AAPD 2014 Legislative and Regulatory Priorities

Council on Government Affairs
approved by the Board of Trustees, January 17, 2014

Federal Appropriations for FY 2015	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 $32 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]	*Access to Care and Medicaid Dental Reform Goal* 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). In context of sequestration challenges, also be prepared to protect Medicaid EPSDT guarantee in light of anticipated Medicaid block grant and other cost-savings proposals.	*Access to Care Goal* 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. Support mandatory purchase (vs. offer) of stand-alone dental plans inside exchanges, and encourage states to adopt such a requirement as several have already done (Kentucky, Nevada, Washington state).	*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 being promoted by the Kellogg Foundation and PEW Charitable Trust.[3]

[1] Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA have supported $25 million for Section 748, with $8 million directed to pediatric dentistry and $8 million to general dentistry.

[2] Also explore possible avenues for tax exemption of faculty loan repayment amount or 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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		Sustain regulatory inclusion of general anesthesia coverage state mandates as EHB beyond 2014 and 2015. 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.	
Workforce Goal 2. Seek appropriations to reinstate funding for the three **MCHB Centers for Leadership in Pediatric Dentistry Education**, which had funded terminated as of June 30, 2013. Build upon report language obtained in FY 2014 Senate L-HHS Appropriations Committee Report.	*Access to Care Goal* 2. Assist ADA in promotion of **ERISA reform bill** from Congressman Gosar (H.R. 1798), 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.	*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.

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			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.
Workforce Goal 3. Support efforts of Children's Hospital Association to obtain full funding of $300 million for **Children's Hospitals GME.**		*Medicaid Dental Reform Goal* 3. Ensure that **Medicaid EPSDT regulations** continue to promote the dental home and a required examination by a dentist,	*Access to Care Goal* 3. 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

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			of state Public Policy Advocates.[4]
		Medicaid Dental Reform Goal *Access to Care Goal* 4. Ensure that **Head Start program regulations** implementing the 2007 reauthorization reflect appropriate oral health care requirements, including the dental home/age one visit. Also monitor Head Start's adherence to these requirements.	*Access to Care Goal* 4. Continue to provide technical assistance to states for **General Anesthesia legislation,** highlighting ongoing cost analysis and using TRICARE coverage and recent success in Arizona, Vermont, Pennsylvania, and West Virginia to spur momentum. Evaluate likelihood of states considering future insurance mandates in light of ACA EHB provision. 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. 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	*Medicaid Dental Reform Goal* 5. Ensure that state **Medicaid programs conducting provider audits** do so in an appropriate and fair manner, adhering to AAPD clinical guidelines and utilizing

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

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		improved dental HPSA will provide a more accurate federal assessment of oral health workforce needs.	peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.
		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.