

Testimony of Jan Anderson

Chairman Lee and members of the Committee, my name is Jan Anderson and I am the homeless liaison for Fargo Public Schools. I work directly with students to get them the services and resources they need in order to continue their daily school attendance. I served as a stakeholder member for the group convened by the University of North Dakota's Center for Rural Health. I would like to commend the Committee for shining a bring light on the oral health access problem we have in our state.

The reality for the kids that I work with is that dental coverage does not necessarily translate to dental access. A teacher recently called me and asked if I knew any resources for taking care of an abscessed tooth. A student was in so much pain, his face was swollen, and he didn't have insurance. We looked at the emergency care that was available in Moorhead. It wasn't available on that day and he couldn't wait. The teacher took the student to the walk-in dentist at Family Health and he wasn't able to get in. They then went to the ER. He basically got antibiotics and pain meds to hold him until he could be seen. The ER doctor was not happy when he saw the shape this student was in. Unfortunately, this kind of call comes way too often. Most of the students and families that I work usually call for reactive services, not preventative ones. Seeing the dentist for preventative measures is so far removed from their day-to-day life that something needs to change for the health of these children.

70% of kids on Medicaid in our state did not receive any dental care last year. There are certainly dentists in our area, but not nearly enough of them accept Medicaid patients. I'm not blaming dentists, but I do think it's time for a significant change to our system. The negative impact on lack of access to dental care is significant—in the short term and the long term.

One of the top recommendations from the stakeholder group was to increase the funding and reach of safety-net clinics by using hub and spoke models similar to Children's Dental Services out of MN. I was intrigued by the set-up of Children's Dental Services because they do something that I think is critical—especially for kids—and that is bring the care to where they are.

Childrens Dental Services provides care in more than 300 sites throughout MN in places like schools and Head Start facilities. They provide this care using an array of dental providers—including midlevel providers called dental therapists. The executive director of Children's Dental Services indicated that the dental therapist, when compared with a dentist, was more than \$62,000 cheaper per year and was equally as productive as many of their dentists on staff. This allows for the dentists to be able to focus on the more complex procedures. They are actually funding additional people to attend the dental therapy program in MN so that they add them to their staff upon graduation. This solution seems like a logical one to me. That said, I was not aware of the politics around this issue.

I had a small glimpse of it during our stakeholder process. In fact, in our final meeting another member actually voted to take midlevels off the table because they said they did not want to upset the dental association. This disappointed me because it seemed to focus the attention away from the patients and made it about the providers. We were making decisions based on a fear of what some dentists' reactions would be because many are currently instrumental in successful programs already in our state. If the stakeholder group was any indication of the politics around midlevel providers, I do not envy your position as legislators. I do respectfully request that as you analyze the data and deliberate next steps that those conversations are motivated by the patients, especially the kids, who desperately need care.