

**Petition To Amend
An Administrative Rule**

**Oregon Health Authority
of the State of Oregon**

IN THE MATTER OF AMENDMENT)	
OF OAR 333-028-0320 SEEKING)	Petition to Amend
ADDITIONAL ACCEPTABLE SEALANT)	OAR 333-028-0320
MATERIAL FOR LOCAL SCHOOL)	(Certification for Local
DENTAL SEALANT PROGRAM.)	School Dental Sealant
_____)	Program)

**I. Petitioners: R. Mike Shirtcliff, DMD, President/CEO
Advantage Dental Services, LLC
442 SW Umatilla Ave, Ste 200
Redmond, OR 97756**

II. Other Persons Known To The Petitioners To Be Interested In The Rule:

1. All existing **Dental Care Organizations** including the following:
 - a. Access Dental Plan, Inc. – 14201 NE 20th Ave, Ste 2204, Vancouver, WA 98686
 - b. Capital Dental Care, Inc.– 3000 Market St. Plaza NE, Ste 228, Salem, OR 97301
 - c. CareOregon Dental – 426 SW Stark Street, 9th Floor, Portland, OR 97204
 - d. Family Dental Care – 8070 SW Hall Blvd, Ste 200, Beaverton, OR 97008
 - e. Managed Dental Care of Oregon, Inc.– 3000 Market St. NE, Ste 222, Salem, OR 97301
 - f. ODS Community Health, Inc. – 601 SW 2nd, Portland, OR 97204
 - g. Willamette Dental Group, PC – 6950 NE Campus Way, Hillsboro, OR 97124

2. All existing and created **Coordinated Care Organizations** including the following:
 - a. AllCare Health Plan – 740 SE 7th Street, Grants Pass, Oregon 97526
 - b. Cascade Health Alliance, LLC- 2909 Daggett Ave, Ste 200, Klamath Falls, OR 97601
 - c. Columbia Pacific CCO, LLC – 315 SW Fifth Ave, Portland, OR 97204
 - d. Eastern Oregon Coordinated Care Organization, LLC – 1211 SW Fifth Ave, Ste 1500-2000, Portland, OR 97204: Attn: Kelly Hagan
 - e. FamilyCare, Inc. – 825 NE Multnomah, Ste 300, Portland, OR 97232
 - f. Health Share of Oregon – 315 SW Fifth Ave, Ste 300, Portland, OR 97204
 - g. Intercommunity Health Network – 3600 NW Samaritan Dr, Corvallis, OR 97330

- h. Jackson Care Connect – 315 SW Fifth Ave, Ste 900, Portland, OR 97204
- i. PacificSource Community Solutions, Inc. - Central Oregon – P.O. Box 7068, Eugene, OR 97401
- j. PacificSource Community Solutions, Inc. Columbia Gorge Region – P.O. Box 7068, Eugene, OR 97401
- k. PrimaryHealth of Josephine County, LLC – 315 SW Fifth Ave, Portland, OR 97204
- l. Trillium Community Health Plan, Inc. – 1800 Millrace, Eugene, OR 97403
- m. Umpqua Health Alliance – 1813 W. Harvard Ave, Ste 206, Roseburg, OR 97471
- n. Western Oregon Advanced Health, LLC – 750 Central Ave, Ste 202, Coos Bay, OR 97420
- o. Willamette Valley Community Health LLC – 2995 Ryan Drive, SE, Salem, OR 97301

III. Proposed Rule Amendment:

NOTE: (New proposed language is bolded. Deleted language in ellipse.)

OAR 333-028-0320 - Certification for Local School Dental Sealant Program

To be certified, a Local School Dental Sealant Program must meet all requirements for certification.

(1) A representative responsible for coordinating and implementing the Local School Dental Sealant Program must attend a one-time certification training provided by the Program. If the Local School Dental Sealant Program experiences personnel changes that impact the representative responsible for coordinating and implementing the Local School Dental Sealant Program, then a new representative must attend the one-time certification training before applying for recertification. Any templates or materials provided by the Program during the certification training that are modified or utilized by the Local School Dental Sealant Program must acknowledge the Program on such templates or materials.

(2) A Local School Dental Sealant Program must provide an annual clinical training to all providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:

- (a) A Local School Dental Sealant Program develops and implements its own training.
- (b) A Local School Dental Sealant Program sends their providers to an annual training provided by the Program.

(3) Before initially contacting any school to offer services, a Local School Dental Sealant Program must contact the Coordinated Care Organizations (CCOs) operating in the community. In consultation with the Program, the CCO will determine which Local School Dental Sealant Program is best able to provide services. A CCO must contact the Program before any decision is made. This collaboration will ensure access and minimize the duplication of services. Priorities should be given to the most cost-effective dental sealant delivery model that meets certification requirements. Existing relationships with schools and providers should be considered when multiple delivery models meet requirements. The Program will provide the CCOs with a list of school dental sealant programs and the schools they serve from the Certification Application and Renewal Certification Application forms.

(4) A Local School Dental Sealant Program must ensure all Medicaid encounters are entered into the Medicaid system.

(5) A Local School Dental Sealant Program shall first target elementary and middle schools where 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program.

(6) A Local School Dental Sealant Program must offer, at a minimum, screening and dental sealant services to students with parental/guardian permission regardless of insurance status, race, ethnicity or socio-economic status in these grade levels:

- (a) Elementary school students in first and second grades or second and third grades; and
- (b) Middle school students in sixth and seventh grades or seventh and eighth grades.

(7) A Local School Dental Sealant Program must develop and implement a plan to increase parental/guardian permission return rates.

(8) A Local School Dental Sealant Program must adhere to these standards for school dental sealant programs:

- (a) Dental equipment must be used on school grounds during school hours;
- (b) A medical history is required on the parent/guardian permission form;
- (c) Use the four-handed technique (to apply) **when applying resin-based** sealants in elementary schools; and
- (d) Use the two-handed technique using an Isolite or equivalent Program approved device or the four-handed technique (to apply) **when applying resin-based** sealants in middle and high schools; and

(e) Apply **either** resin-based **or glass ionomer** sealants.

(9) A Local School Dental Sealant Program must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.

(10) A Local School Dental Sealant Program must comply with Oregon Board of Dentistry oral health screening guidelines.

(11) A Local School Dental Sealant Program must comply with infection control guidelines established in OAR 818-012-0040.

(12) A Local School Dental Sealant Program must comply with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Educational Rights and Privacy Act (FERPA) requirements.

(13) A Local School Dental Sealant Program must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a child's time out of the classroom is minimal.

(14) A Local School Dental Sealant Program must conduct retention checks at one year for quality assurance.

(15) A Local School Dental Sealant Program must submit a data report to the Program annually. The information required to be included in such data report will be defined by the Program. Aggregate-level data will be required for each school.

(16) A Local School Dental Sealant Program must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools, or provide schools with a letter provided by the Program indicating the Local School Dental Sealant Program is certified.

IV. Petition Explanation:

A. The Proposed Rule Amendment will

Petitioners request the Oregon Health Authority (“OHA”) amend OAR 333-028-0320 to clarify and expand the materials authorized in school based sealant programs in paragraph (8)(c), (d), and (e).

In Limiting sealant type to resin-based sealants access to the intended oral health care is unnecessarily restrictive and less cost-effective. Additional personnel and equipment are required with no demonstrated improvement in outcomes. CDC recommendations for school-based dental sealant programs (JADA, Nov 2009) do not specify resin-based sealants and only recommend a four-handed technique “when resources allow.” Dentists and dental hygienists providing this service in remote and frontier parts of Oregon do not have adequate resources to adhere to the strict standards outlined in Oregon Administrative Rules.

The Association of State and Territorial Dental Directors (ASTDD) Best Practice Approach School-based Dental Sealant Programs (<http://www.astdd.org/docs/bpar-selants-update-03-2015.pdf>) similarly does not limit school sealant programs to resin-based sealants. Instead, the ASTDD promotes flexibility in choosing sealant type as noted in their guidelines document:

For any program, choosing the right sealant material is important. The placement of sealant material demands meticulous application techniques and following the manufacturer's instructions. Several sealant materials are available but the most commonly used are resin-based sealants and glass ionomer cements. When selecting the dental sealant material for use in a school-based dental sealant program, the main considerations should include cost-effectiveness of materials that: 1) have prolonged retention properties; 2) have low solubility in the oral environment; and 3) are simple to apply.

Studies have shown no difference in the caries reduction rates for glass-ionomer and resin-based sealants. A meta-analysis published in the Journal of Oral Science in 2009 concluded “there is no evidence that either material was superior to the other in the prevention of caries. Therefore both materials appear to be equally suitable as fissure sealant materials.” A later commentary by respected researcher and academician, Dr. Richard Niederman of The Forsyth Institute (Journal of Evidence-Based Dentistry, 2010) summed up these findings and implications for developing guidelines:

This review by Yengopal et al. directly examines the primary outcome variable, caries prevention, and determines that both resin and glass ionomers provide equal protection against caries. The importance of this finding is critical for sealant programs, particularly for those that are school-based, where lighting, saliva control, patient compliance and patient follow up are not optimal. Glass, when compared with resin, has several unique characteristics that recommend it. First, glass, but not resin, is moisture-forgiving (resin requires an absolutely dry field, whereas glass does not). Second, glass contains and slowly releases fluoride, providing additional caries prevention. Third, glass, being less viscous, flows more deeply into pits and fissures, providing protection even as abrasion wears away the occlusal surface. Thus, although glass may not be easily visible, when compared with resin, it can still be very effective.

The Yengopal review highlights the critical need for guidelines, and the systematic reviews they are based upon, to focus on primary outcome variables. With a focus on the primary outcome variables, transitions from “historical evidence” to the current “best evidence” will be explicit. With this information, all stakeholders can more easily make informed decisions.

To conclude, changing the OAR to allow providers and programs more flexibility in choosing sealant materials and techniques based on local resources and conditions will be more efficient and cost effective with no change in clinical outcomes.

B. Options for Achieving OAR 333-028-0320's Substantive Goals While Reducing Negative Economic Impact on Businesses.

The substantive goal of OAR 333-028-0320 is to provide the students with expanded and cost effective access to dental care including sealants. Students receive quality health care at the right time, at the right place, and reduces the costs of health care. The proposed language is in line with the substantive goal of OAR 333-028-0320. It will allow all DCOs and schools the opportunity to provide cost effective access to oral health care. Limiting the materials available to provide this care limits the access to the intended care.

C. Continued Need for and the Complexity of OAR 333-028-0320.

The rule is needed to allow continued access to sealant programs by underserved populations. The existing rule is not overly complex and is clearly written. The proposed additions to the rule do not change the level of complexity.

D. Extent to which OAR 333-028-0320 Overlaps, Duplicates or Conflicts with Other State Rules.

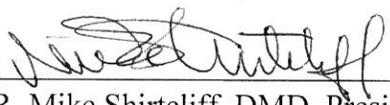
The existing rule does not overlap, duplicate, or conflict with other state or federal rules and with local government regulations.

E. Degree Technology, Economic Conditions, or Other Factors have changed that affect OAR 333-028-0320 since it was adopted.

The rule in its current form was certified effective on January 29, 2016. Technology, economic conditions, or other factors have not changed in the subject area affected by the existing rule, since the agency adopted the rule.

Wherefore, Petitioners request the Oregon Health Authority to adopt the proposed amendment to OAR 333-028-0320

Dated September/3, 2016.



R. Mike Shirtcliff, DMD, President/CEO
Advantage Dental Services, LLC