

**Sixty-ninth Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 7, 2025**

HOUSE BILL NO. 1567

(Representatives Schneider, Brown, Davis, Finley-DeVill, McLeod, Mitskog, Nelson, Hager)
(Senators Bekkedahl, Hogan)

AN ACT to provide for a legislative management study relating to dental and oral health care status among Medicaid recipients and workforce support to improve access for low-income children, Native American children, and individuals with disabilities.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - ACCESS TO DENTAL AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME CHILDREN, NATIVE AMERICAN CHILDREN, AND INDIVIDUALS WITH DISABILITIES.

1. During the 2025-26 interim, the legislative management shall consider studying the unmet dental and oral health care needs of low-income children, Native American children, and individuals with disabilities. The study must include:
 - a. An overview of the dental and oral health care status of Medicaid recipients, including low-income children, Native American children, and individuals with disabilities, both on and off reservations;
 - b. Evaluation of the importance of receiving dental and oral health care services, the impacts and outcomes of not receiving services, general health consequences, complications, and expanded costs of future care;
 - c. Review of state and federal regulations, policies, and procedures limiting or perceived as limiting dentist provider enrollment in Medicaid, including impediments to enrollment, length of credentialing and recredentialing, reasons for provider termination, prior authorizations, attachments, appeals, and timely payments;
 - d. Availability of, and access or barriers to, complex dental services for Medicaid recipients with disabilities or dental conditions which might require anesthesia or critical care;
 - e. Review of Medicaid dental reimbursement rates for a selection of preventative and treatment services in this state compared to other states, private payers, and in comparison to real cost for dental teams to determine potential need to increase reimbursement rates;
 - f. Review of barriers and opportunities relating to expanding education for dentists and dental staff, including consideration of a new dental school in this state, long-term partnership with regional dental schools, and increased dental student residencies located in this state;
 - g. Consideration of the expansion or promotion of programs that offer support and resources to enable on-the-job training and apprenticeships for dental assistants, including the visibility of providing state and federal resources to support providers offering such training;
 - h. Consideration of expansion or creation of volunteer and charitable dental programs and nonprofit services;

- i. Evaluation of ways to improve accessibility to dental and oral health care services for Medicaid recipients, including low-income children, Native American children, and individuals with disabilities, both on and off reservations;
- j. Exploration of the feasibility of partnerships between state programs and tribal health organizations to enhance delivery;
- k. Review of programs designed to recruit and retain dental health providers, such as loan forgiveness or incentives for dentists working in underserved communities, including tribal communities;
- l. Exploration of the use of telehealth solutions to reach rural areas, including tribal communities;
- m. Review of dental provider participation with dental insurers, including the percentage of dental providers in-network and out-of-network for the largest dental insurers;
- n. Review of charges covered by dental benefit plans and out-of-pocket costs for dental care;
- o. Review of dental program preauthorization and service coverage in adherence to clinical guidelines of the American dental association and the American academy of pediatric dentistry;
- p. Review of the provider relations program for answering questions from providers and staff, online and in-person education and training to providers and staff to promote efficiency and effectiveness;
- q. Consideration of program staff credentials for appropriate oversight of clinical care for claim preauthorizations and approvals;
- r. Consideration of the administrative system addressing grievances and appeals of submitted claims and preauthorizations to assess the system's responsiveness and review the ability to submit additional documentation, such as x-rays and photos using an online portal;
- s. Review of parity in the submission of claims between private offices, nonprofit dental clinics, and federally qualified health centers;
- t. Consideration of the potential effects of dental Medicaid expansion and increase in adult Medicaid-eligible enrollees on access to dental care, administrative efficiency, and participation of dentists in the Medicaid program;
- u. Review of dental claims administration including the percentage of preauthorizations and denials;
- v. Review of call center management including the number of calls, average hold time, and caller satisfaction;
- w. Review of cases and decisions by a program administration related to audits and claims review to determine what percentage were completed with a peer review committee that includes a licensed dentist and a licensed dentist of a specialty;
- x. Review the quality improvement system that assists providers in providing clinically appropriate care in accordance with the guidelines of the American dental association and the American academy of pediatric dentistry clinical guidelines;
- y. Analysis of the information required by centers for Medicare and Medicaid form 416, in compliance with Medicaid early and periodic screening, diagnostic, and treatment,

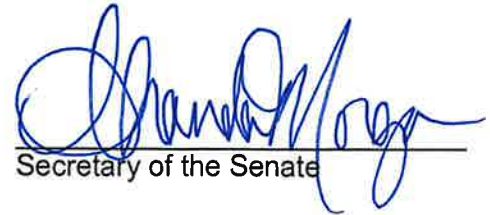
including the percentage of eligible children receiving any dental service, preventative service, or sealants;

- z. Analysis of provider participation and recredentialing of dental providers with Medicaid, the average benefit paid per user and beneficiary, the geographical distribution of active providers with active recipients in the state, and provider participation surveys; and
 - aa. Review of ambulatory surgery and hospital facility claims for dental rehabilitation procedures that require monitored anesthesia for children to compare with other medical providers providing similar same-day surgical services.
- 2. The study may include broader considerations of unmet needs for dental services for all Medicaid recipients, data for those recipients, and any current plans for remediation with goals, objectives, projected costs, and implementation timetables.
- 3. The study may include a focus on solutions to identified needs including a review of scope of practice and additional providers and provider types.
- 4. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the seventieth legislative assembly.


Speaker of the House


President of the Senate


Chief Clerk of the House


Secretary of the Senate

This certifies that the within bill originated in the House of Representatives of the Sixty-ninth Legislative Assembly of North Dakota and is known on the records of that body as House Bill No. 1567.

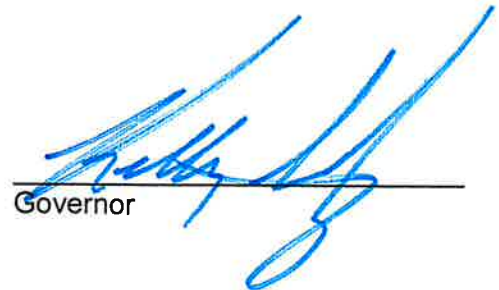
House Vote: Yeas 87 Nays 3 Absent 4

Senate Vote: Yeas 47 Nays 0 Absent 0


Chief Clerk of the House

Received by the Governor at 9:25 A M. on April 14th, 2025.

Approved at 1:06 P M. on April 15th, 2025.


Governor

Filed in this office this 17th day of April, 2025,
at 8:23 o'clock A M.


Secretary of State