2025 SENATE HUMAN SERVICES

SB 2231

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2231
1/28/2025

Relating to covered services for medical assistance.

9:45 a.m. Vice-Chairman Weston opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Children on Medicaid
- Dental coverage
- Sliding fee scale
- Health center locations
- Medicaid dental service locations

9:45 a.m. Senator Lee introduced the bill.

9:47 a.m. Sarah Aker, Executive Director of ND Department of Health and Human Services, answered committee questions and submitted testimony #32175.

9:49 a.m. Kim Kuhlmann, Policy and Partnership Manager for Community HealthCare Association of the Dakotas, testified in favor and submitted testimony #31558, #31559 and #31560.

10:09 a.m. Nadine Boe, CEO of Northland Health Centers, testified in favor and submitted testimony #31986.

10:18 a.m. Maurice Hardy, Director of Dakota Central Human Service Zone, testified in favor and submitted testimony #32006.

10:23 a.m. Tammy King, Executive Director of Bridging the Dental Gap, testified in favor and submitted testimony #31972.

Additional written testimony:

William Sherwin submitted testimony in favor #31930 and #31931.

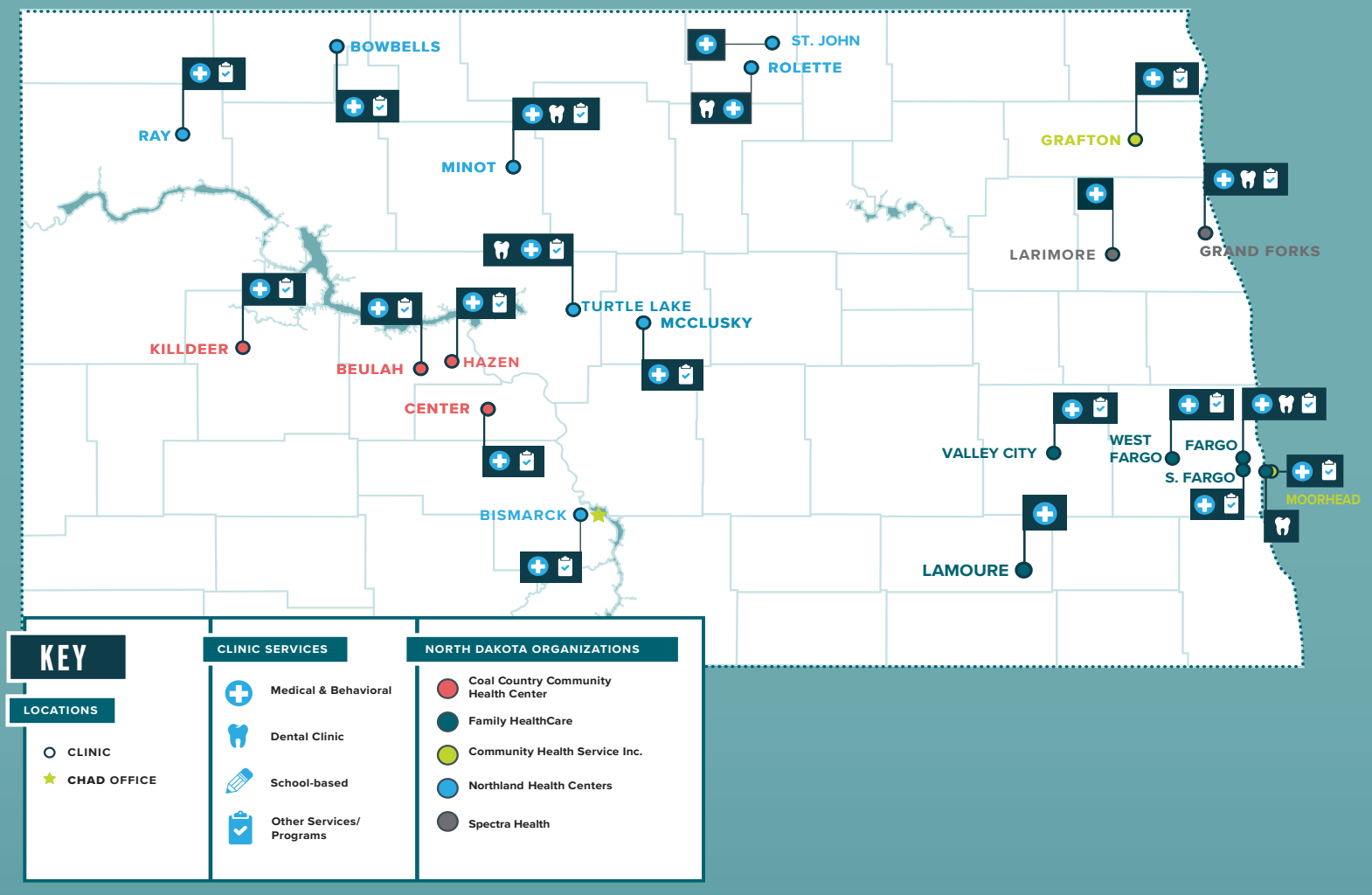
10:34 a.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

CHAD

WHAT IS A COMMUNITY HEALTH CENTER?

Community health centers (CHCs) are non-profit, community-driven primary care clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across North Dakota, providing access to affordable, quality health care for those who need it most. The centers serve as essential medical homes where patients can receive a wide array of services including medical, behavioral, and dental care along with help with transportation, interpretation, and other case management and care coordination services. In rural communities, health centers support a community's ability to retain local health care options, supporting access to health care where rural Dakotans live and work. North Dakota's network of five health center organizations provides care to over 36,000 patients each year at 22 locations in 20 communities across North Dakota.



NORTH DAKOTA PATIENTS

Source: 2023 UDS Preliminary Reports

PATIENTS BY POVERTY LEVEL

- < 100%: 42.4%
- 101%-150%: 13.6%
- 151%-200%: 8.4%
- > 200%: 35.6%

This represents a distribution of patients for whom income is known. Income is unknown for 47.0% of patients.

TOTAL PATIENTS 36,376

37.9% of total patients served are people of color

PATIENTS BY PAYOR SOURCE

- MEDICAID: 39.5%
- MEDICARE: 13.1%
- UNINSURED: 16.1%
- PRIVATE: 31.2%

ECONOMIC VIABLILITY

Source: Calculations based on 2023 UDS Reports

In addition to the actual dollars that flow to local communities through health centers, their role in maintaining access to health care can have an enormous impact on the long-term economic viability of rural and urban communities throughout North Dakota. For our smaller communities, access to local health care is crucial to a town's ability to recruit new companies and maintain a healthy workforce without long out-of-town trips to the doctors or to pick up prescriptions. When a small town is able to retain access to health care, it can serve as a main street anchor, keeping other small businesses viable. Across rural and urban communities, CHCs keep health care affordable by providing health care services regardless of ability to pay and by helping patients find health coverage options that are right for them.

STATEWIDE IMPACT

North Dakota CHCs had a total annual economic impact on the state of

$101,966,207 IN 2023

NORTH DAKOTA CHCs DIRECTLY GENERATED:

387 full-time jobs

AND SUPPORTED AN ADDITIONAL

229 jobs in other business

616 total jobs

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Community HealthCare Association of the Dakotas

Testimony
Senate Bill No. 2231
Senate Human Services Committee
Senator Judy Lee, Chair
January 28, 2025

Chair Lee, Vice Chair Weston and honorable members of the Senate Human Services Committee:

I am Kim Kuhlmann, the Policy and Partnership Manager in North Dakota for Community HealthCare Association of the Dakotas (CHAD) and with me today is my colleague Shannon Bacon, External Affairs Manager at CHAD, and Nadine Boe, CEO of Northland Community Health Centers. In my position at CHAD, I also facilitate the North Dakota Oral Health Coalition. On behalf of CHAD and our member health centers, I am here today in support of SB 2231, if amended to include dental treatment for adults covered by Medicaid Expansion.

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-driven 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 over half 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.

Currently, over 34,000 North Dakotans covered by Medicaid Expansion do not have dental coverage. This remains a significant gap in an otherwise strong North Dakotan approach to health coverage.

A Medicaid Benefit Strengthens the Dental Care System for Everyone

Adding a dental benefit for the Medicaid Expansion population brings more resources into

the health care system, and in the case of Medicaid expansion, 90 percent of those resources are federal. Let me share how the coverage numbers shape up for North Dakota health centers. Currently, around 40 percent of our patients are Medicaid beneficiaries, 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. Given that we 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, says, "Every week, hundreds of people attempt to schedule dental visits at our clinic. The demand far outweighs our current capacity. Incorporating oral health services into Medicaid Expansion would have an immediate impact at Spectra Health by creating sustainability in a challenging reimbursement model." She goes on to say, "It would reduce costly emergency visits by addressing oral health issues earlier while prioritizing cost-effective primary and preventative oral health care. This approach not only saves money but improves health outcomes. It offers the chance to expand our workforce, reduce administrative burden, and provide more sustainable care, benefiting both patients and the Medicaid program."

A Dental Benefit Would Improve Health Outcomes and Reduce Emergency Costs

For adults covered by Medicaid Expansion, adding coverage for dental care will improve their lives. 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, improves productivity, and leads to better quality of life.

We know that oral health impacts overall health and poor oral health is associated with many other serious health conditions including diabetes, heart disease, stroke, dementia, cancers, and respiratory infections to name a few. By making access to oral health care a priority for every North Dakotan, we can improve the overall health of our citizens.

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. In our "Dental Coverage for Medicaid Expansion Beneficiaries" two-pager, you can see that 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. Adding dental treatment to Medicaid Expansion is one way to help reduce the costs for emergency dental care and for other health complications related to lack of access to preventive dental care.

In conclusion, a dental benefit in Medicaid expansion would strengthen an oral health system in which we are facing a real crisis in access to care and it would improve the health and lives of those who receive the coverage. It is a way to devote resources to low-cost preventive care rather than high-cost responses to more serious health conditions. I ask for your support on behalf of our member health centers to amend and recommend a do pass on SB 2231 to include dental treatment for adults on Medicaid Expansion.

I am happy to answer any questions you have. Thank you!

Kim Kuhlmann
Policy and Partnership Manager, ND
Community HealthCare Association of the Dakotas (CHAD)

DENTAL COVERAGE *for Medicaid Expansion Beneficiaries*

DANGERS OF POOR ORAL HEALTH

Tooth Loss | Gum Disease | Diabetes | Mouth Cancer | Stroke Dementia | Bad Breath | Respiratory Infections | Heart Disease

Evidence connects healthy mouths with a healthy body, and insufficient dental coverage can negatively affect overall health.

Over **34,000** North Dakotans rely on Medicaid Expansion for their health care coverage. Today, they have NO dental coverage.

Individuals who report dental care affordability concerns miss more hours of work for unplanned dental care.

More than half of Indigenous adults reported no dental visit in the past five or more years.

Nearly 1 in 3 adults who are not Indigenous reported no dental visit in the past five or more years.

CHAD supports legislation to extend adult dental benefits to ALL North Dakota Medicaid recipients, including individuals covered by Medicaid Expansion.

Women who had their teeth cleaned during their most recent pregnancy:

- **53%** White
- **28%** Hispanic
- **26%** American Indian
- **25%** Other

MISSION OF MERCY: A PICTURE OF UNMET NEED

778 North Dakotans received care at the Mission of Mercy event in Bismarck in October 2024. Hundreds lined up (some the night before) to receive free care from volunteer dentists and hygienists.

- **66.9%** had "no insurance" and couldn't afford dental care
- **40%** drove over an hour to attend
- **40%** reported having felt dental pain

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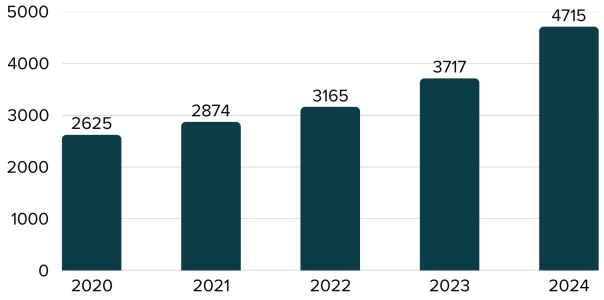
Community HealthCare Association of the Dakotas

THE HIDDEN COSTS OF NOT COVERING PREVENTATIVE DENTAL CARE

Lack of coverage causes many to delay care until there is a problem – leading to much costlier health risks and treatments.

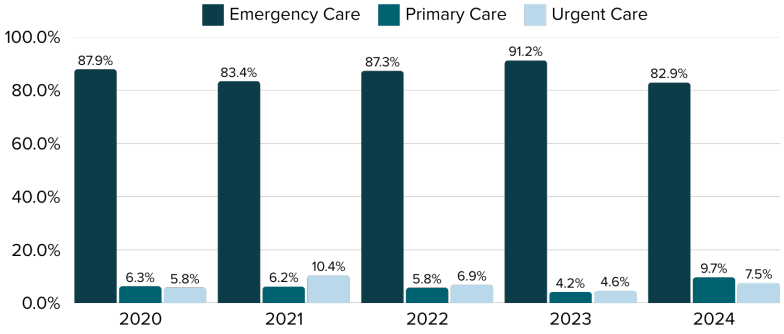
Number of Tooth Pain Events by Year

North Dakota (2020-2024)

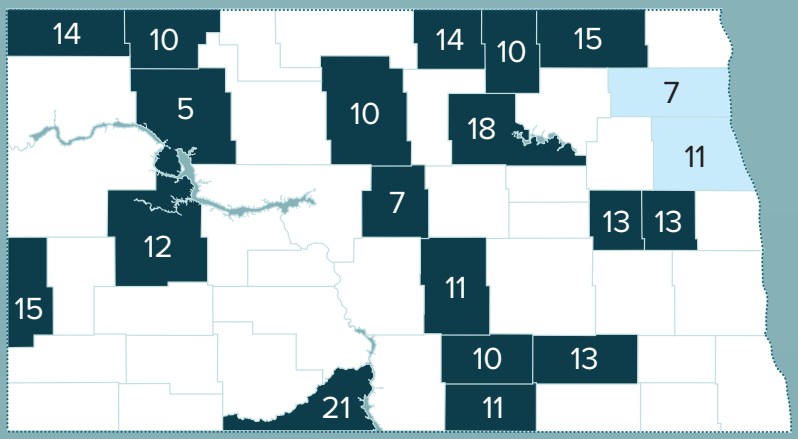


Types of Visits Associated with Tooth Pain Events

North Dakota (2020-2024)



UNCOMPENSATED CARE HINDERS DENTAL WORKFORCE GROWTH



31% of dentists report accepting any and all Medicaid patients.

44% of the need for dental providers is being met.

69 dental care health practitioner shortage areas (HPSAs) designated in the state, with a service area of **153,291** people

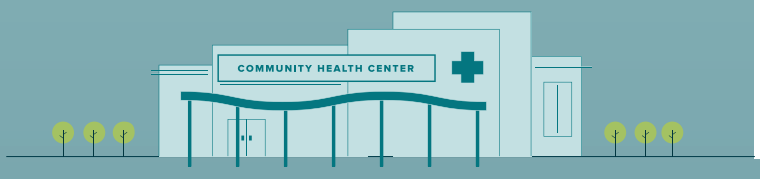
Geographic dental health professional shortage area

Low-income population health professional shortage area

In 2023, Community Health Centers provided over

25,600 dental visits

in North Dakota, regardless of insurance status or ability to pay.



"Increasing the number of insured patients adds resources to and strengthens the entire dental system. More covered patients would improve health centers' ability to pay competitive wages and bring high-quality dentists to our rural communities."

SHELLY TEN NAPEL
CEO, COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

The financial strain of uncompensated dental care for Medicaid Expansion patients at health centers makes it even more difficult to grow their dental programs and workforce. Having more patients with coverage means that more care can be reimbursed, allowing health centers to invest in workforce growth and enhance access.

CHAD

Community HealthCare Association of the Dakotas

North Dakota DENTAL ASSOCIATION

Physical Address: 1720 Burnt Boat Drive, Suite 201
Mailing Address: PO Box 1332, Bismarck ND 58502
T: 701-223-8870

RESULTS OF DENTAL MEDICAID FUNDING IMPROVEMENTS

It is well-established that a multifaceted approach to dental Medicaid improvements vastly increases the chances for greater utilization and improved oral health for Medicaid enrollees. It is common knowledge that improving investment in dental Medicaid funding is the key component to ensuring enrollees get the care they need when they need it.

To prove funding improvements have an impact, consider the reports from past improvements and research performed:

Connecticut – 2008 children's dental fees set to 70th percentile of dental market fees in 2005. [1]

- *"For children continuously enrolled in Medicaid, utilization rates increased from 45.9% in 2006 to 71.6% in 2012."*
- *"These increased utilization rates eliminated the disparities in access to dental services between children with private insurance and children receiving Medicaid benefits. Children enrolled in Medicaid now have utilization rates that are similar to or higher than privately insured children."*
- *"Expenditures increased $62 million; this represents less than 1% of 2012 State Medicaid expenditures."*
- *"Dentist participation increased by 72%."*
- *"These results suggest that dentists will participate in the Medicaid program if adequately compensated, and low-income families will seek dental services."*
- *"One solution to the substantial disparities in access to dental care is to increase Medicaid fees to competitive levels."*

Indiana – 1998 fees increased to 100 percent of the 75th percentile of usual and customary fees. [2]

- *"The number of dentists seeing a Medicaid-enrolled child increased from 770 in fiscal year (FY) 1997 to 1,096 in FY 2000.*
- *The number of Medicaid-enrolled children with any dental visit increased from 68,717 (18 percent) to 147,878 (32 percent), with little difference between children enrolled through the Medicaid-SCHIP and traditional Medicaid programs by FY 2000.*

[1] Tryfon Beazoglou, Joanna Douglass, Veronica Myne-Joslin, Patricia Baker, Howard Bailit, Impact of fee increases on dental utilization rates for children living in Connecticut and enrolled in Medicaid, The Journal of the American Dental Association, Volume 146, Issue 1, 2015, Pages 52-60, ISSN 0002-8177, https://doi.org/10.1016/j.adaj.2014.11.001.

[2] Hughes RJ, Damiano PC, Kanellis MJ, Kuthy R, Slayton R. Dentists' participation and children's use of services in the Indiana dental Medicaid program and SCHIP: assessing the impact of increased fees and administrative changes. J Am Dent Assoc. 2005 Apr;136(4):517-23. doi: 10.14219/jada.archive.2005.0209. PMID: 15884323.

- *The mean number of visits per child per year and the mean number of procedures per child per year remained relatively constant. The cost per enrolled child increased from $1.70 to $6.70 per month, while the cost per child with a visit increased from $9 to $21 per month.*

- *The increase in fees and changes in administration of the Indiana dental Medicaid program were positively associated with improved dentist participation and children's use of dental services*

National Association of State Health Policy – Research [3]

- *Survey research, available literature, and interviews with key stakeholders in six study states indicate that higher fees positively influence: (1) dentists' willingness to accept new Medicaid-enrolled patients; and (2) Medicaid patients' access to and utilization of needed oral health care.*

- *The study states all enjoyed improvements in the percentage of children utilizing dental services (even in a period of expanding Medicaid enrollment), although they have not yet reached the utilization levels of privately insured children. The changes that these states made did mean they substantially increased their spending on dental services, but even so, dental spending is still only a small piece of total Medicaid expenditures.*

California Health Care Foundation – Research [4]

- *Survey research, academic literature, and interviews with key stakeholders in six states indicate that higher fees positively influence both dentists' willingness to participate in state Medicaid programs and Medicaid patients' access to oral health care.*

- *However, a majority of experts interviewed felt that while adequate reimbursement rates were necessary for improving access to Medicaid dental services, they were not sufficient on their own. Higher rates must be combined with efforts to address administrative concerns and strengthen the state's relationships with community dentists.*

American Journal of Public Health [5]

- *Reimbursement rates and access to dental care were directly related at the state level, but no evidence indicated that higher reimbursement rates resulted in overuse of dental services for those who had access. The relation between reimbursement rates and access to care was moderated by dentist density and dentist participation in Medicaid. We estimate that more than 1.8 million additional children would have had access to dental care if reimbursement rates were higher in states with low rates.*

- *Children who access the dental care system receive care, but reimbursement may significantly affect access. States with low dentist density and low dentist participation in Medicaid may be able to improve access to dental services significantly by increasing reimbursement rates.*

The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland & Texas [6]

- *Increasing Medicaid dental fees closer to private insurance fee levels has a significant impact on dental care utilization and unmet dental need among Medicaid-eligible children.*

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[3] The Effects of Medicaid Reimbursement Rates on Access to Dental Care; National Academy for State Health Policy 2008

[4] Increasing Access to Dental Care in Medicaid: Does Rasing Provider Rates Work? Californai Healthcare Foundation, 2008

[5] Chalmers NI, Compton RD. Children's Access to Dental Care Affected by Reimbursement Rates, Dentist Density, and Dentist Participation in Medicaid. Am J Public Health. 2017 Oct;107(10):1612-1614. doi: 10.2105/AJPH.2017.303962. Epub 2017 Aug 17. PMID: 28817336; PMCID: PMC5607675.

[6] Nasseh K, Vujicic M. The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland, and Texas. Health Serv Res. 2015 Aug;50(4):1236-49. doi: 10.1111/1475-6773.12265. Epub 2014 Dec 7. PMID: 25483733; PMCID: PMC4545356.

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MEDICAID
SOLUTIONS, RESOURCES, & SUGGESTIONS

PRIMARY MESSAGES

Strengthening Medicaid programs to include Comprehensive dental coverage for adults will:

- Prevent costly and often debilitating advanced dental disease.
- Improve overall patient health by improving their oral health.
- Reduce the high cost to taxpayers of dental care sought in emergency rooms.
- Provide essential healthcare to low-income people, people with disabilities, and seniors.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

Medicaid dental benefits save states money.

- There are more than 2 million hospital emergency room visits a year for dental pain. States with adult dental Medicaid coverage have decreased unnecessary emergency room visits, significantly lowering the cost to the public for this uncompensated care.
    - A limited adult dental Medicaid benefit in Missouri has cut emergency room visits for nontraumatic conditions by 38%.[1]
    - Massachusetts partially restored coverage in 2013 and saw emergency room dental visits fall 15% in the first five months.[2]
    - Conversely, when California eliminated its comprehensive coverage in 2009, 1,800 more people visited the ER for dental emergencies each year, and the cost of this emergency care rose 68%.[3]
- Covering dental care through Medicaid reduces the overwhelming cost to taxpayers of uncompensated care sought in emergency rooms, which totals $2.7 billion nationwide each year.

Medicaid dental benefits allow low-income citizens to secure and maintain employment.

- Poor oral health harms adults' ability to work.
    - Americans miss more than 92.4 million hours of work or school each year for emergency dental care.[4]
    - Ten percent of low-income patients say they must miss work very often or occasionally for dental problems.[5]
    - In states without an adult Medicaid dental benefit, 60% of Medicaid-enrolled adults report that their ability to interview for a job is impacted by the appearance of their teeth or mouth.[6]

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[1]. Good reasons for states to preserve or expand Medicaid adult dental benefits: A toolkit for advocates. CareQuest Institute for Oral Health. December 2020

[2] Changes in Dental Benefits and Use of Emergency Departments for Nontraumatic Dental Conditions in Massachusetts. Public Health Reports. Health Affairs. September 2020.

[3] Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. Health Affairs. May 2015.

[4] Hours Lost to Planned and Unplanned Dental Visits Among US Adults. Centers for Disease Control and Prevention. 2018.

[5] Oral health and well-being in the United States American Dental Association. Health Policy Institute Infographic. May 2016.

[6]Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit. American Dental Association. Health Policy Institute Infographic. May 2018.

Oral health and well-being in the United States American Dental Association. Health Policy Institute Infographic. May 2016.

- Access to oral health care empowers Medicaid participants to work and move toward economic self-sufficiency.

Dentists' priority is always to enhance the oral health of patients, and we support public policy that empowers dental teams to do that.

- Dentists donate hundreds of thousands of hours providing care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Give Veterans a Smile.
- However, charity is not a sufficient or sustainable way to protect individual and public health.
- Solid investments in people's health through Medicaid will ensure vulnerable patients, including seniors and people with disabilities, get the care they need but can't otherwise afford.

Inability to access dental care can have significant health consequences.

- Medicaid serves low-income parents and other adults, people with disabilities, and seniors.
- Without dental care, people will suffer from irreversible oral health conditions such as cavities, severe gum disease, pain, and tooth loss.
- Untreated oral health conditions negatively affect a person's overall health. For example, gum disease is linked to diabetes, heart disease, strokes, kidney disease, Alzheimer's disease, poor pregnancy outcomes, and even mental illness.

Providing adult dental coverage through Medicaid consistently would improve access to dental care for low-income adults, people with disabilities, and seniors. It would reduce racial disparities in chronic disease prevalence and maternal health while improving employment opportunity and economic mobility.

- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- While oral health has generally improved in recent decades, not all groups have benefited equally. Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease.
- Policymakers should prioritize strengthening Medicaid to reduce health disparities.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

States should ensure their Medicaid programs provide comprehensive adult dental coverage, which enhances patients' overall health.

- Comprehensive care, including preventive and corrective care, are without a doubt the best approach to achieve benefits such as decreased emergency room visits and improved work-readiness.
- Comprehensive coverage should include not just emergency care – which most states already offer – but also routine preventive care like x-rays, fluoride treatments, and oral hygiene instruction.
- Prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments should be covered too. These are important services people need to maintain or regain their oral health.

Dentists want to be able to accept Medicaid to reach vulnerable patients, but Medicaid needs to sustainably reimburse for dental care before that becomes viable for many dental practices.

- Most dental practices are small businesses. They need to be sustainably reimbursed in order to pay their employees and sustain their business.
- Reimbursement to traditional medical providers is already low, but the rate for dental care is even lower, far below the cost of delivering care.
    - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.[7]

[7] Reimbursement Rates for Child and Adult Dental Services in Medicaid by State. American Dental Association. Health Policy Institute Infographic. October 2021.

    - Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varies between 30.5% in Minnesota to 86.8% in California. [8]
    - It is important to note that private insurance reimbursements reduce dentists' normal fees 20%, so comparing Medicaid fees to private insurance fees represents a discount on top of a discount.
- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system coupled with a low reimbursement rate.
- It is not a question of desire to treat Medicaid patients; rather, it is a question of economic reality. Many dental practices simply cannot afford to accept Medicaid patients, making it difficult for patients to find a dentist.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to adopt managed care models to make spending on these programs more efficient and predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited.

- A 2011 survey of state Medicaid programs found that over two-thirds of responding states with managed care organizations (MCOs) reported that Medicaid beneficiaries enrolled in MCOs sometimes experience access problems, including access to dental care.[i]
- While MCOs may have both benefits and risks, one way to protect their effectiveness and the tax dollars entrusted to them is through fair and binding accountability measures.

States that choose to contract out their dental program to a managed care organization (MCO) should establish accountability measures to make sure the program runs efficiently and improves the quality of care for patients.

- States should establish a Medical Loss Ratio requirement, in which there is a minimum percentage of revenue for the MCO that must go directly toward patient care, to ensure that state dollars are used efficiently.
- MCOs should actively work to help patients improve their dental care and prevent emergencies by helping patients find a dentist and establish a dental home, and by offering case management services.
- States should evaluate MCOs by how well they provide oral healthcare to Medicaid patients. For example, by tracking the percentage of enrollees who have at least a comprehensive exam and preventive care each year.
- States can track the program's success by requiring the MCO to track and report metrics including:
    - Network size
    - Average time to make payment of claims
    - Accuracy of paid claims
    - Response time (call wait time) and missed calls in call centers
    - Accuracy of dentist directory
    - Grievance and appeals resolution
    - Credentialing times

States should specify how the MCO will work with dentists to ensure patients can get the care they need.

- Dental coverage through Medicaid should be reliable, predictable and efficient for patients and their dentists.
    - When administrative burdens in Medicaid are unnecessarily high, fewer dentists can viably treat Medicaid patients. Meanwhile, those that do accept Medicaid patients have fewer available patient appointments due to the additional hours required for navigating bureaucratic red tape.
    - Worst of all, patients suffer ongoing decay and pain during lengthy waits for prior authorization approvals.

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[8] Reimbursement Rates for Child and Adult Dental Services in Medicaid by State. American Dental Association. Health Policy Institute Infographic. October 2021.

- The MCO should employ a dentist licensed in North Dakota to review prior authorization requests and reply to these requests promptly.
- Administrative barriers and impacts on patient care significantly increase by unclear or changing policies. The MCO should keep an up-to-date member handbook for dentists and give at least 60 days written notice before changing fee schedules or processing policies.

LEGISLATURES ACROSS THE COUNTRY ARE ADOPTING MEDICAID ENHANCEMENTS

Several states have recently passed or enacted improvements to their Medicaid programs' dental coverage and reimbursement rates due to the many benefits to state budgets, patient health, and work readiness. Some of the changes passed since 2021 include:

- Kansas extended adult dental coverage from emergency-only to more comprehensive care.
- Louisiana extended dental coverage for adults with developmental disabilities in intermediate care facilities.
- Nebraska eliminated their annual per-person spending limit for adult enrollee dental services.
- Tennessee and Maryland, which previously had no dental benefits for adult Medicaid enrollees, each created a new, comprehensive dental benefit covering preventive, corrective, and emergency care.
- Missouri, Nebraska, South Dakota, Connecticut, Vermont and Virginia increased dental Medicaid reimbursement rates.

QUESTIONS & ANSWERS

WHAT DENTISTS ARE DOING

Q. Do you accept Medicaid patients? Why or why not?

A. Often our member dentist say I do, because ensuring that all patients have access to dental care is a priority for me. I must share, however, that it is challenging given the low reimbursement rates and administrative burdens. Raising these rates and relieving these burdens would allow more dentists to accept more Medicaid patients, giving patients better access.

Some of our member dentists say no, unfortunately, the costs associated with providing care, such as equipment and labor, are not set by dentists. What Medicaid pays for patients in the program makes accepting Medicaid unsustainable for my practice. We need to raise reimbursement rates so more dentists can afford to see Medicaid patients and give patients better access.

Q. Why do so many dentists refuse to accept Medicaid patients?

A. Dentists want to accept Medicaid patients. However, the administrative burdens like excessive paperwork, credentialing delays and program integrity compliance requirements – matched with low reimbursement rates – make it hard or impossible for most dentists to manage patient care in a population vulnerable to greater disease burden while navigating the requirements of the Medicaid program.

Q. Why don't dentists just lower their costs for low-income patients?

A. Under the current system, dentists enrolled in Medicaid programs accept much lower rates to treat Medicaid patients, including low-income patients, people with disabilities, and seniors. Some states report that dentists are reimbursed as low as 30% of what private insurance would pay. Many others reimburse dentists at less than 50% of the private insurance rates, which are already discounted from normal fees. Dentists want to provide care for low-income patients, but these low rates do not allow dentists to cover their overhead and pay their staff.

Q. What are dentists doing to try to reach adult Medicaid enrollees with insufficient dental coverage?

A. Dentists have established numerous programs to reach vulnerable patients. For example, the Community Dental Health Coordinator program trains individuals to help patients navigate the oral healthcare system from inside the communities they serve.

North Dakota DENTAL ASSOCIATION

COST & FINANCIAL IMPACT

Q. It would be nice for everyone to have dental care, but can our state/country really afford it?

A. Yes. Providing a Medicaid dental benefit would actually save taxpayers money by preventing expensive dental emergencies for a relatively modest investment. Providing regular, preventative care in a dental office has holistic health and economic benefits which are not realized when treating dental problems in emergency rooms, which is what happens now.

Q. I agree that adults on Medicaid should have dental care. But there are so many problems that need addressing, and limited resources. Why should this be a higher priority than those other needs?

A. Providing a Medicaid dental benefit is an investment in Medicaid participants' future overall health. It also saves money by preventing expensive dental emergencies. Covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

MEDICAID BASICS

Q. What is Medicaid?

A. Medicaid is a public insurance program for low-income people, people with disabilities, seniors, pregnant women, and other groups. Medicaid is administered by states, and jointly funded by states and the federal government.

Q. Why is Medicaid coverage different for dental and medical care?

A. There is a long history of dental care being separated from care for the rest of the body. Dentists and physicians are trained separately, care for dental and medical is billed separately, and Medicaid programs for dental and medical are administered separately. States are not required to provide dental benefits for adults, so coverage varies from state to state. Oral health is necessary for overall health, but the payment systems operate differently necessitating a unique focus on covering the costs for oral health care.

Q. Does Medicaid cover dental care for kids?

A. Yes. All states must cover dental care for Medicaid patients under 21. Medicaid coverage for children has worked very well to improve health and reduce disparities among children. Current federal policy suggests that the importance of oral health expires upon reaching adulthood, which we know is completely false. Adult dental coverage also benefits children. In states that provide adult benefits, children of Medicaid patients are more likely to have visited the dentist in the last year, and they are less likely to defer care.

Q. How many states currently cover dental care for adults in Medicaid?

A. Forty-nine states provide some kind of dental coverage, but this coverage varies widely. Only about half of states have comprehensive benefits that cover both preventive care and treatment of disease. Others provide limited coverage or coverage for emergencies only.

Q. Medicaid is a federal program. Why do Medicaid reimbursement rates vary so widely by state and age?

A. Medicaid is funded at the federal and state levels but is administered by states. States can determine whether they provide adult dental coverage, which services are covered, and how much providers are reimbursed for their services. This results in a patchwork of coverage across the country.

Q. What role should managed care organizations (MCOs) play in adult dental Medicaid benefits?

A. Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to work with an MCO to make spending on these programs more predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited. If a state selects an MCO to manage their adult dental benefit, we suggest that states retain their policy-setting power and establish a timeline, perhaps 4 or 5 years, for reviewing the MCO and measure utilization. It is important that the MCO

also reimburses providers at a reasonable rate; we recommend that the rate be at least as high as in the state's fee-for-service plan.

SEEKING CARE

Q. Can community health centers solve the problem of access to dental care?

A. Community health centers and clinics can play a role in helping patients get care, and many do by offering dental services. But they simply don't have the capacity to meet all of the needs of patients who don't have dental benefits without the systemic solution of Medicaid benefits.

Q. Where should patients go if they don't have dental coverage?

A. Patients can look for dental care through community health centers, dental clinics and sometimes dental schools in their communities. Ultimately, to meet all of the needs of low-income people, Medicaid needs to improve oral health care coverage.

Q. What do you recommend patients do if they have Medicaid dental benefits but can't find a provider?

A. Having dental coverage is not enough if you can't find a provider who can take your coverage. Patients shouldn't have to travel long distances or wait months to see a dentist. Unfortunately, this is very common. We need to raise reimbursement rates so more dentists can participate in the program and care for Medicaid patients in their communities.

Q. What changes are needed to Medicaid that would allow more patients to access care?

A. Congress should reduce administrative burdens and require adult dental Medicaid coverage for all states, defining what kinds of services are necessary for states to provide comprehensive coverage. At the state level, we need to raise reimbursement rates so dentists can provide care to Medicaid patients without a financial loss to their practice.

Q. How would you define comprehensive coverage? What benefits or services should be included?

A. We would like to see all states offer coverage that enhances patients' overall health. That would include coverage for emergency care – which most states already offer – as well as the routine preventative care like x-rays, fluoride treatments, and oral hygiene instruction. And for patients who need prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments, those services should be covered too. These are the basic things all people need to maintain or regain their oral health.

TOUGH QUESTIONS

Q. If people want dental coverage, why shouldn't they just get a better job?

A. What we know is that people with some form of dental coverage are more likely to go to the dentist; however, not all jobs offer the full spectrum of health care coverage that includes dental benefits. Our goal is to expand dental coverage, and thereby expand access. Having some form of dependable and meaningful dental coverage should not be solely tethered to a job. For example, most entrepreneurs are required to purchase their own health coverage. The point is that all patients must have a reliable source of oral health care coverage so they can see a dentist and get the care they need to stay healthy. A strong Medicaid system can help do that.

Q. It sounds like you are putting the burden of receiving care on patients and a government program. Is that true?

A. Comprehensive coverage through Medicaid is the only way to provide oral health care for all low-income patients. Dentists want to provide care to all patients, especially the vulnerable, but they can't take on this responsibility alone.

Q. How can you ask for higher Medicaid reimbursements after opposing a proposal in Congress that would have brought a Medicare dental benefit to all seniors? Why did you oppose that proposal?

A. The American Dental Association did support a Medicare dental benefit for those seniors who are most in need, similar to how we support strengthening Medicaid to help low-income people ages 18-64. The bottom line is dentists want to be able to reach as many patients as possible to improve oral health. We will look closely at any policy at the state or federal level that will help us accomplish that.

North Dakota DENTAL ASSOCIATION

Physical Address: 1720 Burnt Boat Drive, Suite 201
Mailing Address: PO Box 1332, Bismarck ND 58502
T: 701-223-8870

OTHER PRIMARY MESSAGES

Strengthening Medicaid programs to include comprehensive dental coverage for adults will:

- Improve patient health.
- Help decrease health disparities.
- Reduce the costs of dental care sought in emergency rooms.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

If we want to improve health equity, improving access to dental care is an important factor.

- Providing adult dental coverage through Medicaid would reduce racial disparities and inequities in chronic disease prevalence and maternal health**.**
- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease. Recent improvements in oral health have not benefited all groups equally.
- Policymakers who want to reduce health disparities should prioritize strengthening Medicaid.

Strong dental Medicaid programs have shown numerous societal benefits.

- Access to dental care for poor Americans helps maintain a high quality of life, keep kids in school, keep adults at work and reduces unnecessary emergency room visits.
- While policymakers face many competing priorities, covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

Lack of focus on adult oral health care by federal and state governments has created a patchwork of dental coverage in state Medicaid programs.

- Medicaid was created to help low-income Americans, people with disabilities, and seniors receive healthcare, but programs often neglect certain services for entire populations.
    - Twenty-one states and the District of Columbia provide extensive adult dental Medicaid benefits. Sixteen states provide limited benefits, nine provide emergency-only benefits, three provide no benefits, and one has a dental benefit under development.[1]
    - All states are required to comply with the Early and Periodic Screening, Diagnostic and Treatment benefit to provide preventive and medically necessary comprehensive health care services for children under 21. This includes dental care.
- The inconsistency in adult dental Medicaid coverage results in spotty access for kids too. In states with adult dental benefits, children of Medicaid patients are more likely to visit the dentist and are less likely to defer care.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

When dentists can't afford to accept Medicaid, patient access suffers.

- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system, matched with a low reimbursement rate.

- As a result, many dental practices do not accept Medicaid, or severely restrict the number of Medicaid patients they take. This makes it hard for patients to find a dentist who will see them.
- Without a dentist willing to treat them, simply having dental benefits does not actually help patients.

Improving patient and dentist participation requires Medicaid programs to reduce administrative barriers and fairly reimburse for dental care.

- Reimbursement to traditional medical providers is already too low, but the rate for dental care is even lower, far below the cost of delivering care.
    - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.[2]
    - Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varied between 30.5% in Minnesota to 86.8% in California. [3]
- Dentists donate hundreds of thousands of dollars in care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Veterans Stand Down so vulnerable people can get the care they desperately need.
- Though dentists are doing their part to meet the need, charity care is not a healthcare system and patients deserve more reliable, consistent dental coverage through Medicaid.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states choose to contract part or all of their Medicaid program to managed care organizations (MCO).

- MCOs promise policymakers that they will administer the program and save the state money.
- As private organizations, MCOs are focused on the bottom line. The more they save on patient care, the more money they can keep as profit.
- In some instances, this profit motive can lead MCOs to decline coverage for necessary care.
- States need accountability measures for MCOs to make sure they are delivering the care they have promised to provide.

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[i] https://www.macpac.gov/subtopic/managed-cares-effect-on-outcomes/

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-operatory 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.

Senate Human Services Committee
SB 2231
Tuesday, January 28, 2025

Chairwoman Lee, Vice Chair Weston and honorable members of the Senate Human Services, my name is Nadine Boe and I am CEO of Northland Health Centers. I'm here today in support of SB 2231 if amended to include dental treatment for adults on Medicaid Expansion.

Northland Health Centers serves eight communities in the central and northern areas of the state, including Bismarck, Turtle Lake, McClusky, Minot, Rolette, St. John, Bowbells, and Ray. We offer dental care in Turtle Lake, Minot, and as of early this year, Ray. We provide medical, dental and behavioral health services to all community residents, regardless of insurance status and ability to pay. In 2023, we served 6,175 patients with 17,329 total visits. About one quarter of our patients are covered by Medicaid. Of the remainder, about 13 percent are covered by Medicare, which does not have dental coverage included, and 30 percent are uninsured. 32 percent of our patients have private health coverage.

For many Medicaid and non-covered recipients, access to dental care is nearly impossible. In North Dakota and across the country, we see people forced to choose between paying rent, putting food on the table, or getting a painful tooth treated. The result? They delay care until it becomes an emergency. Instead of a simple filling, they end up in the emergency room—where they can't get the treatment they truly need, only temporary pain relief and a referral they often can't afford to follow up on. In my own work at Northland, we see firsthand how this lack of coverage impacts real people—parents who can't work because of an untreated infection, seniors who can't eat properly due to missing teeth, and young adults starting their careers already facing major dental problems they can't afford to fix.

Adding a comprehensive dental benefit to Medicaid expansion is the fiscally responsible thing to do. Preventative dental care is far more cost-effective than waiting until problems escalate into emergencies. Every dollar invested in preventive oral health services can save several dollars in avoided emergency room visits and complicated medical treatments.

States that have expanded dental benefits under Medicaid have seen improved health outcomes and reduced long-term health costs. When people have access to routine dental care, they stay healthier, they miss fewer days of work, and they avoid costly emergency interventions.
We have the opportunity to make a real, lasting impact by ensuring that dental care is included in Medicaid expansion. Let’s invest in preventive care, let’s reduce avoidable medical costs, and most importantly, let’s give people the dignity of a healthy smile and a pain-free life.

Testimony Prepared for the
Senate Human Services Committee
January 28, 2025
Maurice Hardy LBSW, MRC, Dakota Central Human Service Zone

SB 2231: A Bill fan an Act to amend and reenact Section 50-241-45 of the North Dakota Century Code, relating to covered services for medical assistance.

Chairwoman Lee, and members of the Senate Human Services Committee. I am Maurice Hardy, Director of Dakota Central Human Service Zone, which includes the counties of McLean, Mercer, Oliver and Sheridan. In addition, I am a member of the North Dakota Human Service Zone Director Association. I am here to provide testimony in support of Senate Bill 2231 Fiscal Note LC# 25.0532.01000.

SB 2231 adds coverage to some of our most at-need citizens when it comes to dental and oral care. This coverage will help provide better care for our special populations, including elderly, special needs, medically fragile, children and foster children.

When a child comes into foster care and legal custody is provided to a human service zone director, human service zones are required, by statute and policy, to meet the needs of the child including their dental and oral health care. Foster children are covered by North Dakota Medicaid. This bill and fiscal amount will help zones and families to receive preventive care and develop a care plan for their children, foster children and the other special populations.

Most zones are finding 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 for up to 2 hours one way, for required dental care and see a Medicaid provider. That is a minimum of five hours of time for the zone employee to meet the foster children's needs. More importantly for some foster children, this is a full day of educational instruction lost. If follow-up appointments are needed, even more days are lost. McKenzie Mountrail HSZ has had to travel from Watford City to Bismarck for a Medicaid provider, Ward HSZ has traveled to Rugby, Williston and Bismarck from Minot for care. Factoring in lost instructional days, zone wages, benefits, mileage, and time away from other cases this has significant time and financial impact.

In the general population, a low-income family seeking dental care on North Dakota Medicaid also results in often having to travel considerable distances and which would require reliable transportation. Their limited finances are often impacted by travel costs and lost wages from an hourly wage job. Children also lose a full day of educational

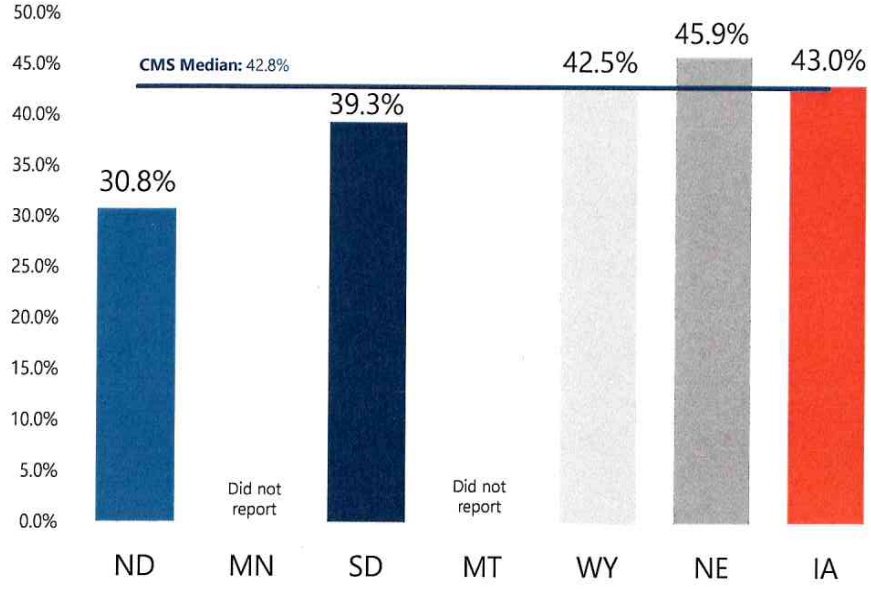
instruction. This poses a real burden. That is if they can find a provider that has openings and accepts Medicaid.

This Bill is a start and will shed more light on the needs of Medicaid and Medicaid Expansion insured, while providing valuable services in dental assessments, screenings and developing a treatment plan more locally with Teledentistry. The Director's Association asks for a DO PASS on SB 2231 fiscal note. Thank you and I will stand for questions.

Dental Outcomes & Rates

ND Medicaid Dental Rates were last rebased in 2009. Dental rates have increased approximately 42% since last rebase.

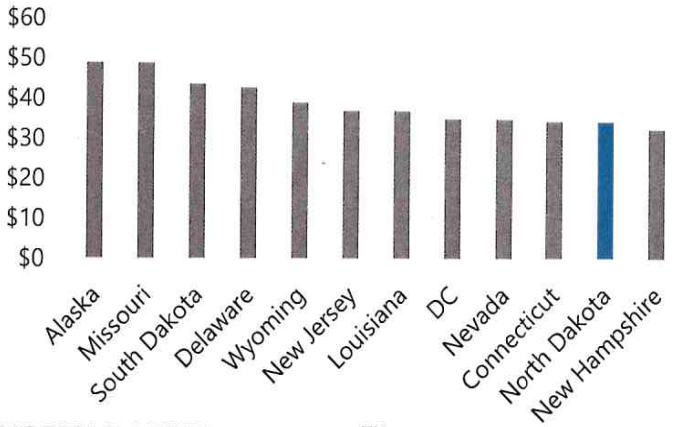
Oral Evaluation, Dental Services, FFY 2023



NORTH DAKOTA RANKED 3RD FROM THE BOTTOM IN THE NATION

Medicaid Reimbursement Rate: D0120 Periodic Oral Evaluation, SFY2025

NORTH DAKOTA RANKS 3RD HIGHEST IN THE REGION



NORTH DAKOTA RANKS 11TH HIGHEST IN THE NATION

NORTH Dakota Be Legendary. | Health & Human Services

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2231
2/3/2025

Relating to covered services for medical assistance.

2:59 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Medically necessary dental services
- Processing claims

2:59 p.m. Sarah Aker, Executive Director of ND Department of Health and Human Services, answered committee questions.

3:08 p.m. Senator Hogan moved to adopt amendment LC# 25.0532.01001.

3:08 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

3:09 p.m. Senator Hogan moved Do Pass as amended and Rerefer to Appropriations.

3:09 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	N
Senator Desiree Van Oosting	Y

Motion passed 5-1-0.

Senator Lee will carry the bill.

3:11 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

25.0532.01001
Title.02000

Prepared by the Legislative Council staff for Senator Lee
January 28, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

2-3-25
JMs 1002

SENATE BILL NO. 2231

Introduced by

Senators Lee, Cleary, Hogan

Representatives Dobervich, Karls, Porter

A BILL for an Act to amend and reenact section 50-24.1-45 of the North Dakota Century Code, relating to covered services for medical assistance.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 50-24.1-45 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-45. Medical assistance benefits - Family adaptive behavior treatment and guidance - Dental screening and assessments - Dental case management - Teledentistry.

1. Medical assistance coverage must include payment for the following services:

~~1.~~ a. Family adaptive behavioral treatment and guidance to educate parents and caregivers to continue to carry out plans and recommendations of applied behavioral analysis.

~~2.~~ b. Dental screening and assessment of patients to identify individuals in need of additional assessment, diagnostic, and treatment services.

~~3.~~ c. Dental case management for maintenance of oral health for special populations, including elderly, special needs, medically fragile, and children.

~~4.~~ d. Asynchronous teledentistry to reduce barriers to dental care through outreach programs and to integrate oral health into general health care settings to identify and refer treatment needs.

e. Medically necessary dental services.

JB 2082

~~5.~~2. The services identified in ~~subsections 2, 3, and 4 do not~~subdivisions b, c, d, and ~~d~~e of subsection 1 apply to Medicaid expansion for children and adults.

3. The department shall process claims through the existing dentistry claims system of the department and Medicaid management information system.

REPORT OF STANDING COMMITTEE
SB 2231

Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS (25.0532.01001)** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2231 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

2025 SENATE APPROPRIATIONS

SB 2231

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2231
2/11/2025

Relating to covered services for medical assistance.

3:14 p.m. Chairman Dever opened the hearing.

Members Present: Chairman Dever, Senators Cleary, Davison, Magrum, and Mathern

Discussion Topics:

- Medicaid Expansion
- Dental Coverage

3:15 p.m Senator Lee introduced the bill.

3:30 p.m. Sarah Aker, Executive Director, Medical Services Division, Department of Health & Human Services (DHHS), testified neutral.

3:43 p.m. Kim Kuhlmann, Community HealthCare Association of the Dakotas (CHAD), testified in favor and submitted testimony #37194.

3:51 p.m. Nadine Boe, CEO, Northland Health Centers, testified in favor and submitted testimony #37199.

4:00 p.m. Tammy King, CEO, Bridging the Dental Gap, testified in favor and submitted testimony #37201.

4:10 p.m. Sarah Aker, Executive Director, Medical Services Division, DHHS, testified neutral.

4:15 p.m. Chairman closed the hearing.

Joan Bares, Committee Clerk

SB2231
2-11-25

CHAD
Community HealthCare Association of the Dakotas

Testimony
Senate Bill No. 2231
Senate Human Services Committee
Senator Judy Lee, Chair
January 28, 2025

Chair Lee, Vice Chair Weston and honorable members of the Senate Human Services Committee:

I am Kim Kuhlmann, the Policy and Partnership Manager in North Dakota for Community HealthCare Association of the Dakotas (CHAD) and with me today is my colleague Shannon Bacon, External Affairs Manager at CHAD, and Nadine Boe, CEO of Northland Community Health Centers. In my position at CHAD, I also facilitate the North Dakota Oral Health Coalition. On behalf of CHAD and our member health centers, I am here today in support of SB 2231, if amended to include dental treatment for adults covered by Medicaid Expansion.

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-driven 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 over half 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.

Currently, over 34,000 North Dakotans covered by Medicaid Expansion do not have dental coverage. This remains a significant gap in an otherwise strong North Dakotan approach to health coverage.

A Medicaid Benefit Strengthens the Dental Care System for Everyone

Adding a dental benefit for the Medicaid Expansion population brings more resources into

the health care system, and in the case of Medicaid expansion, 90 percent of those resources are federal. Let me share how the coverage numbers shape up for North Dakota health centers. Currently, around 40 percent of our patients are Medicaid beneficiaries, 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. Given that we 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, says, "Every week, hundreds of people attempt to schedule dental visits at our clinic. The demand far outweighs our current capacity. Incorporating oral health services into Medicaid Expansion would have an immediate impact at Spectra Health by creating sustainability in a challenging reimbursement model." She goes on to say, "It would reduce costly emergency visits by addressing oral health issues earlier while prioritizing cost-effective primary and preventative oral health care. This approach not only saves money but improves health outcomes. It offers the chance to expand our workforce, reduce administrative burden, and provide more sustainable care, benefiting both patients and the Medicaid program."

A Dental Benefit Would Improve Health Outcomes and Reduce Emergency Costs

For adults covered by Medicaid Expansion, adding coverage for dental care will improve their lives. 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, improves productivity, and leads to better quality of life.

We know that oral health impacts overall health and poor oral health is associated with many other serious health conditions including diabetes, heart disease, stroke, dementia, cancers, and respiratory infections to name a few. By making access to oral health care a priority for every North Dakotan, we can improve the overall health of our citizens.

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. In our "Dental Coverage for Medicaid Expansion Beneficiaries" two-pager, you can see that 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. Adding dental treatment to Medicaid Expansion is one way to help reduce the costs for emergency dental care and for other health complications related to lack of access to preventive dental care.

In conclusion, a dental benefit in Medicaid expansion would strengthen an oral health system in which we are facing a real crisis in access to care and it would improve the health and lives of those who receive the coverage. It is a way to devote resources to low-cost preventive care rather than high-cost responses to more serious health conditions. I ask for your support on behalf of our member health centers to amend and recommend a do pass on SB 2231 to include dental treatment for adults on Medicaid Expansion.

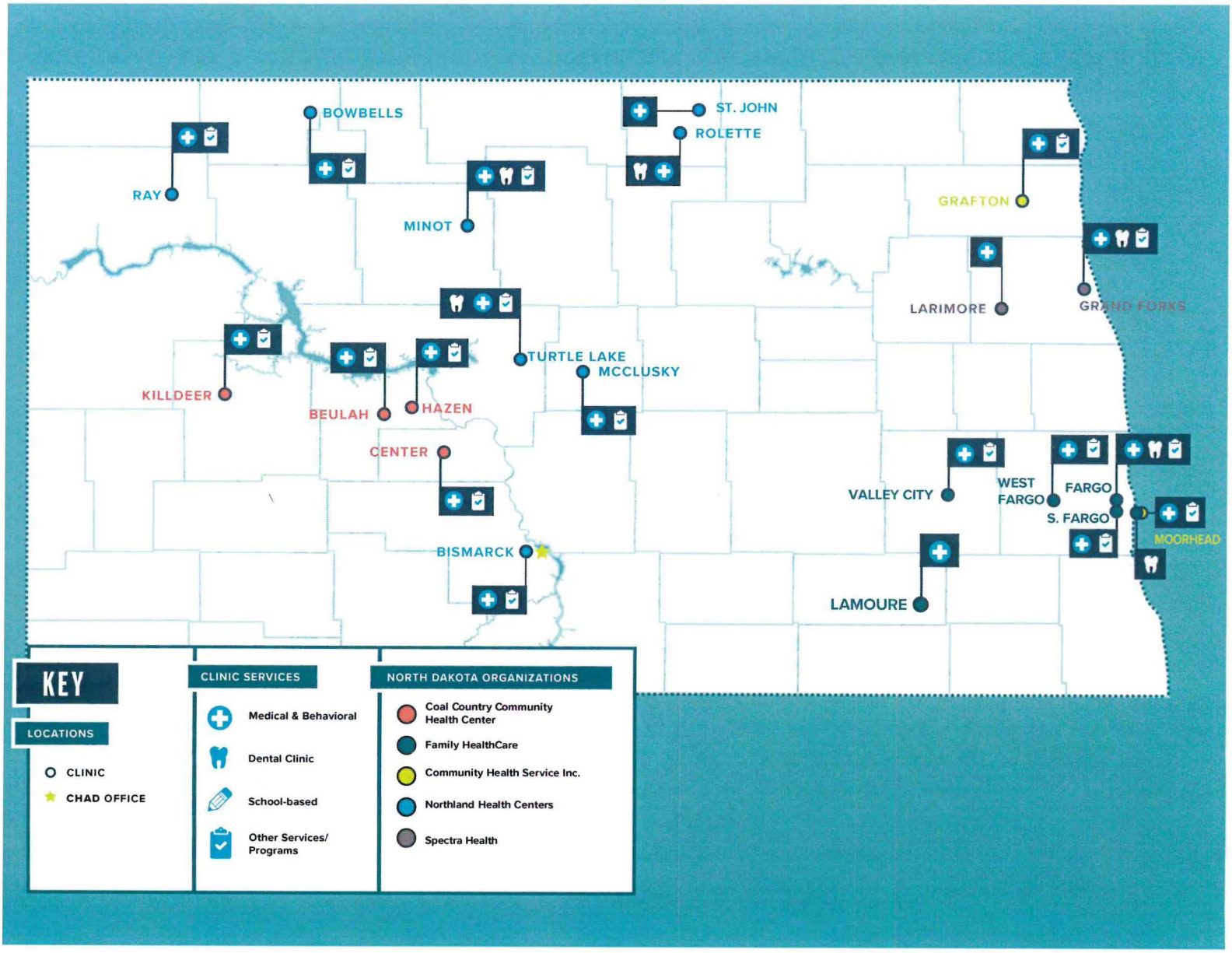
I am happy to answer any questions you have. Thank you!

Kim Kuhlmann
Policy and Partnership Manager, ND
Community HealthCare Association of the Dakotas (CHAD)

CHAD

WHAT IS A COMMUNITY HEALTH CENTER?

Community health centers (CHCs) are non-profit, community-driven primary care clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across North Dakota, providing access to affordable, quality health care for those who need it most. The centers serve as essential medical homes where patients can receive a wide array of services including medical, behavioral, and dental care along with help with transportation, interpretation, and other case management and care coordination services. In rural communities, health centers support a community's ability to retain local health care options, supporting access to health care where rural Dakotans live and work. North Dakota's network of five health center organizations provides care to over 36,000 patients each year at 22 locations in 20 communities across North Dakota.



NORTH DAKOTA PATIENTS

Source: 2023 UDS Preliminary Reports

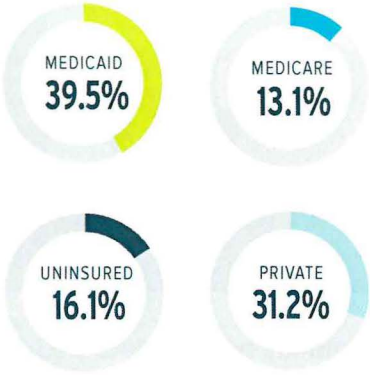
PATIENTS BY POVERTY LEVEL

This represents a distribution of patients for whom income is known. Income is unknown for 47.0% of patients.

TOTAL PATIENTS 36,376

37.9% of total patients served are people of color

PATIENTS BY PAYOR SOURCE



ECONOMIC VIABLILITY

Source: Calculations based on 2023 UDS Reports

In addition to the actual dollars that flow to local communities through health centers, their role in maintaining access to health care can have an enormous impact on the long-term economic viability of rural and urban communities throughout North Dakota. For our smaller communities, access to local health care is crucial to a town's ability to recruit new companies and maintain a healthy workforce without long out-of-town trips to the doctors or to pick up prescriptions. When a small town is able to retain access to health care, it can serve as a main street anchor, keeping other small businesses viable. Across rural and urban communities, CHCs keep health care affordable by providing health care services regardless of ability to pay and by helping patients find health coverage options that are right for them.

STATEWIDE IMPACT

North Dakota CHCs had a total annual economic impact on the state of

$101,966,207 IN 2023

NORTH DAKOTA CHCs DIRECTLY GENERATED:

387 full-time jobs

AND SUPPORTED AN ADDITIONAL

229 jobs in other business

616 total jobs

This document is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,423,637, with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

DENTAL COVERAGE *for Medicaid Expansion Beneficiaries*

VOTE YES on SB 2231

DANGERS OF POOR ORAL HEALTH

Tooth Loss | Gum Disease | Diabetes | Mouth Cancer | Stroke Dementia | Bad Breath | Respiratory Infections | Heart Disease

Evidence connects healthy mouths with a healthy body, and insufficient dental coverage can negatively affect overall health.

Over **34,000** North Dakotans rely on Medicaid Expansion for their health care coverage. Today, they have NO dental coverage.

Individuals who report dental care affordability concerns miss more hours of work for unplanned dental care.

More than half of Indigenous adults reported no dental visit in the past five or more years.

Nearly 1 in 3 adults who are not Indigenous reported no dental visit in the past five or more years.

CHAD supports legislation to extend adult dental benefits to ALL North Dakota Medicaid recipients, including individuals covered by Medicaid Expansion.

"Increasing the number of insured patients adds resources to and strengthens the entire dental system. More covered patients would improve health centers' ability to pay competitive wages and bring high-quality dentists to our rural communities."

SHELLY TEN NAPEL
CEO, COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

MISSION OF MERCY: A PICTURE OF UNMET NEED

778 North Dakotans received care at the Mission of Mercy event in Bismarck in October 2024. Hundreds lined up (some the night before) to receive free care from volunteer dentists and hygienists.

66.9% had "no insurance" and couldn't afford dental care

40% drove over an hour to attend

40% reported having felt dental pain

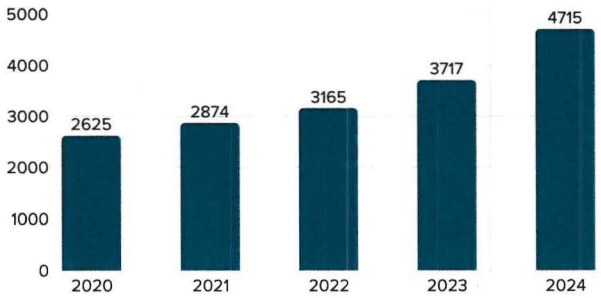
CHAD
Community HealthCare Association of the Dakotas

THE HIDDEN COSTS OF NOT COVERING PREVENTATIVE DENTAL CARE

Lack of coverage causes many to delay care until there is a problem – leading to much costlier health risks and treatments.

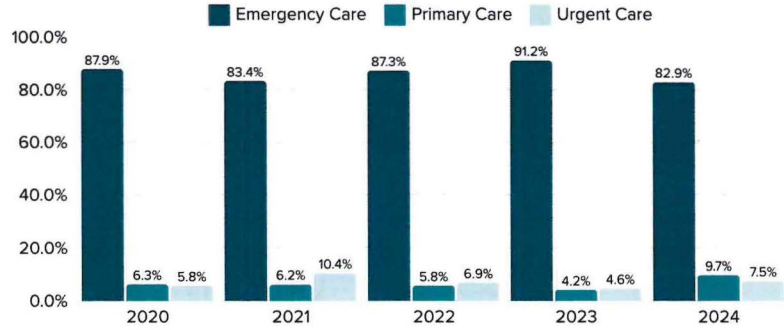
Number of Tooth Pain Events by Year

North Dakota (2020-2024)

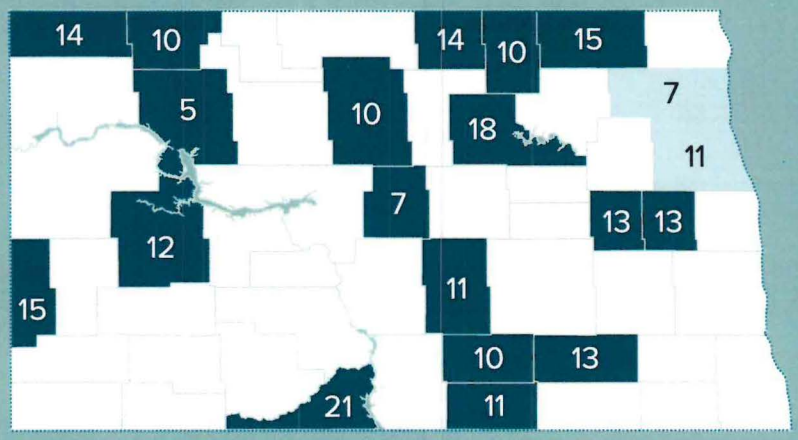


Types of Visits Associated with Tooth Pain Events

North Dakota (2020-2024)



UNCOMPENSATED CARE HINDERS DENTAL WORKFORCE GROWTH



31% of dentists report accepting any and all Medicaid patients.

44% of the need for dental providers is being met.

69 dental care health practitioner shortage areas (HPSAs) designated in the state, with a service area of **153,291** people

Geographic dental health professional shortage area

Low-income population health professional shortage area

In 2023, Community Health Centers provided over

25,600 dental visits

in North Dakota, regardless of insurance status or ability to pay.

"Every week, hundreds of people attempt to schedule dental visits at our clinic. The demand far outweighs our current capacity. Incorporating oral health services into Medicaid Expansion would have an immediate impact at Spectra Health by creating sustainability in a challenging reimbursement environment."

MARA JIRAN
CEO, SPECTRA HEALTH

The financial strain of uncompensated dental care for Medicaid Expansion patients at health centers makes it even more difficult to grow their dental programs and workforce. Having more patients with coverage means that more care can be reimbursed, allowing health centers to invest in workforce growth and enhance access.

VOTE YES
on SB 2231

CHAD
Community HealthCare Association of the Dakotas

Northland Health Centers

Senate Appropriations Committee – Human Resources Division
SB 2231
Tuesday, February 11, 2025

Chairman Dever, and honorable members of the Senate Appropriations Committee – Human Resources Division, my name is Nadine Boe, and I am CEO of Northland Health Centers. I'm here today in support of SB 2231 if amended to include dental treatment for adults on Medicaid Expansion.

Northland Health Centers serves eight communities in the central and northern areas of the state, including Bismarck, Turtle Lake, McClusky, Minot, Rolette, St. John, Bowbells, and Ray. We offer dental care in Turtle Lake, Minot, and starting today, Ray. We provide medical, dental and behavioral health services to all community residents, regardless of insurance status and ability to pay. In 2023, we served 6,175 patients with 17,329 total visits. About one quarter of our patients are covered by Medicaid. Of the remainder, about 13 percent are covered by Medicare, which does not have dental coverage included, and 30 percent are uninsured. 32 percent of our patients have private health coverage.

For many Medicaid and non-covered recipients, access to dental care is nearly impossible. In North Dakota and across the country, we see people forced to choose between paying rent, putting food on the table, or getting a painful tooth treated. The result? They delay care until it becomes an emergency. Instead of a simple filling, they end up in the emergency room—where they can't get the treatment they truly need, only temporary pain relief and a referral they often can't afford to follow up on. In my own work at Northland, we see firsthand how this lack of coverage impacts real people—parents who can't work because of an untreated infection, seniors who can't eat properly due to missing teeth, and young adults starting their careers already facing major dental problems they can't afford to fix.

My journey with dental care began long before I ever stepped into leadership. My first career was as a dental assistant, and I remember those early days so vividly watching the relief on a patient's face when they were finally out of pain, seeing how a simple procedure could change the way someone felt about themselves. I knew then that dental care wasn't just about fixing teeth. It was about restoring dignity, confidence, and quality of life.

Years later, now leading a community health center, I carry those stories with me. They remind me why we do this work, why we fight to keep these services available, and why access to dental care shouldn't be determined by someone's income.

In some parts of North Dakota, access to dental care is nearly nonexistent. That was the case in Ray, where no providers were accepting Medicaid, and families had nowhere to turn for care. We knew something had to be done.

Working with a dedicated group of stakeholders across the state, we took on the challenge of developing an Urgent Care-style dental clinic in Ray—one that could provide immediate relief for patients in pain and reduce the number of unnecessary emergency room visits. It was a long and complex process, but the need was undeniable.

This wasn't just about adding another clinic. It was about creating a model that could be replicated in other underserved areas, proving that with the right partnerships and determination, we can bring dental care to the communities that need it most.

At Northland Health Centers, we are committed to ensuring that essential dental care remains available to those who need it most. Despite persistent workforce shortages, we have worked tirelessly to maintain and expand services, including the urgent care-style dental clinic in Ray. This clinic stands as a testament to what can be accomplished when communities come together to address healthcare gaps. However, without sustainable Medicaid reimbursement, efforts like these will face ongoing challenges in recruiting and retaining providers, ultimately limiting access for those who rely on them.

Dental care is not a luxury—it is a fundamental part of healthcare. It impacts how we eat, how we speak, and how we engage with the world. Yet, for far too many, it remains inaccessible. It is time to change that.

We can change that. By making dental care more accessible, we're not just treating problems—we're preventing them. We're giving people the opportunity to live without pain, to pursue their goals with confidence, and to take care of their families without sacrificing their own health.

Adding a comprehensive dental benefit to Medicaid expansion is the fiscally responsible thing to do. Preventative dental care is far more cost-effective than waiting until problems escalate into emergencies. Every dollar invested in preventive oral health services can save several dollars in avoided emergency room visits and complicated medical treatments.

States that have expanded dental benefits under Medicaid have seen improved health outcomes and reduced long-term health costs. When people have access to routine dental care, they stay healthier, they miss fewer days of work, and they avoid costly emergency interventions.
We have the opportunity to make a real, lasting impact by ensuring that dental care is included in Medicaid expansion. Let's invest in preventive care, let's reduce avoidable medical costs, and most importantly, let's give people the dignity of a healthy smile and a pain-free life.

Bridging
THE DENTAL GAP

SB 2231
Hearing Date: Tuesday, February 11, 2025
ND Senate Appropriations Committee-Human Resources Division

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

Position: In support of SB 2231

Chair Dever and honorable members of the Senate Appropriations Committee-Human Resources Division

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 to include adult dental benefits to Medicaid Expansion.

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 at this time.

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-operatory clinic as well as outreach to long-term care facilities in Bismarck. When BDG began, dental services were provided to people living within a 50-mile radius from Bismarck. Currently, the clinic provides 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 current 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.

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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 left educating the patients, which takes a lot of time and effort; and frustrations are aimed at our staff and not where they should be aimed.

I think we can all understand and agree that oral health care is very important and goes hand-in-hand with the complete medical well-being of a person. Oral health care does not stop being important at the magical age of 20. Many of the people seen at BDG have not seen a dentist in years, some have never been to a dentist. Or if they do see a dentist, it's for pain only and often the tooth cannot be saved, and the only option is an extraction.

As I mentioned earlier, Medicaid versus Medicaid Expansion is very confusing to patients and many times it is a nightmare for dental staff to deal with the difference. I'm going to run a couple of scenarios by you that occur in our office daily.

Scenario 1: Patient comes in with a card that says "North Dakota Medicaid" and includes their Medicaid number. We look them up in the ND Medicaid database and it states that they have Medicaid Expansion. We ask the patient if they received a Blue Cross Blue Shield card in addition to their Medicaid card. 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

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Bridging
THE DENTAL GAP

because 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 altogether. On a few occasions, the patient's denture was complete and ready to be delivered to the patient. We would normally have to inform the patient that they are responsible for the cost of delivery but in those instances, we just 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 occasionally. These are issues that our staff must deal with every single day of every single week.

At BDG, all individuals who are approved for ND Medicaid Expansion qualify for BDG's sliding fee scale based on their income, which 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.

So many of our ND people are falling through the cracks and not receiving proper healthcare when oral healthcare 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.

Thank you for your time.

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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2231
2/17/2025

Relating to covered services for medical assistance.

10:43 a.m. Chairman Dever opened the hearing.

Members Present: Chairman Dever, Senators Cleary, Magrum and Mathern
Members Absent: Senator Davison

Discussion Topics:

- Dental Care
- Medicaid Expansion Patients

10:43 a.m. Senator Cleary moved Do Pass.

10:43 a.m. Senator Mathern seconded the motion.

Senators	Vote
Senator Dick Dever	Y
Senator Sean Cleary	Y
Senator Kyle Davison	A
Senator Jeffrey J. Magrum	N
Senator Tim Mathern	Y

Motion Passed 3-1-1.

Senator Cleary will carry the bill.

10:52 a.m. Chairman Dever adjourned the meeting.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2231
2/17/2025
3:38 p.m.

A BILL for an Act to amend and reenact section 50-24.1-45 of the North Dakota Century Code, relating to covered services for medical assistance.

3:38 p.m. Chairman Bekkedahl opened the hearing.

Members Present: Chairman Bekkedahl, Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Schaible, Sorvaag, Thomas, Wanzek.
Members Absent: Senators Meyer, Sickler.

Discussion Topics:

- Committee Action

3:38 p.m. Senator Cleary introduced the bill.

3:40 p.m. Senator Cleary moved a Do Pass.

3:40 p.m. Senator Davison seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	N
Senator Tim Mathern	Y
Senator Scott Meyer	A
Senator Donald Schaible	Y
Senator Jonathan Sickler	A
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Motion Passed 13-1-2.

Senator Lee will carry the bill.

3:42 p.m. Chairman Bekkedahl closed the hearing.

Elizabeth Reiten, Committee Clerk

REPORT OF STANDING COMMITTEE
ENGROSSED SB 2231 (25.0532.02000)

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (13 YEAS, 1 NAY, 2 ABSENT OR EXCUSED AND NOT VOTING). SB 2231 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

2025 HOUSE HUMAN SERVICES

SB 2231

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2231
3/11/2025

Relating to covered services for medical assistance.

9:00 a.m. Vice Chairman Frelich opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr
Members Absent: Representatives Davis, Dobervich

Discussion Topics:

- Dental services under Medicaid

9:03 a.m. Senator Lee, District 13, introduced the bill.

9:08 a.m. Kim Kuhlmann, Policy & Partnership Manager, North Dakota of Community HealthCare Association of the Dakotas, testified in favor and submitted testimony, #40335, #40474.

9:18 a.m. Shelly Napel, CEO of Community HealthCare Association of the Dakotas, testified in favor.

9:20 a.m. Nadine Boe, CEO of Northland Health Centers, testified in favor and submitted testimony, #39918.

9:25 a.m. Mara Jiran, CEO of Spectra Health, testified in favor and submitted testimony, #40326.

9:29 a.m. William Sherwin, Executive Director of The North Dakota Dental Association, testified in favor and submitted testimony, #39671, #39672.

9:38 a.m. Sarah Aker, Executive Director of DHHS Medical Services of North Dakota Health and Human Services testified in favor.

9:39 a.m. Courtney Koeble, North Dakota Medical Association, introduced Tammy King.

9:40 a.m. Tammy King, Executive Director of Bridging the Dental Gap, testified in favor and submitted testimony, #40245.

9:47 a.m. Maurice Hardy, Director of the Dakota Central Human Service Zone, testified in favor and submitted testimony, #40390.

9:52 a.m. Vice-Chairman Frelich closed the hearing.

Jackson Toman, Committee Clerk

North Dakota DENTAL ASSOCIATION

Physical Address: 1720 Burnt Boat Drive, Suite 201
Mailing Address: PO Box 1332, Bismarck ND 58502
T: 701-223-8870

M E D I C A I D
SOLUTIONS, RESOURCES, & SUGGESTIONS

PRIMARY MESSAGES

Strengthening Medicaid programs to include Comprehensive dental coverage for adults will:

- Prevent costly and often debilitating advanced dental disease.
- Improve overall patient health by improving their oral health.
- Reduce the high cost to taxpayers of dental care sought in emergency rooms.
- Provide essential healthcare to low-income people, people with disabilities, and seniors.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

Medicaid dental benefits save states money.

- There are more than 2 million hospital emergency room visits a year for dental pain. States with adult dental Medicaid coverage have decreased unnecessary emergency room visits, significantly lowering the cost to the public for this uncompensated care.
    - A limited adult dental Medicaid benefit in Missouri has cut emergency room visits for nontraumatic conditions by 38%.[1]
    - Massachusetts partially restored coverage in 2013 and saw emergency room dental visits fall 15% in the first five months.[2]
    - Conversely, when California eliminated its comprehensive coverage in 2009, 1,800 more people visited the ER for dental emergencies each year, and the cost of this emergency care rose 68%.[3]
- Covering dental care through Medicaid reduces the overwhelming cost to taxpayers of uncompensated care sought in emergency rooms, which totals $2.7 billion nationwide each year.

Medicaid dental benefits allow low-income citizens to secure and maintain employment.

- Poor oral health harms adults' ability to work.
    - Americans miss more than 92.4 million hours of work or school each year for emergency dental care.[4]
    - Ten percent of low-income patients say they must miss work very often or occasionally for dental problems.[5]
    - In states without an adult Medicaid dental benefit, 60% of Medicaid-enrolled adults report that their ability to interview for a job is impacted by the appearance of their teeth or mouth.[6]

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[1]. Good reasons for states to preserve or expand Medicaid adult dental benefits: A toolkit for advocates. CareQuest Institute for Oral Health. December 2020

[2] Changes in Dental Benefits and Use of Emergency Departments for Nontraumatic Dental Conditions in Massachusetts. Public Health Reports. Health Affairs. September 2020.

[3] Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. Health Affairs. May 2015.

[4] Hours Lost to Planned and Unplanned Dental Visits Among US Adults. Centers for Disease Control and Prevention. 2018.

[5] Oral health and well-being in the United States American Dental Association. Health Policy Institute Infographic. May 2016.

[6]Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit. American Dental Association. Health Policy Institute Infographic. May 2018.

Oral health and well-being in the United States American Dental Association. Health Policy Institute Infographic. May 2016.

- Access to oral health care empowers Medicaid participants to work and move toward economic self-sufficiency.

Dentists' priority is always to enhance the oral health of patients, and we support public policy that empowers dental teams to do that.

- Dentists donate hundreds of thousands of hours providing care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Give Veterans a Smile.
- However, charity is not a sufficient or sustainable way to protect individual and public health.
- Solid investments in people's health through Medicaid will ensure vulnerable patients, including seniors and people with disabilities, get the care they need but can't otherwise afford.

Inability to access dental care can have significant health consequences.

- Medicaid serves low-income parents and other adults, people with disabilities, and seniors.
- Without dental care, people will suffer from irreversible oral health conditions such as cavities, severe gum disease, pain, and tooth loss.
- Untreated oral health conditions negatively affect a person's overall health. For example, gum disease is linked to diabetes, heart disease, strokes, kidney disease, Alzheimer's disease, poor pregnancy outcomes, and even mental illness.

Providing adult dental coverage through Medicaid consistently would improve access to dental care for low-income adults, people with disabilities, and seniors. It would reduce racial disparities in chronic disease prevalence and maternal health while improving employment opportunity and economic mobility.

- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- While oral health has generally improved in recent decades, not all groups have benefited equally. Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease.
- Policymakers should prioritize strengthening Medicaid to reduce health disparities.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

States should ensure their Medicaid programs provide comprehensive adult dental coverage, which enhances patients' overall health.

- Comprehensive care, including preventive and corrective care, are without a doubt the best approach to achieve benefits such as decreased emergency room visits and improved work-readiness.
- Comprehensive coverage should include not just emergency care – which most states already offer – but also routine preventive care like x-rays, fluoride treatments, and oral hygiene instruction.
- Prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments should be covered too. These are important services people need to maintain or regain their oral health.

Dentists want to be able to accept Medicaid to reach vulnerable patients, but Medicaid needs to sustainably reimburse for dental care before that becomes viable for many dental practices.

- Most dental practices are small businesses. They need to be sustainably reimbursed in order to pay their employees and sustain their business.
- Reimbursement to traditional medical providers is already low, but the rate for dental care is even lower, far below the cost of delivering care.
    - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.[7]

[7] Reimbursement Rates for Child and Adult Dental Services in Medicaid by State. American Dental Association. Health Policy Institute Infographic. October 2021.

    - Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varies between 30.5% in Minnesota to 86.8% in California. [8]
    - It is important to note that private insurance reimbursements reduce dentists' normal fees 20%, so comparing Medicaid fees to private insurance fees represents a discount on top of a discount.
- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system coupled with a low reimbursement rate.
- It is not a question of desire to treat Medicaid patients; rather, it is a question of economic reality. Many dental practices simply cannot afford to accept Medicaid patients, making it difficult for patients to find a dentist.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to adopt managed care models to make spending on these programs more efficient and predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited.

- A 2011 survey of state Medicaid programs found that over two-thirds of responding states with managed care organizations (MCOs) reported that Medicaid beneficiaries enrolled in MCOs sometimes experience access problems, including access to dental care.[i]
- While MCOs may have both benefits and risks, one way to protect their effectiveness and the tax dollars entrusted to them is through fair and binding accountability measures.

States that choose to contract out their dental program to a managed care organization (MCO) should establish accountability measures to make sure the program runs efficiently and improves the quality of care for patients.

- States should establish a Medical Loss Ratio requirement, in which there is a minimum percentage of revenue for the MCO that must go directly toward patient care, to ensure that state dollars are used efficiently.
- MCOs should actively work to help patients improve their dental care and prevent emergencies by helping patients find a dentist and establish a dental home, and by offering case management services.
- States should evaluate MCOs by how well they provide oral healthcare to Medicaid patients. For example, by tracking the percentage of enrollees who have at least a comprehensive exam and preventive care each year.
- States can track the program's success by requiring the MCO to track and report metrics including:
    - Network size
    - Average time to make payment of claims
    - Accuracy of paid claims
    - Response time (call wait time) and missed calls in call centers
    - Accuracy of dentist directory
    - Grievance and appeals resolution
    - Credentialing times

States should specify how the MCO will work with dentists to ensure patients can get the care they need.

- Dental coverage through Medicaid should be reliable, predictable and efficient for patients and their dentists.
    - When administrative burdens in Medicaid are unnecessarily high, fewer dentists can viably treat Medicaid patients. Meanwhile, those that do accept Medicaid patients have fewer available patient appointments due to the additional hours required for navigating bureaucratic red tape.
    - Worst of all, patients suffer ongoing decay and pain during lengthy waits for prior authorization approvals.

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[8] Reimbursement Rates for Child and Adult Dental Services in Medicaid by State. American Dental Association. Health Policy Institute Infographic. October 2021.

- The MCO should employ a dentist licensed in North Dakota to review prior authorization requests and reply to these requests promptly.
- Administrative barriers and impacts on patient care significantly increase by unclear or changing policies. The MCO should keep an up-to-date member handbook for dentists and give at least 60 days written notice before changing fee schedules or processing policies.

LEGISLATURES ACROSS THE COUNTRY ARE ADOPTING MEDICAID ENHANCEMENTS

Several states have recently passed or enacted improvements to their Medicaid programs' dental coverage and reimbursement rates due to the many benefits to state budgets, patient health, and work readiness. Some of the changes passed since 2021 include:

- Kansas extended adult dental coverage from emergency-only to more comprehensive care.
- Louisiana extended dental coverage for adults with developmental disabilities in intermediate care facilities.
- Nebraska eliminated their annual per-person spending limit for adult enrollee dental services.
- Tennessee and Maryland, which previously had no dental benefits for adult Medicaid enrollees, each created a new, comprehensive dental benefit covering preventive, corrective, and emergency care.
- Missouri, Nebraska, South Dakota, Connecticut, Vermont and Virginia increased dental Medicaid reimbursement rates.

QUESTIONS & ANSWERS

WHAT DENTISTS ARE DOING

Q. Do you accept Medicaid patients? Why or why not?

A. Often our member dentist say I do, because ensuring that all patients have access to dental care is a priority for me. I must share, however, that it is challenging given the low reimbursement rates and administrative burdens. Raising these rates and relieving these burdens would allow more dentists to accept more Medicaid patients, giving patients better access.

Some of our member dentists say no, unfortunately, the costs associated with providing care, such as equipment and labor, are not set by dentists. What Medicaid pays for patients in the program makes accepting Medicaid unsustainable for my practice. We need to raise reimbursement rates so more dentists can afford to see Medicaid patients and give patients better access.

Q. Why do so many dentists refuse to accept Medicaid patients?

A. Dentists want to accept Medicaid patients. However, the administrative burdens like excessive paperwork, credentialing delays and program integrity compliance requirements – matched with low reimbursement rates – make it hard or impossible for most dentists to manage patient care in a population vulnerable to greater disease burden while navigating the requirements of the Medicaid program.

Q. Why don't dentists just lower their costs for low-income patients?

A. Under the current system, dentists enrolled in Medicaid programs accept much lower rates to treat Medicaid patients, including low-income patients, people with disabilities, and seniors. Some states report that dentists are reimbursed as low as 30% of what private insurance would pay. Many others reimburse dentists at less than 50% of the private insurance rates, which are already discounted from normal fees. Dentists want to provide care for low-income patients, but these low rates do not allow dentists to cover their overhead and pay their staff.

Q. What are dentists doing to try to reach adult Medicaid enrollees with insufficient dental coverage?

A. Dentists have established numerous programs to reach vulnerable patients. For example, the Community Dental Health Coordinator program trains individuals to help patients navigate the oral healthcare system from inside the communities they serve.

North Dakota DENTAL ASSOCIATION

COST & FINANCIAL IMPACT

Q. It would be nice for everyone to have dental care, but can our state/country really afford it?

A. Yes. Providing a Medicaid dental benefit would actually save taxpayers money by preventing expensive dental emergencies for a relatively modest investment. Providing regular, preventative care in a dental office has holistic health and economic benefits which are not realized when treating dental problems in emergency rooms, which is what happens now.

Q. I agree that adults on Medicaid should have dental care. But there are so many problems that need addressing, and limited resources. Why should this be a higher priority than those other needs?

A. Providing a Medicaid dental benefit is an investment in Medicaid participants' future overall health. It also saves money by preventing expensive dental emergencies. Covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

MEDICAID BASICS

Q. What is Medicaid?

A. Medicaid is a public insurance program for low-income people, people with disabilities, seniors, pregnant women, and other groups. Medicaid is administered by states, and jointly funded by states and the federal government.

Q. Why is Medicaid coverage different for dental and medical care?

A. There is a long history of dental care being separated from care for the rest of the body. Dentists and physicians are trained separately, care for dental and medical is billed separately, and Medicaid programs for dental and medical are administered separately. States are not required to provide dental benefits for adults, so coverage varies from state to state. Oral health is necessary for overall health, but the payment systems operate differently necessitating a unique focus on covering the costs for oral health care.

Q. Does Medicaid cover dental care for kids?

A. Yes. All states must cover dental care for Medicaid patients under 21. Medicaid coverage for children has worked very well to improve health and reduce disparities among children. Current federal policy suggests that the importance of oral health expires upon reaching adulthood, which we know is completely false. Adult dental coverage also benefits children. In states that provide adult benefits, children of Medicaid patients are more likely to have visited the dentist in the last year, and they are less likely to defer care.

Q. How many states currently cover dental care for adults in Medicaid?

A. Forty-nine states provide some kind of dental coverage, but this coverage varies widely. Only about half of states have comprehensive benefits that cover both preventive care and treatment of disease. Others provide limited coverage or coverage for emergencies only.

Q. Medicaid is a federal program. Why do Medicaid reimbursement rates vary so widely by state and age?

A. Medicaid is funded at the federal and state levels but is administered by states. States can determine whether they provide adult dental coverage, which services are covered, and how much providers are reimbursed for their services. This results in a patchwork of coverage across the country.

Q. What role should managed care organizations (MCOs) play in adult dental Medicaid benefits?

A. Many states use managed care for their Medicaid programs and could do so for a dental benefit. States are motivated to work with an MCO to make spending on these programs more predictable, but the evidence on managed care's effectiveness when it comes to access and cost is limited. If a state selects an MCO to manage their adult dental benefit, we suggest that states retain their policy-setting power and establish a timeline, perhaps 4 or 5 years, for reviewing the MCO and measure utilization. It is important that the MCO

also reimburses providers at a reasonable rate; we recommend that the rate be at least as high as in the state's fee-for-service plan.

SEEKING CARE

Q. Can community health centers solve the problem of access to dental care?

A. Community health centers and clinics can play a role in helping patients get care, and many do by offering dental services. But they simply don't have the capacity to meet all of the needs of patients who don't have dental benefits without the systemic solution of Medicaid benefits.

Q. Where should patients go if they don't have dental coverage?

A. Patients can look for dental care through community health centers, dental clinics and sometimes dental schools in their communities. Ultimately, to meet all of the needs of low-income people, Medicaid needs to improve oral health care coverage.

Q. What do you recommend patients do if they have Medicaid dental benefits but can't find a provider?

A. Having dental coverage is not enough if you can't find a provider who can take your coverage. Patients shouldn't have to travel long distances or wait months to see a dentist. Unfortunately, this is very common. We need to raise reimbursement rates so more dentists can participate in the program and care for Medicaid patients in their communities.

Q. What changes are needed to Medicaid that would allow more patients to access care?

A. Congress should reduce administrative burdens and require adult dental Medicaid coverage for all states, defining what kinds of services are necessary for states to provide comprehensive coverage. At the state level, we need to raise reimbursement rates so dentists can provide care to Medicaid patients without a financial loss to their practice.

Q. How would you define comprehensive coverage? What benefits or services should be included?

A. We would like to see all states offer coverage that enhances patients' overall health. That would include coverage for emergency care – which most states already offer – as well as the routine preventative care like x-rays, fluoride treatments, and oral hygiene instruction. And for patients who need prosthodontics to replace missing teeth or treatments to address dental decay, or other medically necessary treatments, those services should be covered too. These are the basic things all people need to maintain or regain their oral health.

TOUGH QUESTIONS

Q. If people want dental coverage, why shouldn't they just get a better job?

A. What we know is that people with some form of dental coverage are more likely to go to the dentist; however, not all jobs offer the full spectrum of health care coverage that includes dental benefits. Our goal is to expand dental coverage, and thereby expand access. Having some form of dependable and meaningful dental coverage should not be solely tethered to a job. For example, most entrepreneurs are required to purchase their own health coverage. The point is that all patients must have a reliable source of oral health care coverage so they can see a dentist and get the care they need to stay healthy. A strong Medicaid system can help do that.

Q. It sounds like you are putting the burden of receiving care on patients and a government program. Is that true?

A. Comprehensive coverage through Medicaid is the only way to provide oral health care for all low-income patients. Dentists want to provide care to all patients, especially the vulnerable, but they can't take on this responsibility alone.

Q. How can you ask for higher Medicaid reimbursements after opposing a proposal in Congress that would have brought a Medicare dental benefit to all seniors? Why did you oppose that proposal?

A. The American Dental Association did support a Medicare dental benefit for those seniors who are most in need, similar to how we support strengthening Medicaid to help low-income people ages 18-64. The bottom line is dentists want to be able to reach as many patients as possible to improve oral health. We will look closely at any policy at the state or federal level that will help us accomplish that.

North Dakota DENTAL ASSOCIATION

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OTHER PRIMARY MESSAGES

Strengthening Medicaid programs to include comprehensive dental coverage for adults will:

- Improve patient health.
- Help decrease health disparities.
- Reduce the costs of dental care sought in emergency rooms.
- Improve Medicaid participants' ability to secure and maintain employment.

MEDICAID SHOULD COVER ADULT DENTAL CARE

If we want to improve health equity, improving access to dental care is an important factor.

- Providing adult dental coverage through Medicaid would reduce racial disparities and inequities in chronic disease prevalence and maternal health**.**
- Underserved communities and people with disabilities stand to benefit most from comprehensive dental coverage in Medicaid.
- Black and Hispanic adults face cost barriers to dental care to a greater degree than their White and Asian peers. As a result, these patient groups are more likely to have outcomes like untreated cavities and severe gum disease. Recent improvements in oral health have not benefited all groups equally.
- Policymakers who want to reduce health disparities should prioritize strengthening Medicaid.

Strong dental Medicaid programs have shown numerous societal benefits.

- Access to dental care for poor Americans helps maintain a high quality of life, keep kids in school, keep adults at work and reduces unnecessary emergency room visits.
- While policymakers face many competing priorities, covering comprehensive dental care with adequate reimbursement rates is a relatively modest investment that pays big dividends.

Lack of focus on adult oral health care by federal and state governments has created a patchwork of dental coverage in state Medicaid programs.

- Medicaid was created to help low-income Americans, people with disabilities, and seniors receive healthcare, but programs often neglect certain services for entire populations.
    - Twenty-one states and the District of Columbia provide extensive adult dental Medicaid benefits. Sixteen states provide limited benefits, nine provide emergency-only benefits, three provide no benefits, and one has a dental benefit under development.[1]
    - All states are required to comply with the Early and Periodic Screening, Diagnostic and Treatment benefit to provide preventive and medically necessary comprehensive health care services for children under 21. This includes dental care.
- The inconsistency in adult dental Medicaid coverage results in spotty access for kids too. In states with adult dental benefits, children of Medicaid patients are more likely to visit the dentist and are less likely to defer care.

ADULT DENTAL MEDICAID BENEFITS SHOULD BE COMPREHENSIVE AND ADEQUATELY REIMBURSED

When dentists can't afford to accept Medicaid, patient access suffers.

- In many cases, treating Medicaid patients is *more expensive* for dental practices than receiving no compensation for care provided care due to the time and resources it takes to navigate the Medicaid system, matched with a low reimbursement rate.

- As a result, many dental practices do not accept Medicaid, or severely restrict the number of Medicaid patients they take. This makes it hard for patients to find a dentist who will see them.
- Without a dentist willing to treat them, simply having dental benefits does not actually help patients.

Improving patient and dentist participation requires Medicaid programs to reduce administrative barriers and fairly reimburse for dental care.

- Reimbursement to traditional medical providers is already too low, but the rate for dental care is even lower, far below the cost of delivering care.
    - The average Medicaid reimbursement among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020.[2]
    - Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varied between 30.5% in Minnesota to 86.8% in California. [3]
- Dentists donate hundreds of thousands of dollars in care each year in their own offices and through events like Mission of Mercy, Give Kids A Smile and Veterans Stand Down so vulnerable people can get the care they desperately need.
- Though dentists are doing their part to meet the need, charity care is not a healthcare system and patients deserve more reliable, consistent dental coverage through Medicaid.

ACCOUNTABILITY FOR MANAGED CARE ORGANIZATIONS

Many states choose to contract part or all of their Medicaid program to managed care organizations (MCO).

- MCOs promise policymakers that they will administer the program and save the state money.
- As private organizations, MCOs are focused on the bottom line. The more they save on patient care, the more money they can keep as profit.
- In some instances, this profit motive can lead MCOs to decline coverage for necessary care.
- States need accountability measures for MCOs to make sure they are delivering the care they have promised to provide.

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[i] https://www.macpac.gov/subtopic/managed-cares-effect-on-outcomes/

North Dakota DENTAL ASSOCIATION

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RESULTS OF DENTAL MEDICAID FUNDING IMPROVEMENTS

It is well-established that a multifaceted approach to dental Medicaid improvements vastly increases the chances for greater utilization and improved oral health for Medicaid enrollees. It is common knowledge that improving investment in dental Medicaid funding is the key component to ensuring enrollees get the care they need when they need it.

To prove funding improvements have an impact, consider the reports from past improvements and research performed:

Connecticut – 2008 children's dental fees set to 70th percentile of dental market fees in 2005. [1]

- *"For children continuously enrolled in Medicaid, utilization rates increased from 45.9% in 2006 to 71.6% in 2012."*
- *"These increased utilization rates eliminated the disparities in access to dental services between children with private insurance and children receiving Medicaid benefits. Children enrolled in Medicaid now have utilization rates that are similar to or higher than privately insured children."*
- *"Expenditures increased $62 million; this represents less than 1% of 2012 State Medicaid expenditures."*
- *"Dentist participation increased by 72%."*
- *"These results suggest that dentists will participate in the Medicaid program if adequately compensated, and low-income families will seek dental services."*
- *"One solution to the substantial disparities in access to dental care is to increase Medicaid fees to competitive levels."*

Indiana – 1998 fees increased to 100 percent of the 75th percentile of usual and customary fees. [2]

- *"The number of dentists seeing a Medicaid-enrolled child increased from 770 in fiscal year (FY) 1997 to 1,096 in FY 2000.*
- *The number of Medicaid-enrolled children with any dental visit increased from 68,717 (18 percent) to 147,878 (32 percent), with little difference between children enrolled through the Medicaid-SCHIP and traditional Medicaid programs by FY 2000.*

[1] Tryfon Beazoglou, Joanna Douglass, Veronica Myne-Joslin, Patricia Baker, Howard Bailit, Impact of fee increases on dental utilization rates for children living in Connecticut and enrolled in Medicaid, The Journal of the American Dental Association, Volume 146, Issue 1, 2015, Pages 52-60, ISSN 0002-8177, https://doi.org/10.1016/j.adaj.2014.11.001.

[2] Hughes RJ, Damiano PC, Kanellis MJ, Kuthy R, Slayton R. Dentists' participation and children's use of services in the Indiana dental Medicaid program and SCHIP: assessing the impact of increased fees and administrative changes. J Am Dent Assoc. 2005 Apr;136(4):517-23. doi: 10.14219/jada.archive.2005.0209. PMID: 15884323.

- *The mean number of visits per child per year and the mean number of procedures per child per year remained relatively constant. The cost per enrolled child increased from $1.70 to $6.70 per month, while the cost per child with a visit increased from $9 to $21 per month.*

- *The increase in fees and changes in administration of the Indiana dental Medicaid program were positively associated with improved dentist participation and children's use of dental services*

National Association of State Health Policy – Research [3]

- *Survey research, available literature, and interviews with key stakeholders in six study states indicate that higher fees positively influence: (1) dentists' willingness to accept new Medicaid-enrolled patients; and (2) Medicaid patients' access to and utilization of needed oral health care.*

- *The study states all enjoyed improvements in the percentage of children utilizing dental services (even in a period of expanding Medicaid enrollment), although they have not yet reached the utilization levels of privately insured children. The changes that these states made did mean they substantially increased their spending on dental services, but even so, dental spending is still only a small piece of total Medicaid expenditures.*

California Health Care Foundation – Research [4]

- *Survey research, academic literature, and interviews with key stakeholders in six states indicate that higher fees positively influence both dentists' willingness to participate in state Medicaid programs and Medicaid patients' access to oral health care.*

- *However, a majority of experts interviewed felt that while adequate reimbursement rates were necessary for improving access to Medicaid dental services, they were not sufficient on their own. Higher rates must be combined with efforts to address administrative concerns and strengthen the state's relationships with community dentists.*

American Journal of Public Health [5]

- *Reimbursement rates and access to dental care were directly related at the state level, but no evidence indicated that higher reimbursement rates resulted in overuse of dental services for those who had access. The relation between reimbursement rates and access to care was moderated by dentist density and dentist participation in Medicaid. We estimate that more than 1.8 million additional children would have had access to dental care if reimbursement rates were higher in states with low rates.*

- *Children who access the dental care system receive care, but reimbursement may significantly affect access. States with low dentist density and low dentist participation in Medicaid may be able to improve access to dental services significantly by increasing reimbursement rates.*

The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland & Texas [6]

- *Increasing Medicaid dental fees closer to private insurance fee levels has a significant impact on dental care utilization and unmet dental need among Medicaid-eligible children.*

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[3] The Effects of Medicaid Reimbursement Rates on Access to Dental Care; National Academy for State Health Policy 2008

[4] Increasing Access to Dental Care in Medicaid: Does Rasing Provider Rates Work? Californai Healthcare Foundation, 2008

[5] Chalmers NI, Compton RD. Children's Access to Dental Care Affected by Reimbursement Rates, Dentist Density, and Dentist Participation in Medicaid. Am J Public Health. 2017 Oct;107(10):1612-1614. doi: 10.2105/AJPH.2017.303962. Epub 2017 Aug 17. PMID: 28817336; PMCID: PMC5607675.

[6] Nasseh K, Vujicic M. The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland, and Texas. Health Serv Res. 2015 Aug;50(4):1236-49. doi: 10.1111/1475-6773.12265. Epub 2014 Dec 7. PMID: 25483733; PMCID: PMC4545356.

House Human Services Committee
SB 2231
Tuesday, March 11, 2025

Chairman Ruby, Vice Chair Frelich and honorable members of the House Human Services, my name is Nadine Boe and I am CEO of Northland Health Centers. I'm here today in support of SB 2231 to add medically necessary dental treatment for adults on Medicaid Expansion.

Northland Health Centers serves eight communities in the central and northern areas of the state, including Bismarck, Turtle Lake, McClusky, Minot, Rolette, St. John, Bowbells, and Ray. We offer dental care in Turtle Lake, Minot, and soon, Ray. We provide medical, dental and behavioral health services to all community residents, regardless of insurance status and ability to pay. In 2023, we served 6,175 patients with 17,329 total visits. About one quarter of our patients are covered by Medicaid. Of the remainder, about 13 percent are covered by Medicare, which does not have dental coverage included, and 30 percent are uninsured. 32 percent of our patients have private health coverage.

For many Medicaid and non-covered recipients, access to dental care is nearly impossible. In North Dakota and across the country, we see people forced to choose between paying rent, putting food on the table, or getting a painful tooth treated. The result? They delay care until it becomes an emergency. Instead of a simple filling, they end up in the emergency room—where they can't get the treatment they truly need, only temporary pain relief and a referral they often can't afford to follow up on. In my own work at Northland, we see firsthand how this lack of coverage impacts real people—parents who can't work because of an untreated infection, seniors who can't eat properly due to missing teeth, and young adults starting their careers already facing major dental problems they can't afford to fix.

My journey with dental care began long before I ever stepped into leadership. My first career was as a dental assistant, and I remember those early days so vividly watching the relief on a

patient's face when they were finally out of pain, seeing how a simple procedure could change the way someone felt about themselves. I knew then that dental care wasn't just about fixing teeth. It was about restoring dignity, confidence, and quality of life.

Years later, now leading a community health center, I carry those stories with me. They remind me why we do this work, why we fight to keep these services available, and why access to dental care shouldn't be determined by someone's income.

In some parts of North Dakota, access to dental care is nearly nonexistent. That was the case in Ray, where no providers were accepting Medicaid, and families had nowhere to turn for care. We knew something had to be done.

Working with a dedicated group of stakeholders across the state, we took on the challenge of developing an Urgent Care-style dental clinic in Ray—one that could provide immediate relief for patients in pain and reduce the number of unnecessary emergency room visits. It was a long and complex process, but the need was undeniable.

This wasn't just about adding another clinic. It was about creating a model that could be replicated in other underserved areas, proving that with the right partnerships and determination, we can bring dental care to the communities that need it most.

At Northland Health Centers, we are committed to ensuring that essential dental care remains available to those who need it most. Despite persistent workforce shortages, we have worked tirelessly to maintain and expand services, including the urgent care-style dental clinic in Ray. This clinic stands as a testament to what can be accomplished when communities come together to address healthcare gaps. However, without sustainable Medicaid reimbursement, efforts like these will face ongoing challenges in recruiting and retaining providers, ultimately limiting access for those who rely on them.

Dental care is not a luxury—it is a fundamental part of healthcare. It impacts how we eat, how we speak, and how we engage with the world. Yet, for far too many, it remains inaccessible. It is time to change that.

We can change that. By making dental care more accessible, we're not just treating problems—we're preventing them. We're giving people the opportunity to live without pain, to pursue their goals with confidence, and to take care of their families without sacrificing their own health.

Adding a comprehensive dental benefit to Medicaid expansion is the fiscally responsible thing to do. Preventative dental care is far more cost-effective than waiting until problems escalate into emergencies. Every dollar invested in preventive oral health services can save several dollars in avoided emergency room visits and complicated medical treatments.

States that have expanded dental benefits under Medicaid have seen improved health outcomes and reduced long-term health costs. When people have access to routine dental care, they stay healthier, they miss fewer days of work, and they avoid costly emergency interventions.
We have the opportunity to make a real, lasting impact by ensuring that dental care is included in Medicaid expansion. Let's invest in preventive care, let's reduce avoidable medical costs, and most importantly, let's give people the dignity of a healthy smile and a pain-free life.

Bridging
THE DENTAL GAP

SB 2231
Hearing Date: Tuesday, March 11, 2025
ND House Human Services Public Hearing

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

Position: In support of SB 2231

Chair Ruby and honorable members of the Human Services 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 to include adult dental benefits to Medicaid Expansion.

Please allow me to provide you with a little information about Bridging the Dental Gap. 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 at this time.

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-operatory clinic as well as outreach to long-term care facilities in Bismarck. When BDG began, dental services were provided to people living within a 50-mile radius from Bismarck. Currently, the clinic provides 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 current patients in every county in the state of North Dakota, except for 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 household size. In 2024, BDG is 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.

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Bridging
THE DENTAL GAP

I think we can all understand and agree that oral health care is very important and goes hand-in-hand with the complete medical well-being of a person. Oral health care does not stop being important at the age of 20. Many of the people seen at BDG have not seen a dentist in years, some have never been to a dentist. Access to quality dental care makes it easier for people to eat healthy food, improves their ability to find employment, provides them with a healthy smile to boost their self-esteem and provides them with the power to maintain a healthy lifestyle.

Coming from a providers' perspective there are a few frustrations when it comes to the lack of dental care available for adults with Medicaid Expansion. Many adults come to our office thinking that they have Medicaid but find out it's Medicaid Expansion. Most do not know that Medicaid Expansion does not cover dental care. It's confusing for everyone, and it's left up to our front desk staff to educate the patient.

I'm going to run a couple of scenarios by you that occur in our office daily. Please note that if a person is on Medicaid one month, they may be changed to Medicaid Expansion the next month; and vise versa.

Scenario 1: Patient comes in with an insurance card that reads "North Dakota Medicaid" and includes their Medicaid number. We look them up in the ND Medicaid database and it states that they have Medicaid Expansion. We let the person know that they have Medicaid Expansion, and that it does not cover dental care. After confusion and some arguing, the patient says "OK, so what does that mean". We let them know that we can offer a discount based on their income and household size.

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. If this patient had gone to a dental clinic other than a public health clinic they would be charged the full costs for services.

Scenario 2: A patient comes in with 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

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because ND Medicaid Expansion does not cover dental care, and ND Medicaid will no longer honor the pre-authorization. We advise the patient to make sure 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 household 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.

These are just a few of the issues that our staff deal with every single day when it comes to ND Medicaid versus ND Medicaid Expansion. I could imagine that this would be a reason that most for-profit dental clinics in North Dakota are not accepting new ND Medicaid patients at this time. The hassle is just not worth it.

So many of our ND friends and family are falling through the cracks when oral healthcare 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.

Thank you for your time.

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Testimony in Support
Senate Bill No. 2231
House Human Services Committee
March 11, 2025

Chairman Ruby, Vice Chair Frelich and honorable members of the House Human Services Committee, my name is Mara Jiran and I am the CEO of Spectra Health, a community health center with clinics in Grand Forks and Larimore, ND. I join my health center colleagues today in thanking you for your time and to testify in support of SB 2231.

For over twenty years, Spectra Health has been committed to providing comprehensive medical, dental, behavioral health, addiction services, optometry, social services, and chiropractic care. In 2024 alone, we supported almost 6,000 (5,859) patients through 20,500 visits. A staggering 78% of our patients qualify for traditional Medicaid, Expanded Medicaid, or are uninsured. We exist to fill gaps, champion high-quality integration in primary care and to ensure all North Dakotans have access to care regardless of their ability to pay.

Spectra Health has been offering dental services in the northeast region of North Dakota for over eighteen years. Particularly in the most recent years, demand for primary care dental services has skyrocketed. Spectra, along with other health centers, are some of the only places for Medicaid, Medicaid Expansion and those who are uninsured- all of whom by the way, have teeth- to receive primary dental care.

Every week, hundreds of individuals attempt to schedule dental visits at our clinic. Spectra has had to implement strategic scheduling and staffing strategies however we are still unable to currently meet the need. We see on a daily basis that delaying oral health services results in expensive emergency room care and advanced oral surgeries that could have been prevented. But when there is literally nowhere else for people to go, we as communities and individuals end up paying the most amount of money for the least effective interventions.

As already mentioned, nearly 80% of our patient population qualify for Medicaid or Medicaid Expansion coverage. They are already our patients and receiving services in our clinic. However, we are in an untenable situation. We are facing the reality that these dental services for expansion patients come with no reimbursement mechanism. If Spectra Health did not have to absorb so much uncompensated dental care costs, we could hire more dental staff which would allow us to see more patients. This is ultimately our goal-to improve and expand access to cost-effective, high quality dental primary care services. Over the decades of time community health centers have been providing care to North Dakotans, we have shown our ability to ultimately save the ND Medicaid program valuable dollars through our comprehensive approach to primary care.

The inclusion of dental services within Medicaid Expansion is the next chapter in the success story of the collaborative power of community health centers, ND Medicaid and this legislative body.

To this end, I respectfully urge you to consider the inclusion of dental services within Medicaid Expansion as it would significantly improve access to care while also improving overall health outcomes for thousands of North Dakotans.

Thank you for your consideration,

Mara Jiran, CEO
Spectra Health

Community HealthCare Association of the Dakotas

Testimony in Support
Senate Bill No. 2231
House Human Services Committee

March 11, 2025

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

I am Kim Kuhlmann, Policy and Partnership Manager in North Dakota for Community Association of the Dakotas (CHAD) and with me today is Nadine Boe, CEO of Northland Health Centers and Mara Jiran, CEO of Spectra Health. We are here today in support of SB 2231, as passed by the Senate. This bill would add an adult dental benefit under Medicaid Expansion. Similar to current coverage for traditional Medicaid, this would ensure that Expansion enrollees have coverage for medically necessary dental care.

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. In addition to our role as the Primary Care Association, CHAD also facilitates the North Dakota Oral Health Coalition.

Community health centers (CHCs) are non-profit, community-driven 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 over half 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.

Currently, over 34,000 North Dakotans covered by Medicaid Expansion do not have dental coverage. This remains a significant gap in an otherwise strong North Dakotan approach to health coverage.

A Medicaid Benefit Strengthens the Dental Care System for Everyone

Adding a dental benefit for the Medicaid Expansion population brings more resources into the health care system, and in the case of Medicaid expansion, 90 percent of those resources are federal. Let me share how the coverage numbers shape up for North Dakota health centers. Currently, around 40 percent of our patients are Medicaid beneficiaries, 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.

As you'll hear today, covering dental services under Medicaid Expansion would bring sustainability to a challenging reimbursement model and would enable health centers to expand our dental workforce and ability to meet the growing needs of our communities.

A Dental Benefit Would Improve Health Outcomes and Reduce Emergency Costs

For adults covered by Medicaid Expansion, adding coverage for dental care will improve their lives. 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, improves productivity, and leads to better quality of life.

We know that oral health impacts overall health and poor oral health is associated with many other serious health conditions including diabetes, heart disease, stroke, dementia, cancers, and respiratory infections to name a few. By making access to oral health care a priority for every North Dakotan, we can improve the overall health of our citizens.

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. In our "Dental Coverage for Medicaid Expansion Beneficiaries" two-pager, you can see that 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. Adding dental treatment to Medicaid Expansion is one way to help reduce the costs for emergency dental care and for other health complications related to lack of access to preventive dental care.

In conclusion, a dental benefit in Medicaid expansion would strengthen an oral health system in which we are facing a real crisis in access to care and it would improve the health and lives of those who receive the coverage. It is a way to devote resources to low-cost preventive care rather than high-cost responses to more serious health conditions. I ask for your support on behalf of our member health centers to amend and recommend a do pass

on SB 2231 to include dental treatment for adults on Medicaid Expansion. Next, you will hear from Nadine Boe, CEO of Northland Health Centers and then from Mara Jiran, CEO of Spectra Health.

I am happy to answer any questions you have. Thank you!

Kim Kuhlmann
Policy and Partnership Manager, North Dakota
Community HealthCare Association of the Dakotas (CHAD)

Testimony Prepared for the
House Human Services Committee
March 10, 2025
Maurice Hardy LBSW, MRC, Dakota Central Human Service Zone

SB 2231: A Bill fan an Act to amend and reenact Section 50-241-45 of the North Dakota Century Code, relating to covered services for medical assistance.

Chairwoman Ruby, and members of the House Human Services Committee. I am Maurice Hardy, Director of Dakota Central Human Service Zone, which includes the counties of McLean, Mercer, Oliver and Sheridan. In addition, I am a member of the North Dakota Human Service Zone Director Association. I am here to provide testimony in support of Senate Bill 2231.

SB 2231 adds coverage to some of our most at-need citizens when it comes to dental and oral care. This coverage will help provide better care for our special populations, including elderly, special needs, medically fragile, children and foster children.

When a child comes into foster care and legal custody is provided to a human service zone director, human service zones are required, by statute and policy, to meet the needs of the child including their dental and oral health care. Foster children are covered by North Dakota Medicaid. This bill and fiscal amount will help zones and families to receive preventive care and develop a care plan for their children, foster children and the other special populations.

Most zones are finding 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 for up to 2 hours one way, for required dental care and see a Medicaid provider. That is a minimum of five hours of time for the zone employee to meet the foster children's needs. More importantly for some foster children, this is a full day of educational instruction lost. If follow-up appointments are needed, even more days are lost. McKenzie Mountrail HSZ has had to travel from Watford City to Bismarck for a Medicaid provider, Ward HSZ has traveled to Rugby, Williston and Bismarck from Minot for care. Factoring in lost instructional days, zone wages, benefits, mileage, and time away from other cases this has significant time and financial impact.

In the general population, a low-income family seeking dental care on North Dakota Medicaid also results in often having to travel considerable distances and which would require reliable transportation. Their limited finances are often impacted by travel costs and lost wages from an hourly wage job. Children also lose a full day of educational instruction. This poses a real burden. That is if they can find a provider that has openings and accepts Medicaid or Medicaid Expansion.

This Bill is a start and will shed more light on the needs of Medicaid and Medicaid Expansion insured, while providing valuable services in dental assessments, screenings and developing a treatment plan more locally with Tele dentistry. The Director's Association asks for a DO PASS on SB 2231 fiscal note. Thank you and I will stand for questions.

DENTAL COVERAGE for Medicaid Expansion Beneficiaries

VOTE YES on SB 2231

DANGERS OF POOR ORAL HEALTH

Tooth Loss | Gum Disease | Diabetes | Mouth Cancer | Stroke Dementia | Bad Breath | Respiratory Infections | Heart Disease

Evidence connects healthy mouths with a healthy body, and insufficient dental coverage can negatively affect overall health.

Over **34,000** North Dakotans rely on Medicaid Expansion for their health care coverage. Today, they have NO dental coverage.

Individuals who report dental care affordability concerns miss more hours of work for unplanned dental care.

More than half of Indigenous adults reported no dental visit in the past five or more years.

Nearly 1 in 3 adults who are not Indigenous reported no dental visit in the past five or more years.

CHAD supports legislation to extend adult dental benefits to ALL North Dakota Medicaid recipients, including individuals covered by Medicaid Expansion.

"Increasing the number of insured patients adds resources to and strengthens the entire dental system. More covered patients would improve health centers' ability to pay competitive wages and bring high-quality dentists to our rural communities."

SHELLY TEN NAPEL
CEO, COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

MISSION OF MERCY: A PICTURE OF UNMET NEED

778 North Dakotans received care at the Mission of Mercy event in Bismarck in October 2024. Hundreds lined up (some the night before) to receive free care from volunteer dentists and hygienists.

66.9% had "no insurance" and couldn't afford dental care

40% drove over an hour to attend

40% reported having felt dental pain

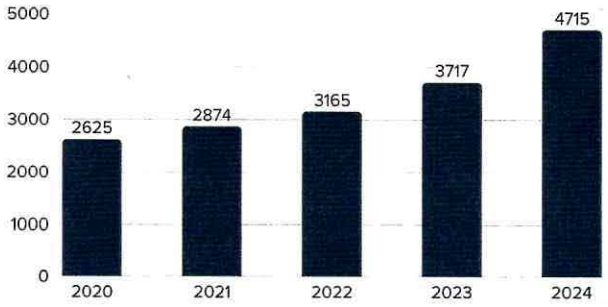
CHAD
Community HealthCare Association of the Dakotas

THE HIDDEN COSTS OF NOT COVERING PREVENTATIVE DENTAL CARE

Lack of coverage causes many to delay care until there is a problem – leading to much costlier health risks and treatments.

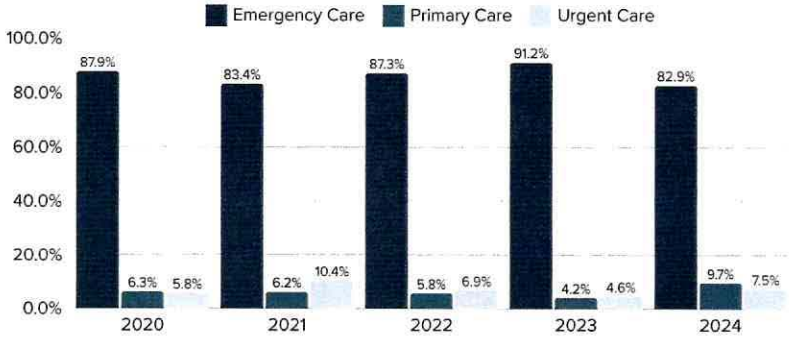
Number of Tooth Pain Events by Year

North Dakota (2020-2024)

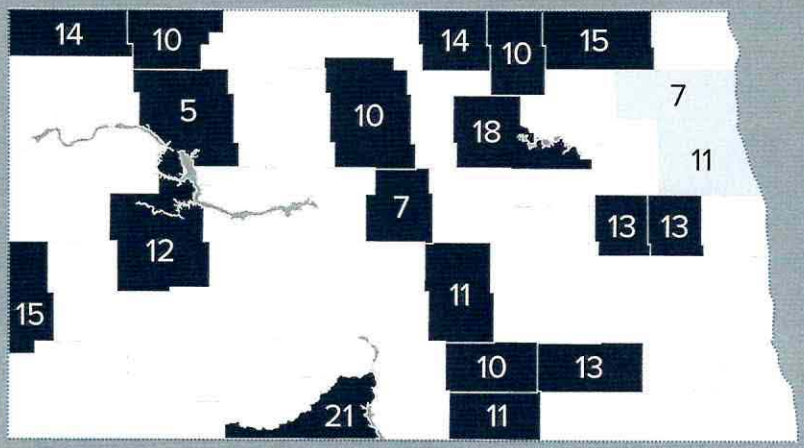


Types of Visits Associated with Tooth Pain Events

North Dakota (2020-2024)



UNCOMPENSATED CARE HINDERS DENTAL WORKFORCE GROWTH



31% of dentists report accepting any and all Medicaid patients.

44% of the need for dental providers is being met.

69 dental care health practitioner shortage areas (HPSAs) designated in the state, with a service area of **153,291** people

- Geographic dental health professional shortage area
- Low-income population health professional shortage area

In 2023, Community Health Centers provided over

25,600 dental visits

in North Dakota, regardless of insurance status or ability to pay.

"Every week, hundreds of people attempt to schedule dental visits at our clinic. The demand far outweighs our current capacity. Incorporating oral health services into Medicaid Expansion would have an immediate impact at Spectra Health by creating sustainability in a challenging reimbursement environment."

MARA JIRAN
CEO, SPECTRA HEALTH

The financial strain of uncompensated dental care for Medicaid Expansion patients at health centers makes it even more difficult to grow their dental programs and workforce. Having more patients with coverage means that more care can be reimbursed, allowing health centers to invest in workforce growth and enhance access.

VOTE YES on SB 2231

CHAD
Community HealthCare Association of the Dakotas

NORTH DAKOTA PATIENTS

Source: 2023 UDS Preliminary Reports

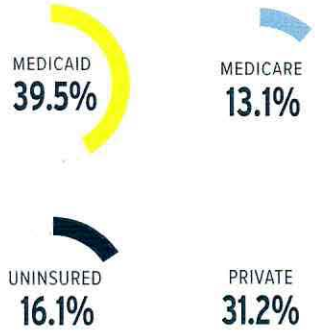
PATIENTS BY POVERTY LEVEL

This represents a distribution of patients for whom income is known. Income is unknown for 47.0% of patients.

TOTAL PATIENTS 36,376

37.9% of total patients served are people of color

PATIENTS BY PAYOR SOURCE



ECONOMIC VIABLILITY

Source: Calculations based on 2023 UDS Reports

In addition to the actual dollars that flow to local communities through health centers, their role in maintaining access to health care can have an enormous impact on the long-term economic viability of rural and urban communities throughout North Dakota. For our smaller communities, access to local health care is crucial to a town's ability to recruit new companies and maintain a healthy workforce without long out-of-town trips to the doctors or to pick up prescriptions. When a small town is able to retain access to health care, it can serve as a main street anchor, keeping other small businesses viable. Across rural and urban communities, CHCs keep health care affordable by providing health care services regardless of ability to pay and by helping patients find health coverage options that are right for them.

STATEWIDE IMPACT

North Dakota CHCs had a total annual economic impact on the state of

$101,966,207 IN 2023

NORTH DAKOTA CHCs DIRECTLY GENERATED:

387 full-time jobs

AND SUPPORTED AN ADDITIONAL

229 jobs in other business

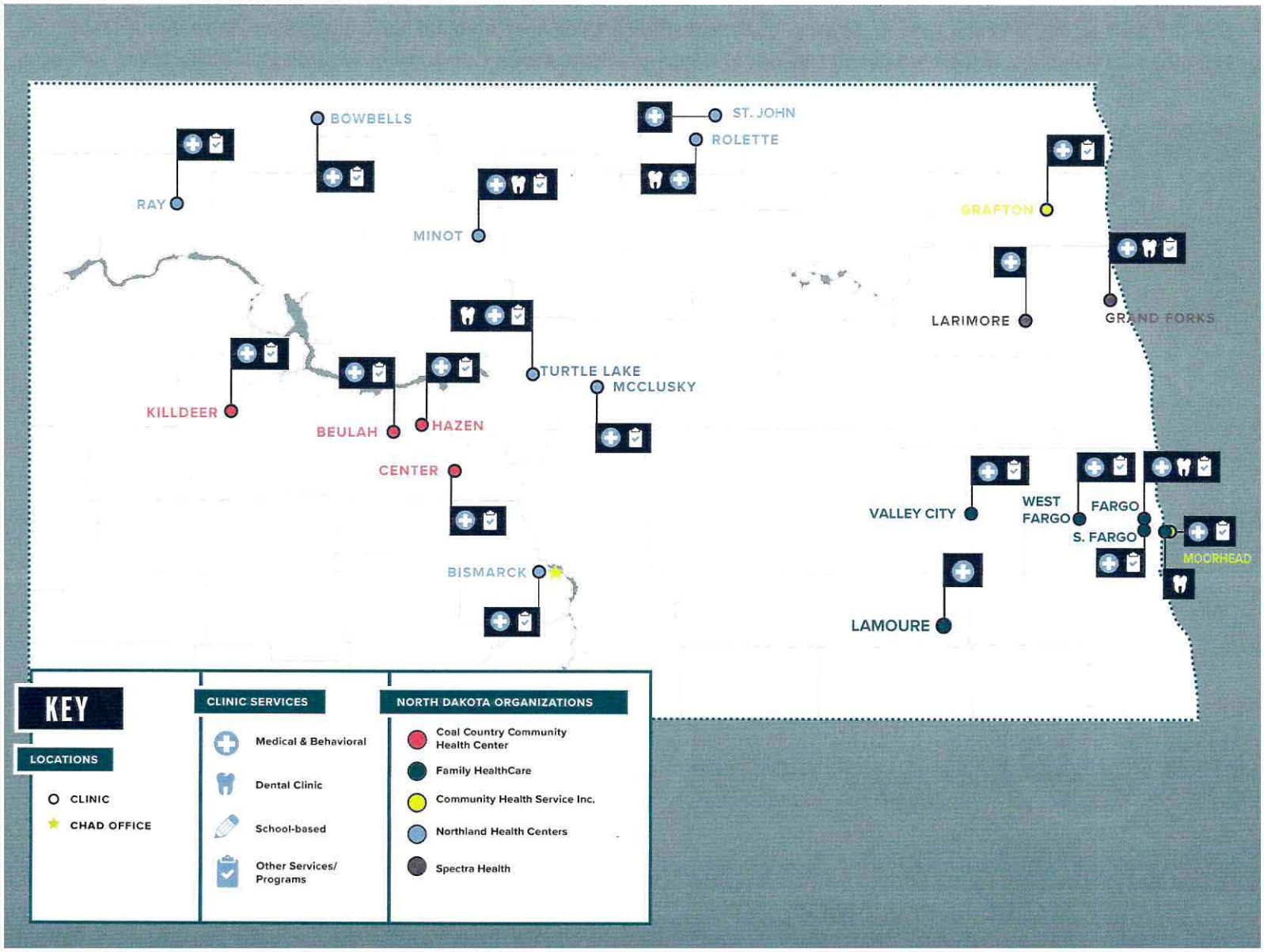
616 total jobs

This document is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,423,637, with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

CHAD

WHAT IS A COMMUNITY HEALTH CENTER?

Community health centers (CHCs) are non-profit, community-driven primary care clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across North Dakota, providing access to affordable, quality health care for those who need it most. The centers serve as essential medical homes where patients can receive a wide array of services including medical, behavioral, and dental care along with help with transportation, interpretation, and other case management and care coordination services. In rural communities, health centers support a community's ability to retain local health care options, supporting access to health care where rural Dakotans live and work. North Dakota's network of five health center organizations provides care to over 36,000 patients each year at 22 locations in 20 communities across North Dakota.



2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2231
3/24/2025

Relating to covered services for medical assistance.

2:50 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Committee action

2:52 p.m. Representative Dobervich moved a Do Pass.

2:52 p.m. Representative Holle seconded the motion.

Representatives	Vote
Representative Matthew Ruby	N
Representative Kathy Frelich	N
Representative Karen Anderson	N
Representative Mike Beltz	Y
Representative Macy Bolinske	N
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	N
Representative Dawson Holle	Y
Representative Dwight Kiefert	N
Representative Nico Rios	N
Representative Karen Rohr	N

2:54 Motion failed 5-8-0.

2:55 p.m. Representative Rios moved a Do Not Pass.

2:56 p.m. Representative Bolinske seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N

Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

2:56 p.m. Motion passed 8-5-0.

Chairman M. Ruby will carry the bill.

2:57 p.m. Chairman M. Ruby adjourned the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
ENGROSSED SB 2231 (25.0532.02000)

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO NOT PASS** (8 YEAS, 5 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). SB 2231 was placed on the Fourteenth order on the calendar.