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

AAPD 2017 Legislative and Regulatory Priorities

Council on Government Affairs
Approved by the Board of Trustees on January 13, 2017

Federal Appropriations for FY 2018	Federal Health Care Reform	Federal Regulations	State Legislation and Regulations
Workforce Goal 1. Seek appropriations for **sec. 748 Title VII dental primary care cluster** of $35.873 million[1], with directed funding of not less than $10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under the ACA.[2] Obtain continued support for dental faculty loan repayment, and strongly encourage HRSA to issue a new grant announcement with broader clinical	*Access to Care Goal* **1. Support corrections to Affordable Care Act (ACA) or successor legislation to:** a) Make pediatric oral health coverage mandatory-assuming there is a mandatory benefits package for children in successor legislation. b) Exempt preventive dental services from deductibles in embedded plans and SADPs. c) Reauthorize the Children's Health Insurance Program (CHIP).	*Access to Care Goal* **EFFORTS BELOW WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE . . .** 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 members of Congress informed.	*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.

[1] Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA supported $10 million each for pediatric dentistry and general dentistry in FY 2017.
[2] As Congress considers tax reform legislation explore possible inclusion of tax exemption of faculty loan repayment amount, or via Title VII reauthorization explore authority for school or residency program to provide additional amounts to cover tax liability as done in NIH loan repayment programs.
[3] The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

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site eligibility than FY 2016 grants.	d) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.	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.	

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Workforce Goal 2. Support efforts of Children's Hospital Association to obtain full funding of $300 million for **Children's Hospitals GME**, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.	*Access to Care and Medicaid Dental Reform Goal* 2. 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 guarantee in Medicaid block grant and other cost-savings proposals.	*Access to Care Goal* 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 concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort.	*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:

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			(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.
3. Seek HRSA support for establishing **a Chief Dental Officer** position, working from Congressional report language obtained in FY 2017 committee bills.	*Access to Care Goal* 3. Assist ADA in promotion of **ERISA reform bill** from Congressman Gosar (H.R. 1677 from previous Congress), that would require all health plans offering dental benefits to provide uniform coordination of benefits and permit consumers to designate payment of dental benefits to providers who do not participate in the network.	*Medicaid Dental Reform Goal* 3. Ensure that **Medicaid EPSDT regulations** continue to promote the dental home and a required examination by a dentist.	*Medicaid Dental Reform Goal* 3. Ensure that state **Medicaid programs conducting provider audits** do so in an appropriate and fair manner, adhering to AAPD clinical guidelines and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.
	Access to Care Goal 4. Work with ADA and other dental and medical organizations to support successor bill to H.R. 3323, the Dental and Optometric Care Access Act, which would apply **non-covered services**	*Access to Care Goal* 4. Monitor implementation of **Head Start Performance Standards** proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and	*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

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	provisions to ERISA plans.	establishment of a dental home.	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.
	Access to Care Goal 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 medically underserved population.**	*Access to Care Goal* 5. Secure HRSA review and **update of dental health professions shortage area (HPSA) criteria**, building from unimplemented 2005 UNC/Sheps Center report along with other recommendations. An improved dental HPSA will provide a more accurate federal assessment of oral health workforce needs.	*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]

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

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		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.[5]	*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.

[5] The initial DQA pediatric oral health quality measures tested and adopted in 2013 are as follows:

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
	Usual Source of Services
Evaluating Cost	Per-Member Per-Month Cost

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.