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ROLL NUMBER

DESCRIPTION

1246

2007 HOUSE HUMAN SERVICES

HB 1246

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

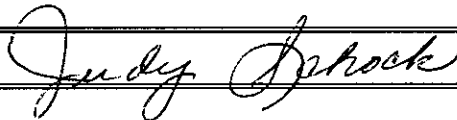
House Human Services Committee

Check here for Conference Committee

Hearing Date: January 16, 2007

Recorder Job Number: 1199

Committee Clerk Signature



Minutes:

Chairman Price: We will open the hearing on HB 1246.

Senator Tim Mathern, District 11 Fargo, ND: See attached. This bill is to put more money into the Medicaid program.

Representative RaeAnn Kelsch, District 34 Mandan, ND: In concern for the fact if there are all kinds of individuals in ND that are not getting the dental care they need, and it could become a big issue. The Medicaid payment is not enough. We now look into putting more money into Medicaid so that the citizens of ND are able to receive the proper dental care.

Dr. Terry Deeter. Practicing dentist in Bismarck, ND and President of ND Dental

Association: See attached testimony, also attached the fact sheet. At this time I do not have Medicaid patients. I did at one time. If it was raised to 85% I would again take them. Some dentist except what insurances pay. I participate in BC/BS plan.

Representative Porter: Dentists are not the only underpaid by the Medicaid program. How do we address other practices in the medical field with these issues?

Dr. Deeter: I don't know, my concern is with the dental sides that are under served in ND. I don't have a lot of no shows. My office is excellent in filling the slots quickly. I know that is a big problem. It is higher with the medical reimbursement population.

Maggie Anderson, Director of Medical Services for Department of Human Services: See attached testimony, also appropriation attachment. I have visited with the medical director in Virginia on the no shows. They have implemented from the flexible benefit option of the deficit reduction act. ER doesn't have dental codes for diagnosis.

Nancy Copp, ND Optometric Association: We are neutral in this bill. We have 130 members of the 150 members, and all but 1 does serve the Medicaid population. The optometrists also struggle with the no shows.

Chairman Price: Any other opposition, if not we will close the hearing on HB 1246

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 24, 2007

Recorder Job Number: 1856

Committee Clerk Signature

Judith DeRock

Minutes:

Chairman Price: How many would pass it in its current form? They want a couple million dollars. Seven of you? How many wish to change it? We won't act on it today. I told Mr. Citchy we would not do it today, but if it is going to come out that way. I don't think it is going to get very far down the hall.

Representative Weisz: The dentist wants 80% of the bills. The hospital gets about 50 some percent reimbursement.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 29, '07

Recorder Job Number: "Click here to type Digital Recorder Job #"

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: Take out HB 1246 for discussion

Representative Porter: Just to be up front and on the table with everyone. What I am about to discuss does not mean I am supportive moving one provider group to even further up the hill. I think the testimony on the side of the optometrists and other providers; it really creates an unfair situation for the other medical providers. I do think, knowing how this bill faired last session that it was defeated by a margin. I think we would be doing it an injustice to the department and to the cliental out there by not making sure that there is some way to assure us access by raising the fees. Right now the way the bill is written it just raised the fees. There are not guarantees that there would be any improvement in any access anywhere. I think optometrists are really getting a slap in the face by passing this type of a bill when you have the optometrist doing almost 100% access of a fee schedule, less than this one is. The Department would like to see amendments to this bill that would include a tiered payment schedule based on access that the department can set up. They also would like a one year sunset on the money so if it is not working they can hold the program and come back and report back to the legislature. Access is a concern for everyone. They can create an incentive program, so the dentist t that is seeing 2 patients doesn't get the money that it really goes to

those dentists that are working in the system in trying to help with the access problem. It won't sway my thoughts on the bill, but it certainly makes better process.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

House Human Services Committee

Check here for Conference Committee

Hearing Date: January 30, 2007

Recorder Job Number: 2280

Committee Clerk Signature

Judith Schrock

Minutes:

Chairman Price: Let's take out HB 1246.

Representative Conrad moves a do pass RR/Appropriations, second by **Representative Hofstad**.

Representative Porter: The part of this legislation that bothers me and did last session that we are cherry picking one provider and moving them way ahead of the other groups. We heard from the optometrists where they are excepting Medicaid assignments. There are no access problems, they are being reimbursed. If we wanted to reward someone for not causing us a problem, than we should be doing the same thing for the optometrists. All of the other groups that have voluntary practices, and they can pick and choose their patients. We will be sending a wrong message by passing a piece of legislation like this. This is no guarantee this will solve the problem.

Representative Conrad: The reason I did make the motion is I would support 100%. It goes back to my experience as county commissioner. When we put out specs for a service we ask the qualified people to come and apply, and put forth a bid, and we take the best bid.

Representative Hofstad: I guess my fear is if we don't go down this road, that our access will be less. I think we all need to consider this Those young kids need to get into the dentist

because it effects them for so very long. I just think it is a critical need. I am afraid the dentists are going to walk away from us.

The vote was taken with 9 yeas, 3 nays and 0 absent. **Representative Conrad** will carry the bill to the floor.

Date: Y30
 Roll Call Vote #: 1

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

House HUMAN SERVICES HB 1246 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass

R.R/Rep

Motion Made By Rep Conrad

Seconded By Rep Hofstad

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

Total (Yes) 9 "Click here to type Yes Vote" No 3 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Conrad

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

REPORT OF STANDING COMMITTEE (410)
January 31, 2007 11:42 a.m.

Module No: HR-21-1623
Carrier: Conrad
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1246: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (9 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1246 was rereferred to the Appropriations Committee.

2007 HOUSE APPROPRIATIONS

HB 1246

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

House Appropriations Committee

Check here for Conference Committee

Hearing Date: February 8, 2007

Recorder Job Number: 3241

Committee Clerk Signature

Shirley Branning

Minutes:

Chm. Svedjen called the meeting to order to take up HB 1246, a bill relating to dental reimbursement under Medicaid, by introducing **Rep. Clara Sue Price**, District 40.

Rep. Price explained that the reason to bring forth this bill is at this time there is no Medicare rate schedule for dentists. This bill takes them up to 85% of any billed services.

Rep. Hawken: It is 85% of the average charges billed. Dealing with the indigent, the elderly and the mentally disabled. Many of these dentists volunteer their time, if this bill isn't passed, people will go to emergency rooms.

Rep. Carlson: What are the reimbursement levels for other fields of service? Is this high, low?

Rep. Price: It is about 58% for optometrists, ambulance is just under 40%, there is a wide a wide range of percentages.

In other discussion, no-shows and basing this on the number of Medicare patients a dentist takes.

Chm. Svedjen: The percentage of bill charges in health care is very low. It is a little over 40% in our facility. Moving one group of providers to 85% and leaving others at 40% or less does not seem fair. What is being considered is an inflationary increase, but it is a consideration of fairness.

Rep. Bellew: What do dentists receive now for reimbursements?

Rep. Price: It is 58% for children and 48% for adults. It has to be calculated by code.

Rep. Nelson: Are some states finding a solution for no shows? How?

Rep. Price: Reports are that there is only about a 3% increase in keeping appointments.

Rep. Kroeber: A fact sheet shows that the number of ER visits for dental patients increased by 27% in North Dakota and the amount paid increased by 40% comparing '04 to '03. If we want to talk about fairness we put millions into roads, I would think we can put \$1.4m into the mouths of children and poor people.

Rep. Wieland: There is a sunset on here. How long have we been doing this? Is there really no way to track ER visits?

Rep. Price: The sunset is on the appropriations section of this bill. The 85% would stand and there would have to be another appropriation next session. Our providers across the state need more money for Medicaid reimbursement.

Maggie Anderson, Department of Human Services: To a degree we can track ER visits but it goes back to coding. We could track increases in access to dental services if the bill were to pass.

Rep. Hawken: We need to look at the whole picture. There is a difference in Dental Reimbursement, in cost sharing, etc.

Rep. Carlson: Question for Ms. Anderson, Understands that there is a bill to raise reimbursement rates for all areas. Do you have anything to show what level they are being reimbursed at to give me an understanding of the needs?

Anderson: We have information on reimbursement versus what they bill us. We lump dentist payments together, at about 57% of their bill charges with a different fee for children and adults.

Ambulance is about 32%, hospitals 47-54%, physicians 44%, chiropractors 39%, hearing aid dealers 92%, and home health and hospice is higher.

Rep. Carlson: Are there any other bills out there besides this one that address just a particular field.

Anderson: No.

Rep. Williams: 85% would be quite high, is that because of the lack of participation on the part of dentists and lack of dentists?

Anderson: The 85% was chosen by the Dental association. It is an area where we have an access issue in the Medicaid program.

Rep. Monson: If we bump to 85% would we see more people going to the dentist because the dentist is the least popular person you want to go to.

Anderson: If utilization were to increase, there is not enough money in that appropriation to account for that. We don't know how to estimate that because we don't know how many individuals would seek services or how many additional dentists would take clients.

Rep. Skarphol: The increase seems to be beyond what we should do and **Move a Do Not Pass. Seconded by Rep. Carlisle.**

The Do Not Pass Motion roll call vote carried by 14 yeas, 10 nays, 0 absent. Rep. Kreidt will carry the bill.

Date: 2/8/07
 Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1246

House Appropriations Full Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No not pass

Motion Made By Skarphol Seconded By Carlisle

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold		✓
Representative Monson	✓		Representative Gulleon	✓	
Representative Hawken		✓			
Representative Klein	✓				
Representative Martinson		✓			
Representative Carlson	✓		Representative Glassheim		✓
Representative Carlisle	✓		Representative Kroeber		✓
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson		✓			
Representative Pollert	✓		Representative Ekstrom		✓
Representative Bellew	✓		Representative Kerzman		✓
Representative Kreidt	✓		Representative Metcalf		✓
Representative Nelson	✓				
Representative Wieland		✓			

Total (Yes) 14 No 10

Absent 0

Floor Assignment Kreidt

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

REPORT OF STANDING COMMITTEE (410)
February 8, 2007 8:13 p.m.

Module No: HR-27-2624
Carrier: Kreidt
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1246: Appropriations Committee (Rep. Svedjan, Chairman) recommends DO NOT PASS (14 YEAS, 10 NAYS, 0 ABSENT AND NOT VOTING). HB 1246 was placed on the Eleventh order on the calendar.

2007 SENATE HUMAN SERVICES

HB 1246

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 3-05-07

Recorder Job Number: 4341, 4395

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman Senator J. Lee opened the hearing on HB 1246 relating to dental medical assistance reimbursements; to provide an appropriation; and to provide an expiration date.

Dr. Terry Deeter (Bismarck) testified in support of HB 1246. (Attachment #1)

Senator Erbele asked for a clarification of the donated dental services. Are they over and above what the reimbursement was?

Dr. Deeter explained that the donated dental service program is completely donated. There are no reimbursements to the dentist at all. It is a national program that ND dentists participate in. They are not Medicaid patients.

Senator Warner asked about the concept of average billed services and how the number would be derived.

Dr. Deeter replied that the 85% of average billed services go to the year of 2005 that was reported to human services. They determine what the fee is for that procedure as it is reported if this bill would be passed. It is an average fee that is reported by the participating dentists.

Senator J. Lee said part of that is recipient liability.

Dr. Deeter said that recipient liability is difficult to collect.

Senator Dever asked if dentists bill no shows.

Dr. Deeter answered that they don't.

(Meter 16:30) Limitation of treatment was discussed. This bill is not attempting to change what is covered.

Senator Dever – This bill came out of House Appropriations with a Do Not Pass recommendation and then passed on the floor of the House. Some of what he had heard was that it doesn't do anything to increase access because it doesn't require dentists to do Medicaid work.

Dr. Deeter responded that in states that have increased their reimbursement rates to a similar level have seen significant increases in access to care.

Senator Heckaman asked if the 60% reimbursement rate is what the federal allows or what the state allows now.

Dr. Deeter said the 60% reimbursement rate is what the dentists are currently being reimbursed at (meter 24:40).

Senator Heckaman – How has the budget been set in the past?

Senator J. Lee replied that was what the legislature set.

Dr. Kristin Kenner (Devils Lake Dentist) testified in support of HB 1246. (Attachment #2)

(Meter 39:00) The use of anesthesia on children and mental disabilities was briefly addressed.

David Boeck (Protection and Advocacy Project) said they advocate for people with disabilities and to protect their lives and their rights. The problem with access to dental care has been a long term issue with the Medicaid program. Session after session they have been looking for a way to fix this problem. This method hasn't been tried yet and it sounds very promising. He felt it needs to be measured as it goes forward and thought it might be an improvement in the bill to require the department to report to the Legislative Council periodically on how this is going in terms of how many additional people are served, how many more dental services are

provided, and how many more dentists are participating. (Meter 43:55) He talked about ways to get more dentists to participate.

(Attachment #3) Senator J. Lee provided the committee with written testimony from Representative Rae Ann Kelsch (District #34).

Nancy Kopp (Executive Director, ND Optometric Association) testified in support of HB 1246. She reported that of the participating optometrists 95% of their members participate in providing optometric services to the Medicaid population. They also experience the same problems as dentistry and other health care providers in no-shows and inadequate reimbursements. She provided an amendment for their consideration (attachment #4) to include optometric services.

Senator Warner asked if optometric services to children are mandatory.

Ms. Kopp – Yes.

Senator Dever asked if she knew what the fiscal impact would be.

Ms. Kopp replied that she did not run the numbers on it.

There was no opposing testimony.

Maggie Anderson (Director of Medical Services, DHS) testified on HB 1246 in a neutral position. (Attachment #5)

Senator J. Lee (meter 52:25) asked how recipient liability plugs in to the way it is now.

Ms. Anderson said that when they run these types of scenarios they exclude claims that have recipient liability because they mess things up. She continued to explain about the areas with the predominance of the recipient liability.

(Meter 54:25) She offered and explained amendments which are attached to her testimony.

(Meter 57:15) The process of anesthesia reimbursement was addressed.

Ms. Anderson talked about the problem of dentists only billing for what they think they will be reimbursed. That would be in violation of the policies that are set forth. Their information doesn't show that is occurring on a regular basis.

Senator Warner talked about billing Medicaid at a higher rate than billing the private pay. He asked if there was an audit process to check dentists' usual and customary charges to make sure they reflect what the private market is being charged.

Ms. Anderson answered that they do not have an audit process that routinely would look at things like that. They do it when they are made aware of a situation. They do a utilization review area and a fraud and abuse area. Providers are required to bill Medicaid no more than or less than their usual and customary.

Senator Erbele asked, if they feel there should be a 10% increase in the access and allow for that in the budgeting but 15% is the actual number, how that affects the appropriation.

Ms. Anderson replied that, if the bill passes, they would track it all very carefully so they know what's related to utilization and how much it is increasing. Overall, in the department, there is some flexibility in the budget.

(Meter 62:40) Ms. Anderson spoke about the fee schedule that the department sets.

Senator Dever asked if the nursing homes are billed to Medicare.

Ms. Anderson said that certain portions of nursing home costs may be eligible for Medicare reimbursement. Dental services are not one of the Medicare covered services.

Senator Heckaman asked about services that are not covered and the patient is a Medicaid patient, what happens?

Ms. Anderson said that for the adult population there are some services that are not covered.

The individual can pay for those separately. If they are unable to, she couldn't speculate as to the funding source.

Senator J. Lee asked Ms. Anderson to comment on the amendments proposed by Ms. Kopp and what the fiscal impact might be.

Ms. Anderson said they would have to work with their decision support contractor to get that information.

(Meter 70:40) She provided information about "billed to paid percentage by provider type" and explained it. (Attachment #6)

Senator J. Lee talked about her feeling that there is a need for mid level providers in the dental field.

Senator J. Lee asked if they hear a lot of comments about not having access vision services like they do about dental services.

Ms. Anderson said they do not hear that.

Senator J. Lee asked what other providers might also be finding the same issues of not having costs reimbursed.

Ms. Anderson replied that the QSP's is probably the area they hear the most concerns about turnover and individuals being able to access services in both urban and rural areas.

Senator J. Lee asked if the department had any suggestions on how this issue of access to dental health care might be addressed, other than raising the budget.

Ms. Anderson replied that the fluoride varnish bill is a good step forward in providing some of the preventative services by other practitioners.

The hearing on HB 1246 was closed.

JOB #4395

Discussion on HB 1246 was opened. Attachment #6 was reviewed and there was some talk about other providers also wanting to be reimbursed to 85% of their billable costs.

(Meter 5:45) Proposed amendments were discussed.

Senator J. Lee asked Maggie Anderson for information on what was happening in SB 2012 with dental reimbursement.

Ms. Anderson replied that in 2012 what would be available for dental reimbursement is the current fee schedule plus the 4 and 4. HB 1246 would move the dental providers up to that average 85% plus the 4 and 4.

Senator J. Lee asked Ms. Anderson if there were any glaring disparities in the reimbursements for Medicaid providers that haven't been considered.

Ms. Anderson said it was hard to answer that question because the department doesn't collect cost data, and billed charges are difficult. One of the things that both the Senate and House Appropriations Committees have looked at is the hospital rates. They have not been rebased to cost since 1994. (Meter 12:45)

The way the fee schedule for dental providers is set was addressed.

Senator J. Lee said she was hearing that the committee wasn't really supporting the idea of 85% plus 4 and 4. The two options then would be: (1) do not pass HB 1246 and let 4 and 4 continue in SB 2012; or (2) try to adjust the 85% to a percentage that results in dollars.

Senator Heckaman moved a Do Not Pass on HB 1246.

The motion was seconded by Senator Dever.

Discussion continued on whether it should be amended to make sure the dollars are there to support it if it passes on the floor. According to Maggie Anderson, if HB 1246 doesn't pass there is enough money in SB 2012 to operate the current fee schedule. If HB 1246 passes, the department needs more money for the 4 and 4 because it is a different fee schedule and a much higher rate.

(Meter 18:40) The appropriation for this bill was talked about along with how it relates to SB 2012.

Senator Warner asked if the dentists will be taken off the inflator system if this bill passes.

Ms. Anderson answered that, by passing this bill, a new fee schedule is established that just happens to be at 85% of the average bill charges. (Meter 20:40)

Inflation was discussed as well as rebasing and billing costs with comparisons to nursing homes given.

(Meter 23:45) Ms. Anderson answered questions by explaining how they come up with the percentage paid to billed amount on the chart on attachment #6.

After more discussion on whether to amend and on the recommendation of Carol Olson (DHS) that the place to amend would be Appropriations if it should pass on the floor, Senator J. Lee asked for a roll call vote.

Roll call vote 4-2-0. Motion passed. Carrier is Senator J. Lee.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1246

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 3-07-07

Recorder Job Number: 4606

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman Senator J. Lee opened HB 1246 for reconsideration.

Senator Pomeroy moved to reconsider the committee actions of a Do Not Pass on HB 1246.

The motion was seconded by Senator Dever.

The motion passed on a voice vote 5-1.

Senator J. Lee explained that she had a lot of communications from people having strong feelings about this bill and after talking with the DHS there was an idea brought forth dealing with putting this into effect January 2008. She then asked Maggie Anderson to explain.

Ms. Anderson (DHS) told the committee that when this bill was discussed on the House side she and the dental association were asked to come up with some type of modification to the bill that would tie access and utilization to dollars. (Meter 2:05) She talked about the access issue and the sunset clause. The January 2008 allows for lag time and the reimbursement wouldn't kick in until the access could potentially follow it.

Senator J. Lee reported that there were three proposals. (Attachment #7, #8, #9)

This would give a year's worth of data right before the beginning of the next biennium with enough lag time that appointments could be made and information about this additional opportunity would be available.

(Meter 8:00) In response to a question by Senator Heckaman about monthly Medicaid eligibility, Maggie Anderson said that the Senate in the amendment to SB 2012 put a directive in and made funds available to go to a continuous eligibility for all categorically and optional categorically Medicaid children.

Senator Heckaman asked if the MMIS coming in can track how many people can use this and how many have used it.

Ms. Anderson said the new MMIS won't be in place until July 2009 which is after this bill sunsets but the current MMIS can do that (meter 2:20).

Senator Erbele asked what was magic about the 85% and asked if they could consider 75%.

Ms. Anderson said that was the information requested of the department from the dental association.

Senator Dever asked about the range of dental services that are paid for under this program.

Ms. Anderson replied that the range of services is really the entire range of dental codes.

Some are only covered for children, some are covered for children and adults, and some are only covered under special consideration or prior authorization. Most of what they cover are routine checkups, trying to catch something before it becomes a problem.

Senator J. Lee recognized Mitch Vance (Bridging the Dental Gap) for comments.

He responded to the 85% figure. He said that isn't a magic number, they rely on the Human Services Committee of the Legislature to look at the whole budget and use its judgment regarding the figure.

Senator Dever asked if the non profits like Bridging the Dental Gap get reimbursed exactly the same way any other dentist would be.

Mitch Vance replied that their clinic is not. They have a special Medicaid rate (15:20).

Ms. Anderson offered that Bridging the Gap is considered a clinic and is paid as a clinic.

Senator J. Lee inquired about going to 75% and if it would be a problem since they had it set up at 85%.

Ms. Anderson replied that they would have to rerun all the calculations.

(Meter 19:00) Discussion followed on going to 75%, utilization, and dentists taking Medicaid patients and doing work that isn't billed.

Senator Warner asked Ms. Anderson about rebasing.

Ms. Anderson said that whatever they go with, whether it is 75% or 85%, would be rebasing the fee schedule. When they rebuild the budget for '09-'11 the bill would actually sunset. Then they would probably create their budget based on the premise of the language in the bill. If it was determined by the '09 legislative session that access had not increased to a level they suspected they would be directed through appropriations to reduce back down.

Senator Heckaman asked Dr. Vance how they handle the no shows.

(Meter 27:00) He replied that they are given three strikes and then they are out and went on to explain their process.

Senator Dever asked if their services were not only for Medicaid patients but also for low income people not on Medicaid.

Dr. Vance replied that it is for the people who fall in the cracks, who cannot qualify for Medicaid, but can't afford dental care. They have a sliding fee discount scale (meter 32:40).

(Meter 34:40) The committee talked more about a 75% and about what had happened in the House and if the House had discussed the 4% along with the 85%. There was discomfort with putting a percentage into the century code.

Ms. Anderson clarified that if the bill sunsets, and it is the decision of the legislature to not reauthorize the 75%, the dental fee schedule would go back to what it was on July 1, 2007. It would not stay rebased.

