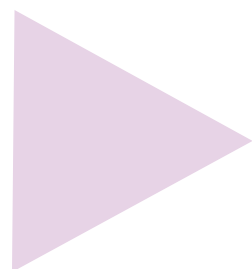




ANNUAL REPORT

JULY 2019



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

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AAPD PAC Mission

The purpose of the AAPD PAC is to provide financial support to candidates for federal office who have demonstrated a serious commitment to those issues of importance to AAPD and the improved oral health of children.



A Message from the AAPD PAC Chair

On behalf of the American Academy of Pediatric Dentistry's political action committee (AAPD PAC) and the AAPD PAC Steering Committee, I am pleased to present our Annual Report.

This report tells a great story about the power of our political engagement efforts. The PAC's role is to support pediatric dentistry, protect your business, advance children's oral health and inspire Congress to act. Within you will find 2018 financial highlights including receipts and disbursements, participation, 2018 legislative accomplishments, 2019 legislative priorities for pediatric dentistry, a full list of candidates supported in the 2018 elections and more.

Because of the generous financial support of our members, we've been able to help educate and elect candidates across the country who want to make a difference. Thank you!

If you have any questions or would like additional information about the AAPD PAC or this Annual Report, please contact Scott Litch at (888) 261-2350, ext. 29 or slitch@aapd.org.

Thank you for your continued support. The AAPD PAC is our most powerful resource to make a difference for our practices, patients and profession in Washington, D.C.

Sincerely,

A handwritten signature in black ink that reads "Warren A. Brill, DMD". The signature is written in a cursive style.

Warren A. Brill, DMD, MS(HYG), FAAPD

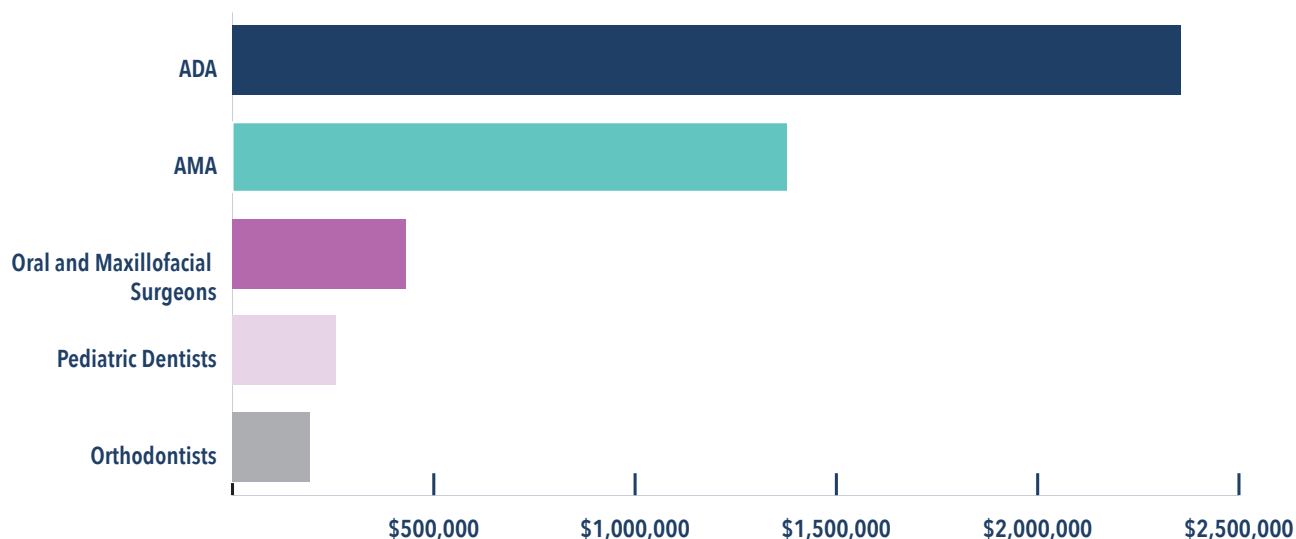
AAPD PAC Chair



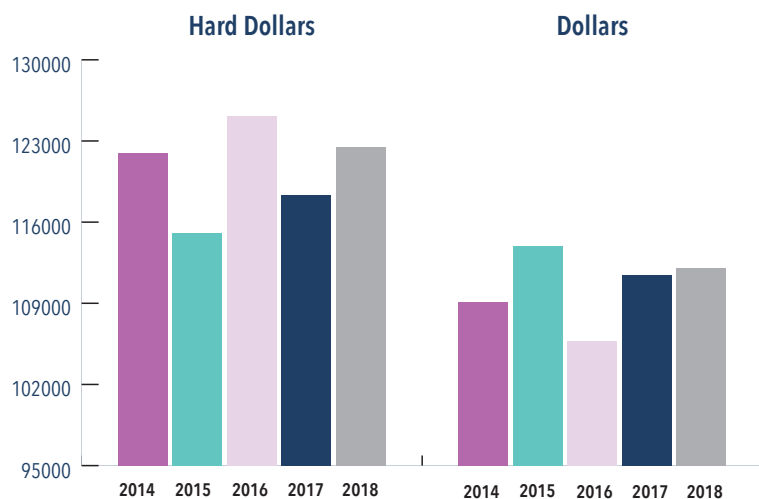
AAPD PAC
THE BIG ADVOCATE for little teeth

2018 Financial Highlights

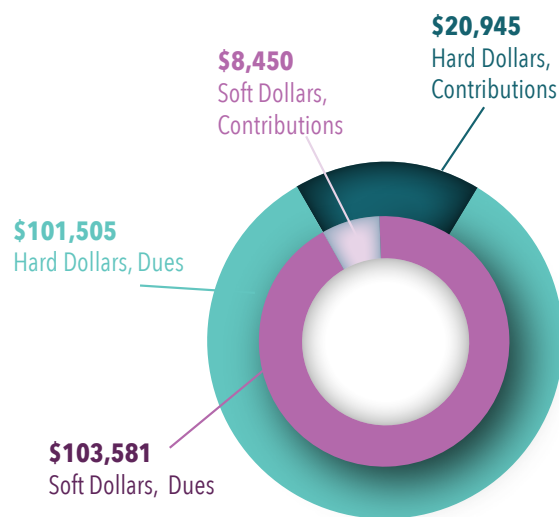
2018 Federal Candidate Contributions by Dental & Health PACs



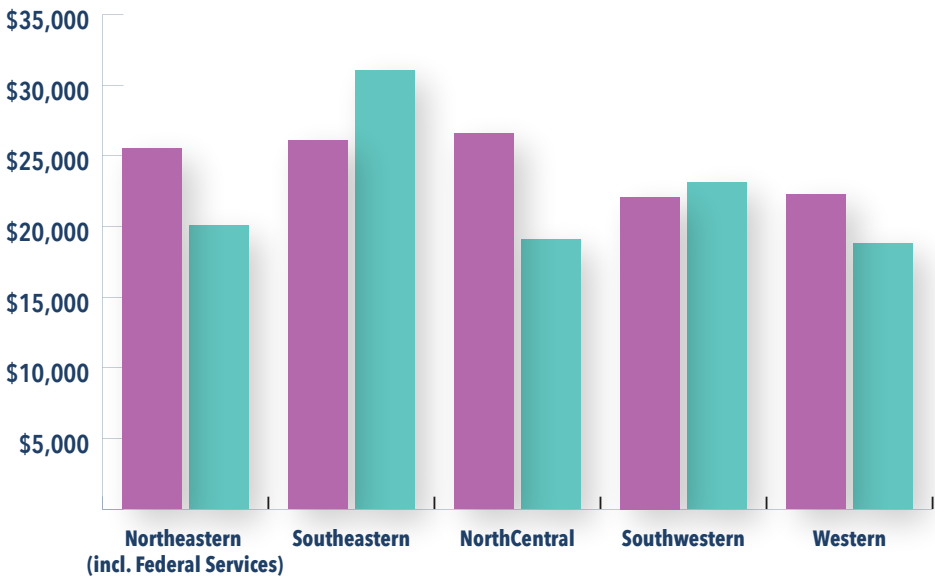
AAPD PAC Comparison by Year



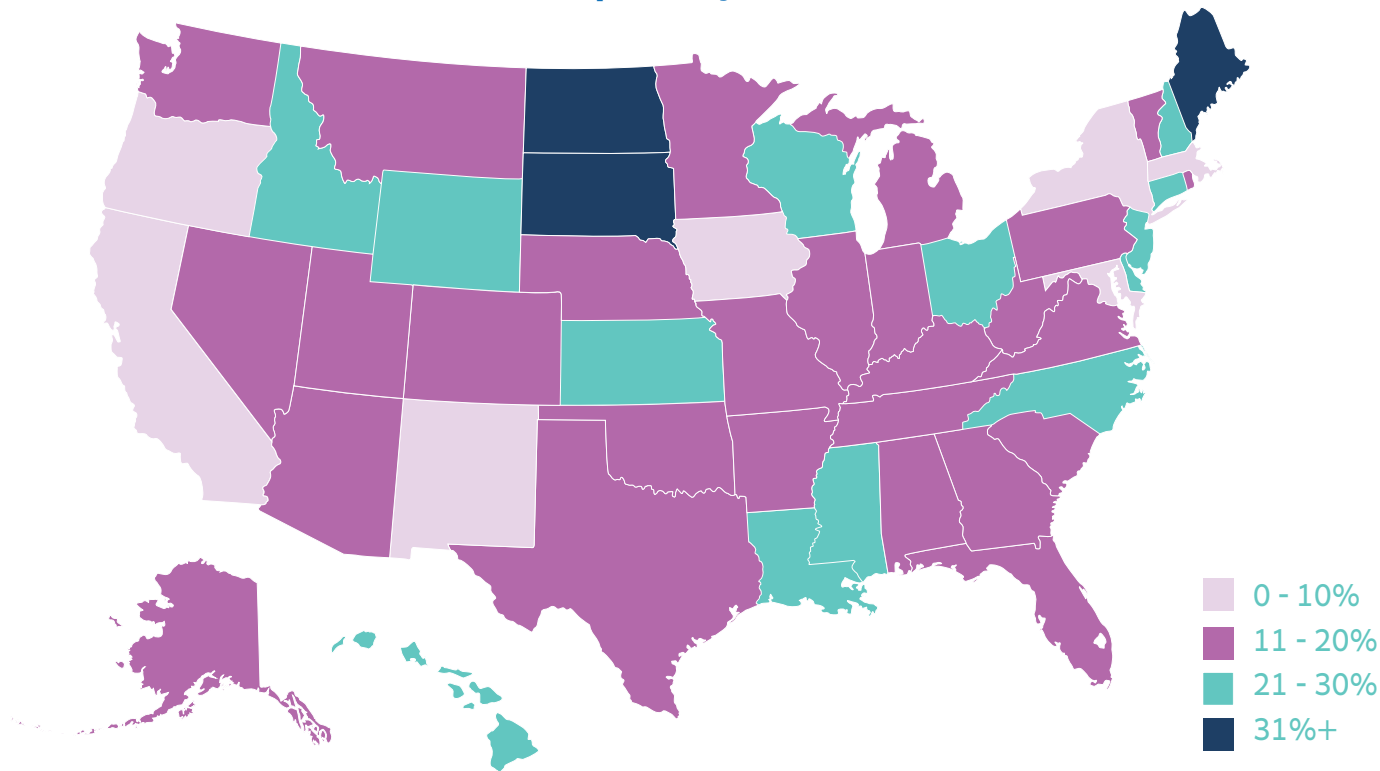
AAPD PAC Source of Funds, 2018



Contributions by District, 2018



Participation by State



Candidate Contribution Criteria

An objective ranking process is used to evaluate potential recipients for AAPD PAC support to focus on those candidates who have measurably demonstrated actions to improve children's oral health through the federal legislative or regulatory process.

► **Specific actions necessary for a candidate to be a likely recipient for AAPD PAC support include:**

- » Introduction of legislation to improve children's oral health;
- » Co-sponsoring legislation;
- » Holding hearings on legislation;
- » Writing letters to colleagues supporting legislation or regulations;
- » Assisting AAPD representatives in networking with other influential legislators;
- » Voting favorably on legislation to improve children's oral health;

Candidates Supported in the 2018 Congressional Elections

91 percent of the 11 Senate candidates supported by the AAPD PAC were elected or re-elected.
97.5 percent of the 80 House candidates supported by the AAPD PAC were elected or re-elected.

Senate

California

Diane Feinstein

Connecticut

Chris Murphy

Maryland

Ben Cardin

Mississippi

Cindy Hyde-Smith
Roger Wicker

Montana

Jon Tester

Nebraska

Deb Fisher

Nevada

Dean Heller

Tennessee

Marsha Blackburn

West Virginia

Joe Manchin III

Wisconsin

Tammy Baldwin

House

Alabama

Mo Brooks
Martha Roby
Terri A. Sewell

Arizona

Paul Gosar*
Raul M. Grijalva

Arkansas

Steve Womack

California

Julia Brownley
Salud Carbajal
Tony Cardenas
Mark DeSaulnier
Jimmy Gomez
Katie Hill
Barbara Lee
Lucille Roybal-Allard
Jackie Speier
Eric Swalwell

Connecticut

Joe Courtney
Rosa DeLauro
Jim Himes
John Larson

Colorado

Diana DeGette

D.C.

Eleanor Holmes Norton

Florida

Gus Bilirakis

Georgia

Drew Ferguson*
David Scott

Idaho

Mike Simpson *

Illinois

Danny Davis
Rodney Davis
Robin L. Kelly
Daniel W. Lipinski
Bradley S. Schneider
John Shimkus

Indiana

Jackie Walorski

Kentucky

Brett Guthrie

Maine

Chellie Pingree

Maryland

Elijah Cummings
Andy Harris
Steny Hoyer
Jamie Raskin
Dutch Ruppersberger

Massachusetts

Joe Kennedy III

Michigan

Fred Upton

Minnesota

Betty McCollum
Erik Paulsen
Collin Peterson

Mississippi

Trent Kelly
Steve Palazzo

Nevada

Mark Amodei

New Jersey

Frank Pallone
Donald W. Payne, Jr.
Jeff Van Drew*
Bonnie Watson Coleman

New York

Yvette Clarke
Eliot Engel
Adriano Espaillat
Hakeem Jeffries
Nita Lowey
Grace Meng

North Carolina

GK Butterfield
Virginia Fox
Walter Jones
David Price

Ohio

Joyce Beatty

Oklahoma

Tom Cole

Pennsylvania

Mike Doyle

Tennessee

Steve Cohen
Mark Green

Texas

Brian Babin*
Kay Granger
Van Taylor

Vermont

Peter Welch

Washington

Denny Heck
Derek Kilmer
Rick Larsen
Dr. Kim Schrier

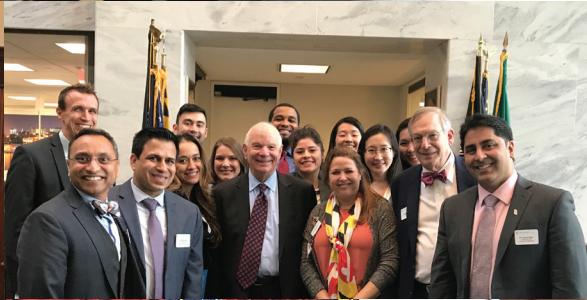
Wisconsin

Gwen Moore
Bryan Steil

*Indicates dentist member of Congress

2018 PAC In Action





▼ 2018 Legislative Outcomes

PRIORITY: Workforce Improvements

► **GOAL: Workforce**

TARGET: Federal Appropriations for FY 2019

- » Seek appropriations for sec. 748 Title VII dental primary care cluster of \$40.673 million¹, with directed funding of not less than \$12 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat insured children under the ACA. Obtain continued support for the 10 dental faculty loan repayment awards made in FY 2017, with continued preference for pediatric dental faculty.
- » Encourage HRSA to especially focus future Title VII dental grants on priority 7 under current authorizing language: "7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings."

▲ **OUTCOME: Successful. Final FY 2019 funding of \$12 million obtained for pediatric dentistry and preference for pediatric dental faculty in DFLRP. HRSA also awarded 11 new DFLRP awards for FY 2018 cycle.**

- » In light of 2017 tax reform law, seek bill for tax exemption of faculty loan repayment amount and attempt to include in tax technical corrections legislation.

▲ **OUTCOME: H.R. 6149 introduced in the House and S. 10 introduced in the Senate. Respectable effort via H.R. 7259 to get on House Suspension Calendar, led by Congresswoman Yvette Clarke.**

- » Support efforts of Children's Hospital Association to obtain full funding of \$305 million for Children's Hospitals GME. Encourage HRSA to consider an oral health component to the CHGME Quality Bonus System initiative announced in 2017.

▲ **OUTCOME: Successful on overall CH-GME funding of \$325 million. HRSA request still pending. The program was also reauthorized for an additional five years.**

- » Work with ADA and the Organized Dentistry Coalition to obtain Congressional report language directing CMS to appoint a new Chief Dental Officer.

▲ **OUTCOME: Pending. In addition to letters from AAPD, ADA, and other dental groups, Senators Ben Cardin and Tim Scott also sent a joint letter to CMS.**

► **GOAL: Workforce**

TARGET: Federal Student Loan Reform

- » Work with ADA and other organizations in support of the Student Loan Refinancing and Recalculation Act (H.R. 4001) which would:
- » Allow borrowers to refinance their student loan interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.
- » Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
- » Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
- » Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.
- » Oppose attempts to cap the Grad PLUS loan program.

▲ **OUTCOME: Pending**

► **GOAL: Workforce and Access to Care**

TARGET: State Legislation and Regulations

- » 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. Provide technical assistance, via Research and Policy Center, to state Public Policy Advocates working in collaboration with state dental associations on this issue.

▲ **OUTCOME: Dental therapist laws adopted in Arizona and Michigan, albeit with a number of reasonable limitations on scope of practice. Legislation failed in Kansas.**

¹ Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA supported \$12 million each for pediatric dentistry and general dentistry in FY 2018.

PRIORITY: Medicaid Dental Reform

► **GOAL: Access to Care and Medicaid Dental Reform**

TARGET: Federal Health Care Reform

- » 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.

▲ **OUTCOME: No change.**

► **GOAL: Medicaid Dental Reform**

TARGET: Federal Regulations

- » Ensure that Medicaid EPSDT regulations continue to promote the dental home and a required examination by a dentist.

▲ **OUTCOME: NO CHANGE**

- » Encourage CMS to include pediatric oral health quality measures developed by the **Dental Quality Alliance**¹ as part of the Medicaid dental program.

▲ **OUTCOME: DQA reports that:**

- » 32 states reported on the DQA sealant 6-9 year old measure as part of the CHIPRA core set reporting last year.
- » Texas includes four DQA measures in their P4Q program.
- » Massachusetts Medicaid program has adopted the DQA Oral Evaluation measure for their Medicaid ACO program.
- » States that are part of the CMS Innovation Accelerator program—New Hampshire, District of Columbia, Michigan—are also using DQA measures for QI monitoring.
- » RFPs out of Michigan and Florida both included DQA measures reporting requirement.
- » Plans operating on the Covered California exchange report on the DQA measures.
- » MSDA reported 18 states have implemented the DQA measures for their internal QI monitoring.

► **GOAL: Medicaid Dental Reform Goal**

TARGET: State Legislation and Regulations

- » 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.

¹The initial DQA pediatric oral health quality measures tested and adopted in 2013 are as follows:

<i>Evaluating Utilization</i>	<i>Evaluating Quality of Care</i>	<i>Evaluating Cost</i>
Use of Services	Oral Evaluation	Per-Member Per-Month Cost
Preventive Services	Topical Fluoride Intensity	
Treatment Services	Sealant use in 6-9 years	
	Sealant use in 10-14 years	
	Care Continuity	
	Usual Source of Services	

¹The 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.

- » 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.

▲ **OUTCOME: Ongoing effort.**

- » 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.

▲ **OUTCOME: Ongoing effort.**

PRIORITY: Insurance Reform (including Affordable Care Act (ACA) or successor legislation)

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

- » 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).
 - d) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.

▲ **OUTCOME: No change.**

- » Assist ADA in promotion of McCarron-Ferguson repeal bill from Congressman Gosar (H.R. 372) that was approved by the House in 2017.

▲ **OUTCOME: Still pending but Senate Bill (S. 3782) was introduced in late 2018 by Senator Daines.**

- » Work with ADA and other dental and medical organizations to support H.R. 1606, the Dental and Optometric Care Access Act, which would apply non-covered services provisions to ERISA plans.

▲ **OUTCOME: Pending.**

► **GOAL: Access to Care**

TARGET: Federal Regulations

- » 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 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.
- » 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.

EFFORTS WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE.

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

- » 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 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.

▲ **OUTCOME: No change.**

PRIORITY: Other

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

- » 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.

▲ **OUTCOME: No change.**

► **GOAL: Access to Care**

TARGET: Federal Regulations

- » Monitor implementation of Head Start Performance Standards proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.

▲ **OUTCOME: No change**

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

- » 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.

▲ **OUTCOME: No change.**

- » 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.

▲ **OUTCOME: Ongoing effort. Several AAPD letters of support were provided to local city or town councils reviewing the issue.**

- » Secure or expand student loan forgiveness programs for pediatric dentists who practice in under-served areas.

▲ **OUTCOME: No change.**



▼ 2019 Legislative Priorities

PRIORITY: Workforce Improvements

► **GOAL: Workforce**

TARGET: Federal Appropriations for FY 2020

- » Seek appropriations for sec. 748 Title VII dental primary care cluster of \$40.673 million¹, with directed funding of not less than \$12 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat insured children under the ACA. Obtain continued preference for pediatric dental faculty in the DFLRP as obtained in FYs 2017 and 2019.
- » Encourage HRSA to especially focus future Title VII dental grants on priority 7 under current authorizing language: "7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings."
- » Support efforts of Children's Hospital Association to obtain full funding of \$325 million for Children's Hospitals GME.
- » Encourage HRSA to consider an oral health component to the CHGME Quality Bonus System initiative announced in 2017.

► **GOAL: Workforce**

TARGET: Other Federal Legislation (taxes, student loan reform)

- » Work with ADA and other organizations in support for re-introducing the Student Loan Refinancing and Recalculation Act (H.R. 4001) which would:
- » Allow borrowers to refinance their student loan interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.
- » Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
- » Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
- » Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.
- » Oppose attempts to cap the Grad PLUS loan program.
- » Support reintroduction of H.R. 5734, Resident Education Deferment Interest Act introduced by Congressman Babin. This bill, supported by the Organized Dentistry Coalition, would halt interest accrual while loans are in deferment during residency training.
- » Support reintroduction of H.R. 6149/H.R. 7259 and S. 10, bills that would exempt DFLRP from taxation to individual faculty recipients.

► **GOAL: Workforce and Access to Care**

TARGET: State Legislation and Regulations

- » 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. 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 \$12 million each for pediatric dentistry and general dentistry in FY 2018.



PRIORITY: Medicaid Dental Reform

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

- » 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.
- » Ensure appropriate and fair Medicaid dental audits, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists.

► **GOAL: Medicaid Dental Reform**

TARGET: Federal Regulations

- » Ensure that Medicaid EPSDT regulations continue to promote the dental home and a required examination by a dentist.
- » Encourage CMS to include pediatric oral health quality measures developed by the Dental Quality Alliance¹ as part of the Medicaid dental program.
- » Monitor implementation of Head Start Performance Standards proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.

¹The initial DQA pediatric oral health quality measures tested and adopted in 2013 are as follows:

<i>Evaluating Utilization</i>	<i>Evaluating Quality of Care</i>	<i>Evaluating Cost</i>
Use of Services	Oral Evaluation	Per-Member Per-Month Cost
Preventive Services	Topical Fluoride Intensity	
Treatment Services	Sealant use in 6-9 years	
	Sealant use in 10-14 years	
	Care Continuity	
	Usual Source of Services	

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.

► **GOAL: Medicaid Dental Reform**
TARGET: State Legislation and Regulations

- » 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:
 - 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);
 - b) maintaining accountable dental fee-for-service plans.
- » Ensure that state Medicaid programs conducting provider audits, as well as auditors contracted by CMS, do so in an appropriate and fair manner, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.*

**This is consistent with the following 2017 Resolution adopted by the ADA's House of Delegates: "33H. Adopted-Consent Calendar Action Council on Advocacy for Access and Prevention Resolution 33-Peer to Peer State Dental Medicaid Audits. Resolved, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to ensure that Medicaid dental audits be conducted by dentists who have similar educational backgrounds and credentials as the dentists being audited, as well as being licensed within the state in which the audit is being conducted." And also consistent with the following 2018 Resolution adopted by the ADA's House of Delegates: "69H Adopted- Council on Advocacy for Access and Prevention Resolution 69-State Medicaid Dental Peer Review Committee. Resolved, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to create a dental peer review committee, made up of licensed current Medicaid providers who provide expert consultation on issues brought to them by the state Medicaid agency and/or third party payers.*

PRIORITY: Insurance Reform **(including Affordable Care Act (ACA) or successor legislation)**

► **GOAL: Access to Care and Medicaid Dental Reform**
TARGET: Federal Health Care Reform

- » Support corrections to Affordable Care Act (ACA) 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) Retain dental health professions training reauthorization (Section 748 of HPTA) as contained in Section 5303 of the ACA.

► **GOAL: Access to Care**
TARGET: Federal Health Care Reform

- » Assist ADA in reintroduction and promotion of McCarron-Ferguson repeal bill from Congressman Gosar (H.R. 372) that was approved by the House in 2017 and introduced in the Senate by Senator Gaines (S. 3782).
- » Work with ADA and other dental and medical organizations to support reintroduction of H.R. 1606, the Dental and Optometric Care Access Act, which would apply non-covered services provisions to ERISA plans.

► **GOAL: Access to Care**
TARGET: Federal Regulations

- » 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 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.
- » 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.

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

- » 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 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.

PRIORITY: Other

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

- » 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.
- » Work with AAOMS and ADA to support of reintroduction of Ensuring Lasting Smiles Act (H.R. 6689 and S. 3369), that would ensure medical insurers cover the full treatment of patients with congenital anomalies, including related dental procedures.
- » Explore option of introducing similar legislation to require general anesthesia coverage under ERISA plans.

PRIORITY: State Legislation and Regulations

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

- » 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.
- » 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.
- » Secure or expand student loan forgiveness programs for pediatric dentists who practice in under-served areas.
- » Ensure that state dental boards adopt regulations concerning mild, moderate, and deep sedation and general anesthesia practice and permitting that are consistent with policies, best practices, and guidelines of the AAPD.

► **GOAL: Workforce**

TARGET: State Legislation and Regulations

- » Ensure that state dental boards maintain and enforce regulations concerning appropriate advertising of specialty status and advertising guidance for general dentists treating children consistent with AAPD policies concerning Affiliate members.

2018 AAPD PAC Contributions

1,140 members contributed \$234,481

Members in the Southeastern district had the most participation and the highest average donations. Members in the NorthCentral district contributed the most in hard dollars—those contributions that can be used for candidate support.

PATRIOT (\$1,000 AND ABOVE)

Northeastern District

Warren A. Brill, Baltimore, MD*
Kerry Maguire, Belmont, MA*
Deven V. Shroff, Ellicott City, MD*

Southeastern District

K. Jean Beauchamp, Clarksville, TN*
Jason A. Blair, Cleveland, TN
Chad S. Eslinger, Cleveland, TN*
Jessica Y. Lee, Chapel Hill, NC*
Heber Simmons, Jr., Jackson, MS*

NorthCentral District

Edward L. Rick, Sterling, IL

Southwestern District

Joseph B. Castellano, Laredo, TX*
Robert L. Delarosa, Baton Rouge, LA*
Kevin J. Donly, San Antonio, TX*
Jason A. Zimmerman, Fort Worth, TX*

Western District

J. Kyle House, Hood River, OR*
Jade Miller, Reno, NV*

CABINET (\$500-\$999)

Northeastern District

Maria Aslani-Breit, Rochester, NY
Paul A. Bahn, III, Newtown, PA
Carey L. Fister, Brewer, ME
Eric S. Hans, Trappe, PA
Michael King, New York, NY
Carolyn A. Loughlin, Exton, PA
Elliott David Maser, Holland, PA*
Stephen C. Mills, Scarborough, ME*
Robert J. Moreau, Mansfield, MA*
Reneida E. Reyes, Brooklyn, NY*
Angela M. Stout, Erdenheim, PA*
Sidney A. Whitman, Hamilton Square, NJ

Southeastern District

Tegwyn H. Brickhouse, Richmond, VA*
Paula L. Coates, Arlington, VA*
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