

**Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session**  
**STAFF MEASURE SUMMARY**  
**Conference Committee on HB 3464**

**MEASURE: HB 3464 B\***  
**CARRIER: Rep. Hayden**

**Fiscal:** Has minimal fiscal impact

**Revenue:** No Revenue Impact

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**Action Date:** 06/29/15

**Action:** Recommending The House Concur In Senate Amendments Dated 05-22 And Bill Be Further Amended And Repassed.

**Meeting Dates:** 06/29

**Vote:**

**House**

Yeas: 3 - Greenlick, Hayden, Keny-Guyer

**Senate**

Yeas: 3 - Kruse, Monnes Anderson, Steiner Hayward

**Prepared By:** Sandy Thiele-Cirka, Committee Administrator

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**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 and criteria 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 February 1, 2017. Repeals the reporting requirement February 1, 2019. Establishes January 1, 2016 as the operative date.

**ISSUES DISCUSSED:**

- Importance of dental care access
- Oral health issues during pregnancies
- Compromise amendment

**EFFECT OF COMMITTEE AMENDMENT:**

Adds “an initial dental screening” as criteria for pregnant medical assistance recipient to receive or be referred for specialty dental care. Modifies OHA’s time frame fee-for-service reimbursement requirement to be the same as, or shorter than, the time frames for coordinated care and dental care organizations. Changes OHA’s reporting requirement from December 1, 2016 to February 1, 2017; and changes the repeal of the reporting requirement from January 2, 2017 to February 1, 2019.

**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.