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SENATE JOINT RESOLUTION NO. 317

Offered January 12, 2005

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Establishing a joint subcommittee to study mechanisms to promote collaborative arrangements between primary care physicians and oral health professionals to ensure holistic health care. Report.

 Patron—Marsh

 Referred to Committee on Rules

WHEREAS, although highly preventable, dental disease is chronic, progressive, and destructive, does not heal without therapeutic intervention, and if treatment is postponed, can become severe over time; and

WHEREAS, writing in *Oral Health in America: A Report of the Surgeon General, 2000*, the former Secretary of Health and Human Services stated that "oral health is integral to overall health, and ignoring oral health problems can lead to needless pain and suffering, complications that can devastate well-being, and financial and social costs that significantly diminish quality of life and burden American society"; and

WHEREAS, dental decay is one of the most common chronic infectious diseases among children, and rates of early childhood caries are highest among children in poor and minority communities; and

WHEREAS, among adults aged 35 to 44 years, 69 percent have lost at least one permanent tooth, 48 percent have gingivitis, and 22 percent have destructive gum disease; and among adults aged 65 to 74, 26 percent have lost all their natural teeth; and

WHEREAS, oral clefts are one of the most common birth defects in the United States, affecting about one per 1,000 births, and about 30,000 people in the nation are diagnosed with mouth and throat cancer each year, the sixth most common cancers in United States for males and the fourth most common in African-American men, and 8,000 people die of these cancers; and

WHEREAS, more than 108 million Americans do not have dental insurance, and because of costly dental care services and out-of-pocket expenses, even for working and middle-class citizens with dental insurance, many persons neglect their oral health and postpone regular visits to the dentist; and

WHEREAS, the condition of the mouth mirrors the condition of the body, and new research suggests that oral disease is linked to other health problems, such as diabetes stroke, heart disease, and pre-term low-birth-weight babies, leukemia, bacterial endocarditis (inflammation of the lining of the heart and heart valves), oral cancer, and kidney disease; and

WHEREAS, poor oral health affects the digestive process, which begins with physical and chemical activities in the mouth, and can lead to intestinal failure, Irritable Bowel Syndrome, and other problems; and

WHEREAS, infections in the mouth can affect major organs, more than 90 percent of all systemic diseases have oral manifestations; and

WHEREAS, family physicians and other primary care providers play a pivotal role in preventing oral disease, especially among minority and underserved populations who have limited access to dental services and poorer oral health status, and dentists are often the first health care provider to diagnose a health problem; and

WHEREAS, an increasing number of physicians and dentists have engaged in collaborative efforts to address the holistic health needs of patients, and some states have implemented an interdisciplinary approach between primary care and oral health professionals to deliver "head to toe" health care services to low-income and uninsured children; however, few, if any, health insurance providers offer plans that integrate traditional health insurance and dental insurance plans, or accommodate coverage of interdisciplinary practices and necessary procedures, recognizing that oral health is a part of primary health care; and

WHEREAS, establishing mechanisms that promote collaboration between primary care physicians and oral health professionals, and adequate health insurance plans that integrate traditional health insurance and dental insurance would facilitate health promotion, early diagnosis and treatment of disease, and reduced health care costs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study mechanisms to promote collaborative arrangements between primary care physicians and oral health professionals to ensure holistic health care. The joint subcommittee shall have a total membership of 10 legislative members. Members shall be appointed as follows: four members of the Senate to be appointed by the Senate Committee on Rules; and six members of the House of Delegates

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59 to be appointed by the Speaker of the House of Delegates in accordance with the principles of
60 proportional representation contained in the Rules of the House of Delegates.

61 In conducting its study, the joint subcommittee shall (i) identify and review collaborative
62 arrangements between primary care physicians and oral health professionals, in and out of state; (ii)
63 determine the types of health care services rendered through these collaborative arrangements; (iii)
64 evaluate the need for dental insurance in Virginia, especially such insurance for the working poor and
65 middle-income persons; (iv) identify, to the extent possible, the health problems of Virginians resulting
66 from or related to untreated oral disease; (v) determine which health insurance providers in the
67 Commonwealth offer plans that integrate traditional health insurance and dental insurance plans, and
68 provide coverage for services rendered through collaborative arrangements between primary care
69 physicians and oral health professionals; and (vi) recommend mechanisms to promote collaborative
70 arrangements between primary care physicians and oral health professionals to ensure holistic health care
71 and adequate insurance coverage.

72 Administrative staff support shall be provided by the Office of the Clerk of the House of Delegates.
73 Legal, research, policy analysis, and other services as requested by the joint subcommittee shall be
74 provided by the Division of Legislative Services. Technical assistance shall be provided by the State
75 Health Department, Board of Medicine, Board of Dentistry, Department of Medical Assistance Services,
76 and State Corporation Commission's Bureau of Insurance. The joint subcommittee may also request the
77 assistance of Delta Dental Plan of Virginia, the Virginia Dental Association, the Old Dominion Dental
78 Society, the Medical Society of Virginia, and the Old Dominion Medical Society, as appropriate, during
79 the course of the study. All agencies of the Commonwealth shall provide assistance to the joint
80 subcommittee for this study, upon request.

81 The joint subcommittee shall be limited to four meetings for the 2005 interim, and the direct costs of
82 this study shall not exceed \$10,000 without approval as set out in this resolution. Approval for
83 unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the
84 joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is
85 agreed to, written authorization of both Clerks shall be required.

86 No recommendation of the joint subcommittee shall be adopted if a majority of the House members
87 or a majority of the Senate members appointed to the joint subcommittee (i) vote against the
88 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the
89 joint subcommittee.

90 The joint subcommittee shall complete its meetings by November 30, 2005, and the chairman shall
91 submit to the Division of Legislative Automated Systems an executive summary of its findings and
92 recommendations no later than the first day of the 2006 Regular Session of the General Assembly. The
93 executive summary shall state whether the joint subcommittee intends to submit to the General
94 Assembly and the Governor a report of its findings and recommendations for publication as a House or
95 Senate document. The executive summary and the report shall be submitted as provided in the
96 procedures of the Division of Legislative Automated Systems for the processing of legislative documents
97 and reports and shall be posted on the General Assembly's website.

98 Implementation of this resolution is subject to subsequent approval and certification by the Joint
99 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or
100 delay the period for the conduct of the study, or authorize additional meetings during the 2005 interim.