

Testimony
House Bill No. 1567
House Human Services Committee
Representative Matthew Ruby, Chair
January 27, 2025

Chairman Ruby, Vice Chairman Frelich and honorable members of the House Human Services Committee:

I am Kim Kuhlmann, the Policy and Partnership Manager in North Dakota for Community HealthCare Association of the Dakotas (CHAD). On behalf of CHAD and our member health centers, I am here today to support House Bill 1567.

In my position at CHAD, I also facilitate the North Dakota Oral Health Coalition, which has over sixty member organizations who are working collaboratively to address access to oral health care in North Dakota, especially for underserved populations.

CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers across both states in their efforts to provide health care to underserved and low-income populations. The health centers we represent have locations in both urban and rural communities.

Community health centers (CHCs) are non-profit, community-based primary care clinics that serve all individuals, regardless of their insurance status or ability to pay. The community health center integrated care model includes primary care, mental health and substance use treatment, dental care, pharmacy services, and a range of case management services that can include help with transportation, finding community resources, or assistance with insurance and financial enrollments.

North Dakota is home to five community health center organizations that provide comprehensive, integrated care to more than 36,000 individuals at 22 locations in 20 communities across the state. Sixteen percent of those patients are uninsured and about 40 percent earn incomes below the federal poverty level. Three health centers in North Dakota provide dental care at seven locations, with a new urgent dental clinic opening in Ray in February. Health centers served 11,912 dental patients with over 25,000 visits in 2023.

North Dakota is Facing an Oral Health Crisis

North Dakota is facing an oral health crisis, and it is impacting children, adults, and the aging population. These are just a few statistics which illustrate the unmet dental needs in our state:

- One of every two kindergarteners have experienced tooth decay;
- More than half of adults who are Indigenous reported no dental visit in the past 5 or more years;
- Nearly 1 in 3 adults who are not Indigenous reported no dental visit in the past 5 or more years; and
- 1 in 4 long term care residents in our state have untreated tooth decay.

We know that oral health impacts a variety of chronic disease outcomes, including diabetes, heart disease, and respiratory disease. In North Dakota, over twice as many adults with diabetes have lost 6 or more teeth due to tooth decay or gum disease compared to those without diabetes. According to the Centers for Disease Control, treating gum disease significantly improves blood sugar level among people with diabetes. Access to routine preventive dental care is a much less costly – and more healthy – way to help manage associated chronic diseases.

According to the North Dakota Department of Health and Human Services, our state has seen a significant rise in the number of emergency room and urgent care clinic visits related to tooth pain over the last 5 years. From 2020 to 2024, the number of tooth pain related visits, including visits to emergency rooms, primary care clinics, and urgent care, increased from 2,625 to 4,715, nearly doubling in just 5 years.

These oral health related emergencies are costing the healthcare system, the Medicaid program, and patients additional money in emergency visits. And they don't even include the additional costs of the complications for patients with heart disease and diabetes that is caused by poor oral health. In addition, individuals who report dental care affordability concerns miss more hours of work for unplanned dental care. Better oral health results in better overall health outcomes, improved productivity, and leads to better quality of life.

Coverage and Workforce Challenges at Health Centers

Let me share how the coverage numbers shape up for North Dakota health centers. Currently

around 40 percent of our patients are Medicaid beneficiaries, and those covered by Medicaid Expansion have no dental coverage. 13 percent are served by Medicare (which lacks dental coverage), 16 percent are uninsured, and 31 percent have private insurance coverage. When put together, that adds up nearly half of those we see lacking dental coverage. This makes it difficult to pay competitive wages and build our dental programs enough to meet community needs. The North Dakota Department of Health and Human Services reports that only 44 percent of the need for dental providers across the state is being met. North Dakota has 20 counties that are geographical dental care health professional shortage areas (HPSAs) and two counties that are considered low-income population dental HPSAs. Geographical shortage areas means a shortage of providers within a defined geographic area. The low-income population indicates there is a sub-population of individuals living in a defined geography that has insufficient access to care. These designations indicate a gap between the healthcare needs of the population and the available resources. Rural citizens, patients with urgent dental care needs, and patients with Medicaid coverage are more adversely affected by a dental provider shortages.

Given that health centers serve underserved populations and communities where there are likely to be even fewer providers than the state average, that gap looms large. Mara Jiran, CEO of Spectra Health, one of the state's community health centers that provides dental care, says, "Every week, hundreds of people attempt to schedule dental visits at our clinic. The demand far outweighs our current capacity." This is a challenge we hear from other health centers providing dental care as well.

Health centers are continuously looking for opportunities to innovate and expand access to dental care, and we would welcome the opportunity to collaborate and provide information for a legislative study on this topic. We were glad to see that HB 1567 includes consideration of the expansion or promotion of programs that offer support for on-the-job training and apprenticeships for dental assistants. At CHAD, we have developed an on-the-job training toolkit for health centers to offer dental assistant apprenticeships and are finding this to be a promising model for bringing homegrown talent into a dental career path. Further studying the application of this model in North Dakota, and resources needed to enable its success, would be incredibly valuable. In Ray, Northland Health Centers is preparing to open an urgent care dental clinic. At this time they will only be operating one day a week and only for emergency dental services because they cannot find a full time dentist. The long-term hope is to expand the care being provided at that location. The Ray clinic is the result of a multi-year, multi-partner collaborative project team committed to establishing a new dental clinic to address disparities for low-income,

uninsured, or Medicaid-eligible individuals in the northwest region of the state. This area is one of the largest areas with lack of dental access in the state. The clinic will be sustained as part of Northland Health Centers operations in Ray.

Dental Student Rotations & Recruitment

Currently, North Dakota does not have a dental school. In an effort to address dental workforce shortages, the North Dakota Department of Health and Human Services Oral Health Program (OHP) is helping to offset some costs associated with hosting dental student rotations, currently at two non-profit organizations in North Dakota. These sites are working cooperatively with dental schools from surrounding states to provide fourth year dental student rotations.

Dr. Jacki Nord, a dentist at Family HealthCare in Fargo, submitted testimony about the program she oversees at Family HealthCare including the costs associated with hosting students. Tammy King is here today to share information about the dental student rotations at Bridging the Dental Gap in Bismarck. These organizations provide valuable experiences in public health dentistry for dental students and bringing dental students to North Dakota.

The impact of this program is two-fold. During their rotations, dental students provide additional services and help reduce wait times for patients seeking preventive care. In other words, they help to address immediate needs. In addition, these rotations expose dental students to career paths within North Dakota, with some students choosing to begin their career in North Dakota. We would appreciate your support for additional funding to sustain these programs and possibly expand to additional sites. Again, one of the biggest challenges to expanding the program is the additional staff needed to administer the programs.

Conclusion

Today, I've shared about the significant barriers to oral health care in the state. While we are proud of the ways that CHAD and community health centers are creatively working to address the limited rural oral health infrastructure and the limited options for our lower-income neighbors in need, we remain deeply concerned by the level of unmet need that persists. A legislative management study of oral health care could identify ways to strengthen an oral health system in which we are facing a real crisis in access to care. CHAD and our member health centers would welcome the opportunity to provide information and collaborate throughout



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the study, and we can also serve as a liaison by inviting members of the Oral Health Coalition to participate.

I ask for your support on behalf of our member health centers to recommend a do pass on HB 1567 to provide for a legislative management study of dental care in North Dakota and provide for an appropriation for dental student rotations and dental student recruitment. I am happy to answer any questions you have. Thank you!

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