



## AAPD 2026 Legislative and Regulatory Priorities

Approved by the Board of Trustees on January 23, 2026

**AAPD** is the lead advocacy group where indicated; other lead groups are highlighted in **blue**

### Federal Appropriations for FY 2027

#### *Workforce Goal*

1. Seek appropriations for **sec. 748 Title VII dental primary care cluster** of \$46 million<sup>i</sup>, with directed funding of not less than \$14 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, 2019, 2020, 2021, 2022, 2023, 2024, 2025, and 2026.

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."

**AAPD** with support of ADA, ADEA, and AADOCR

#### *Workforce Goal*

2. Support efforts of Children's Hospital Association to obtain full funding of \$758 million for **Children's Hospitals GME**.

**Children's Hospital Association**

### Federal Health Care Reform

#### *Access to Care*

##### **1A. Protect Federal Dental Infrastructure**

- a) CMS: Continuance of the Chief Dental Officer position
- b) HRSA: Reestablishment of Dental Officer(s) to support Title VII
- c) CDC: Reestablishment of the Oral Health Office and positions
- d) NIH: Continuance of a dental research institution

## Federal Health Care Reform

### *Access to Care and Medicaid Dental Reform Goal*

#### **1B. Protect Medicaid Dental access as O BBB provisions go into effect**

1C. Promote strong **CMS Oversight** of Medicaid dental program with a focus on the following:

- a) Track state efforts to ensure access to dental rehabilitative surgical procedures.
- b) Obtain stronger CMS regulatory oversight of MCO contracting to ensure greater accountability, especially related to network adequacy standards.
- c) Work with CMS to reduce administrative burdens in auditing and credentialing, and promote appropriate and fair Medicaid dental audits, adhering to AAPD clinical recommendations and utilizing peer review by pediatric dentists.

**AAPD, ADA, American Academy of Pediatrics, Families USA Medicaid Coalition, and American Network of Oral Health Coalitions**

### *Access to Care Goal*

2. Support passage of the *Ensuring Lasting Smiles Act* (S. 1677 and H.R. 3277), that would require all private group and individual health plans to **cover the full medically necessary treatment of patients with congenital anomalies**, including related dental procedures.

**AAOMS, NFED (National Foundation for Ectodermal Dysplasias), ADA, and other coalition partners (INCLUDING AAPD)**

Explore option of introducing similar legislation to require general anesthesia coverage under ERISA plans.

**AAPD**

### *Access to Care Goal*

3. Explore options to establish a simplified process across appropriate governmental agencies to **designate individuals with disabilities as a medically underserved population**, building upon 2023 NIH designation of people with disabilities as a population with health disparities.

Support passage of the HEADS UP Act (H.R. 3409). The bill would designate people with intellectual and developmental disabilities (I/DD) as a medically underserved population, thereby opening up more than 25 government programs to the I/DD community.

Engage in discussions with Health Care Task Force of the Consortium for Constituents with Disabilities to determine their interest in and best strategy to promote this issue and legislation.

**CCD- Consortium of Constituents with Disabilities (of which AAPD is a member)**

## **Federal Health Care Reform**

### *Access to Care Goal*

4. Work with ADA and other dental and medical organizations to support passage of the Dental and Optometric Care Access Act (DOC Access Act, H.R. 1521), which would apply **non-covered services provisions** to ERISA plans.

**ADA**

## **Federal Regulations**

### *Access to Care Goal*

1. Educate pediatric dentists and hospital administrators about dental case facility fee code (G0330 in CMS HCPCS level II category) **for hospital dental general anesthesia cases that took** effect January 1, 2023 and was added to the **covered procedures list for Ambulatory Surgical Centers (ASCs)** effective January 1, 2024. This educational outreach will illustrate the significantly higher facility fees under Medicare for hospital and ASC dental cases, utilizing a combination of G0330 and/or CDT coding. Analyze impact of facility fee coding and payment system under CY 2026 CMS OPPS & ASC final rule, engage with CMS on implementation and evaluation of progress, and prepare comments on CY 2027 proposed rule to recommend any needed modifications concerning dental cases. This initiative was undertaken so that pediatric dentists do not lose operating room access due to low facility fees for such cases.

**AAPD with ADA and AAOMS and other partners**

**(including CCD-Consortium of Constituents with Disabilities)**

### *Access to Care Goal*

2. Vigorously oppose any federal legislative or regulatory effort to ban or limit **community water fluoridation (CWF)**. Educate policymakers regarding effectiveness and safety of CWF.

**ADA, AAPD, Organized Dentistry Coalition, Campaign for Dental Health (led by American Academy of Pediatrics)**

### *Access to Care Goal*

3. Support federal efforts to reduce intake of added sugar in children's diets, per dietary/nutrition guidelines and consistent with healthy beverage consumption recommendations of the AAPD and partner organizations.<sup>ii</sup> Explore options to promote federal oversight and measurement of oral health impact of SNAP food and beverage restrictions in a number of states.

**ADA and AAPD**

## **Federal Regulations**

### *Access to Care Goal*

4. 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). Once finalized, monitor implementation and impact of new CMS adult dental coverage essential health benefit option for states.

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.

Ensure electronic access for ACA plan members and dental providers to access up-to-date available benefits.

**AAPD and ADA**

### *Access to Care Goal*

5. 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.

**State chapters and state dental associations**

### *Medicaid Dental Reform Goal*

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

**AAPD and ADA**

## Federal Regulations

### *Access to Care Goal*

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

**AAPD and ADA**

### *Access to Care Goal*

8. Monitor implementation of **Tricare Dental Plan** reform provisions included in section 701 of the FY 2023 National Defense Authorization Act, especially premiums, reimbursement, and network adequacy.

**ADA and AAPD**

## Other Federal Legislation (taxes, student loan reform)

### *Workforce Goal*

1. Support passage of the **Resident Education Deferment Interest (REDI) Act** (S. 942, H.R. 2028), incorporating REDI provisions into the College Cost Reduction Act that is supported by Republicans on the House Education and Workforce Committee. REDI is supported by the Organized Dentistry Coalition and spearheaded by AAOMS, and would halt interest accrual while loans are in deferment during residency training.

**AAOMS and Organized Dentistry Coalition (of which AAPD is a member)**

## State Legislation and Regulations

### *Access to Care Goal*

1. Update advocacy toolkit and work to obtain state Medicaid agencies' acceptance and private insurers use of **HCPCS code G0330 and related coding/payment policies for facility fees**, for dental OR cases in hospitals and ASCs. Track state Medicaid agencies' implementation via RPC ongoing surveys of state PPA network and related resources.<sup>iii</sup>

**AAPD (with PPA network), ADA, AAOMS, and other partners**

### *Access to Care Goal*

2. 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.<sup>iv</sup> Utilize review and input from AAPD's Committee on Sedation as needed.

**AAPD and state chapters (PPA network)**

## State Legislation and Regulations

### *Access to Care Goal*

3. Work with ADA, state dental associations, and state pediatric dental chapters to **promote community water fluoridation**, and prevent efforts to remove fluoride from currently fluoridated communities.

**State dental associations, state chapters (PPA network), and American Network of Oral Health Coalitions**

### *Medicaid Dental Reform Goal*

4. Provide continued technical assistance to state pediatric dentistry chapters for **Medicaid dental reform** for their efforts with both state legislatures and state dental associations. **Work closely with new ADA initiative to boost patient utilization and provider participation in six states (Md. Neb., Ohio, Pa. R.I. and S.D.)**

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.

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 CDPB 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.
- (c) promoting SMA MCO dental contracting that adheres to criteria in the most recent edition of the ADA's guidance document *Medicaid: Considerations When Working with the State to Develop an Effective RFP/Dental Contract*.

**AAPD, state chapters (PPA network), and state dental associations**

### *Medicaid Dental Reform Goal*

5. 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. Work with PPA network to secure language in SMA dental provider manuals referencing AAPD clinical recommendations as the appropriate criteria for any audits of pediatric dental practices, and a dental advisory board for every SMA. Pursue dental auditor training initiative with CMS Center for Program Integrity. Assist state PPAs interested in pursuing model Medicaid audit reform legislation as passed and signed into law in Nebraska in 2020.

**AAPD, state chapters (PPA network) and state dental associations<sup>v</sup>**

## State Legislation and Regulations

### *Access to Care Goal*

6. 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.

State chapters (PPA network) and AAPD

### *Access to Care Goal*

7. Provide technical assistance to states seeking legislation for **mandatory or incentivized oral health examinations or screenings prior to school matriculation, utilizing efforts in Colorado as an advocacy model**. Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.<sup>vi</sup>

State chapters (PPA network), AAPD, and state dental associations

### *Workforce and Access to Care Goal*

8. Secure or expand **student loan forgiveness** programs for pediatric dentists who practice in under-served areas.<sup>vii</sup>

State dental associations and state chapters (PPA network)

### *Workforce and Access to Care Goal*

9. 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.<sup>viii</sup> Provide technical assistance, via research and policy center, to state Public Policy Advocates working in collaboration with state dental associations on this issue. Work with research and policy center to identify data on national rate of EFDA use.

State chapters (PPA network) and AAPD, and state dental associations via promotion of model ALEC dental workforce legislation

### *Workforce Goal*

10. 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.<sup>ix</sup>

AAPD and state chapters (PPA network)

### *Access to Care Goal*

11. Support states' adoption of **TRANSPARENCY IN DENTAL BENEFITS CONTRACTING MODEL ACT** adopted by the National Council of Insurance Legislators in 2021 and updated in 2025 to address several vexing third party-payer issues: fair and transparent network contracting (allow dentists to accept or refuse contracts to which they would be obliged); virtual credit cards (not limiting payments to such method); and prior authorization (hold dental insurers to pay

## **State Legislation and Regulations**

what was promised in the authorization). Continue to support insurance reform laws such as those passed in 37 states in 2025. Also support **medical-loss ratio (MLR)** dental insurance legislation, modeled after MLR ballot initiative approved in Massachusetts in 2022 and adopted in 6 states to date (Louisiana, Montana, North Dakota, Rhode Island, Virginia, and Washington).

**State dental associations and state chapters (PPA network)**

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<sup>i</sup> The AAPD, ADA, and ADEA supported \$12 million each for pediatric dentistry and general dentistry in FY 2021, but increased this request to \$14 million in FYs 2022, 2023, 2024, 2025, and 2026 due to the amount of approved but unfunded HRSA Postdoctoral Training Grants in the FY 2020 cycle. Congressional appropriators have included the Feingold-Collins State Oral Health grants and the Action for Dental Health grants under the total cluster amount.

<sup>ii</sup> [https://www.aapd.org/globalassets/media/policies\\_guidelines/r\\_healthybev.pdf](https://www.aapd.org/globalassets/media/policies_guidelines/r_healthybev.pdf)

<sup>iii</sup> <https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/>

<sup>iv</sup> [https://www.aapd.org/globalassets/aapd-state-regulatory-framework-for-pediatric-moderate-sedation\\_march-2025.pdf](https://www.aapd.org/globalassets/aapd-state-regulatory-framework-for-pediatric-moderate-sedation_march-2025.pdf)

<sup>v</sup> This resolution was adopted by the ADA's House of Delegates in 2017:

"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."

This resolution was adopted by the ADA's House of Delegates in 2018:

"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."

This resolution was adopted by the ADA's House of Delegates in 2020:

"25H Adopted- Consent Calendar action- Council on Advocacy for Access and Prevention Resolution 25—Proposed Policy, **Guidelines for Medicaid Dental Reviews**. Resolved, that the American Dental Association encourages state dental associations to work with their respective state Medicaid agency to adopt such guidelines for Medicaid Dental Reviews and/or in States that use a managed care model to incorporate such guidelines into their request for proposal (RFP) to third-party payers interested in managing the dental benefit:

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## Guidelines for Medicaid Dental Reviews

The Auditor/Reviewer shall demonstrate adherence, not only to individual State Board regulations and requirements, but also an understanding, acceptance and adherence to Medicaid State guidelines and specific specialty guidelines as applicable. In addition, the Auditor/Reviewer shall demonstrate experience

in treatment planning specific patient demographic groups and/or unique care delivery sites that influence treatment planning being reviewed.

It is recommended that entities, which conduct Medicaid Dental reviews and audits, utilize auditors and reviewers who:

1. Have a current active license to practice dentistry in the State where audited treatment has been rendered and be available to present their findings.
2. Are of the same specialty (or equivalent education) as the dentist being audited.
3. Document and reference the guidelines of an appropriate dental or specialty organization as the basis for their findings, including the definition of Medical Necessity being used within the review.
4. Have a history of treating Medicaid recipients in the state in which the audited dentist practices.
5. Have experience treating patients in a similar care delivery setting as the dentist being audited, such as a hospital, surgery center or school-based setting, especially if a significant portion of the audit targets such venues.

In addition, these entities shall be expected to conduct the review and audit in an efficient and expeditious manner, including:

1. Stating a reasonable period of time in which an audit can proceed before dismissal can be sought.
2. Defining the reasonable use of extrapolation in the initial audit request."

Resolution 322-H adopted by the ADA's House of Delegates in 2025 added this language to the policy:

"In its initial communication with the provider, the auditing entity should state the expected and reasonable period of time in which the audit can be adequately performed. An audit shall be dismissed if it exceeds one hundred eighty (180) days.

The ADA opposes extrapolation, a statistical technique used by auditors to estimate a provider's total overpayment based on the error rate found in a sample of claims.

An overpayment determination must be based on evidence showing an overpayment for each individual claim."

<sup>vi</sup> A tool kit is available on the AAPD Research and Policy Center web page.

<sup>vii</sup> A listing of current state loan forgiveness programs is available at:

<https://www.aapd.org/globalassets/media/residency-programs/updated-student-loan-repayment-plans-by-state-final-july-2019.pdf>

<sup>viii</sup> The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

<sup>ix</sup> A summary of AAPD efforts to date is available at: <https://www.aapd.org/about/about-aapd/news-room/latest-news/protect-specialty-advertising/>