



## Capitol Dental Care, Inc.

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**April 20, 2017**

### **Senate Health Care Committee**

#### **RE: Testimony in support of HB 2675**

Chair Monnes Anderson and Members of the Committee,

For the record my name is Deborah Loy. I am the Executive Director of Government Programs for Capitol Dental Care (CDC). We are a dental care organization that provides care to Oregon Health Plan (OHP) beneficiaries. Capitol Dental Care is contracted with fourteen of the sixteen coordinated care organizations (CCOs) across the state.

I am here to testify on HB 2675 and to request your support for the bill.

The legislation that created coordinated care organizations (CCOs) had provisions requiring that the CCOs' Community Advisory Councils (CACs) oversee the development and adoption of a Community Health Needs Assessment and Community Health Improvement Plan (CHIP). As stated in the legislation, the CHIP is "to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization." It further states that the Plan "should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon completion of the plan."

The legislative intent of HB 2675 is to add a requirement that the CCOs' CHIPS include a plan and strategy for integrating oral health as part of its overall Plan. Currently, CHIPS are not required to address oral health or how a CCO will integrate oral health with physical and behavioral health.

When HB 3650 (2011 Session) and SB 1580 (2012 Session) were passed and coordinated care organizations (CCO) were established, the addition of oral health to their scope was delayed for two years, until July 1, 2014. As a result, the original request for application proposals submitted to the Oregon Health Authority to approve the establishment of the CCOs did not include information on how they planned to integrate oral health. Subsequent plans and reports required to be provided by CCOS to OHA also do not address the need for plans and strategies to integrate oral health. As a result, many of the CCOs' Community Health Improvement Plans do not include oral health, or a strategy for integrating oral health with physical and behavioral health services delivered by the CCOs.

Adding the requirement that the CHIP for each CCO address the integration of oral, physical and behavioral health is appropriate to the purpose of these Plans. It also ensures that the Community Advisory Councils are providing input and ideas on how the integration of oral, physical and behavioral health is accomplished in their communities.

We would appreciate your support for HB 2675.

Thank you for allowing me to testify today and for your support.