

MEASURE: HB 2947
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SUBMITTED BY: DR. JILL PRICE



To: Senate Health Care Committee
From: Oregon Dental Association
RE: HB 2947

Good Afternoon Chair Monnes-Anderson and members of the committee. My name is Dr. Jill Price and I am here today on behalf of the Oregon Dental Association. I am both the current president of the ODA and a full time practicing dentist in southeast Portland. Thank you for allowing me to speak today in support of HB 2947.

In 2011 the Oregon Dental Association spent considerable time and resources crafting SB 738, the result of which was a bill I think all involved could be proud of. ODA is supportive of the dental pilot projects that SB 738 allows for, but the rule making process revealed a mistake in the drafting of the language concerning *one* section of the pilots. In Sec. 15 of SB 738 the bill states, "OHA may approve pilot projects for community dental health coordinators." 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. A pilot for this new dental team member is what the ODA tried to achieve in SB 738.

As a member of the dental team led by a dentist, the Community Dental Health Coordinator (CDHC) works in underserved communities where residents have no or limited access to dental care, setting a foundation for prevention in communities that have yet to learn its benefits. Community Dental Health Coordinator's (CDHC) act as patient navigators who provide limited clinical

services and help connect patients to dentists who will provide treatment. Unfortunately, in the specific language of the bill, SB 738 stated "community dental health coordinators educate the community." We are told, according to the Office of Oral Health, that the Deputy AG in reviewing the proposed rules for the bill has said that under this statute, the CDHC can *only educate*, not do the necessary clinical component because there is no clinical reference in the statute language. Because of this, it is not a usable section of statute that a CDHC pilot project could run through. Leadership at ODA discussed changing the language to include a clinical component, but ultimately decided it made just as much sense to for CDHC's to go through the other current existing dental pilot projects language allowed in statute. HB 2947 removes the unnecessary language from the existing statute while leaving the pilot projects intact.

Thank you again for your time, I am happy to answer any questions.