

Submitter: Mike Shirtcliff  
On Behalf Of:  
Committee: House Committee On Behavioral Health and Health Care  
Measure, Appointment or Topic: HB3923

Chair Nosse, Vice Chair Nelson and members of the Committee, I'm Mike Shirtcliff a dentist located in Redmond. I am here to explain HB 3923, how we got here and why we need this fix. Chair Nosse, thank you for squeezing it in to your really business schedule.

I am one of the original founders of Oregon's OHA managed care dental system. Decades ago we had a system but patients couldn't get in to see a dentist. Rates were so low that too few dentists would participate. I want to stop for a second to acknowledge my conflicts of interest. I was the founding member of Advantage Dental, though no longer affiliated with them. We built a co-op of mostly rural dentists into Oregon's largest Dental Care Organization. It was owned and operated and controlled by (almost 350) Oregon dentists. After about 25 years we sold to a big company. Would I do it again? No, but hindsight is 20/20. My current company, RMS Dental Director consults for Oregon Dental Service, Equity Dental, Montshire Pediatric Dental out of New Hampshire, Maine, Vermont and Massachusetts, Redmond Dental Group in Redmond Oregon, in the past a FQHC out of Douglas County, Aviva Health, and Advantage Consolidated, the group that is part owner of the medicine called Advantage Arrest. A painless way to treat young children, seniors and actually anyone.

I have been involved with Medicaid dental since I practiced in Myrtle Creek in the late 70's. I worked with Senator John Kitzhaber as a member of the Oregon Dental Association (ODA) and the Umpqua Dental Society, before there was an Oregon Health Plan. John often called me from the hospital emergency room looking for help with patients lacking access to dental care.

I am here today because I was asked to come out of retirement by some of the groups listed above to help, in a way, rescue the only functioning Medicaid system in the US. Two bills you have before you are an effort to do this.

HB2597 will help stabilize funding and this bill (HB3923) will help protect Medicaid patient portability while ensuring provider and patient choice. HB3923 will do this by allowing dentists to move from one DCO to another and when doing so will allow for patient continuity of care. Dr. Higbee of Redmond Dental Group's testimony shows what can happen when a DCO is allowed to run roughshod over patients and providers. Dr. Ramillosa's testimony says the same. We are not dealing with an isolated case.

There are only four DCOs left. One of those is closed to open enrollment. Two of the remaining three are owned by out of state corporations. It appears to me that to combat low rates they have resorted to measures like shifting away from independent

clinics to running more and more of their own company owned ones. There is only one DCO headquartered in Oregon and affiliated with the ODA, which emphasizes for the most part independent dentists who are treating their friends and neighbors. They are a part of the community, not a corporation based in another state or nation. HB3925 is relatively simple as it just clarifies an already existing law ORS 414.611 and includes patient changes between DCOs in a CCO like that already permitted for medical providers wanting to switch CCO's. It also puts in a shall rather than a may, so that a CCO cannot play favorites and leaves the final review of the changes in the hands of the OHA.

Patients need choices. They need to be able to choose their dentist. They need to be able to choose continuity of care and they need to be assured that no gag order denies them of their choice because their dentist is being threatened with a lawsuit for telling their patients they have options. Providers need choices. They must have the ability to face a DCO and fight for their patients and move to another DCO if their concerns are not being resolved.