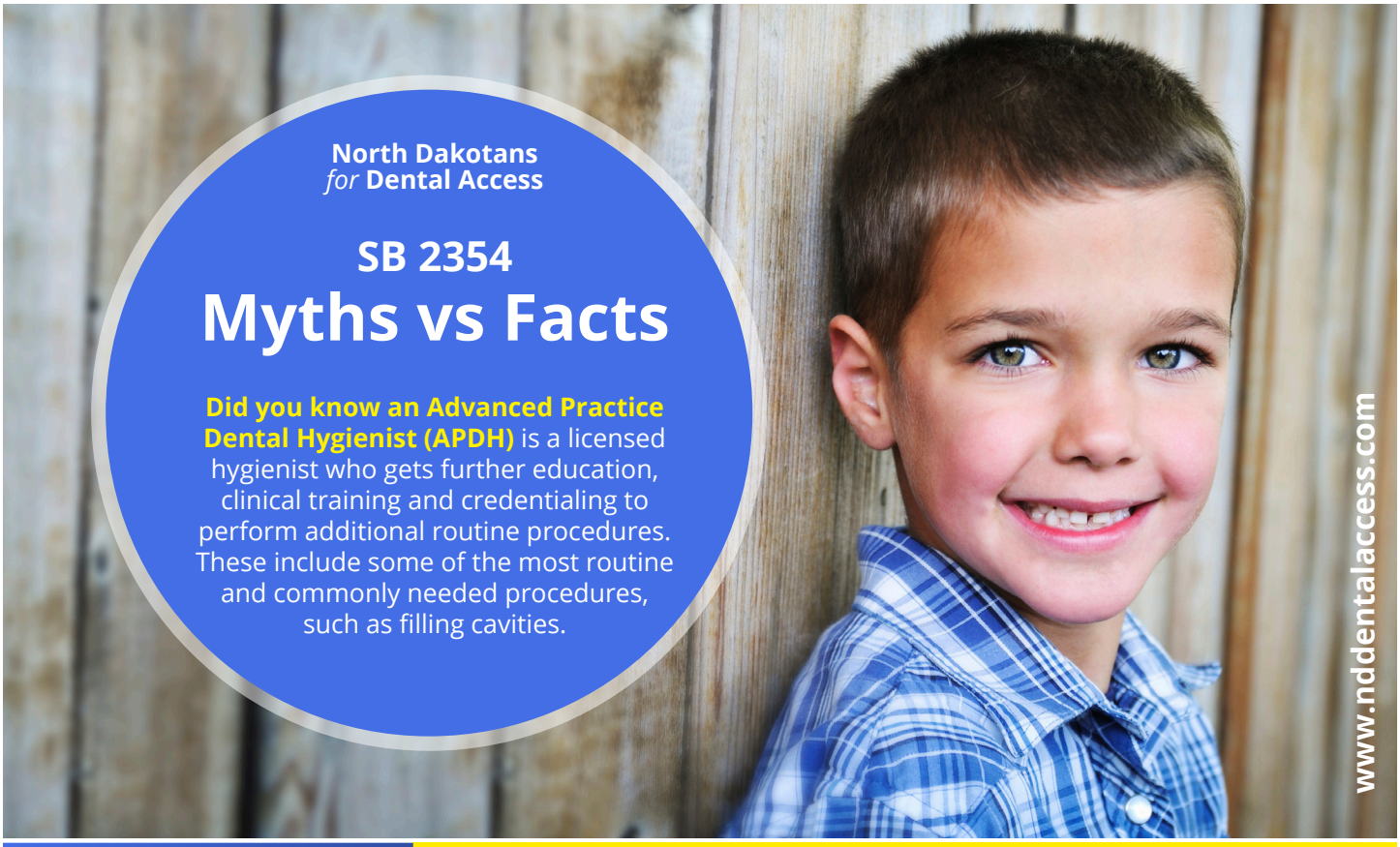

MYTH: Access to oral health is not an issue in North Dakota.	**FACT:** About 70% of kids on Medicaid didn't see a dentist last year, one-third of seniors report dental problems, and rural children have worse oral health than urban ones. Native American children also have worse oral health than non-Natives. Only about half of dentists accept any Medicaid patients, and 40% of ND counties have only one dentist or none at all.
MYTH: This is an out-of-state solution.	**FACT:** The APDH was one of the top three recommendations (scope expansion for hygienists) of a ND stakeholder group, comprised of 14 organizations from the state, facilitated by the UND Center for Rural Health. 25 North Dakota organizations (including the North Dakota Dental Association) also provided information for the stakeholders to consider when evaluating recommendations.
MYTH: An APDH has little or no supervision.	**FACT:** SB 2354 requires APDHs to be supervised by a licensed dentist, allows dentists to limit the procedures APDHs can do, and prohibits APDHs from having independent practices. An APDH must be hired by a dentist.
MYTH: APDHs won't be educated to perform these routine procedures.	**FACT:** Two programs, including one at the University of Minnesota dental school, have already committed to educating ND students. APDHs take the same classes and examinations as dental students for procedures that overlap, and have the same success rate.
MYTH: Educational standards don't exist for this type of provider.	**FACT:** The Commission on Dental Accreditation, which is housed at the American Dental Association and considered the gold standard for dental education programs, recently approved educational standards, after several years of careful study, that are scheduled to take effect August 2015.

MYTH: An APDH won't provide quality care.	**FACT:** A 2014 report by the Minnesota dental board noted no safety-related complaints against these practitioners, plus high employer and patient satisfaction since the model was approved in 2009. Compared to a dentist who can perform over 500 procedures, an APDH can do about 80. This limited focus allows for a high degree of specialization in those procedures.
MYTH: An APDH will do "irreversible, surgical" procedures.	**FACT:** When opponents say this, they are talking about filling cavities. There have been no patient safety complaints against providers that do the same thing in Minnesota.
MYTH: This will hurt a dental office's finances.	**FACT:** A rural solo private practice dentist in Minnesota increased profits by $24,000 while increasing Medicaid patients, despite the fact that Minnesota's reimbursement rate is far lower than ours. Because they have a limited scope and lower salary, an APDH gives interested dentists an option to expand their patient base. SB 2354 does not force dentists to hire APDHs, it simply provides them with the option if they would like to expand their practices using APDHs if they choose.
MYTH: Nobody will hire APDHs.	**FACT:** Private practice dentists across North Dakota are increasingly expressing interest in working with APDHs. There is immediate demand for APDHs in under-served public health settings like safety-net and tribal clinics, which have the greatest need for their services.
MYTH: The ND Dental Association's 10 point plan will fix all our problems.	**FACT:** These are good ideas, but they won't help those who need a routine filling and can't find a dentist to treat them either because they're on Medicaid or there isn't one nearby.
MYTH: Medicaid doesn't pay dentists enough.	**FACT:** North Dakota ranks sixth for pediatric Medicaid reimbursement rates in the country. North Dakota dentists get $.63, South Dakota dentists get $.51, Minnesota dentists get $.27 and Montana dentists get $.53 per $1 of private dental insurance reimbursement. In fact, North Dakota's reimbursement was raised in 2011, 2012, and 2013. Despite the consistent increase in Medicaid reimbursement, the percent of ND kids on Medicaid receiving dental care continues to go down.
MYTH: We are already doing a lot on Indian reservations.	**FACT:** Native American kids in ND have twice the rate of untreated tooth decay as their white peers. The waiting list for a dentist on reservations is typically about six months.
MYTH: We have enough dentists and the number has increased.	**FACT:** The increase in dentists from 2007-13 has been about the same as the increase in population, meaning access to care has not been able to benefit as hoped. Also, those new dentists are not necessarily practicing in underserved areas. 40% of counties still have one or zero dentists, and 1 in 5 dentists plan to retire in the next five years.
MYTH: People in counties without dentists can just drive 30 minutes or an hour.	**FACT:** Traveling that far for appointments is a burden on parents who have to take additional time off work and pull their child out of school for at least half a day to travel to a dentist. People in Fargo aren't expected to drive to Valley City for a dentist appointment, nor are people in Bismarck expected to drive halfway to Minot. Also, many seniors have limited mobility, making it even more important to give dentists in rural areas another option to see more patients.