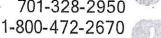


Protection & Advocacy Project

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Greetings Chairman Lee and members of the Human Services Committee. My name is Brenda Ruehl and I'm a Program Services Director at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

P&A supports HB 1567 to provide for a legislative management study relating to dental and oral health care status among Medicaid recipients and workforce support to improve access for low-income children, Native American children, and individuals with disabilities.

Individuals with disabilities suffer significant barriers and disparities in access to dental healthcare.

Individuals with disabilities continue to run into complex physical, behavioral, or multidimensional barriers in accessing dental services. This is due to multifactorial causes related to the disability itself, side effects of medications, and a lack of accessibility to dental and oral services. Much of the time substantial dental complications turn into anxiety and cooperation problems, mainly because of the individual's physical limitations, mental disabilities, or behavioral management needs. For the dentist and oral hygiene staff, these factors may cause dental examination and treatment to be more challenging.

Individuals, parents, guardians, legal custodians, community-based providers, foster parents and anyone caring for children and adults with disabilities struggle to find dental and oral health care providers in their communities. There are very few dentists available to meet the dental care needs of people with disabilities across North Dakota. People must travel many hours to access care which often includes finding transportation, gas, an overnight stay in a hotel, meals and time missed from work or school. These would be barriers for anyone but certainly for people with disabilities, many of whom are low-income.

Poor dental and oral health care has serious consequences, including problems with nutrition, speech,

pain and systemic health conditions. Poor dental and oral health care can have a significant effect on overall health. It can lead to infections of the respiratory tract, such as aspiration pneumonia. Consequences of poor oral health go beyond immediate physical impacts to severe social integration and quality of life associated with bad breath and speech deficits that has negative impact on self-image and self-esteem. It can also affect one's ability to obtain and maintain employment.

Poor dental and oral health are largely preventable through regular dental and oral healthcare. Good dental and oral healthcare are dependent on adequate oral hygiene and regular access to a dental clinic. People with disabilities are statistically more likely to experience frequent and serious health care needs than people without disabilities. Poor dental and oral healthcare can further impact the health and wellbeing of people with disabilities. Poor dental and oral healthcare especially in low-income populations including people with disabilities, result in higher medical costs including hospitalizations and institutionalizations. Access to dental and oral care throughout one's lifetime can reduce the cost of medical care, promote healthier lifestyles and keep people living in the community.

P&A requests that you give a "Do Pass" on HB 1567.

Thank you for your time and consideration.

Brenda Ruehl
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