

2013 Legislative Session Overview

The 77th Legislative Assembly adjourned on July 8th, several days before the constitutional required deadline. Overall, they tackled PERS reforms, corrections reforms, increasing the school budget by \$1 billion dollars, invested more money in infrastructure and construction, and continued efforts to provide Oregonians with affordable, quality healthcare. They also took critical steps to protect and sustain Oregon's natural beauty, including passage of bills that promote energy efficiency and protections for rivers from excessive mining. While many legislators considered the 2013 session a success, others thought the session fell short, failing to pass the "grand bargain," a combined comprehensive PERS reform and revenue package that legislative leadership and Governor Kitzhaber negotiated over the last 6 months. For the ODA, the 2013 legislative session was a continued success in furthering the oral health for all Oregonians. On February 27, 2013 a group of over 45 devoted dentists and dental students from around the state joined together in Salem Dental Day and were able educate our elected officials on the importance of oral health. Kicked off by a welcome from Speaker of the House Rep. Tina Kotek in the morning, ODA dental advocates visited with over 40 legislators over the course of the day. In addition to legislative meetings, the Capitol galleria was filled with tables providing the general public with oral health information, toothbrushes and information on how to become a dentist. The DFO Tooth Taxi parked on the capitol steps and provided care all day to the kids from the Salem Boys and Girls Club.

Thank you to all member dentists that participated in Dental Day and provided testimony on behalf of the ODA in the 2013 Legislative Session, without you the following bills would not have passed.

ODA Priority Bills

House Bill 2946. In 2010, the Oregon Dental Association introduced House Bill 3665, a bill to prevent dental insurance carriers from capping fees on non-covered services.

Previously a non-covered service provision contractually capped the fees that participating dentists may charge beneficiaries for treatment, even though the plan doesn't provide coverage or share risk. The bill passed through both the House and Senate unanimously. Unfortunately, because it passed during the February Special Session, a concern was raised about unintended consequences in passing a bill through both chambers in less than three weeks. Therefore, it was agreed that we sunset the bill in January, 2015.

House Bill 2946 removes the sunset and makes current non-covered services provisions permanent. A majority of states in the United States contain similar provisions in law. The bill passed both the House and Senate and takes effect immediately.

House Bill 2947. In 2011, the Oregon Dental Association, along with the Oregon Oral Health Coalition, successfully passed legislation allowing the Oregon Health Authority to create dental pilot projects. Several years ago, the American Dental Association developed a new member of the oral health team, a Community Dental Health Coordinator (CDHC), to help expand access to high quality dental care. This is what the ODA tried to achieve in SB 738. CDHC's go into areas of need, provide preventive services like screenings, cleanings, fluoride treatments and placement of sealants, while focusing on education, prevention and patient navigation (helping people find the oral health services they need). Unfortunately, during the rule making process, we learned there was a mistake in the drafting of the language. In the specific language of the bill, SB 738 states, "community dental health coordinators educate the community." This provides for an education component, but not for the clinical side of this new provider. As it is an unusable section of statute that the ADA model CDHC would never qualify under, ODA crafted legislation to delete this section of the pilot projects. Both the Senate and House passed the bill unanimously and it goes into effect immediately.

The remaining dental pilot project legislation from 2011 remains intact, and ODA is exploring ways to pilot a CDHC program through that alternate statute.

House Bill 2948. HB 2948 authorizes dentists licensed in other countries to participate in educational activities related to dentistry by allowing them to give a "hands on" presentation to dentists. Many members of the Oregon Dental Association participate in a variety of ongoing continuing education programs. These are required courses, volunteer study groups, and opportunities up at OHSU, etc. As technology changes and we connect to other parts of the world, we hear about skills and practices that international dentists perform that could educate and contribute to dentistry in Oregon.

Currently, foreign dentists can come to the state to lecture and teach, but can't show or demonstrate these procedures on live patients. With HB 2948, dentists licensed in another country in good standing, can apply to the Board of Dentistry and be approved to provide clinical procedure for educational purposes. The bill passed the House and Senate and takes effect January 1, 2014.

Senate Bill 2. This bill establishes the Scholars for a Health Oregon Initiative at the Oregon Health and Science University (OHSU). The program will pay the entire cost of

tuition and fees in exchange for a commitment from students to work after graduation in medically underserved communities in Oregon. Oregon residents entering OHSU programs leading in degrees as physicians, dentists, nurse practitioners, physician assistants, and certified registered nurse anesthetists will be eligible for the program. Priority is to be given to students from a rural heritage, first generation college students, or students from diverse or underrepresented communities.

Students enrolled in the program will commit to work in full-time practice at a site designated as a critical need area, seeing patients regardless of ability to pay.

Designated service sites are those in which the geographic area, population make-up, or facility site is within a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population, as designated by the U.S. Department of Health and Human Services.

Designated service sites also include rural health clinics, federally qualified health clinics, and rural clinical hospitals.

After graduation, health care practitioners will be required to practice in a designated service site for one year longer than they participated in the health care program (e.g. dental school). Failure to meet this commitment will require a student to repay the full cost of their tuition and fees plus an additional 25 percent penalty. The repayment amount is reduced proportionately for each year the participant serves in a designated area.

The Joint House and Senate Ways and Means Committee appropriated \$2,500,000 General Fund to implement the Scholars of a Healthy Oregon Initiative in the 2014-15 academic year, which is expected to fund approximately 21 students.

Other Dental Bills of Interest

Senate Bill 802. This bill was brought forward by the Oregon Community Colleges Association (OCCA) to define the term “dentist of record,” and specifies that educational institutions and programs maintain a list of “dentists of record” and that the list be provided to the Board of Dentistry upon request. OCCA stated that most of their dentists who work in their clinics are not willing to take on the liability of being named “the” dental director of the clinical program, and they simply didn’t have the ability to add a position due to limited resources. SB 802 clarifies that a community college would not be required to have a full time “dentist director,” but that each individual “dentist of record,” would be accountable for the students and patients they oversee in the clinic. The bill passed the House and the Senate and goes into effect on January 1st, 2014.

Senate Bill 373. This bill requires coordinated care organization (CCO) must provide oral health care through contracts with dental care organizations (DCOs), unless no dental care organization would provide care in the geographic area served by the CCO. Additionally, it prevented a CCO from developing a DCO until a CCO had contracted with all local DCO's or there was a mutual agreement signed between the DCO and CCO. Two or more DCO's would also be allowed to form a limited liability corporation. The bill remains highly controversial and it did not pass this session. ODA expects some form of the bill to come back in 2014.

Senate Bill 440. This creates a primary care provider loan repayment program and establishes the Primary Care Provider Loan Repayment Fund through the Oregon Health Authority for the purpose of supporting the implementation of the Affordable Care Act and Oregon health system transformation. The program is designed to ensure an adequate supply of primary care providers to serve the Medicaid population in Oregon through loan repayment support to primary care providers who commit to serving Medicaid patients in underserved areas of the State.

Portland Water Fluoridation Campaign

Oregon Dental Association was a founding member and leader of one the broadest and most diverse community coalitions that Portland has ever seen in a ballot measure campaign. ODA has long been an advocate of community water fluoridation, and this campaign brought together not just the dental and medical community, but children's advocates, business leaders, and Portland citizens, to advocate for fluoridating Portland's water as a safe, effective and affordable way to increase the oral health of our community.

On Tuesday, May 21st the historic campaign to add fluoride to Portland's water came to an end. While the election did not produce the outcome we had hoped for, after months of working to raise awareness about our community's dental health and the benefits of water fluoridation, we have much to be proud of.

The campaign knocked on over 20,000 doors and called over 50,000 voters, and we have all had countless conversations with our friends, colleagues and neighbors. We garnered national media attention, with articles in everything from the Washington Post, LA Times and even a tweet from Steven Colbert.

The ODA received generous contributions from the ADA for the campaign through the State Public Affairs grant program and made many new allies for our continued work in oral health advocacy.