

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact**FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/16, 4/15, 4/20

WHAT THE MEASURE DOES: Creates office of oral health in Oregon Health Authority (OHA). Requires office to provide recommendations on preventing oral disease and promoting oral health with focus on underserved populations. Requires report to Legislative Assembly by September 15, 2016. Requires office of oral health to monitor, study, and appraise oral health needs and resources; foster development; expand and evaluate oral health services; provide information and education concerning oral health; promote, monitor, evaluate and assist with population-based dental programs; develop policies to promote oral health; and develop programs policies and prevention measures to impact oral health. Requires OHA to appoint dental director to be in good standing, oversee programs, and oversee office of oral health.

ISSUES DISCUSSED:

- Evidence-based approach to oral health
- Role of dental director
- Newness of dental director position
- Dental director ability to elevate oral health
- Previous lack of leadership and comprehensive funding

EFFECT OF COMMITTEE AMENDMENT: -1 Amendment: Removes the Office of Oral Health and instead, requires dental director to provide recommendations and guidance on how to prevent oral disease and measures to improve oral health, with a focus on underserved populations. Requires monitoring, studying and appraising oral health needs and resources, fostering development and expansion of oral health services, provide information concerning oral health, develop policies to promote oral health and programs to positively impact oral health. Requires report to Legislative Assembly no later than March, 2016. Declares emergency, effective on passage.

BACKGROUND: Oral health is vital for sustaining overall health, getting good nutrition, and communicating with others. It is an indicator of overall health and a preventative measure. Oral disease often brings disabling pain which can worsen heart and respiratory conditions and auto-immune diseases. One study in Oregon found that dental pain is a more frequent cause of emergency room visits than headache, fever, and asthma. Racial, economic, and geographic factors influence access to timely prevention and treatment.

The Oregon Health Authority (OHA) conducted a survey in 2012 of school aged children's oral health. Results show that oral disease disparities exist for school-age children. Children from lower-income households had higher cavity rates compared to children from higher-income households (63% vs. 38%), almost twice the rate of untreated tooth decay (25% vs.13%) and more than twice the rate of rampant tooth decay (19% vs. 8%). In addition, about 24,000 children ages 6 to 9 were in need of early or urgent dental care. Up to 3,800 children in 1st to 3rd grades in Oregon reported dental pain or infection on any given day.

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This summary has not been adopted or officially endorsed by action of the committee.

The most recent survey available reviewing oral health care for adults by Centers for Disease Control and Prevention found that two thirds of Oregon adults visit the dentist at least once per year. It also found that 33 percent of Oregonians ages 33 to 44 have all their teeth, and although regular dental visits are particularly important for people with diabetes, 30 percent of Oregonians with diabetes had no dental visit in the past year.

The 2014-2020 Strategic Plan for Oral Health in Oregon, attended by 141 people, recommends implementing the most potent and cost effective strategies to improve oral health, while reducing disparities in access and quality. Among key recommendations was to create a dental director to establish clinical, fiscal, and policy priorities for oral disease prevention and care.