Charge 1. Annually develop and recommend to the Board of Trustees (at its January planning meeting) AAPD Legislative and Regulatory priorities for the ensuing calendar year.

**Status of Charge:** Completed

**Progress Report:** The CGA developed *2007 Legislative and Regulatory Priorities* at its meeting on Jan. 17, 2007 in Chicago. The Board of Trustees reviewed and approved the final priorities at their meeting on Jan. 18, 2007. The *2007 Legislative and Regulatory Priorities* chart is available in Latest Advocacy News on the public section of the AAPD Web site: [http://www.aapd.org/hottopics/advocacy/detail.asp?NEWS_ID=643](http://www.aapd.org/hottopics/advocacy/detail.asp?NEWS_ID=643)

Charge 2. Continue Workforce Expansion Efforts by promoting funding for pediatric dentistry training through:

a. Expanded Title VII funding and authority, including faculty development and facilities.
b. Identification and implementation of alternative federal programs
c. Identification and implementation of alternative state programs
d. AAPD membership support for workforce efforts, including national, state and local legislative initiatives and collaboration with local dental education programs, and provide technical assistance for program directors concerning funding of pediatric dental training including Title VII applications and awards, MCHB Centers for Leadership in Pediatric Dentistry Education, and GME.

**Status of Charge:** Ongoing
Progress Report: $5 million was obtained for Pediatric Dentistry residency training programs under the Title VII health professions program in the final FY 2007 Continuing Resolution approved by Congress in Feb. 2007. This was a tremendous victory for the AAPD’s legislative agenda. See the Executive Director’s report for more details and the AAPD Web site at: http://www.aapd.org/hottopics/advocacy/detail.asp?NEWS_ID=652

The AAPD also provided technical assistance to programs applying for Title VII as well as MCHB centers grants. Applications for both programs were due in Feb. 2007.

Charge 3. Promote and support fair and equitable access to oral health services for all segments of the population by:

a. Promoting enhanced public funding of pediatric oral health services through:
   1. Federal legislators and regulators for Medicaid and SCHIP
   2. State legislators and regulators for Medicaid and SCHIP, highlighting “model” programs such as the Michigan Healthy Kids Dental Program.

b. Developing a state level database for Medicaid and SCHIP dental fees.

c. Encouraging federal and state health agencies to remove non-financial barriers to children’s oral health care. “Non-financial barriers” mean administrative and regulatory burdens and communications problems that discourage provider and/or patient participation in these programs.

d. Facilitating dissemination of information on the status of state dental Medicaid programs, using the Council’s SCHIP Advisory Committee and Advocacy section of the Academy’s Web site. Monitor EPSDT periodicity schedules.

e. Develop with the Communications Department and/or Council a strategy for dissemination of information on oral health service issues.

Status of Charge: Ongoing

Progress Report: As described in detailed in the Executive Director’s report, the AAPD continues to inform and alert advocates to state Medicaid plans being proposed in light of the Deficit Reduction Act (DRA) of 2005. The AAPD is especially focused on preserving EPSDT benefits for children as provided in “wrap-around” coverage under the DRA. The AAPD is working very closely with the Children’s Dental Health Project, which has issued several analytical briefs. The AAPD members-only Advocacy web section serves as a “resource library” to assist state units working to increase Medicaid dental fees for child services.
The AAPD recently launched an initiative to encourage state Medicaid EPSDT programs to adopt an appropriate dental periodicity schedule, based on AAPD guidelines. For more details see the AAPD Web site at:
An update on this initiative will be provided at the Advocacy Forum in San Antonio.

The Pediatric Dental Medicaid and SCHIP Advisory Committee (or PDMSAC, a committee under CGA) attended the 2007 National Oral Health Conference in Denver. During that time AAPD representatives presented an update on the ESPDT dental periodicity schedule initiative at the annual business meeting of the Medicaid and SCHIP Dental Association (MSDA). Ross Wezmar continues to serve as the AAPD representative on the board of directors of MSDA.

Charge 4. Promote dental line item funding throughout DHHS, especially HRSA MCHB for oral health initiatives.

Status of Charge: In progress

Progress Report: The AAPD has continued its efforts to obtain an earmark for Title VII pediatric dentistry funding, as well as to expand the number of HRSA MCHB Centers for Leadership in Pediatric Dentistry Education. To date, HRSA has not acted on Congressional report language encouraging creation of centers in each of the ten federal regions (up from the three centers currently in operation at U. of Iowa, U. of North Carolina, and U. of Washington), although there was additional report language in the Senate FY 2007 L-HHS appropriations bill. The AAPD also has developed a joint Title VII reauthorization proposal with ADA and ADEA, which would create a separate funding line for dental programs.

Charge 5. Promote strategies to improve oral health services in Head Start and early Head Start programs.

Status of Charge: In progress

Progress Report: Head Start officials reviewed an AAPD sole source contract proposal submitted in Aug. 2007, and offered comments for revisions. The AAPD then submitted a revised proposal in Jan. 2007. This proposal is for the AAPD to develop training modules and referral networks to promote oral health care access for children in the program. AAPD Child Advocate Dr. James J. Crall would be the project director, and the AAPD expects to make
announcement concerning this program at the Annual Session in San Antonio.

Charge 6. Develop and maintain an effective AAPD advocate structure.
   a. Conduct advocacy updates sessions as part of the annual meeting. Develop and implement a program for the 2007 annual session.
   b. Encourage membership participation in our advocacy and legislative training programs. Prepare and run an advanced level legislative workshop alternating yearly with a basic level workshop commencing in the fall of 2006.
   c. Support advanced advocacy programs and support legislative workshop training at the state and District level.

Status of Charge: Ongoing
Progress Report: The 2007 Advocacy Forum in San Antonio will focus on Medicaid dental issues, including the AAPD efforts to have states adopt an appropriate dental periodicity schedule.

The 1st Advanced Legislative Workshop for Pediatric Dentistry Advocacy Leaders was held Sept. 8-9, 2006 in Oak Brook, Illinois, and was featured in the November 2006 PDT. The 7th Legislative Workshop for Pediatric Dentistry Leaders will be held Sept. 14-15, 2007, and was advertised in the March 2007 PDT.

The AAPD’s 2007 Congressional Lobby Day activities took place from March 21-23, 2007 and was extremely successful. See the Executive Director’s report for more details.

We continue to promote state-level legislative workshops, building upon the March 11, 2006 program with the Michigan Academy of Pediatric Dentistry (MAPD) as featured in the July 2006 PDT. The CGA chair will be communicating regularly with those states holding upcoming meetings to remind them of this option.

Charge 7. Encourage participation in ADA grassroots efforts.

Status of Charge: Ongoing
Progress Report: The AAPD again this year coordinated dissemination of our advocacy materials to those pediatric dentists attending the 2007 ADA Grass Roots conference in early May.
Charge 8. Support Federal funding for Centers for Disease Control and Prevention (CDC) programs for pediatric oral health which are consistent with AAPD policies and priorities.

Status of Charge: In progress

Progress Report: The CDC is still working on a paper resulting from several meetings of a panel reviewing issues related to school-based sealant programs. The AAPD is represented on this panel by the CGA chair.

Charge 9. Identify and assist in the development of “policy briefs” on issues of importance to AAPD advocacy efforts, including

a. Identifying appropriate roles for allied dental health professionals, which include dental assistants, EFDAs and dental hygienists.

b. Identifying appropriate roles for physicians and non-dental health care providers.

c. Identifying and promoting successful state Medicaid dental reforms.

Status of Charge: Ongoing

Progress Report: AAPD Child Advocate Dr. James J. Crall presented at the 2006 Advanced Legislative Workshop on the actuarial study of the cost per child per month to provide adequate health insurance, including dental coverage. This study was conducted by an actuarial firm on behalf of the American Academy of Pediatrics.

The Children’s Dental Health Project (CDHP) continues to explore methods to collect data examining the percentage of care delivered to Medicaid children in each state by pediatric dentists. These figures would complement ADA data showing that pediatric dentists’ Medicaid patient load (18% of their patients) was three times than of any other dental specialist or general dentist.

Charge 10. Continue to provide technical assistance on Medicaid pediatric dental reimbursement to states and on-site consulting service on this topic and/or general anesthesia legislation to state units.

Status of Charge: Ongoing

Progress Report: The AAPD continues to remind state units of this option, building upon the initial consultation provided by AAPD Child Advocate Dr. James J. Crall to the Nebraska Academy and Nebraska Dental Association in Sept. 2006.
Charge 11. Monitor the NIDCR program grants for practice based clinical research and report to the Board on this activity.

Status of Charge: Ongoing

Progress Report: The FY 2007 Senate L-HHS appropriations bill contained report language supporting early childhood caries research that was developed by the AAPD in cooperation with NIDCR, and endorsed by ADA, ADEA, and AADR. See Executive Director’s report for more details.

Charge 12. Investigate possible sources of government grant funding (such as MCHB and HRSA/CATCH grants or Early Head Start) for infant oral health care and risk assessment investigations and report to the Board of Trustees on an ongoing basis.

Status of Charge: Ongoing

Progress Report: Also see grant proposal for Head Start discussed under Charge 5 above.

Charge 13. Develop strategies to encourage participation by individual members of the Academy in local Head Start Advisory Committees

Status of Charge: In progress

Progress Report: See grant proposal for Head Start discussed under Charge 5 above. This item is a key part of the AAPD proposal.


Status of Charge: In progress

Progress Report: A draft will be reviewed by the CGA at its May 2007 meeting.

Charge 15. Prepare in collaboration with Hogan and Hartson an internal analysis on future legislative and regulatory opportunities that can guide the long-term planning and priority setting of the Council. Present that analysis to the Board of Trustees no later than May 2007.

Status of Charge: In progress

Progress Report: A draft will be reviewed by the CGA at its May 2007 meeting.
Charge 16. Develop, in collaboration with the AAPD Political Action Committee and the advice of Hogan & Hartson, a more formal relationship between the two groups in order to recommend candidate support.

Status of Charge: Completed

Progress Report: The CGA prepared a report for the PAC Steering Committee for the Sept. 10, 2006 PAC meeting. This report was helpful for the PAC Steering Committee in making their final decisions for Congressional candidate support in the Fall 2006 elections. For a list of candidates supported by the AAPD PAC, see the AAPD Web site at: http://www.aapd.org/hottopics/advocacy/aapdpac/candidates.asp