Overview of the AAPD
Current Advocacy Issues & Challenges
2011 New Board of Trustees Orientation

C. Scott Litch, Esq., CAE
Chief Operating Officer &
General Counsel
AAPD Advocacy Structure

• Child Advocate
• Congressional Liaison
• Council on Government Affairs
• Hogan Lovells
• Advocacy Training
• PAC
Child Advocate: Dr. James Crall

- Monitors, provides information to, and influences federal agencies and coalition initiatives affecting children’s oral health such as:
  - Oral Health Activities in federal agencies such as CMS, HRSA, CDC- ongoing
  - NGA Oral Health Policy Academies – served as faculty
Historical projects of note

- Analysis of Medicaid fees, “percentile basis,” and state impact – in conjunction with UCLA/MCHB Oral Health Policy Center:
  - ADA “White Paper” on Access and model reform plans
  - Analysis of Medicaid dental fees in collaboration with Don Schneider (ADA Compendium)
- HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry (still advises dental members)
- Head Start Dental Home Initiative Project Director and in-house oral health expert at OHS 2008-09
Current Projects

- AAPD representative on steering committee of ADA’s Dental Quality Alliance.
- Member of AHRQ’s quality measures subcommittee that reports to National Advisory Council.
- AAPD Liaison to IOM on oral health reports, after our prodding.
- Expert witness in Florida Medicaid litigation.
Congressional Liaison: Dr. Heber Simmons, Jr.

- Represents AAPD on Capitol Hill with monthly visits on priority issues to AAPD such as pediatric dentistry workforce and Medicaid.


- Secured Cong. Charlie Norwood’s support in 2006 for legislation to provide TRICARE medical plan coverage for general anesthesia/OR costs for military dependents.

- Achieved expanded Title VII authority for faculty loan repayment.
AAPD Membership Involvement

• **Council on Government Affairs**
  (All priority issues except as noted for the Council on Dental Benefit Programs)
  
  Chair: Dr. Beverly Largent  
  Board Liaison: Dr. Jean Beauchamp  
  Staff Liaison: C. Scott Litch

  – **Pediatric Dental Medicaid and CHIP Advisory Committee**
  Consists of regional pediatric dental consultants to the (former) HRSA-CMS Oral Health Initiative
  
  Chair: Dr. Ross M. Wezmar
• **Council on Dental Benefit Programs**
  General anesthesia legislation and related issues that affect status of Pediatric Dentist as a primary care provider, including expanded activities in dental insurance & coding areas (CDT and CPT), plus development of 2009-10 and 2011-12 Pediatric Dentistry Coding Manuals)

  Chair: Dr. Paul Reggiardo
  Board Liaison: Dr. James Nickman
  Staff Liaison: Dental Benefits Manager Mary Essling
AAPD Headquarters Staff Coordinates These Efforts

- AAPD Chief Operating Officer and General Counsel, C. Scott Litch, Esq., CAE, coordinates all of the Academy’s legislative, regulatory, and public policy issues
The data we need: Pediatric Oral Health Research and Policy Center

• To provide analytical and intellectual support for advocacy, e.g.
  – Rating EPSDT Dental periodicity schedules
  – Model EFDA legislation
  – Updated Medicaid dental fee comparisons with private insurance
  – Is independent hygiene practice really viable?
Pediatric Oral Health Research and Policy Center

- Dr. Paul Casamassimo is Interim Director
- Jan Silverman is Assistant Director
- Advisory Board consists of chairs of CGA, CBBP, CSA, CCA, MSDA board rep, CODA commissioner, and at-large member (Hinson).
Washington, D.C. Lobbying Consultant

- Hogan Lovells (formerly Hogan and Hartson), Washington law/lobbying firm engaged by AAPD beginning in 2003
  - Regular calls and e-mails between Congressional Liaison, Hogan Lovells, CGA chair, CGA Board liaison and HQ staff.
  - Mike Gilliland, firm partner and director of appropriations practice, advises CGA and the AAPD PAC and is regular speaker at Lobby Day briefings and legislative workshops.
Assistance to AAPD District and State Unit Organizations

- Analysis of setting Medicaid dental fees at market-based rates.
- Various technical assistance materials; most available at [www.aapd.org](http://www.aapd.org), members-only.
Assistance to AAPD District and State Unit Organizations

• Plus informal assistance as needed, e.g.
  – Strategic discussions with Texas Academy and Medicaid lawsuit attorney Susan Zinn during 2007 AAPD Annual Session in San Antonio concerning structure and allocation of increased dental payments under Texas case settlement/consent decree.
Advocacy Training/Grass Roots Activities

- First seven Legislative Workshops for Pediatric Dentistry Leaders since 2000 trained 108 advocates from 35 states.
- 3rd Advanced Legislative Workshop with Focus on Mid-Level Dental Providers, September 24-25, 2010.
- 4th Advanced Legislative Workshop with Focus on Health Care Reform Implementation at the State Level, September 30- October 1, 2011
Organizational Relationships

Federal

• Health Resources and Services Administration (HRSA)
  – Bureau of Health Professions (Title VII)
  – Maternal and Child Health Bureau (MCHB)

• Centers for Medicare and Medicaid Services (CMS) – Medicaid and SCHIP
MCHB Funds These Programs

• AAPD “Filling Gaps” SCHIP grant (featuring *Interfaces*)
  See: http://cdhp.org/Projects/FillingGapsPrjDesc.asp

• Partners in Program Planning for Adolescent Health (PIPPAH) – completed in 2009.

• National Center for Oral Health Policy (Dr. James J. Crall at UCLA – Now Burt Edelstein and CDHP)

• National Center for Education in Maternal and Child Health: National Maternal and Child Oral Health Resource Center – Georgetown University

• Centers for Leadership in Pediatric Dentistry Education – Columbia University, UCLA, University of Washington
Challenge: Keep Key Federal Agencies on Track

Federal

- Health Resources and Services Administration (HRSA)
  - Bureau of Health Professions operates Title VII programs.
  - Two pediatric dentists currently serving on the Advisory Committee on Training in Primary Care Medicine and Dentistry (Drs. McTigue and Donly); we sought a separate dental advisory committee. ADA and AAPD also nominated Dr. Jessica Lee for a replacement slot.
Challenge: Keep Key Federal Agencies on Track

Federal

• Health Resources and Services Administration (HRSA)
  – AAPD-ADA-ADEA met with HRSA Administrator Dr. Mary Wakefield (a nurse/PhD from North Dakota) in Aug. 2009, to raise a variety of issues, including MCHB “dental home” concerns.
  – BHPPr Oral Health Branch Chief Gustavo Cruz and project officer for Title VII grants spoke at Academic Day 2011.
Challenge: Keep Key Federal Agencies on Track

- Centers for Medicare and Medicaid Services (CMS)
  - Technical Advisory Group (TAG) reviewing Medicaid dental issues.
  - AAPD and ADA wrote CMS with numerous recommendations for needed technical clarifications in program operations, but TAG largely punted to states.
  - Continued push on EPDST dental periodicity schedule, which has borne fruit.
  - AAPD and ADA met with Medicaid Director Cindy Mann in July 2008.
Challenge: Keep Key Federal Agencies on Track

- Centers for Medicare and Medicaid Services (CMS)
  - ADA and AAPD met with Center for Consumer and Insurance Oversight, Office of Health Insurance Exchange, on March 28, 2011 to discuss scope of essential pediatric oral health benefit under the health care reform law.
  - AAPD and ADA joint communications to CMS on development of their oral health strategic plan.
  - AAPD presentation to Center for Medicare and Medicaid Innovation on May 28, 2011 on EFDA pilot proposal, developed via AAPD Pediatric Oral Health Research and Policy Center.
  - New CMS Chief Dental Officer to be named shortly.
Other players in child health

- American Academy of Pediatrics
- Families USA
- Children’s Defense Fund
- FirstFocus
- American Public Human Services Association (Medicaid Directors)
- National Governors’ Association
- National Conference of State Legislatures
- National Academy for State Health Policy
Other players in dental advocacy

- ADA (American Dental Association)
- Organized Dentistry Coalition (AAPD chaired in 2010)
- AGD (Academy of General Dentistry)
- ADEA (American Dental Education Association)
- ADHA (American Dental Hygienists’ Association)
- AAPHD/ASTDD (American Association of Public Health Dentistry, Association of State and Territorial Dental Directors)
- CDHP (Children’s Dental health Project)
- PEW Advancing Children’s Dental Health Initiative
- Kellogg Foundation
- MSDA (Medicaid/SCHIP Dental Association)
Challenge: Remain focused

- Since 2004, CGA has annually developed and presented to BOT recommended Legislative and Regulatory priorities
Challenge: Achieve Excellent Grant Outcomes

• 5 year $1 million HRSA MCHB grant awarded to AAPD in 2005 to improve perinatal and infant oral health- ended on 1/31/11.
  – Children’s Dental Health Project administered the grant (Jesse Buerlein).
  – Key focus was on training pediatric and general dentists to perform infant oral health exams.
  – Helped developed pilot sites for distribution of NHSC “New Parent Kit” – and we learned something!
  – Final report was included in your board materials.
Challenge: Achieve Excellent Head Start Contract Outcome

- The AAPD-Head Start Dental Home Project was one of the most important initiatives in AAPD’s history, especially given some skeptics who doubt a true dental home is achievable for children of low income families.
- We can be proud of achievements in three years, despite the ill-advised decision by OHS.
Head Start: next steps?

- Outreach to partner with other organizations to respond to new RFP on Head Start National Center on Health.
- Applications due July 15, 2011.
- AAPD would like to be the oral health component.
- Concerns that funds available would not allow development of dental networks as per previous AAPD dental home initiative.
- Will seek some support from key Congressional offices if we are part of an application.
Medicaid and CHIP Challenges

Even more critical given 2010 health care reform outcome
Keep MSDA on Track

• Medicaid/SCHIP Dental Association
  – Consists of individuals in state government who manage Medicaid and SCHIP dental programs
  – AAPD BOT provided $1,000 for organizational support in 2004, and pays dues for AAPD PD Medicaid/SCHIP Advisory Committee and consultants
  – Their Bylaws provide that: “One director shall be an elected or appointed representative of the American Academy of Pediatric Dentistry”
  – AAPD’s MSDA board member: Dr. Scott Cashion
Latest Advocacy News
The AAPD’s 2007 Initiative for States’ Adoption of a Medicaid EPSDT Dental Periodicity Schedule

In late 2006, the American Academy of Pediatric Dentistry (AAPD) kicked off an initiative to promote state adoption of an appropriate dental periodicity schedule consistent with AAPD guidelines. The AAPD sent a letter to each state Medicaid director, and a supportive letter was also distributed by the Medicaid and SCHIP Dental Association.

How does this impact the nation’s children? Dental caries remains the most common chronic disease of childhood. The highest rates are observed in economically disadvantaged and racial and ethnic minority children. Left untreated, it leads to tooth destruction, spread of infection, pain, and diminished quality of life. Nearly 30% of two-to-five-year-old U.S. children living in poverty suffer from untreated tooth decay; nearly 80% of decayed teeth in children living below 100% of the federal poverty level (FPL) go untreated. Low-income preschoolers (from families between 100% and 200% of the FPL) are three to five times more likely to have untreated decayed teeth than their more affluent counterparts.

Medicaid is the federal-state program to provide health care for the nation’s poorest families. Dental services are a required service for most Medicaid-eligible individuals under the age of 21, as a required component of the Early and
Promote Dental Periodicity Schedule

• Links to schedules and grading system will be one of first reports from the Research and Policy Center.
Promote Dental Medicaid Goals

• Raise reimbursement rates to market levels.
• Get EPSDT kids into care.
• Eliminate administrative barriers and burdens.
• Support providers through outreach.
• Engage dental community by creating dental advisory committees, etc.
• Help our members with anti-fraud compliance issues.
Dental Medicaid Strategies

• Advocate that states should set market-based payment rates; pursue reforms such as Michigan Healthy Kids Dental Program, Alabama, and Tennessee dental Medicaid reforms identified in ADA Access White Paper.

• Pediatric Dental Medicaid and CHIP Advisory Committee – works with dental Medicaid Managers, is becoming the “go to” resource for them (e.g. the MSDA annual meeting).
Future Medicaid Issues

• The impact of litigation and whether other states go this route. This was part of the 2011 Advocacy Forum in New York on Medicaid dental issues.
  – Texas lawsuit and consent decree with increased fees: [http://www.hhsc.state.tx.us/medicaid/ExpenditurePlan_0907.pdf](http://www.hhsc.state.tx.us/medicaid/ExpenditurePlan_0907.pdf)
  – Pending lawsuit in Florida filed in 2005 by Florida Academy of Pediatrics & Florida Academy of Pediatric Dentistry, that went to trial in Dec. 2009, and still in trial!
CHIP Reauthorization

• CHIP Reauthorization approved in early 2009 with
  – Guaranteed Dental Benefit
  – Dental Education for Parents of newborns
  – Dental “wrap-around” benefit
  – Improved dental services data
CHIP Reauthorization

Health Care Reform

What was the final scorecard?
Final scorecard

☑ Pediatric oral health an essential benefit.
☑ Stand-alone dental insurance can be offered to meet the essential benefit requirement.
☑ Dental coverage not subject to excise tax on excessive benefits.
☑ Title VII reauthorized with broader use of funds, including faculty loan repayment language mirroring H.R. 1930 — plus separate dental funding line for cluster of programs.
Final scorecard

- No Medicaid dental reform, only a study on rates by MACPAC.
- Dental hygiene now part of Title VII primary care dental cluster.
- Alternative provider demonstration project authorized, although must be allowable under state practice act.
Health Care Reform

Many more questions to be answered via regulations or technical fixes:

• Scope of the pediatric oral health benefit (some guiding parameters are in the law . . . ) and market impact of medical plans with dental coverage incorporated.

• Are dental devices and materials subject to the medical device tax?

• States handling of huge increased in Medicaid eligibility: 16-20 million more are estimated.
Challenges: Pediatric Dentistry Workforce

Title VII funding since FY 2000 has resulted in increase from 180 to 366 first year training positions*

*Source: 2009-10 Survey of Advanced Dental Education Programs, ADA.
New Primary Care Dental Cluster
(Section 748 of Title VII of the Public Health Service Act)

• Enacted under the Patient Protection and Affordable Care Act (PPACA or ACA).
• AAPD, ADA, and ADEA believed there was long term benefit to creating a separate dental-only funding line.
• Authority was broadened to allow use of funds for faculty development, predoctoral training, and faculty loan repayment.
• The latter initiative has long been advocated by the AAPD, on account of the significant difficulties in recruiting qualified individuals to fill currently vacant faculty positions.
• FY 2010 authorization was $30 million (reminder- this sets a funding ceiling, not a floor).
New Primary Care Dental Cluster: Faculty Loan Repayment

• Programs may support loan repayment contracts of up to $250,000 in aggregate over five years to recruit and retain faculty.

• Full-time faculty members would be eligible for repayment of 10, 15, 20, 25, and 30 percent of their student loan balance (principal and interest) for each year of service with the primary care dentistry program.
Special thanks go to AAPD’s Congressional Liaison Dr. Heber Simmons, Jr. for his efforts in this area since the late 1990s.

We estimate that over $9 million was provided to pediatric dentistry programs under Title VII in FY 2010, an all-time high.
HRSA funded a number of FY 2010 Title VII grants for pediatric dentistry

Postdoctoral Training
• UCLA CA $495,653
• University of Southern California CA $383,195
• University of Connecticut CT $385,536
• Yale – New Haven CT $398,706
• Howard University DC $941,006
• Miami Children’s FL $350,105
• Nova Southeastern University FL $375,914
• Children’s Hospital, Boston MA $345,694
• Tufts University MA $173,796
• University of Nebraska NE $261,456
• Columbia University NY $344,799
• Lutheran Medical Center NY $600,000
• Montefiore Medical Center NY $269,991
• University of Puerto Rico PR $303,207

TOTAL $ 5,629,058
FY 2010 Primary Care Dental Faculty Loan Repayment Awards

- Medical College of Georgia GA $59,659
- University of Mississippi MI $54,000
- Lutheran Medical Center NY $570,000
- University of Nevada, Las Vegas NV $92,926
- University of Washington WA $72,047

TOTAL $ 848,632
Pediatric Dentistry
Faculty loan repayment profile: UNLV (Dr. Cody Hughes)

• Dean Karen P. West, DMD:
  “We have been delighted to have [Dr. Cody Hughes] return to UNLV as a faculty member. It was an honor for the school to be able to hire one of its premier graduates. This grant will give us the ability to retain an emerging leader in pediatric education which Dr. Hughes is quickly becoming.”

• Dr. Hughes’ program director, Dr. Jeanne Hibler:
  “Recruitment of qualified young faculty, like Cody, allows an institution to shape and train the practitioner as a professional educator while allowing clinical experience and expertise to develop. Without a loan repayment program, it is financially difficult for recent graduates and specialists to maintain a career as an educator in dentistry.”
Faculty profile: UW

- Dr. Joel Berg, Dept. Chair, and AAPD Vice President:

“The Title VII award represents a real “win-win” for the UW Department of Pediatric Dentistry. Like many recent graduates, Dr. [Travis] Nelson has significant educational debt – and like many programs of its kind, UW faces a huge obstacle in the recruitment and retention of new faculty. The large reduction in salary earned in academia as opposed to private practice deters many new dentists. Without a loan repayment program, it is financially difficult for recent graduates and specialists to maintain a career as an educator in dentistry. Therefore, the Department sought Title VII funding to establish a Dental Faculty Loan Repayment Program. Under the program, UW will be able to pay off Dr. Nelson’s educational debt over a five year period and not risk losing assets like Travis as older members retire.”
Impact of FY 2011 CR

• Text of H.R. 1473, the Continuing Resolution (CR) for the remainder of FY 2011, continues funding for programs at FY 2010 levels unless otherwise specified in the bill text.

• The text does not specify funding levels for Title VII or Title VIII; the text does specify an overall funding level for HRSA of $6.275 billion. All non-defense discretionary spending items also will be subject to a 0.2 percent across-the-board cut.
Impact of FY 2011 CR

- In addition to the text, the House Appropriations Committee released an accompanying table of "highlighted program cuts." Though the table specifies a $164 million cut to HRSA's Bureau of Health Professions, because the bill text does not specify such a cut, the table represents an assumption. The bill required that federal agencies submit a spending plan within 30 days of enactment that describes the funding level for each of its programs.

- Sec. 1810(b) indicates that the funding breakdown listed in the FY 2010 omnibus for certain individual primary care medicine and dentistry programs shall not apply. This means the $7.575 million required to be allocated to pediatric dentistry is not required for FY 2011.
Impact of FY 2011 CR

HRSA cannot fund alternative dental provider demonstration as authorized under PPACA, per FY 2011 CR:

"(4) no funds are provided for section 340G–1 of the PHS Act."
FY 2011 funding cycle?

• HRSA just allocated $32 million to cover primary care dental cluster plus Feingold-Collins state oral health grants.
• Exact allocation for programs, including pediatric dentistry, up to HRSA.
• Continuation grants have first priority, which was recommended by AAPD, ADA, and ADEA.
• **HRSA indicated they would fund all continuations at full level**, with some extra $ available for highly rated grants not funded in FY 2010. Excellent outcome!!
FY 2012 funding?

• We are already in the middle of advocacy for FY 2012 appropriations, and are seeking $25 million for the dental cluster with $8 million each for pediatric and general dentistry (supported by AAPD, ADA and ADEA).

• Hopefully the FY 2011 battle of the CRs will not be repeated next year.

• Fortunately there is bi-partisan support that primary care health professions training is important.
Political Influence

• Initiation of AAPD Political Action Committee

• Operated by Steering Committee (2011-12): Chair – Lewis Kay; Vice Chair – Richard Mungo; Secretary – Scott Litch; Treasurer – John Rutkauskas; Assistant Treasurer – Jean Beauchamp; Board Liaison – John Hendry; District Representatives: Reneida Reyes (I); Cavan Brunsden (II); David Curtis (III); Ned Savide (IV); Phil Hunke (V); Ray Stewart (VI)
Challenges: Increase Political Influence via the AAPD PAC

• AAPD PAC Goal: “Support candidates for federal offices who advance the oral health of children, adolescents, and those with special health care needs”
Your Support of the AAPD PAC Makes an Impact
by building relationships with key Members of Congress from around the country who care about children’s oral health.

Since 2001, the AAPD PAC has helped the AAPD’s Advocacy Team gain important victories for children’s oral health.

Congressman Mike Simpson (R-ID) receives the 2011 AAPD PAC Legislative of the Year award for his leadership on Medicaid dental reform and Title VII funding, and his support of the AAPD PAC. Simpson Donor Banquet keynote speaker Dr. John A. Key, and right is AAPD Legislative Liaison Dr. Helen Simpson Jr. who presented the award in Washington, D.C. on March 14, 2011.

Congresswoman Niki Tsongas (D-MA) left with AAPD PAC Advisory Board member Dr. Charles A. Ruh and U.S. Senator Jeff Sessions (R-AL) in a local dental office in August 2010.

IT’S ALL ABOUT THE KIDS!

In 2011 Congress is dealing with the aftermath of the health care reform law and efforts to implement, repeal or fix certain provisions. There is also vigorous debate over federal deficit reduction. At such a critical time, the AAPD continues to work hard to influence these matters, especially key policy decisions in health care reform implementation (such as the repeal of the burdensome 1099 tax reporting requirements), and to maintain critical funding for pediatric dentistry residency programs.

Below are some of the recent hard-fought victories:

- In 2010, for the first time ever pediatric dentistry programs received Title VII funds for faculty loan repayment, thanks to the expansion of IRSA Title VII programs obtained in the health care reform bill. Profiles of recipients at the University of Nevada, Las Vegas and the University of Washington were published in the March 2011 and May 2011 issues of JPD.

- Thanks to the past decade of Title VII funding, over 170 new pediatric dentistry training positions have been established.

- Pediatric oral health is defined in the health care reform law as an essential health benefit for purposes of state health insurance exchanges, but the scope of the benefit is to be determined by CMS regulators with input from the Institute of Medicine.
- AAPD has worked closely with ADA in promoting meaningful coverage based on the AAPD model dental benefits policy.
- AAPD and ADA have directly met with federal staff responsible for drafting the regulations, and have presented extensive analysis to assist in their efforts.

- Congress did not provide funding for alternative dental provider pilot programs in the final FY 2011 Continuing Resolution. The AAPD continues to promote a dental home for all children with one standard of care.

The AAPD also continues to promote market-based dental reimbursement in Medicaid so that the program can provide meaningful access for children.

Your ongoing support of the AAPD PAC is critical to AAPD’s efforts to improve children’s oral health, especially for vulnerable children from low-income families.
PAC Check Delivery Efforts

• Many effective efforts have taken place around the country ranging from hosting a fund-raiser, providing a tour of the dental office, representing the AAPD PAC at a fund-raiser locally or in D.C., etc.

• The goal is to assist our members to host more intimate fund-raisers focused on pediatric dentistry
Bottom Line

• The AAPD PAC helps us build and nurture relationships with key offices, whom we call upon for assistance in Congressional advocacy efforts.
Total hard $ collections, 2001-2010: $1,082,494
Total disbursements, 2001-2010: $871,999
AAPD Web Advocacy Resources

(which will be similarly available with new web site design)
AAPD Advocacy
Issues by Topic

Pediatric Dental Workforce
Addresses the nationwide shortage of pediatric dentists.

Medicaid and SCHIP
Promotes adequate dental benefits and market-based payment rates to maximize patient and provider participation thereby alleviating childhood oral disease.

General Anesthesia
Assists state units in obtaining medical plan coverage for use of general anesthesia in dental treatment of young and special needs patients.

Access to Care Data
Advocates oral health care access for children in low-income families or those lacking medical or dental insurance.

Head Start
Encourages collaboration with Head Start to promote and obtain oral health care for Head Start children.
AAPD Advocacy
Medicaid and SCHIP

The federal and state programs aimed at providing health insurance to low-income children are Medicaid and the State Children’s Health Insurance Program (SCHIP). AAPD Advocacy supports programs that provide adequate dental benefits, including maintenance of the Medicaid EPSDT (Early, Periodic, Screening, Diagnostic and Treatment) coverage for children’s benefit and market-based payment rates in order to maximize patient and provider participation and thereby alleviate oral disease among millions of children. The U.S. Surgeon General reported that 80 percent of all dental disease occurs in only 20 percent of U.S. children. These children are more likely to live in low-income and/or minority families and not only have increased dental disease, but more extensive disease and more treatment for pain. An estimated four to five million children currently are in acute dental need.

AAPD Documents

- November 2010: ADA-AAPD Letter on CMS Chief Dental Officer
- August 2010: ADA-AAPD Comments to Centers for Medicare Medicaid Services
- July 2009: AAPD and ADA Comment on Web Site Listing of Medicaid and CHIP Dental Benefits and Dental Providers
- July 2009: Law Contains Key Dental Provisions Brought by AAPD
- December 2008: Dr. James J. Crall recommendations to House Oversight Subcommittee for CMS Medicaid Dental Oversight
- November 2008: Maryland Adopts Comprehensive Plan to Improve Oral Health Access for Children
- September 2008: Supporting Data for Medicaid Litigation- Power Point Presentation by AAPD Child Advocate James J. Crall from the 2008 AAPD Legislative Workshop
- September 2008: Dr. James J. Crall testimony before House Oversight Subcommittee
- September 2008: AAPD Child Advocate Testifies at Congressional Hearing
- February 2008: Dr. James J. Crall testimony before House Oversight Subcommittee
- September 2007: Market-based Principles for Medicaid Dental Programs—Power Point Presentation by AAPD Child Advocate James J. Crall from the 2007 AAPD Legislative Workshop
- May 2007: Brief Snapshot of Medicaid Dental Reduction Act of 2006 and Related Matters- Power Point Presentation from the 2007 AAPD Annual Session Advocacy Forum
- June 2007: Maryland Congressmen Introduce Legislation in Response to Deamonte Driver’s Death
AAPD Advocacy

General Anesthesia

Since 1985, AAPD Advocacy has assisted its state units in obtaining medical plan coverage for costs associated with general anesthesia for dental treatment of young and special needs patients. To date, 30 states and Puerto Rico have enacted such legislation. Many other states are currently considering legislation. Our members have also participated in "negotiated settlements" with insurance companies, in order to cover patients under both ERISA and non-ERISA plans. In 2006, AAPD Advocacy added a new federal legislative priority to obtain TRICARE medical insurance coverage of general anesthesia and hospital facility costs for military dependents when dental services are provided in such settings. These efforts are coordinated through the AAPD Council on Dental Benefit Programs (CDBP). Please contact your CDBP district representative for further information or questions.

AAPD Documents

- June 2010: Summary of Enacted General Anesthesia Legislation
- June 2003: General Anesthesia Legislation and Map
- March 2003: TRICARE General Anesthesia Benefit Q and A and Other Background Information
- April 2006: Letter Endorsing H.R. 5050, legislation introduced by Congressman Charlie Norwood (R-9th GA) to provide TRICARE coverage for general anesthesia and operating costs
- August 2005: AAPD Letter to Military Dental Service Chiefs on TRICARE Coverage
- December 2004: General Anesthesia Fact Sheet

Additional Resources

- Michigan Expands Negotiated General Anesthesia Coverage with Insurance Industry
- March 2008: Test of H.R. 5050
- Michigan General Anesthesia Negotiated Settlement
AAPD Web Advocacy Resource

• Public section “Latest Advocacy News” appears as follows
Advocacy Involvement?

• Become an E-Advocate (335 at present)
• Involvement with State and District Organizations (e.g. Dr. Reggiardo’s role as Public Policy Advocate for CSPD)
• Advanced Legislative Workshops with focused priority topic
• Congressional Lobby Days
• HSHC Samuel Harris Policy Fellowship- being re-assigned to Research and Policy Center.