



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

**AAPD 2018 Legislative and Regulatory Priorities**

Council on Government Affairs

Approved by the Board of Trustees on January 12, 2018 with updates approved on May 22, 2018

| <u>Federal Appropriations for FY 2019</u>   | <u>Federal Health Care Reform</u>   | <u>Federal Regulations</u>  | <u>State Legislation and Regulations</u>   |
|---|---|---|--|
| <p><i>Workforce Goal</i></p> <p>1. Seek appropriations for <b>sec. 748 Title VII dental primary care cluster</b> of \$40.673 million<sup>1</sup>, 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.<sup>2</sup> Obtain continued support for the 10 dental faculty loan repayment awards made in FY 2017, with continued preference for pediatric dental faculty.</p> <p>Encourage HRSA to especially focus future Title VII dental grants on priority 7 under</p> | <p><i>Access to Care Goal</i></p> <p><b>1. Support corrections to Affordable Care Act (ACA) or successor legislation to:</b></p> <p>a) Make pediatric oral health coverage mandatory- assuming there is a mandatory benefits package for children in successor legislation.</p> <p>b) Exempt preventive dental services from deductibles in embedded plans and SADPs.</p> <p>c) Reauthorize the Children's Health Insurance Program (CHIP).</p> <p>d) Retain dental health professions training reauthorization</p> | <p><i>Access to Care Goal</i></p> <p><b>EFFORTS BELOW WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE . . .</b></p> <p>1. As the Affordable Care Act (ACA) provision defines <b>pediatric oral health as an essential health benefit (EHB)</b>, 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.</p> <p>Support mandatory purchase (vs. offer) of an appropriately structured</p> | <p><i>Workforce and Access to Care Goal</i></p> <p>1. Promote states' adoption of <b>expanded duties for dental assistants</b> as recommended in the AAPD's <i>Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home</i>, and assist state chapters dealing with dental therapist and other mid-level proposals.<sup>3</sup> Provide technical assistance, via research and policy center, to state Public Policy Advocates working in collaboration with state dental associations on this issue.</p> |

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> The AAPD Pediatric Oral Health Research and Policy Center maintains an FDA "tool kit" on its web page

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| <p>current authorizing language:</p> <p>“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.”</p> | <p>(Section 748 of HPTA) as contained in Section 5303 of the ACA.</p>  | <p>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).</p> <p>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.</p> <p>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.</p> |   |
| <p><i>Workforce Goal</i></p> <p>2. Support efforts of Children’s Hospital Association to obtain full funding of \$305</p>   | <p><i>Access to Care and Medicaid Dental Reform Goal</i></p> <p>2. Explore possibility of <b>targeted pediatric oral</b></p> | <p><i>Access to Care Goal</i></p> <p>2. Work closely with ADA, state dental associations, and state pediatric dentistry chapters to</p>   | <p><i>Medicaid Dental Reform Goal</i></p> <p>2. Provide continued technical assistance to state pediatric dentistry</p> |

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| <p>million for <b>Children’s Hospitals GME</b>.</p> <p>Encourage HRSA to consider an oral health component to the CHGME Quality Bonus System initiative announced in 2017.</p> | <p><b>health bill to address Medicaid dental reform</b> 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.</p> | <p>ensure that <b>state health insurance exchanges</b> 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>chapters for <b>Medicaid dental reform</b> 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 research and policy center dental periodicity schedule adoption map on website as appropriate.</p> <p>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.</p> <p>Work with research and policy center and CDBP to respond to Medicaid medical movement to managed care by:</p> <p>(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</p> |

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|  |   |   | provider); and (b) maintaining accountable dental fee-for-service plans.   |
| 3. Work with ADA and the Organized Dentistry Coalition to obtain Congressional report language directing <b>CMS</b> to appoint a new <b>Chief Dental Officer</b> . | <i>Access to Care Goal</i><br>3. Assist ADA in promotion of <b>McCarron-Ferguson repeal bill</b> from Congressman Gosar (H.R. 372) that was approved by the House in 2017.  | <i>Medicaid Dental Reform Goal</i><br>3. Ensure that <b>Medicaid EPSDT regulations</b> continue to promote the dental home and a required examination by a dentist.   | <i>Medicaid Dental Reform Goal</i><br>3. Ensure that state <b>Medicaid programs conducting provider audits</b> 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.   |
|  | <i>Access to Care Goal</i><br>4. Work with ADA and other dental and medical organizations to support H.R. 1606, the Dental and Optometric Care Access Act, which would apply <b>non-covered services provisions</b> to ERISA plans. | <i>Access to Care Goal</i><br>4. Monitor implementation of <b>Head Start Performance Standards</b> proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home. | <i>Access to Care Goal</i><br>4. Continue to provide technical assistance to states for <b>General Anesthesia coverage via legislation or state insurance marketplace regulations</b> , 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. |

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|   | <p><i>Access to Care Goal</i></p> <p>5. Work with ADA and other dental and medical organizations to support a simplified process across appropriate governmental agencies to <b>designate individuals with intellectual disabilities as a medically underserved population.</b></p> | <p><i>Medicaid Dental Reform Goal</i></p> <p>5. Encourage CMS to include <b>pediatric oral health quality measures developed by the Dental Quality Alliance</b> as part of the Medicaid dental program.<sup>4</sup></p> | <p><i>Access to Care Goal</i></p> <p>5. Provide technical assistance to states seeking legislation for <b>mandatory oral health examinations prior to school matriculation.</b> Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.<sup>5</sup></p> |
|   |   |   | <p><i>Access to Care Goal</i></p> <p>6. Work with ADA, state dental associations, and state pediatric dental units to promote <b>community water</b></p>   |

<sup>4</sup> 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.

<sup>5</sup> Note that a tool kit is available on the AAPD research and policy center web page.

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|   |                                   |                            | <b>fluoridation</b> , and prevent efforts to remove fluoride from currently fluoridated communities.                                 |
|   |                                   |                            | 7. Secure or expand <b>student loan forgiveness programs</b> for pediatric dentists who practice in under-served areas. <sup>6</sup> |

### 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**

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<sup>6</sup> A listing of current state loan forgiveness programs is available at: [http://www.aapd.org/assets/1/7/STudent\\_Loan\\_Forgiveness.pdf](http://www.aapd.org/assets/1/7/STudent_Loan_Forgiveness.pdf)