



AAPD 2019 Legislative and Regulatory Priorities

Council on Government Affairs

Approved by the Board of Trustees on January 18, 2019

*AAPD indicates AAPD is the lead advocacy group on the issue

<u>Federal Appropriations for FY 2020</u>	<u>Federal Health Care Reform</u>	<u>Federal Regulations</u>	<u>Other Federal Legislation (taxes, student loan reform)</u>
<p><i>Workforce Goal</i></p> <p>1. Seek appropriations for sec. 748 Title VII dental primary care cluster of \$40.673 million¹, with directed funding of not less than \$12 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat insured children under the ACA. Obtain continued preference for pediatric dental</p>	<p><i>Access to Care Goal</i></p> <p>1. Explore possibility of targeted pediatric oral health bill to address Medicaid dental reform by increasing Medicaid matching payments for states that pursue specific Medicaid dental reforms including reimbursement at competitive market-based rates (per previous proposals such as S. 1522/H.R. 3120). Protect Medicaid EPSDT</p>	<p><i>Access to Care Goal</i></p> <p>1. As the Affordable Care Act (ACA) provision defines pediatric oral health as an essential health benefit (EHB), ensure that implementing regulations require robust coverage consistent with the AAPD Policy on a Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs. Coordinate joint response/comments on proposed regulations with ADA and keep key</p>	<p><i>Workforce Goal</i></p> <p>1. Support reintroduction of H.R. 6149/H.R. 7259 and S. 10, bills that would exempt DFLRP from taxation to individual faculty recipients.</p> <p>*AAPD</p>

¹ Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA supported \$12 million each for pediatric dentistry and general dentistry in FY 2019.

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<p>faculty in the DFLRP as obtained in FYs 2017 and 2019.</p> <p>Encourage HRSA to especially focus future Title VII dental grants on priority 7 under current authorizing language:</p> <p>"7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings."</p> <p>*AAPD</p>	<p>guarantee in Medicaid block grant and other cost-savings proposals.</p> <p>Ensure appropriate and fair Medicaid dental audits, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists.</p> <p>*AAPD</p>	<p>members of Congress informed.</p> <p>Support mandatory purchase (vs. offer) of an appropriately structured embedded or stand-alone dental plan for children inside exchanges, and encourage states to adopt such a requirement as several have already done (Kentucky, Nevada, Washington state).</p> <p>Sustain regulatory inclusion of general anesthesia coverage state mandates as EHB in 2017 and beyond (for states that approved such mandates prior to 12-31-11). Monitor types of pediatric oral health insurance offered in state health insurance exchanges as compared_with</p>	

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		<p>AAPD model benefits.</p> <p>Evaluate and respond to key ACA insurance plan issues such as network adequacy, provider fees, family out-of-pocket costs, and the impact of pediatric dental coverage embedded in medical plans. Communicate recommendations to Center for Consumer Information and Insurance Oversight.</p>	
<p><i>Workforce Goal</i></p> <p>2. Support efforts of Children’s Hospital Association to obtain full funding of \$325 million for Children’s Hospitals GME. Encourage HRSA to consider an oral health component to</p>	<p><i>Access to Care and Medicaid Dental Reform Goal</i></p> <p><i>Access to Care Goal</i></p> <p>2. Support corrections to Affordable Care Act (ACA) to:</p> <p>a) Make pediatric oral health coverage mandatory-assuming</p>	<p><i>Access to Care Goal</i></p> <p>2. Work closely with ADA, state dental associations, and state pediatric dentistry chapters to ensure that state health insurance exchanges appropriately adhere to federal guidelines and regulations</p>	<p><i>Workforce Goal</i></p> <p>2. Work with ADA and other organizations in support for re-introducing the Student Loan Refinancing and Recalculation Act (H.R. 4001) which would:</p> <p>Allow borrowers to refinance their student loan</p>

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<p>the CHGME Quality Bonus System initiative announced in 2017.</p>	<p>there is a mandatory benefits package for children in successor legislation.</p> <p>b) Exempt preventive dental services from deductibles in embedded plans and SADPs.</p> <p>c) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.</p>	<p>concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort.</p>	<p>interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.</p> <p>Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.</p> <p>Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.</p> <p>Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.</p> <p>Oppose attempts to cap the Grad PLUS loan program.</p>

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<p><i>Medicaid Dental Reform Goal</i></p> <p>3. Work with ADA and the Organized Dentistry Coalition to obtain Congressional report language directing CMS to appoint a new Chief Dental Officer.</p>	<p><i>Access to Care Goal</i></p> <p>3. Assist ADA in reintroduction and promotion of McCarron-Ferguson repeal bill from Congressman Gosar (H.R. 372) that was approved by the House in 2017 and introduced in the Senate by Senator Gaines (S. 3782).</p>	<p><i>Medicaid Dental Reform Goal</i></p> <p>3. Ensure that Medicaid EPSDT regulations continue to promote the dental home and a required examination by a dentist.</p>	<p><i>Workforce Goal</i></p> <p>3. Support reintroduction of H.R. 5734, Resident Education Deferral Interest Act introduced by Congressman Babin. This bill, supported by the Organized Dentistry Coalition, would halt interest accrual while loans are in deferment during residency training.</p>
	<p><i>Access to Care Goal</i></p> <p>4. Work with ADA and other dental and medical organizations to support reintroduction of H.R. 1606, the Dental and Optometric Care Access Act, which would apply non-covered services</p>	<p><i>Access to Care Goal</i></p> <p>4. Monitor implementation of Head Start Performance Standards proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.</p>	

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	provisions to ERISA plans.		
	<p><i>Access to Care Goal</i></p> <p>5. Work with ADA and other dental and medical organizations to support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a</p>	<p><i>Medicaid Dental Reform Goal</i></p> <p>5. Encourage CMS to include pediatric oral health quality measures developed by the Dental Quality Alliance as part of the Medicaid dental program.²</p>	

² The DQA was formed by the ADA at the request of CMS. The AAPD was a founding member and has a representative on the DQA's Executive Committee. The DQA's initial measure set ("Starter Set"), Dental Caries in Children: Prevention and Disease Management, were approved by the DQA and published in July 2013. These measures were developed for implementation with administrative enrollment and claims data for plan and program level reporting. They are listed below:

<i>Evaluating Utilization</i>	<i>Evaluating Quality of Care</i>	<i>Evaluating Cost</i>
Use of Services	Oral Evaluation	Per-Member Per-Month Cost
Preventive Services	Topical Fluoride Intensity	
Treatment Services	Sealant use in 6-9 years	
	Sealant use in 10-14 years	
	Care Continuity	
	Usual Source of Services	

Two measures of ambulatory care sensitive emergency department visits among children for reasons related to dental caries and subsequent follow-up with a dental provider also were developed for implementation with administrative enrollment and claims data for program level reporting. DQA measures have been endorsed by the National Quality Forum (NQF).

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	medically underserved population.		
	<p><i>Access to Care Goal</i></p> <p>6. Work with AAOMS and ADA to support of reintroduction of <i>Ensuring Lasting Smiles Act</i> (H.R. 6689 and S. 3369), that would ensure medical insurers cover the full treatment of patients with congenital anomalies, including related dental procedures.</p> <p>Explore option of introducing similar legislation to require general anesthesia coverage under ERISA plans.</p> <p>*AAPD</p>		

State Legislation and Regulations

Workforce and Access to Care Goal

1. Promote states' adoption of **expanded duties for dental assistants** as recommended in the AAPD's *Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home*, and assist state chapters dealing with dental therapist and other mid-level proposals.³ Provide technical assistance, via research and policy center, to state Public Policy Advocates working in collaboration with state dental associations on this issue.

Medicaid Dental Reform Goal

2. Provide continued technical assistance to state pediatric dentistry chapters for **Medicaid dental reform** for their efforts with both state legislatures and state dental associations.

Continue to promote states' adoption of appropriate dental periodicity schedules consistent with AAPD guidelines, and update research and policy center dental periodicity schedule adoption map on website as appropriate.

Promote state Medicaid programs' adoption of pediatric oral health quality measures developed by the Dental Quality Alliance (DQA).

Continue to inform and educate key constituencies about reforms that work, including MSDA (Medicaid/CHIP State Dental Association), NCSL, NGA etc.

Work with research and policy center and CDBP to respond to Medicaid medical movement to managed care by:

- (a) promoting dental managed care hybrid payment models that leave the risk with the plan contractor (or at least share it between the plan and the provider); and
- (b) maintaining accountable dental fee-for-service plans.

Medicaid Dental Reform Goal

3. Ensure that state **Medicaid programs conducting provider audits**, as well as auditors contracted by CMS, do so in an appropriate and fair manner, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.

This is consistent with the following 2017 Resolution adopted by the ADA's House of Delegates:

"33H. Adopted—Consent Calendar Action Council on Advocacy for Access and Prevention Resolution 33—**Peer to Peer State Dental Medicaid Audits**. Resolved, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to ensure that Medicaid dental audits be conducted by dentists who have similar

³ The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

State Legislation and Regulations

educational backgrounds and credentials as the dentists being audited, as well as being licensed within the state in which the audit is being conducted.”

And also consistent with the following 2018 Resolution adopted by the ADA’s House of Delegates:

“69H Adopted- Council on Advocacy for Access and Prevention Resolution 69—**State Medicaid Dental Peer Review Committee**. Resolved, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to create a dental peer review committee, made up of licensed current Medicaid providers who provide expert consultation on issues brought to them by the state Medicaid agency and/or third party payers.”

Access to Care Goal

4. Continue to provide technical assistance to states for **General Anesthesia coverage via legislation or state insurance marketplace regulations**, highlighting ongoing cost analysis and using TRICARE coverage and success in 33 states to spur momentum. Utilizing research and policy center technical brief and working closely with CDBP, educate insurers and insurance regulators on necessity of this benefit and role of pediatric dentists in treating high risk children.

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Access to Care Goal

5. Provide technical assistance to states seeking legislation for **mandatory oral health examinations prior to school matriculation**. Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.⁴

Access to Care Goal

6. Work with ADA, state dental associations, and state pediatric dental units to **promote community water fluoridation**, and prevent efforts to remove fluoride from currently fluoridated communities.

Access to Care Goal

7. Secure or expand **student loan forgiveness** programs for pediatric dentists who practice in under-served areas.⁵

⁴ Note that a tool kit is available on the AAPD research and policy center web page.

⁵ A listing of current state loan forgiveness programs is available at:
http://www.aapd.org/assets/1/7/Student_Loan_Forgiveness.pdf

State Legislation and Regulations

Access to Care Goal

8. Ensure that state dental boards adopt regulations concerning **mild, moderate, and deep sedation and general anesthesia** practice and permitting that are consistent with policies, best practices, and guidelines of the AAPD.

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Workforce Goals

9. Ensure that state dental boards maintain and enforce regulations concerning appropriate **advertising of specialty status** and advertising guidance for general dentists treating children consistent with AAPD policies concerning Affiliate members.

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