

## EDITORIAL

# Teamwork bridges dental care gap

Conscientious collaboration at Capitol will especially help kids and rural Minnesotans.

By Editorial Board Star Tribune | OCTOBER 27, 2021 — 5:30PM

Minnesotans who rely on Medical Assistance or MinnesotaCare shouldn't have to drive 70 miles or more to see a dentist. Or, forgo dental care altogether for themselves or their children because they can't find a provider who sees patients in either program.

But for years, both scenarios have too often been a frustrating reality for the 1 in 4 Minnesotans who get their health care through these two publicly funded health programs. Medical Assistance (<https://www.house.leg.state.mn.us/hrd/pubs/medastib.pdf>) serves low-income adults and families. MinnesotaCare (<https://www.house.leg.state.mn.us/hrd/pubs/mncare.pdf>) aids those who make too much to qualify for medical assistance but not enough to comfortably afford private health insurance.

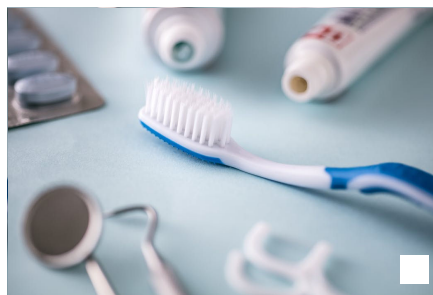
Fortunately, a breakthrough at the Legislature this year will start addressing the dental access flaw in these otherwise well-regarded programs. The legislative fix ([https://www.revisor.mn.gov/bills/text.php?number=HF2128&version=0&session=ls92&session\\_year=2021&session\\_number=0&type=ccr](https://www.revisor.mn.gov/bills/text.php?number=HF2128&version=0&session=ls92&session_year=2021&session_number=0&type=ccr)) will strengthen and standardize reimbursement for dental care and comes with a reasonable price tag: \$61 million in state costs over four years.

Requirements for program participation are also streamlined. These reforms should increase the number of dentists who will see public program enrollees. Too many dentists have not done so previously because of low reimbursement rates. Together, the programs serve more than 1.1 million Minnesotans.

"More than 60% of children with Medicaid coverage in Minnesota did not see a dentist in 2016 and 2017. That's about 377,553 kids in 2017 alone," according to the state Department of Human Services. "Even with dental coverage, many Minnesotans with Medicaid coverage go years without seeing a dentist because they can't get appointments or don't have access to providers in their communities. In 2016, nearly 30,000 people with Medicaid coverage drove more than 70 miles to see a dentist."

In addition, the legislation includes a much-needed performance benchmark. Like many states, Minnesota contracts with privately run managed care organizations to administer public medical programs.

These firms need to work harder to improve dental access. The legislation establishes goals for them. In 2024, at least 55% of children and adults who are continuously enrolled should receive at least one dental visit during the coverage year.



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If this reasonable benchmark proves elusive, then the state can consider another option: bypassing managed care organizations and contracting directly with a third-party administrator.

Accountability like this is overdue, but always welcome. The public provides taxpayer dollars for these programs with the expectation that care will be provided. If managed care organizations aren't delivering, it's time for change.

Another improvement in the legislation: providing periodontal care to adults who were not previously eligible.

Collaboration and hard work played a critical role in passing a legislative fix. The bipartisanship leadership from Rep. Tina Liebling, (<https://www.house.leg.state.mn.us/members/profile/12268>) DFL-Rochester, and Sen. Michelle Benson ([https://www.senate.mn/members/member\\_bio.html?mem\\_id=1184](https://www.senate.mn/members/member_bio.html?mem_id=1184)), R-Ham Lake, is commendable. They chair influential committees and put their expertise to good use in shepherding the legislation through.

Also playing vital roles: the state's dental providers and the Minnesota Department of Human Services (DHS), the agency that oversees the two programs. It reflects well on DHS chief Jodi Harpstead (<https://mn.gov/dhs/media/executive-staff-bios/media-bio-harpstead.jsp>) that remedies were found on her watch.

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Harpstead was appointed to the position in 2019 after a financial accounting mess surfaced. The dental access fix demonstrates an impressive bandwidth: Harpstead can do the nuts-and-bolts fixes the agency needs while working with legislators on broader challenges.

Dental care is critical for good health and when it's ignored, there are downstream costs in the form of expensive emergency care, missed work and, in kids' case, missed school. Minnesota is well served by the conscientious collaboration that forged these promising solutions.

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