



AAPD 2013 Legislative and Regulatory Priorities

Council on Government Affairs

approved by the Board of Trustees, January 11, 2013

Federal Appropriations for FY 2014	Federal Health Care Reform	Federal Regulations	State Legislation and Regulations
<p><i>Workforce Goal</i></p> <p>1. Seek appropriations for sec. 748 Title VII dental primary care cluster of \$32 million¹, with directed funding of not less than \$8 million going to pediatric dentistry.²</p>	<p><i>Access to Care and Medicaid Dental Reform Goal</i></p> <p>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. 3273/H.R. 5909). In context of “fiscal cliff” challenges, also be prepared to protect Medicaid EPSDT guarantee in light of anticipated Medicaid block grant and other cost-savings proposals.</p>	<p><i>Access to Care Goal</i></p> <p>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. 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.</p>	<p><i>Workforce and Access to Care Goal</i></p> <p>1. Promote states’ adoption of expanded duties for dental assistants as recommended in the AAPD’s Mid-Level Analysis and Policy Recommendations paper, and assist state units dealing with dental therapist and other mid-level proposals being promoted by the Kellogg Foundation and PEW Charitable Trust.³</p>

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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<p><i>Workforce Goal</i></p> <p>2. Seek appropriations to maintain funding for the existing three MCHB Centers for Leadership in Pediatric Dentistry Education, which are threatened with a termination of funding after June 30, 2013.</p>	<p><i>Access to Care Goal</i></p> <p>2. Assist ADA in promotion of ERISA reform bill from Congressman Gosar (H.R. 4818 in 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.</p>	<p><i>Access to Care Goal</i></p> <p>2. Work closely with ADA, state dental associations and state pediatric dental units 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.</p>	<p><i>Medicaid Dental Reform Goal</i></p> <p>2. Provide continued technical assistance to state pediatric dental units for Medicaid dental reform for their efforts with both state legislatures and state dental associations.</p> <p>Continue to promote states' adoption of appropriate dental periodicity schedules consistent with AAPD guidelines and update AAPD web dental periodicity schedule adoption map as appropriate.</p> <p>Continue to inform and educate key constituencies about reforms that work, including MSDA (Medicaid/SCHIP Dental Association), NCSL, NGA etc.</p>
<p>3. Support efforts of NACH to maintain funding for Children's Hospitals GME.</p>		<p>3. Ensure that Medicaid EPSDT regulations continue to promote the dental home and a required examination by a dentist.</p>	<p><i>Access to Care Goal</i></p> <p>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 of state Public Policy Advocates.</p>

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		<p><i>Medicaid Dental Reform Goal</i></p> <p><i>Access to Care Goal</i></p> <p>4. Ensure that Head Start program regulations implementing the 2007 reauthorization reflect appropriate oral health care requirements, including the dental home/age one visit.</p>	<p><i>Access to Care Goal</i></p> <p>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.</p>
			<p><i>Medicaid Dental Reform Goal</i></p> <p>5. 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.</p>
			<p><i>Access to Care Goal</i></p> <p>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.</p>