

**FISCAL IMPACT OF PROPOSED LEGISLATION****Measure: HB 2024 - A**Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session  
Legislative Fiscal Office***Only Impacts on Original or Engrossed  
Versions are Considered Official***

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**Measure Description:**

Directs Oregon Health Authority, in consultation with coordinated care organizations (CCOs) and dental care organizations to adopt rules and procedures for the training and certification of health workers to provide basic preventive dental services to underserved children. Requires OHA to reimburse the cost of basic preventive dental services provided to medical assistance recipients by a certified health worker, if the services are within the scope of the health worker's certification.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA)

**Local Government Mandate:**

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**Analysis:**

House Bill 2024 requires the Oregon Health Authority (OHA), in consultation with coordinated care organizations (CCOs) and dental care organizations to adopt rules and procedures for the training and certification of health workers to provide basic preventive dental services to underserved children. The bill also directs OHA to reimburse the cost of basic preventive dental services provided to medical assistance recipients by a certified health worker, if the services are within the scope of the health worker's certification. The bill becomes operative on July 1, 2016. The bill contains an emergency clause and takes effect on passage.

The fiscal impact of this bill to OHA is indeterminate. The bill requires the Oregon Health Authority (OHA), in consultation with coordinated care organizations (CCOs) and dental care organizations to adopt rules and procedures for the training and certification of health workers to provide basic preventive dental services to underserved children. OHA estimates the cost of this training and certification to be roughly \$7,000. Note that the bill requires OHA to adopt rules to prescribe the training required for certification, including instruction on the performance of dental risk assessments, the provisions of basic preventive dental services, and referring patients to dental care providers. In addition, the bill directs OHA to adopt rules requiring that a certified health worker refer patients to dental homes as determined necessary by the health worker, and to recommend to patients or to the parent and legal guardian of a patient, that the patient receive at least one dental risk assessment each year. However, the bill does not define the scope of practice for certified health workers.

The bill also directs OHA to reimburse the cost of basic preventive dental services provided to medical assistance recipients by a certified health worker, if the services are within the scope of the health worker's certification. OHA must begin reimbursing for services rendered on or after July 1, 2016. It is not clear whether reimbursement must be Fee for Service or to managed plans. This fiscal assumes reimbursement to managed plans such as CCOs and Dental Care Organization (DCOs).

Under current practice, OHA reimburses traditional health workers who are supervised by certain licensed practitioner types and perform services within the licensed practitioner scope of practice. The list of allowable supervising provider types does not include dentist or any other licensed dental practitioner. OHA would need to file a Medicaid State Plan Amendment (SPA) to add dentist to this list.

Federal matching funds cannot be claimed until the Centers for Medicare and Medicaid Services (CMS) approves the SPA and therefore will be 100% state funds. All services identified in the bill are currently covered.

While this bill doesn't require new services, it does create more access points for these services which will increase utilization of basic preventive dental services provided by health workers and utilization of other dental services provided by dental homes from referrals. At this time, the increase in access points is currently unknown, and the increase in utilization cannot not be quantified. OHA believes the expenditures increase will likely be small initially because it will take time to build the necessary infrastructure to support it. The cost will also be offset by savings from improved oral health. The bill has an indeterminate fiscal impact to Medical Assistance Program (MAP).