

## INTRODUCTION

By Representative Mary Schneider

### **HB 1567-Study Relating to Dental and Oral Healthcare Status Among Medicaid Recipients**

Senate Human Services Committee

Senator Judy Lee, Chairman, and Senator Kent Weston, Vice Chairman

March 18, 2025

Chairman Lee, Vice Chairman Weston, and distinguished members of the Senate Human Services Committee, I'm Mary Schneider and I proudly represent the people of District 21, central Fargo and West Fargo. HB 1567 is a request for an interim study on the unmet dental and oral health needs of low-income children, Native American children, and individuals with disabilities. There are some things we already know, and they're not good.

The number of children in Head Start, kindergarten, and third grade who need dental treatment--just those 3 little clusters, would fill 115 school buses.

Only 44 percent of the need for dental providers in North Dakota is being met. For Medicaid recipients, the percentage is much, much lower.

There are 69 dental health care practitioner shortage areas (HPSAs) designated in the state. The population of those areas is 153,291.

19 of our 53 counties had ZERO dentists.

80 percent of those on Medicaid DID NOT receive dental care.

North Dakota has the 6<sup>th</sup> highest Native American population and the dental data for nearly all categories is shockingly worse for them.

There are some things we still don't know, even though we've studied the problem in the past. Some things just need updating and the study will help in these areas. Some of the components of the study include:

- The dental and oral health care status of low income and Native American children, and persons with disabilities;
- The impacts, consequences, complications, and expanded future costs from not receiving care and services;
- The regulations, policies, and procedures limiting Dentists' enrollment in Medicaid;
- The availability of and access to medical facilities needed for complex dental work for people with disabilities and others who might require anesthesia or critical care;

- A review of reimbursement rates, comparing other states, private payors, and actual costs;
- Consideration of the need to expand or promote dental support services, and programs using dental students, volunteer and charitable dental programs, and nonprofit dental services;
- Ways to improve accessibility to dental services for low income and Native American children and individuals with disabilities, both on and off reservations;
- Exploring partnerships between state programs and tribal health providers;
- Recruitment and retention programs and incentives, such as expanded loan forgiveness, free professional education, and other reinforcers for practice in underserved communities or in complex cases;

Amendments in the House Human Services Committee added other provisions to the study bill, letters m through z and aa. Some of the additional study requirements include:

- Insurance and benefit plan charges and out-of-pocket costs;
- Review of pre-authorizations, claims administration, and percentage of denials;
- Review of provider relations programs, and call center management;
- Consideration of staff credentials for appropriate oversight, and the administrative system addressing grievances and appeals of submitted claims and pre-authorizations--and its responsiveness;
- Consideration of the impacts of dental Medicaid expansion;
- Review of complex dental procedures which might require anesthesia, and comparisons of same day surgery practices; and really many more and more specific components that impact dental services and delivery of them.

So important, the study calls for plans to address the findings, including goals, objectives, costs, legislation and timetables for remediation of this pervasive, persistent, pernicious, and perpetual problem we desperately need to address.

It's both shocking and shameful that after the attention from past studies, and admissions of unmet needs, we haven't addressed the problem of dental access in a permanent and meaningful way that solves the problem for Medicaid recipients.

We say dental care is covered by Medicaid, but is it really? The stories of parents and providers calling dentist after dentist on behalf of a child or disabled person in pain to be told "we don't take Medicaid," or "we're not taking any more Medicaid patients," or "we don't have access to hospital facilities you need for dental surgery" is heart-wrenching. One mother I know about started sobbing when she was turned down or away from every dental office she called.

And the geographic barriers are very real, too. For a low-income parent to take a day off work or drive an unreliable car 200 miles to get help for their crying child with an abscessed tooth or be forced to wait for one of a few "charitable" days, also far away, is disgraceful.

We legislators all have good insurance, but, really, how would we feel if our policies said we had coverage for a critical procedure, but we couldn't find anyone to do it? If we had to phone, and beg, until we finally gave up and suffered the consequences of not getting help? How would we feel if being turned down, shut down, and sent off was for our children or grandchildren?

Oral health is health. We have countless dental practitioners working hard to serve those who need them. We have amazing dental assistants, hygienists, dental students, and others giving of their skills and services, trying to meet dental needs, some without payment. But we need more dental service providers if we don't want our promises of access to care to be false or fictitious.

Let's approve this study to expand the dental student program. It can address the barriers, and recommend ways to ensure enough providers, and better ways to recruit, retain, remunerate, and appreciate them. It will help develop partners, programs, resources, and services that work for our kids and people with disabilities.

In a state of rich resources and good people, that's what we should be, and must be, doing. HB 1567 is being presented to you with a do pass request to help us work together to make true dental access happen.