



Virginia Garcia Memorial
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Good afternoon chair Representative Mitch Greenlick and the House Health Care Committee. For the record, I am Lisa Bozzetti DDS and I am the Dental Director of Virginia Garcia Memorial Health Center (Virginia Garcia). The mission of Virginia Garcia is to provide high-quality, comprehensive, and culturally appropriate primary health care to the communities of Washington and Yamhill Counties with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare. Our clinics serve nearly 40,000 patients each year with a multitude of services, include primary care, dental care, mental health, OB and prenatal care and wellness classes.

Virginia Garcia supports HB 3023, which would, when amended, set timelines in statute for general and specialty dental referrals and treatment for pregnant women who are Fee For Service (FFS) or open card recipients.

As an organization that treats patients across a variety of disciplines, we recognize the importance of timely and coordinated care. When treating pregnant women, many of whom receive dental coverage through FFS or open card, we are challenged with the unique obstacle of coordinating quality, and sometimes complicated care within a specific timeline.

Our clinics report many examples of difficulties in referring our patients to dental specialists and seeing completion of their treatment before their benefits expire, which is immediately after the baby is delivered. This is detrimental not only to the woman, but also her baby.

Our clinic in McMinnville reports an instance where a pregnant woman presented with a dental emergency and needed an urgent root canal. The patient had FFS Open Card insurance. Our staff spent many hours making phone calls and following up to identify a clinic that we could refer her to. The nearest clinic they could identify that accepted open card was two counties away—too far for this patient who does not have a car in an area with limited public transportation options.

Meanwhile, the patient gave birth and lost her insurance coverage. It is now likely that the patient will return to our clinic for an extraction, when the tooth could have been saved with timely treatment by a specialist.

Personally I have had a number of experiences with pregnant women not getting timely specialty care. One that I remember particularly well is an instance where I noted

periocoronitis on a pregnant woman during her initial exam. This is a condition where simply put, the tissues around a tooth that is erupting get infected. It is often treated with antibiotics but often returns unless the offending tooth is removed. In her case it was a wisdom tooth that was very partially erupted and mostly embedded in bone. To our credit, most of our dentists including myself, have a great comfort level with extractions and do extractions that many of our counterparts likely wouldn't touch, but there are limits to what a general dentist can do and there is a place for a specialist. This particular tooth was not something I was comfortable extracting, but it was very necessary for her to have it extracted. A referral was made to the only place at the time that we thought took FFS Open card insurance. We found out later that she was told it wasn't covered there and she was offered to pay out of pocket instead for the extraction, something she was unable to afford. We also found out later that FFS Open Card was not taken there and thus likely why she was not offered the care that her insurance did indeed cover. As far as I know she never received care, and the concern from a provider's perspective is that we can be placed in a situation where we may need to help provide temporary acute pain control measures over a longer period of time due to an inability to find timely specialty services.

I asked one of our most senior dentists yesterday if she had any specific examples to share with you as I testify today. She looked at me and just said, "Well it seems that most every pregnant patient has some additional need whether it be an infected molar tooth that needs a root canal or an infected wisdom tooth that needs to be removed, that we are unable to address due to the need for specialty care. We just don't have any place to send to them. Many times patients choose to extract a tooth instead of getting a covered root canal since we can't find a specialist willing to do the treatment for FFS Open Card." She expressed frustration, as a provider, in having coverage for her patient but not being able to help them access the appropriate care.

The current FFS Open Card network, especially the specialty network, is not adequate for the needs we are seeing. The only other place for a patient to go is then the Emergency Room which is ill-equipped to deal with dental emergencies.

Our own organization is sympathetic to the challenges of understaffing and a high volume of patients. These are issues that we also address. So we understand that lack of access to specialty care for pregnant women is a complicated issue. However, we believe that each individual in our community is deserving of a dignified approach to high quality health care.



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A process that takes weeks or months for a pregnant woman to receive necessary dental care is unacceptable when her coverage has a looming expiration date.

Our goal is to ensure that all of our patients, and especially those with special circumstances, have timely access to care. We strongly believe that HB 3023 will create an environment where timely access to specialty care for pregnant women is prioritized and improved.

Thank you for your consideration of this bill and the important impact it will have for Oregonians.