DIVISION OF MEDICAL ASSISTANCE PROGRAMS

Kate Brown, Governor

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To Whom it May Concern:

We, at the Oregon Health Authority ("OHA"), recognize that strong oral health is essential to a child's overall well-being. Dental caries is the most common chronic childhood disease in the United States, and it is largely preventable. Early dental screening, diagnosis and treatment are effective tools to improving children's oral health.

Given that, this letter is to provide guidance in the interpretation of the meaning of a "dental examination", referenced on the first line of Oregon's Recommended Dental Periodicity Schedule ("periodicity schedule"). The periodicity schedule establishes intervals for key dental and oral health services for children and youth. The OHA adopted the periodicity schedule in 2010 based on guidelines by the American Academy of Pediatric Dentistry. Since adoption, there have been many changes in oral health delivery systems, both nationally and in Oregon. One major development is the licensing of Expanded Practice Dental Hygienists ("EPDHs"), who are regulated by the Oregon Board of Dentistry.

For purposes of the periodicity schedule, a "dental examination" is not limited to a clinical dental evaluation by a licensed dentist in a dental office. Thus, OHA includes in this definition, an oral examination by a licensed EPDH who has a collaborative agreement with a licensed dentist ("collaborative practice EPDH"). The collaborative agreement must meet the requirements established by the Oregon Board of Dentistry. The OHA also includes in the definition of "dental examination" for the periodicity schedule, clinical dental examinations in non-dental office settings, including but not limited to, programs for children with special health needs, Head Start programs, and community health centers.

This interpretation does not impact the coverage of comprehensive dental evaluations performed by a licensed dentist. OHP will continue to cover up to two such evaluations every 12 months for children and youth under age 19 who receive medical assistance.

We believe this change in the periodicity schedule will serve the purpose of the schedule in helping to promote better children's health while making compliance easier and more practical to achieve. This will allow EPDHs to work to the extent of their licenses while leaving dentists more available to see the kids who actually need treatment, helping their access times while adding to the goals of the Triple Aim.

Sincerely,

Bruce W. Austin

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