

March 20, 2015

Dear Chair Greenlick and Health Care Committee Members:

Thank you for hearing testimony today regarding HB 2021 and HB 2024.

In the aftermath of the water fluoridation campaign in Portland, NWHF and the City Club of Portland convened a study to research alternatives to water fluoridation that would improve the oral health of Multnomah County's children. The goal was to identify cost effective and practical solutions to improved oral health. The report can be viewed here,

<http://www.pdxcityclub.org/Files/Reports/Children's%20Dental%20Health%20Task%20Force%20report.pdf>. I was a member of this task force, as a concerned citizen interested in improving oral health in our community.

The ultimate goal of the study, was to find innovative ways to improve oral health, in a collaborative manner allowing those that supported water fluoridation and those that believed in more targeted approaches to work together. It was a fruitful process, and has allowed a common goal to be addressed helping those most in need.

During this year-long study, many interviews of dental advocates and community-based organizations were held. In the end, what was discovered is that fluoride varnish is a cost effective measure that has broad support. It is a CDC and U.S. Preventive Task Force best practice recommendation, for "all" children as soon as soon as the teeth erupt. With a DMAP fee schedule of \$12-13 it is a cost effective preventive service. With an effectiveness of 43-46% in reduction in caries, [:http://www.ncbi.nlm.nih.gov/pubmed/12137653](http://www.ncbi.nlm.nih.gov/pubmed/12137653), it is also a preventive measure that is highly effective in reducing future costs in the future.

This preventive service has broad support from those in opposition to systemic fluoridation policy, as it allows a method of delivery that controls for total fluoride exposure and allows for personal choice. It is also unique to that of dental sealants in that it is a preventive service applied as soon as the teeth erupt, not when the molar erupt. This allows it to be preventive service that is appropriate for young children in reduction of caries.

HB 2021: Is a legislative concept that Mel Rader, the ED of Upstream Public Health, and I proposed through the LC process. The goal of this bill is to identify any potential barriers to receiving fluoride varnish in a school based model. The pilot study will also allow data to be collected, as statewide infrastructure systems improve for tracking preventative services and outcome. Due to the fact that fluoride varnish is only applied two times per year, and takes about five minutes of time, we suspect that ODE will support this bill.

HB 2024: Is a legislative concept that I personally proposed through the LC process. This is a concept that fundamentally comes from the City Club Children's Dental Health Task Force from the many CBO interviews we held.

The community-based organizations that support the children most at risk for dental decay would like approaches that are delivered to their community members in a culturally competent manner. They would also like services brought to the community directly with providers that community members have a relationship with, as well as historic trust. This bill addresses these components in a way that provides dental screening and fluoride varnish to those most in need.

It is drafted to have the collaboration of the Board of Dentistry as well as consultation with the Traditional Health Workers Commission. In addition, in discussion with ODA lobbyists, we are open to amendments that further define oversight for health workers in terms of practice, and that clearly define that health workers will not be diagnosing, as this is not the scope of their practice. ODA is supportive of expanding basic preventative dental work including screenings and fluoride varnish, as they recognize currently a child eligible for Medicaid often waits 6 months for a dental visit due to limited dentists accepting Medicaid eligible children.

This bill is designed to improve work force diversity, provide services directly to the community members most in need, and to allow preventive services that are federal best practices but currently not provided to many Oregon children most at risk. It will also allow an identification of risk for some children that can then be referred to dental providers and dental specialists allowing a referral system for those children most at risk, and in need of additional services.

It has the support of NWHF, NAYA, Upstream Public Health, Multnomah County District 2, and Multnomah County District 4. It also has the initial support of the Multnomah County Chair, but due to the recent passing of her mother I could not get a final approval prior to this hearing.

Should you have any questions regarding the City Club Children's Dental Health Task Force Report, or these bills specifically, please feel free to contact me.

Sincerely,

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