

**2007 Regular Legislative Session**  
**FISCAL ANALYSIS OF PROPOSED LEGISLATION**  
**Prepared by the Oregon Legislative Fiscal Office**

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**MEASURE NUMBER:** SB 803

**STATUS:** Original

**SUBJECT:** Requires health insurance companies to provide coverage for dental topical fluoride treatment for children

**GOVERNMENT UNIT AFFECTED:** Department of Consumer and Business Services, Department of Administrative, and Department of Human Services

**PREPARED BY:** Robin LaMonte, Dallas Weyand, John Britton

**REVIEWED BY:** Dawn Farr

**DATE:** March 19, 2007

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**EXPENDITURES:** See Comments.

**REVENUES:** See Comments.

**EFFECTIVE DATE:** January 1, 2008

**GOVERNOR'S BUDGET:** This bill is not anticipated by the Governor's recommended budget.

**LOCAL GOVERNMENT MANDATE:** This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**COMMENTS:** The bill would require that health insurance companies provide coverage for dental topical fluoride treatment for children under the age of 18.

The Department of Consumer and Business Services (DCBS) indicates that passage of the bill would require insurance companies to revise their contact language; hence, DCBS staff would experience additional review filings. This additional work load is expected to be minimal and absorbable with existing DCBS resources.

The Oregon Medical Insurance Pool (OMIP), under DCBS, currently does not cover fluoride treatments. OMIP estimates that 885 covered members would be eligible to receive fluoride treatment at an average cost of \$98. OMIP coverage would be 80% with the enrollee co-payment at 20%. The annual expenditure impact to OMIP would be \$69,384 (885 enrollees x \$98 x 80%) and the biennial impact is \$138,768. The impact will be slightly lower for 2007-09, \$104,076, as the bill takes effect 6 months into that biennium. OMIP expenditures are funded with assessments to Oregon Health insurers and stop-loss carriers (31% of total), and through premiums paid by enrollees (69% of total.)

The Public Employee Benefits Board (PEBB) under the Department of Administrative Services indicates that there would be no fiscal impact to PEBB as their plans already cover these treatments for children.

The Department of Medical Assistance Programs (DMAP) within the Department of Human Services (DHS) indicates that there is no impact to DHS as Medicare programs would be excluded from this requirement.