

STAFF MEASURE SUMMARY

CARRIER: Sen. Shields

Senate Committee On Health Care

Fiscal: Has minimal fiscal impact

Revenue: No Revenue Impact

Action Date: 05/20/15

Action: Do Pass With Amendments To The A-Eng Bill. (Printed B-Eng.)

Meeting Dates: 05/20

Vote:

Yeas: 4 - Kruse, Monnes Anderson, Shields, Steiner Hayward

Exc: 1 - Knopp

Prepared By: Zena Rockowitz, Committee Administrator

WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) to adopt rules regarding time frames within which a pregnant medical assistance recipient, reimbursed under fee-for-service, needs general or specialty dental care. Specifies services to be covered and that the fee-for-service time frames are to be the same as pregnant recipients in coordinated care organizations and dental care organizations. Directs OHA to report to the Legislative Assembly no later than December 1, 2016. Establishes January 1, 2016 as the operative date.

ISSUES DISCUSSED:

- Need for timely access to dental care for pregnant women
- Requirement for initial dental screenings within 30 days after pregnancy is reported
- Impact of long wait times on increasing complications and emergency department visits
- Effect of poor oral hygiene on infant (passing on bacteria)
- Ability to educate women about oral hygiene

EFFECT OF COMMITTEE AMENDMENT:

Clarifies time frame to be prescribed for recipients reimbursed under fee-for-service. Clarifies time frames must be consistent with pregnant population enrolled in coordinated care organizations and dental care organizations. Removes the requirement that a recipient receive dental screening within 30 days.

BACKGROUND:

The American Congress of Obstetricians and Gynecologists states that oral health is an important component of general health and should be maintained during pregnancy and through a woman's lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes and other disorders. Access to dental care is directly related to income level; the poorest women are least likely to have received dental care. Optimal maternal oral hygiene during the perinatal period may decrease the amount of caries-producing oral bacteria transmitted to the infant during common parenting behavior, such as sharing spoons. Although some studies have shown a possible association between periodontal infection and preterm birth, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy.

A number of dental directors have raised a concern relating to pregnant women not having access to timely dental services. Currently, coordinated care organizations have a requirement for pregnant women to receive timely access for dental services; however the fee-for-service population does not have the same requirement.