	\$ 114,998	\$ 294,960
Total	\$ 607,765	\$ 624,637

Expenses	2013	2014
Salaries and Wages (Drivers & Program Mgr.)	\$ 77,000	\$ 79,310
Fringe Benefits	\$ 7,620	\$ 7,852
Contractual (Dental Staff & Clinical Service Provider)	\$ 280,170	\$ 288,575
Operating		
Equipment	\$ -	
Supplies		
Information technology communications	\$ 8,400	\$ 8,500
Office Supplies	\$ 2,000	\$ 2,000
Client education supplies	\$ 1,000	\$ 1,000
Dental supplies	\$ 50,000	\$ 50,000
Advertising/promotion	\$ 2,000	\$ 2,000
Fundraising	\$ 5,000	\$ 5,000
Fuel (Care Mobile and Van)	\$ 10,400	\$ 12,000
Vehicle Maintenance	\$ 8,000	\$ 10,000
Travel, food, lodging (staff)	\$ 37,000	\$ 38,000
Other		
Professional Development	\$ 2,000	\$ 2,000
Miscellaneous	\$ 2,000	\$ 2,000
RMCN vehicle license and registration	\$ 575	\$ 600
RMCN vehicle insurance	\$ 11,000	\$ 12,000
RMCN vehicle storage	\$ 3,600	\$ 3,800
Depreciation/ Reserve Fund	\$ 100,000	\$ 100,000
Total Expenses	\$ 607,765	\$ 624,637
Operating Gain(loss)	\$ -	\$ -
Operating Gain(loss) excluding depreciation	\$ 100,000	\$ 100,000

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**Testimony for House Bill 1135
Appropriation Committee
Senator Holmberg, Chairman
March 22, 2013**

**Chairman Holmberg, members of the Appropriation Committee
Richard Marcellais, Senator from District 9, Rolette County.**

**The vast majority of children that live in Rolette County are in such
need of extensive dental work as necessary.**

**We would love to see the placement of dental hygienists into Rolette
County public health office that see high risk children and into schools
that serve these children allowing for preventative care and early are
intervention.**

**Preliminary data indicates the majority of children (72%) are
uninsured, 22% are Medicaid and 6% have private insurance coverage.
Over ½ (56%) of the children seen are Caucasian, 36% are American
Indian and 8% are other races. The average value of services provided
to each child was \$515.31. On average each child visited mobile dental
care unit 2.29 times and had 10 services provided. Most children need
more than one appointment to complete the care needed.**

**We do realize that the number of children that can be seen by the staff
is small and in the case of Rolette County-very small proportion of those
in need of services would be reached. We continue to have trouble
accessing a local dentist to treat children with Medicaid. Lack of dental
treatment and prevention often leads to fillings and extractions.**

**Many non-Medicaid qualified children lack dental services due to the
cost of dental work and few in our county have dental insurance.**

**Thank you very much for the opportunity to appear in support of
House Bill 1135. I will try an answer any questions the committee may
have.**