



Association of Critical Access Dental Providers of Minnesota

Whole-Person Health Care Is Threatened in Minnesota

Minnesota's approach to whole-person healthcare integrates medical, dental, behavioral, and pharmacy services. Efforts have focused on improving dental infrastructure, workforce, and reimbursement to ensure better access, especially in underserved areas. However, a legislative trigger set for 2026 could transition dental care for publicly insured Minnesotans to a Single Dental Administrator, potentially disrupting both access and care integration. Concerns are mounting about the impact of this move on service equity, infrastructure, and care quality as we bend the cost curve.

Key Issues in Dental Care Transition

- **Integrated Care Loss:** Whole-person care through managed and county-based plans could be disrupted, leading to uncoordinated services for medical, dental, behavioral, and pharmacy needs.
- **Access Challenges:** Critical Access Dental Providers already face resource strains with extensive waiting lists. Low reimbursement rates and inadequate workforce capacity hinder meeting demand.
- **Infrastructure Concerns:** Minnesota's dental deserts, particularly rural areas, are vulnerable, with limited provider availability and insufficient local facilities. Managed care plans currently incentivize providers, an approach that may be weakened with a Single Dental Administrator.
- **Workforce Shortages:** Rural areas face critical workforce gaps that may worsen if health plans reduce support due to the carve-out. Current incentives help address these shortages but could be diminished.
- **Stakeholder Opposition:** DHS's Request for Input showed unanimous opposition to the Single Dental Administrator model, suggesting that policymakers should prioritize evidence-based adjustments to the existing system.

Recommendations to Strengthen Current System

1. **Pause Transition:** Delay the 2026 Single Dental Administrator trigger to preserve integrated care and allow for a comprehensive assessment.
2. **Improve Reimbursement:** Establish a fair reimbursement framework, reflecting cost variances, to attract providers and stabilize care access.
3. **Enhance Workforce Incentives:** Increase support for scholarships, loan forgiveness, and infrastructure investments in underserved areas, along with mobile dentistry and telehealth expansions.
4. **Support Specialized Care Models:** Continue funding flexible models for vulnerable populations, such as those with disabilities, to maintain adaptable, whole-person care.
5. **Enforce Accountability:** Maintain competitive bidding and require managed care plans to meet performance metrics for cost efficiency and quality improvement.

We are delighted to provide you with more information on this topic.