



STATEMENT IN OPPOSITION TO SB 967

We are testifying in opposition to SB 967 as introduced. We are specifically concerned with Section 1 (2)(o)(B) as well as Sections 14 – 36. As introduced, SB 967 would remove all references to dental care organizations and prepaid managed care health services organizations from statute.

There is no reason and no urgency to remove all of these definitions, in this comprehensive manner, without any thoughtful consideration of the impacts, including potential unintended consequences and harm.

Dental care organizations have been a part of the Oregon Health Plan since its inception. They were also called out as being part of the creation of the coordinated care organization (CCO) delivery system. Although, the dental care organizations as of this year no longer direct contact with the Oregon Health Authority, they continue to contract with CCOs.

With this proposed deletion of references to dental care organizations we have the following concerns:

- Section 1 (2)(o)(B) – it removes the language that a CCO board needs to have a dental care organization represented on the board.
 - Dental care organizations still contract with CCOs. In fact, they are the primary dental delivery system for dental care to a significant number of the CCOs members, we do not agree with removing them from a seat on these boards.
- Sections 14 – 36 – it removes the definition of dental care organization being a prepaid managed care health services organization, as well as remove all references to dental care organizations throughout the statute.
 - Maintaining this definition is important to our ability to continue to serve Oregon Health Plan members. While dental care organizations no longer direct contract with the Oregon Health Authority, they contract with CCOs. CCO contracts reference dental care organizations, as do other CCO materials. Dental providers contract with dental care organizations to participate in their networks. Many necessary business operations conducted on behalf of serving CCOs members, are tied to dental care organizations functioning as a prepaid managed health services organizations.
 - Being a dental care organization serving OHP members has allowed dental care organizations to perform many activities (such as paying claims) that are comparable to a dental insurance company. (OHA’s push-back on this would be

that they have an email/letter from DCBS stating dental care organizations (even though not direct contractors with the Oregon Health Authority) would continue to not be subject to the Insurance Code. We would prefer that the definition continue to be in statute to ensure that this status continues.

- In 2015, with key support from Senator Bates, SB 695 was passed to specifically include the dental care organization definition in the statutes to be sure that they remained a recognized part of the provision of dental care for the Oregon Health Plan, while contracting with the OHA 'or' CCOs.

We would respectfully request that these definitions in Section 1 be reinstated and that Sections 14 - 36 be removed from the bill. We believe there should be a discussion on all the potential changes to ensure our status and well as to ensure that there is no unintended consequences or harm that results from the changes.