



Testimony prepared for the Senate Human Services Committee
HB 1567 – Related to Study of Dental/Oral Health Care among Medicaid Recipients
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Chair Lee, and members of the Senate Human Services Committee, my name is Kim Jacobson. I serve as the Director of Agassiz Valley Human Service Zone, which includes the counties of Traill and Steele, and as President of the North Dakota Human Service Zone Director Association. I am here to testify in support of HB 1567.

Access to dental care is one of the top legislative priorities of the North Dakota Human Service Zone Director Association. Many North Dakota dental providers do not accept North Dakota Medicaid and there is a shortage of dental providers in our state, especially in rural communities. As human service zones touch every community across North Dakota, we frequently hear the challenges our citizens face in accessing dental services. This is particularly challenging for low-income individuals, those with disabilities, and for foster children.

Children in our public foster care system are eligible for North Dakota Medicaid. As the child's legal custodian, it is our responsibility to ensure the child's medical needs are met, including dental and oral health care. Frequently, children who enter foster care have not had routine dental care. This poses both a medical and quality of life concern.

Many human service zones find 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, two or more hours, one-way, to receive necessary care. This is costly from many perspectives. The child may miss up to a full day of school. A case manager or aide must spend time out of the office to transport and escort the child to their appointment. This along with the travel expenses impact zone budgets. North Dakota dental providers who do accept Medicaid do not always accept new patients, including foster children. Even when they do, provider wait lists can be months long. And if a human service zone cannot gain access to a dental provider that accepts Medicaid, and the child's need is urgent, zones often have no alternative but to use zone funding to pay for out-of-pocket dental services.

In the general population, a low-income family seeking dental care on North Dakota Medicaid must often travel considerable distances. Just like case managers, adults must take time away from work to see a dentist. The further someone must travel to an in-network dentist, the more time they must take off. Reliable transportation is often a common barrier. The household's limited finances are often adversely impacted by both travel costs and lost wages. This poses a significant burden if they

can even locate a provider that has openings who accepts Medicaid. If follow-up appointments are needed, there is an increased impact on both the general population and foster children.

Even our climate can be a compounding factor in dental care access. If someone cannot afford to put good tires on their vehicle – or if their vehicle is not designed to manage snow drift, ice, and high winds – then traveling for dental care may be impossible between November and April.

Likewise, dental care providers face barriers to accepting Medicaid. Local dentists have shared the following challenges with human service zones:

- **Inadequate Reimbursement:** North Dakota Medicaid is insufficient to cover the cost of dental procedures, and it fails to recognize related costs that are required to operate the practice and provide care.
- **Lost Income for No-Shows:** When a Medicaid patient misses a dental appointment, or cancels it without proper notice, there is no monetary compensation for that lost revenue. (Conversely, dentists can charge a “no show” fee when a patient with private insurance misses an appointment.) Providers have reported that Medicaid patients have a higher no-show rate than the general population.
- **Negative Perceptions in Dental Education:** A North Dakota dentist who graduated from dental school in the last ten years shared that dental students are told that they will “go broke” if they accept Medicaid. A dental degree is a significant financial investment, which increases hesitancy to offer reduced reimbursement services.
- **Administrative Burden:** Providers have shared that the complexity processes required to enroll and bill as a Medicaid provider drives administrative overhead.

Our Association believes that the proposed study would equip our state to offer data-driven solutions to dental care access barriers. Increased coverage might seem like a logical outcome of this study, but likely, the data will point to the need for diverse solutioning. This could include Medicaid myth-busting for dentists, promoting patient accountability regarding appointments, and/or workforce development projects that help our state attract and retain dental care talent. The value of this study is that it will help take the guesswork out of solutioning so that we can make informed decisions that lead to tangible results.

Dental care is such an important part of a person’s health and wellbeing. We urge the committee to issue a “do pass” vote on HB 1567. Thank you for your consideration. I stand for questions from the committee.