

Improving Access to Oral Health Care in North Dakota

What is the problem?

- 70% of Medicaid-enrolled children did not see a dentist in 2013.
- Native American children had more than twice the need for treatment than their non-Native peers.
- Rural ND kids have significantly worse oral health than their urban peers.
- Nearly 70% of older Americans nationwide don't have dental coverage – Medicare doesn't cover routine dental care.
- 32% of ND seniors report having dental problems, far more than any other group.

What is the cause?

- Currently, North Dakota does not have enough dentists to meet the oral health care needs in the state.
- In 2014, 40% of the state's counties had one dentist or less. Twelve counties had no dentists, and nine counties had only one. Even worse, more than one in three ND dentists plan to retire in the next 13 years.
- In fact, 28 of North Dakota's 53 counties contain areas that are federally-recognized to have dentist shortages.
- That means that, under the present circumstances, it is impossible for all North Dakotans to receive regular, routine oral health care.
- The most underserved populations are residents in rural areas, Native Americans, seniors, and Medicaid and Medicare recipients.
- 47% of ND dentists do not accept Medicaid patients.

Why does it matter?

- When routine dental care isn't available, oral health emergencies occur with greater frequency. People go to emergency rooms instead, where they receive costlier (and less effective) treatments.
- Because many of the people with limited access to dental care are on Medicaid or Medicare, the cost of their ER visits burdens our healthcare system, resulting in higher costs for consumers.
- Poor oral health can lead to other problems, including diabetes, cardiac disease, stroke, oral cancer and respiratory diseases such as pneumonia.
- Those illnesses have a significant economic impact through lost productivity and increased tax burdens, not to mention poorer school performance for kids.

The North Dakota Solution:

Authorizing existing dental hygienists to receive additional education and certification as Advanced Practice Dental Hygienists (APDH) would increase access to oral health care for North Dakota's underserved populations, while also giving willing dentists an option to expand their patient base and practices.

The Bill:

Licensure: Enables a licensed dental hygienist to undergo additional education to be certified as an Advanced Practice Dental Hygienist (APDH). It also outlines the educational, clinical practice training, and testing requirements a dental hygienist must successfully complete in order to become an APDH.

Collaborative Management Agreement: Reaffirms that APDHs can only practice under the supervision of a dentist, and states that their relationship must be managed by a collaborative management agreement that addresses the scope of practice the APDH is allowed to perform.

Scope of Practice: Outlines the expanded scope of practice that APDHs will be allowed to perform. It provides the full list of possible duties, but the possible duties of the APDH may be restricted by the supervising dentist in the collaborative management agreement.

Practice Limitations: Makes clear that APDHs cannot practice independently. They must always practice under the supervision of ND-licensed dentists, and the scope of services they can perform are directly limited to those agreed upon in their collaborative management agreement.

Continuing Education: States that an APDH must complete 24 hours of continuing education every two years (hygienists must complete 16, and dentists must complete 32).

Medications: Makes clear that an APDH may not prescribe medications. They are only permitted to provide, dispense, and administer certain drugs, as defined by the supervising dentist in the collaborative management agreement. Under no circumstances is an APDH permitted to provide, dispense, or administer narcotic drugs.

Unlawful Practice without License; Violations; Penalties: States that unauthorized practice as an APDH will subject the individual to criminal penalties and discipline by the dental board.

Authorization of any Licensed Dental Provider in Indian Country: Reaffirms the sovereignty of tribes within North Dakota to use, and obtain federal reimbursement for services provided by, any licensed, certified, or otherwise sanctioned dental provider in the United States in Indian Country if allowed by the tribes.

Impact of Advanced Practice Dental Hygienists: States that the impact of APDHs must be evaluated and a report made to legislative management by January 1, 2018. It also states that an evaluation process must be developed that assesses the impact APDHs have on patient safety, cost-effectiveness, and access to dental services.

Rulemaking: States that the board may adopt rules to implement this chapter.