

SB 2231
Hearing Date: Tuesday, January 28, 2025
ND Senate Human Services Committee

Providing Testimony:
Tammy King, Executive Director
Bridging the Dental Gap
Bismarck ND

Position: In support of SB 2231

Chair Lee and honorable members of the Senate Human Service Committee

My name is Tammy King and I am the Executive Director of Bridging the Dental Gap (BDG). I am here in support of Senate Bill 2231 with the addition of an amendment to include dental coverage or dental treatment coverage.

BDG is a non-profit stand-alone dental clinic located in Bismarck ND. BDG is not a free clinic and does not receive any state or federal funding. All funding comes from the revenue received from insurance reimbursement and payments from patients along with funding raised from grants and fundraising events. All staff are paid, and we do not have any volunteer dentists.

The clinic was established 21 years ago. The mission of BDG is to improve access to dental care for those receiving ND Medicaid benefits, those who are uninsured and under-insured and for low-income members of the community. BDG provides dental care in an 8-operator clinic as well as outreach to long-term care facilities in Bismarck. What started out as a clinic providing dental services to people living within a 50-mile radius from Bismarck in 2004 is now providing dental care to people across the entire state of North Dakota due to the large number of dentists who are not accepting new patients with ND Medicaid. As of January 1, 2025, BDG has patients in every county in the state of North Dakota, with the exception of four counties.

Fifty-five percent of BDG patients receive ND Medicaid and 15% receive some other form of insurance which is mostly Medicare supplemental insurances. The remaining 30% of patients are at or below 200% of the Federal Poverty Guidelines and qualify for a sliding fee scale discount based on their income and family size. In 2024, BDG is proud to have provided \$479,780 in discounts to those who qualified for the sliding fee scale. Our patients consist of people of all ages, from all walks of life, with various degrees of limitations and barriers and for almost all, no place else to go for dental care.

We see many adult patients in our office who have ND Medicaid Expansion and most believe that it covers oral health care. I have no idea where the communication breakdown is of educating people on the difference between Medicaid and Medicaid Expansion and what is covered by each. I just know that our front desk and billing staff

are the ones left with having to educate the patients, which takes a lot of time and effort; and frustrations are aimed at our staff and not where it should be aimed.

Scenario 1: Patient comes in with a card that says “North Dakota Medicaid” in the middle and includes their Medicaid number. We look them up in the Medicaid database and it states that they have Medicaid Expansion. We ask the patient if they received a card from Blue Cross Blue Shield? Some say no and some say yes, but they didn’t know why they received it. Which is understandable since it doesn’t look at all like what they are used to and it’s from Blue Cross Blue Shield. We look at the card and point out that it says Medicaid Expansion in the top right corner. The patient says “OK, so what does that mean”. We respond with “I’m sorry, but Medicaid Expansion does not cover dental care for adults”.

Our front desk staff tells me that that this scenario occurs to around 50% of the people who come in with Medicaid Expansion. Now, these patients are put in a situation where they thought they had dental coverage and now they panic. We let them know that they are in the right place because we can look at their income and see what kind of discount they will receive. Most are confused and upset but are happy to learn that at least they qualify for discounted dental care. But then there are others who just can’t afford the dental care even with the discounts.

Scenario 2: A patient has ND Medicaid. We see them for a comprehensive exam and put together a treatment plan which includes a denture. We submit the prior authorization to Medicaid and wait and find out the patient is approved for a denture. We start the process of making that denture for the patient. This is a multi-step process over a 4-6 week time period because, as the denture is created, it needs to go back and forth to the dental lab. On step 3 we find out the patient’s coverage has been changed from ND Medicaid to ND Medicaid Expansion. We have to put the denture on hold because we do not know the reason for the switch, ND Medicaid Expansion does not cover dental care and ND Medicaid will no longer honor the pre-authorization. We advise the patient to talk to their case worker to see if they have submitted the correct paperwork or if there are other issues. We wait. If coverage switches back to ND Medicaid, we continue with the treatment plan. If coverage continues with ND Medicaid Expansion, we must inform the patient that the remaining plan for the denture is no longer covered. We ask for their income and family size and see what kind of discount they qualify for on our sliding fee scale for the remaining treatment. Again, the patient is upset and confused because this is not something that was in their budget.

This same scenario occurs when patients are on ND Medicaid and lose coverage. On a few occasions when the denture is complete and ready to be delivered to the patient, we would normally have to inform them that they are responsible for the cost of delivery. When it gets to the last step in the delivery, we usually just provide the patient with the denture and absorb these costs. BDG had already received partial payment through ND Medicaid and It’s just not worth putting the patient through the stress.

These are not scenarios that happen once in a while. These are issues that our staff must deal with every single day of every single week.

So, adults with ND Medicaid Expansion are required to pay full costs for dental care because there is currently zero dental coverage. All individuals who qualify for ND Medicaid Expansion qualify for BDG's sliding fee scale, which if you remember are people at or below 200% of the Federal Poverty Guidelines. These are individuals who are very low-income and cannot afford to pay full cost for dental care so where do they go? If they don't find a FQHC or BDG they go without dental care.

People are falling through the cracks when dental care is not offered to adults receiving ND Medicaid Expansion. We see it every day at BDG. This is why I am in support of Senate Bill 2231 with the addition of an amendment to include dental coverage or dental treatment coverage.

Thank you for your time.