

February 5, 2026

Chair Nosse, Vice-Chairs Diehl and Nelson and Members of the Committee,

My name is Aaron Patnode. I am a resident of House District 38 in Southwest Portland and the President of Advantage Dental+. My organization contracts with 13 of the 15 Coordinated Care Organizations (CCOs) in the state, supporting the oral healthcare needs of over 465,000 Oregonians—from Milton-Freewater to Brookings, Seaside to Lakeview, and every community in between.

I am here today to once again express my opposition to the continually changing provision related to dental patient communication that has been inserted into HB 4040—language that is not only unnecessary, but entirely duplicative of existing state and federal law. This language is like adding a second steering wheel in a car that already has one: impressive effort, but zero added control. I urge you to strike it from the bill.

Notably absent from this revised provision is any meaningful change to existing federal or state requirements. There is not even a slight turn of the wheel offering new protections, clarity, accountability, or guidance for CCOs, dental subcontractors, or providers. Instead, the language merely directs us to do what we already do every day under current law.

I have included citations at the end of my submitted testimony that clearly demonstrate this point. Oregon Administrative Rule and the Code of Federal Regulations already govern patient communications, choice of provider, and continuity of care. These requirements are well established, enforced, and routinely complied with.

Beyond being redundant, the -21 amendment, specifically lines 12 to 14, risks creating perverse incentives that will increase costs without improving care. As written, it encourages dentists to seek out the dental subcontractor offering the most favorable fee schedule and then direct their patients to follow them. The predictable result is churn between subcontractors, higher costs for CCOs, and no corresponding benefit to patients. It is that simple. It will drive cost to the CCOs.

The language contained in Section 15 regarding provider communication therefore represents a wasteful and problematic use of legislative space—space that could otherwise be used to advance meaningful, productive change for Oregonians. And if the purpose of including this language is merely to avoid revisiting this topic for a seventh time during the 2027 session, thereby quieting those who continue to advance this non-issue, I caution you against setting such a precedent.

For these reasons, I respectfully urge you to strike this language from HB 4040.

Thank you for your time.

**TO IMPROVE THE ORAL HEALTH OF ALL**

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**Citations to Relevant Existing Rule on the Topic:**

1. [OAR 410-141-3575](#) governs how Medicaid Coordinated Care Organizations (CCOs) and their managed care entities (MCEs) communicate with potential and enrolled Oregon Health Plan members. It defines what qualifies as marketing versus outreach, requires written and oral materials to be in plain language and compliant with federal standards, and prohibits unsolicited efforts to influence enrollment, while still permitting informational outreach and approved communications.
2. [42 CFR § 438.102 \[ecfr.gov\]](#) states that a Managed Care Organization (MCO – in Oregon, that includes a CCO or DCO/dental subcontractor) may not prohibit or otherwise restrict a provider from advising or acting on behalf of a Medicaid enrollee regarding anything related to their health status, care and treatment options. This broad category includes whether the provider is moving locations, which would of course impact continuity of care for the patient.
3. [42 CFR § 438.104 \[ecfr.gov\]](#) prohibits marketing to managed care enrollees, specifies the type of information that a beneficiary can receive, and states that each contract with an MCO entity must not seek to influence enrollment win conjunction with the sale or offering of any insurance product.
4. [OAR 818-012-0070 \[secure.sos.state.or.us\]](#) on patient records requires that an Oregon dentist must transfer patient records to a new Oregon dentist upon closing their practice or when changing practice locations out of the state. Such transfer must be reported to the Oregon Board of Dentistry within 14 days.
5. [OAR 818-012-0010\(3\) \[secure.sos.state.or.us\]](#) states that it is unacceptable patient care to fail to arrange for emergency treatment by another provider for a patient currently receiving treatment.
6. [Oregon Health Authority: Changing Your Coordinated Care Organization Enrollment website](#) explains how members of the Oregon Health Plan can change their CCO enrollment, including switching to a different CCO within certain timeframes, notifying OHP after moving to a new area, or requesting that some or all care be provided via fee-for-service instead of through a CCO. It also covers how to change medical and dental plans and provides contact information for help with these enrollment changes.

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