



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

AAPD 2021 Legislative and Regulatory Priorities

Approved by the Board of Trustees on January 15, 2021

AAPD is the lead advocacy group where indicated; other lead groups are highlighted in blue

Federal Appropriations for FY 2022

Workforce Goal

1. Seek appropriations for **sec. 748 Title VII dental primary care cluster** of \$46 millionⁱ, with directed funding of not less than \$14ⁱⁱ 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 faculty in the DFLRP as obtained in FYs 2017, 2019, 2020, and 2021.

Encourage HRSA to especially focus future Title VII dental grants on priority 7 under current authorizing language:

“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.”

AAPD

Workforce Goal

2. Support efforts of Children’s Hospital Association to obtain full funding of \$400 million for **Children’s Hospitals GME**.

Children’s Hospital Association

Medicaid Dental Reform Goal

3. Work with ADA and the Organized Dentistry Coalition to obtain continued Congressional report language directing **CMS** to appoint a new **Chief Dental Officer**, and work to maintain position of current Dental Officer on loan from the FDA.

ADA and Organized Dentistry Coalition (of which AAPD is a member)

Federal Health Care Reform

Access to Care and Medicaid Dental Reform Goal

1. In any comprehensive federal health care reform legislation seek improvements to Affordable Care Act (ACA) to:

- a) Make pediatric oral health coverage mandatory.
- b) Exempt preventive dental services from deductibles in embedded plans and SADPs and/or establish separate dental deductible.
- c) Work to obtain market-based provider reimbursement.
- d) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.

And seek Medicaid dental reform provisions to:

- a) Provide increased Medicaid matching payments for states that pursue specific Medicaid dental reforms including reimbursement at competitive market-based rates.
- b) Protect Medicaid EPSDT guarantee in Medicaid block grant and other cost-savings proposals.
- c) Ensure appropriate and fair Medicaid dental audits, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists and requiring CMS Center for Program Integrity training of dental auditors consistent with these criteria.

AAPD and ADA

Access to Care Goal

2. Work with ADA and other dental and medical organizations to support passage of H.R. 3762 and S. 4894 as introduced in the last Congress, the Dental and Optometric Care Access Act, which would apply **non-covered services provisions** to ERISA plans.

ADA

Access to Care Goal

3. 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 medically underserved population.**

Lead group to be determined

Federal Health Care Reform

Access to Care Goal

4. Work with AAOMS and ADA to support reintroduction and passage of *Ensuring Lasting Smiles Act* (H.R. 1379 and S. 560 in the last Congress), that would require all private group and individual health plans to **cover the full medically necessary treatment of patients with congenital anomalies**, including related dental procedures.

AAOMS and ADA

Explore option of introducing similar legislation to require general anesthesia coverage under ERISA plans.

AAPD

Federal Regulations

Access to Care Goal

1. Obtain new dental rehabilitation code in CMS HCPCS level II category G in order to **increase facility fee for hospital dental and ASC general anesthesia cases**, so that pediatric dentists do not lose operating room access due to low facility fees for such cases.

AAPD with ADA and AAOMS AND OTHER COALITION PARTNERS

Access to Care Goal

2. 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 members of Congress informed.

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).

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 AAPD model benefits.

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.

AAPD and ADA

Access to Care Goal

3. 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 concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort.

State chapters and state dental associations

Medicaid Dental Reform Goal

4. Ensure that **Medicaid EPSDT regulations** continue to promote the dental home and a required examination by a dentist.

AAPD and ADA

Federal Regulations

Access to Care Goal

5. Monitor implementation of **Head Start Performance Standards** proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.

AAPD and ADA

Medicaid Dental Reform Goal

6. Encourage CMS to include **pediatric oral health quality measures developed by the Dental Quality Alliance** as part of the Medicaid dental program.ⁱⁱⁱ

ADA

Other Federal Legislation (taxes, student loan reform)

Workforce Goal

1. Support reintroduction and passage of H.R. 996 and S. 359 (from last Congress), bills that would **exempt DFLRP from taxation** to individual faculty recipients. Include in any comprehensive tax legislation under consideration by Congress.

AAPD - THIS IS THE #1 OVERALL AAPD LEGISLATIVE PRIORITY FOR 2021.

Workforce Goal

2. Work with ADA and other organizations to support reintroduction and passage of the **Student Loan Refinancing and Recalculation Act** (H.R. 1899 from last Congress) which would:

- Allow borrowers to **refinance** their student loan interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.
- **Eliminate** origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
- **Delay** student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
- Allow for borrowers in medical or dental residencies to **defer payments** until the completion of their programs.

Oppose attempts to cap the **Grad PLUS loan program**.

ADA and Organized Dentistry Coalition (of which AAPD is a member)

Workforce Goal

3. Support reintroduction and passage of H.R. 1554 (from last Congress), the **Resident Education Deferment Interest Act** introduced by Congressman Babin. This bill, supported by the Organized Dentistry Coalition and spearheaded by AAOMS, would halt interest accrual while loans are in deferment during residency training.

AAOMS and Organized Dentistry Coalition (of which AAPD is a member)

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.^{iv} Provide technical assistance, via Research and Policy Center, to state Public Policy Advocates working in collaboration with state dental associations on this issue. Work with Research and Policy Center to identify data on national rate of EFDA use.

State chapters and AAPD

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.
- (c) promoting SMA MCO dental contracting that adheres to criteria in the ADA's 2015 guidance document *Medicaid: Considerations When Working with the State to Develop an Effective RFP/Dental Contract*.

AAPD, state chapters, and state dental associations

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. Work with PPA network to secure language in SMA dental provider manuals referencing AAPD clinical recommendations as the appropriate criteria for any audits of pediatric dental practices, and a dental advisory board for every SMA. Pursue dental auditor training initiative with CMS Center for Program Integrity. Assist state PPAs interested in pursuing model Medicaid audit reform legislation as passed and signed into law in Nebraska in 2020.

AAPD, state chapters and state dental associations^v

State Legislation and Regulations

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.

State chapters and AAPD

Access to Care Goal

5. Provide technical assistance to states seeking legislation for **mandatory oral health examinations prior to school matriculation, utilizing efforts in Colorado as an advocacy model**. Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.^{vi}

State chapters, AAPD, and state dental associations

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.

ADA

Workforce and Access to Care Goal

7. Secure or expand **student loan forgiveness** programs for pediatric dentists who practice in underserved areas.^{vii}

State dental associations and state chapters

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. Use review and input from AAPD's Committee on Sedation and Anesthesia as needed.

AAPD and state chapters

Workforce Goal

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.

AAPD and state chapters

State Legislation and Regulations

Access to Care Goal

10. Support states' adoption of **TRANSPARENCY IN DENTAL BENEFITS CONTRACTING MODEL ACT** adopted by the National Council of Insurance Legislators to address several vexing third party-payer issues: fair and transparent network contracting (allow dentists to accept or refuse contracts to which they would be obliged); virtual credit cards (not limiting payments to such method); and prior authorization (hold dental insurers to pay what was promised in the authorization).

State dental associations and state chapters

ⁱ 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 2021. The Action for Dental Health state oral health grants now supersede the Feingold-Collins program.

ⁱⁱ ADA and ADEA also support this increased request, due to the amount of approved but unfunded HRSA grants in the FY 2020 Postdoctoral Dental Funding cycle.

ⁱⁱⁱ 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:

Evaluating Utilization

Use of Services
Preventive Services
Treatment Services

Evaluating Quality of Care

Oral Evaluation
Topical Fluoride Intensity
Sealant use in 6-9 years
Sealant use in 10-14 years
Care Continuity

Evaluating Cost

Usual Source of Services
Per-Member Per-Month Cost

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). Population health sealant measures were approved in 2019, with input from AAPD: Sealant receipt on permanent 1st molar and sealant receipt on permanent 2nd molar. The previous sealant measures that assessed annual placement of sealants for 6-9 and 10-14 year olds have been retired.

iv The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA “tool kit” on its web page.

v This resolution was adopted by the ADA’s House of Delegates in 2017:

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

This resolution was adopted by the ADA’s House of Delegates in 2018:

“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.”

This resolution was adopted by the ADA’s House of Delegates in 2020:

“25H Adopted- Consent Calendar action- Council on Advocacy for Access and Prevention Resolution 25—Proposed Policy, **Guidelines for Medicaid Dental Reviews**. Resolved, that the American Dental Association encourages state dental associations to work with their respective state Medicaid agency to adopt such guidelines for Medicaid Dental Reviews and/or in States that use a managed care model to incorporate such guidelines into their request for proposal (RFP) to third-party payers interested in managing the dental benefit:

Guidelines for Medicaid Dental Reviews

The Auditor/Reviewer shall demonstrate adherence, not only to individual State Board regulations and requirements, but also an understanding, acceptance and adherence to Medicaid State guidelines and specific specialty guidelines as applicable. In addition, the Auditor/Reviewer shall demonstrate experience

in treatment planning specific patient demographic groups and/or unique care delivery sites that influence treatment planning being reviewed.

It is recommended that entities, which conduct Medicaid Dental reviews and audits, utilize auditors and reviewers who:

1. Have a current active license to practice dentistry in the State where audited treatment has been rendered and be available to present their findings.
2. Are of the same specialty (or equivalent education) as the dentist being audited.
3. Document and reference the guidelines of an appropriate dental or specialty organization as the basis for their findings, including the definition of Medical Necessity being used within the review.
4. Have a history of treating Medicaid recipients in the state in which the audited dentist practices.
5. Have experience treating patients in a similar care delivery setting as the dentist being audited, such as a hospital, surgery center or school-based setting, especially if a significant portion of the audit targets such venues.

In addition, these entities shall be expected to conduct the review and audit in an efficient and expeditious manner, including:

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1. Stating a reasonable period of time in which an audit can proceed before dismissal can be sought.
 2. Defining the reasonable use of extrapolation in the initial audit request.”

vi A tool kit is available on the AAPD research and policy center web page.

vii A listing of current state loan forgiveness programs is available at:

<https://www.aapd.org/globalassets/media/residency-programs/updated-student-loan-repayment-plans-by-state-final-july-2019.pdf>