



Presentation by:

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 Bridging the Dental Gap
 1223 S 12th St. Ste 1
 Bismarck, North Dakota

Presentation to:

Health Care Committee
 Tuesday, November 18, 2025
 Roughrider Room, State Capitol
 Bismarck, North Dakota

Bridging the Dental Gap is a non-profit stand-alone dental clinic located in Bismarck. It was established in August 2004. In 2002-2003 the Ruth Meiers Hospitality House, Bismarck's only homeless shelter, had just received federal funding to establish a clinic for homeless and low-income individuals and families. Federal guidelines required that the clinic had to offer three services: medical care, behavioral health care and oral health care. The medical care was covered by UND Family Practice (at the time) and all patients could be referred to the West Central Human Service Center for their behavioral health and addiction care. The one component missing was dental care. A survey was conducted with the dentists and dental clinics in the Bismarck-Mandan area, and it was found that a large portion of dentists in the area were not accepting new Medicaid adult patients let alone offering homeless or low-income individuals a discount on their oral health needs. Pediatric dental clinics were seeing the children but there was no place for their parents, and other homeless and low-income adults to go.

Interested community members, along with employees from Ruth Meiers Hospitality House, the public health clinics in Bismarck and Mandan and other non-profits took the dream of starting the communities own non-profit stand-alone dental clinic to a reality. The clinic started in 2004 at its current located at 1223 S 12th St. because it was designated a Medically Underserved Area by the state. It was along the bus route and easy to navigate from the homeless shelter. It was also in an area of Bismarck where many low-income individuals and families resided. What started as a clinic with a couple of operatories, one dentist, one assistant, one hygienist, an executive director and a Board of Directors has grown into what it is now.

It is 2025, 21 years after first establishing Bridging the Dental Gap, and we are still in the same situation as far as dentists in the area, and statewide, not accepting new Medicaid patients and now, we have fewer dentists accepting new pediatric patients with Medicaid.



Bridging the Dental Gap currently has 8 operatories (patient rooms) that are currently fully scheduled from 8:00am-5:30pm Monday through Thursday and 8:00am – 2:00pm on Fridays. We have four full-time dentists, two part-time contract dentists, three full-time hygienists, 6 full-time dental assistants, and four full-time front desk, billing and pre-authorization clerks and an executive director as well as a few part-time positions. We do not have any volunteer staff. We are currently scheduling appointments into January, but we have emergency openings available in our schedule to allow for people who are in severe pain. All dental services are provided except for dental implants. If more advanced procedures are required, the patient is referred to an oral surgeon or dental specialist in the area, or if available, an oral surgeon or dental specialist closer to where they live.

Bridging the Dental Gap sees an average of 810 encounters per month. Medicaid recipients make up 53% of our patients, patients using the sliding fee scale make up 32% and other dental insurance such as Medicare supplemental insurance accounts for 15%. Bridging the Dental Gap takes calls daily from all over the state from people searching for a dentist who accepts ND Medicaid. We currently have patients in every county of the state except for 5 counties. Most travel from the western half of the state but patients come from all corners of the state in order to get care that is covered by Medicaid because they have no place else to go. **

We have had a partnership with Creighton Dental School for the last 3 years to bring 4th year dental students into the clinic to work for 2 weeks at a time. We average 8 students per year. A future partnership with University of Minnesota is being developed. We have room for one dental assistant and possibly one hygiene student from Bismarck State College to offer hands-on training. The program for dental assisting and dental hygiene has an emphasis on public health and Bridging the Dental Gap has agreed to provide hands-on learning for their students but space is very limited currently. We do receive some funding through the ND Department of Oral Health to cover the cost of housing for the students who do not live in the area. We do not receive any other funding to cover staff expenses for overseeing students.

Bridging the Dental has portable dental equipment available for a dentist and a hygienist. We have provided oral health care in a few long-term care facilities in Bismarck and Mandan and currently have all of our equipment at Elm Crest Manor in New Salem and provide dental care services to their residents twice per month. This could be expanded with additional mobile equipment and additional staff.

The staff at Bridging the Dental Gap check the blood pressure of all adults over the age of 18. When the numbers are high the staff educate the patient on the importance of seeing their primary care provider and when care cannot be safely provided, a referral is sent to their primary care provider or they are referred to Northland Healthcare for follow



up. The patient needs to provide a follow up from their primary care provider prior to scheduling their next appointment.

There is a team of 5-6 individuals from the Federally Qualified Health Centers, IHS, the ND Primary Care Office and Bridging the Dental Gap who go on a "recruitment tour" each year. The team travels to the University of Minnesota Dental School, Creighton School of Dentistry, the University of Nebraska-Lincoln Dental School and the University of Iowa College of Dentistry to educate all dental students on the value of moving (or coming home) to North Dakota to work in the dental field. The team provides lunch-and-learns to the students and offer information about the state as well as the benefits of the State and Federal loan repayment programs.

What does the future look like for Bridging the Dental Gap? The clinic is growing out of their space. We need more dentists to be able to see the growing number of patients that are seeking our services. It would be hard to add another dentist at this time without more operatories (patient rooms). We are looking at expanding into another building within the next two to three years. We envision moving to a bigger building and adding operatories to be able to set up part of the clinic for 4th year dental students. Adding space would also offer additional room to bring in more dental assisting students and hygiene students from Bismarck State College to offer hands-on training.

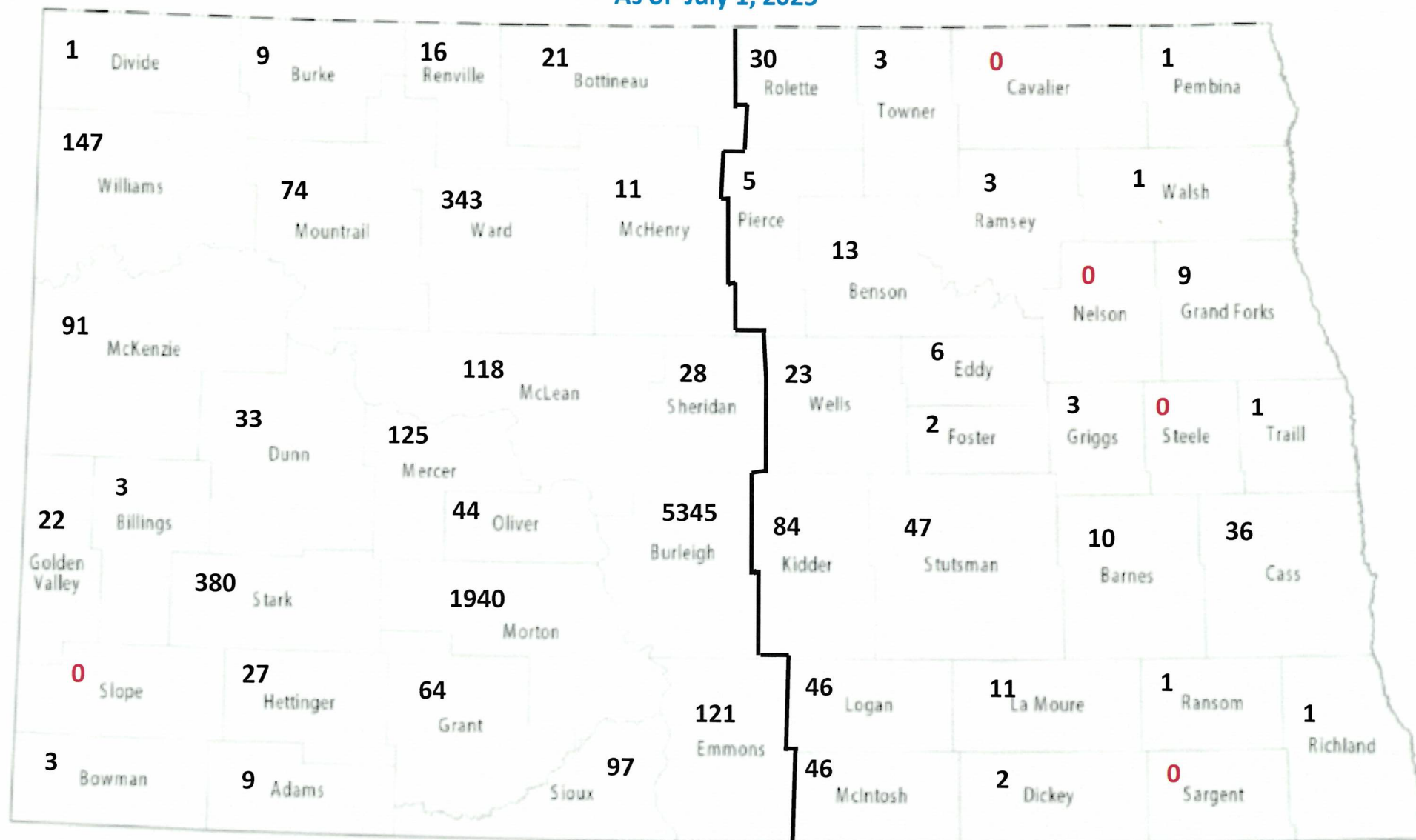
BDG must provide additional outreach to long-term care facilities in the rural areas where there is lack of oral health care. This could include having additional portable dental equipment and having long-term care facilities dedicate a room/area oral health care, medical, and vision or purchasing a mobile dental unit for adults, which could be used for other rural areas besides long-term care facilities.

Bridging the Dental Gap already does blood pressure monitoring on patients over the age of 18. We are looking and doing future screening for depression and checking the A1C on patients who have diabetes. This is all A1C testing for all patients with diabetes. Why? What is the correlation between diabetes and oral health. Growing evidence connects a healthy mouth with a healthy body and Bridging the Dental Gap wants to make sure that every patient is educated about oral health being essential to overall health. Medicaid Expansion currently only covers dental care for people over 20 years old. If we understand that oral health is essential to the overall health of a person, then oral healthcare for adults needs to be covered. Most people still have their teeth after the age of 20.

This is just a peak into the importance of Bridging the Dental Gap and other community healthcare dental programs in the state and the need to expand oral healthcare in our state. I fully support the need for this study and invite you to ask any questions you may have.

Bridging the Dental Gap—Patients by County

As of July 1, 2025



Total Patients

