

Testimony Prepared for the  
**House Human Services Committee**

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**RE: HB 1567 A Bill for an Act to provide for a legislative management study relation to dental and oral health care status among Medicaid recipients.**

Chairman Ruby, and members of the House Human Service Committee, I am Maurice Hardy, Director of Dakota Central Human Service Zone, which includes the counties of McLean, Mercer, Oliver and Sheridan. In addition, I am a member of the North Dakota Human Service Zone Director Association. I am here to provide testimony in support of studying dental and oral health care status among Medicaid recipients.

When a child comes into foster care and legal custody is provided to a human service zone director, human service zones are required, by statute and policy, to meet the needs of the child including their dental and oral health care. Foster children are covered under North Dakota Medicaid. Human Service Zones are finding this to become more difficult as time goes on. Fewer dental professionals are not accepting Medicaid or have long waiting lists to see foster children. Many times, when children enter foster care, they have not had routine dental care and it is key to their overall health to receive dental services. In some instances when the foster child could not wait and no provider would see the foster child, who needed immediate care, the zone needed to use general funds within their budgets and pay out of pocket to obtain the necessary care.

Most zones are finding that they do not have a dental professional, within their boundaries that accept Medicaid. This results in zone team members needing to transport a foster child for up to 2 hours one way, for required dental care and see a Medicaid provider. That is a minimum of five hours of time for the zone employee to meet the foster children's needs. More importantly for some foster children, this is a full day of educational instruction lost. If follow-up appointments are needed, even more days are lost. Factoring in lost instructional days, zone wages, benefits, mileage, and time away from other cases this has significant time and financial impact.

In the general population, a low-income family seeking dental care on North Dakota Medicaid also results in often having to travel considerable distances and which would require reliable transportation. Their limited finances are often impacted by travel costs and lost wages from an hourly wage job. This poses a real burden. That is if they can find a provider that has openings and accepts Medicaid.

I have consulted with four dentists I know personally, to find the reasons that dental professionals do not sign up to be a Medicaid provider. The reasons were not unexpected and all echoed the same reasons.

1. **Inadequate Reimbursement:** North Dakota Medicaid reimbursement seldom covers the procedure and does not cover any office overhead that is needed to provide care.
2. **No Compensation for no-shows:** Should a Medicaid patient be a no-show, there is no monetary compensation for that lost revenue. This results in loss of procedural reimbursement.
3. **Negative Perceptions in Dental Education:** One who graduated from dental school in the last 10 years, indicated dental schools are implying being a Medicaid provider is a financially losing proposition. With the cost of higher education this is easy to understand.
4. **Administrative Burden:** Another zone was told by one of their providers that both the process to become a provider (paperwork) and the billing is cumbersome and not easy to complete creating a barrier to complete.

We believe the study will highlight these reasons for lack of providers, and it is a start to identify and address the issues facing North Dakota Medicaid patients, including foster youth, and service providers. The Human Service Zone Directors support HB 1567 and respectfully ask for do pass recommendation.

Thank you for your time and I will stand for questions.