2016 Annual Report

American Academy of Pediatric Dentistry Political Action Committee



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 2016 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. In this report you will find 2016 financial highlights, including receipts, disbursements and participation, 2016 legislative accomplishments, 2017 legislative priorities for pediatric dentistry, a full list of candidates supported in 2016 and more.

We're proud of the role the AAPD PAC plays in advancing pediatric dentistry's engagement with candidates and policymakers. Engagement in the political process is important, and the PAC is only as strong as our membership.

If you have any questions or would like additional information about the AAPD PAC or this 2016 Annual Report, please contact Scott Litch at 800-544-2174, 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,



Reneida A. Reyes AAPD PAC Chair (2013-17)





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2016 Financial Highlights

2016 PAC Contributions

Soft Dollars

The chart below references 2016 member contributions to the AAPD PAC.

\$109,071

Source of Funds, 2016

The chart to the right references 2016 member contributions to the AAPD PAC, broken down by contribution type.

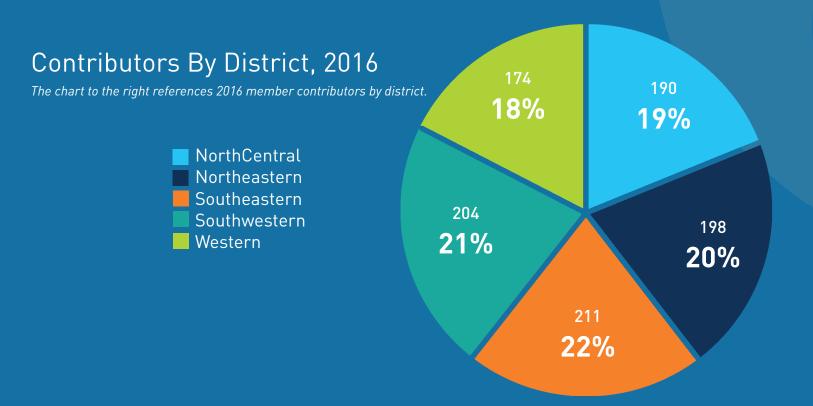
\$100,163 Hard Dollars, Dues

> \$109,071 Soft Dollars, Dues

2016 Contributions by District

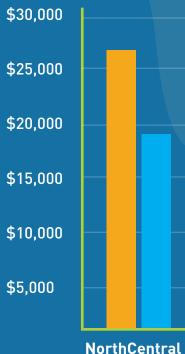
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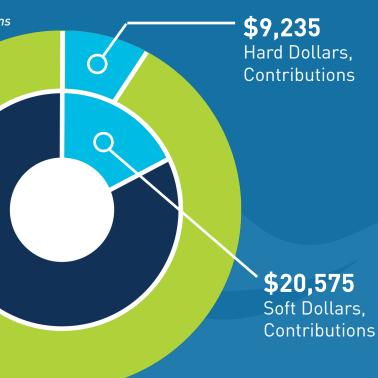


\$120,738

Hard Dollars



Northeastern



Hard Dollars Soft Dollars



Candidate Contribution Criteria

An objective ranking process has been developed to evaluate potential recipients for AAPD PAC support to ensure that only those candidates who have shown measurably demonstrated actions to improve children's oral health through the federal legislative or regulatory process will receive support. "Voters don't decide issues. They decide who will decide issues." - George Will

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 are some of the primary issues addressed in the ranking process



2016 AAPD PAC Disbursements

*Indicates Dentist Member of Congress

Candidate	Office
Alabama	
Mo Brooks Martha Roby	House House
Alaska	
Lisa Murkowski	Senate
Arizona	
*Paul Gosar	House
Arkansas	
John Boozman Steve Womack	Senate House
California	
Julia Brownley Mike Honda Barbara Lee Kevin McCarthy Dana Rohrabacher Lucille Roybal-Allard Jackie Speier Eric Swalwell	House House House House House House House House
Colorado	
Michael Bennet Joe Courtney Diana DeGette	Senate House House

Florida

Rosa DeLauro

John Larson

Gus Bilirakis

House

House

House

Georgia

*Drew Ferguson Johnny Isakson Tom Price	House Senate House
Hawaii	
Brian Schatz	Senate
Idaho	
Mike D. Crapo *Mike Simpson	Senate House
Illinois	
Danny Davis Rodney Davis Robert Dold Mark Kirk Peter Roskam Jan Schakowsky John Shimkus	House House House Senate House House House
Indiana	
Jackie Walorski	House
Kansas	
Jerry Moran	Senate
Kentucky	
Mike Pape Hal Rogers	House House
Louisiana	
Charlie Boustany, Jr.	House

2016 AAPD PAC Disbursements Cont.

Candidate	Office
Maryland	
Elijah Cummings Chris Van Hollen Steny Hoyer Dutch Ruppersberger	House Senate House House
Michigan	
Fred Upton	House
Minnesota	
Betty McCollum Erik Paulsen	House House
Mississippi	
Gregg Harper Trent Kelly	House House
Missouri	
Roy Blunt	Senate
Nevada	
Mark Amodei	House
New Jersey	
Frank Pallone	House
New York	
Yvette Clark Eliot Engel Hakeem Jeffries Nita Lowey Sean Maloney Grace Meng	House House House House House House

North Carolina

Walter Jones David Price

Ohio

David Joyce Marcy Kaptur Rob Portman

Oklahoma

Tom Cole

Pennsylvania

Kevin Brady

Tennessee

Marsha Blackburn Chuck Fleischmann

Texas

*Brian Babin Michael Burgess Kay Granger

Vermont

Patrick Leahy Peter Welch

Washington

Derek Kilmer Rick Larsen Patty Murray

Wisconsin

Paul Ryan

House House

House House Senate

House

House

House House

House House House

Senate House

House House Senate

House







AAPD PAC In Action

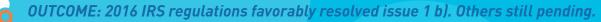
2016 Legislative Accomplishments on Key Issues -

AFFORDABLE CARE ACT (ACA) AND INSURANCE REFORM

GOAL: Access to Care TARGET: Federal Health Care Reform

1. Support corrections to Affordable Care Act (ACA) to:

- A) Make pediatric oral health coverage mandatory.
- B) Include dental premium cost under calculation of tax subsidy for low income families.
- C) Exempt preventive dental services from deductibles in embedded plans and SADPs.



2. Assist ADA in promotion of ERISA reform bill from Congressman Gosar (H.R. 1677), 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.



OUTCOME: H.R. 1677 gained 31 co-sponsors, referred to Education and Workforce Committee.

3. Work with ADA and other dental and medical organizations to support a H.R. 3323, the Dental and Optometric Care Access Act, which would apply non-covered services provisions to ERISA plans.



OUTCOME: H.R. 3323 gained 65 co-sponsors, was referred to Subcommittee on Health of Energy and Commerce Committee.



TARGET: Federal Regulations

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 and comments on proposed regulations with ADA and keep key members of Congress informed.

Support mandatory purchase (vs. offer) of an appropriately structured embedded or standalone 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) 2014 and 2015. 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.

Q

OUTCOME: Ongoing. Plenty of action expected in 2017 with GOP Repeal and Replace initiative.

2. 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.



OUTCOME: Ongoing. Sent regular updates to PPAs and utilized ADA Health Policy Institute studies of ACA enrollment data in advocacy efforts. Harris Fellow survey indicated pediatric dentists' patients are experiencing problems with embedded plans with high combined deductible.

TARGET: State Legislation and Regulations

1. Continue to provide technical assistance to states for General Anesthesia legislation, highlighting ongoing cost analysis and using TRICARE coverage and success in 33 states to spur momentum. Evaluate likelihood of states considering future insurance mandates in light of ACA EHB provision.

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: CMS 2017 benefits and payment parameters regulation codifies that any state , Mandate approved prior to 12-31-11 is an EHB under the ACA. CGA also produced analysis of strategy options for this issue in ACA environment.

MEDICAID DENTAL REFORM

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

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. 1522/H.R. 3120). Protect Medicaid EPSDT guarantee in Medicaid block grant and other cost-savings proposals.



OUTCOME: Still pending.

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



OUTCOME: No changes in regulations at present.

GOAL: Medicaid Dental Reform TARGET: Federal Regulations

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



OUTCOME: Ongoing. MSDA reports that 18 state Medicaid dental programs are using DQA quality measures.





TARGET: State Legislation and Regulations

1. 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.

*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.

2. 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. Legal guide for dentists undergoing audits was published in Sept. 2016 PDT.

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.

Q OUTCOME: Ongoing. Research and Policy Center will release several Medicaid dental technical briefs in 2017.

WORKFORCE IMPROVEMENTS

GOAL: Workforce TARGET: Federal Appropriations for FY17

1. Seek appropriations for sec. 748 Title VII dental primary care cluster of \$35.873 million, with directed funding of not less than \$10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under the ACA. Obtain continued support for dental faculty loan repayment, and strongly encourage applications in response to HRSA's FY 2016 grant announcement.



OUTCOME: HRSA awarded \$1.8 million in FY 2016 for dental faculty development and loan repayment to 8 programs. At least 3 have a pediatric dental component. There were 14 total applicants, limited by HRSA's overly narrow funding criteria. Final FY 2017 omnibus bill provided \$10 million for pediatric dentistry and \$800,000 for dental faculty loan repayment with report language supporting preference for pediatric dentistry faculty and broader clinic eligibility criteria. This resulted in HRSA announcing a new FY 2017 funding cycle for dental faculty loan repayment.

2. Support efforts of Children's Hospital Association to obtain full funding of \$300 million for Children's Hospitals GME, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.

OUTCOME: Final FY 2017 omnibus bill provided \$300 million, an increase of \$5 million over FY 2016.

3. Seek HRSA support to implement AAPD proposal for restructured MCHB program for Leadership in Pediatric Dentistry Education.



OUTCOME: HRSA MCHB issued a four year \$1 million per year cooperative agreement proposal for a center for oral health systems integration and improvement, due March 6, 2017.

TARGET: State Legislation and Regulations

1. 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: Only Vermont approved dental therapy law in 2016. Evidence from few states that have passed laws continues to be underwhelming despite Pew's spin.

*Note that a tool kit is available on the AAPD research and policy center web page.

OTHER

GOAL: Access to Care TARGET: Federal Health Care Reform

1. 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: Still pending.

2. Secure HRSA review and update of dental health professions shortage area (HPSA) criteria, building from unimplemented 2005 UNC/Sheps Center report along with other recommendations. An improved dental HPSA will provide a more accurate federal assessment of oral health workforce needs.



OUTCOME: Held conference call with HRSA officials in spring 2015. Will have continued dialogue on this topic via Research and Policy Center.

Target: Federal Regulations

1. 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: AAPD-ADA submitted joint comments in Sept. 2015 on Head Start proposed performance standards, urging stronger language on dental periodicity schedule and dental home. Final regulations not yet released.

Target: State Legislation and Regulations

1. 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: Ongoing. Some PPAs have expressed interest in pursuing. No new laws in 2016.

2. 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.

*Note that a tool kit is available on the AAPD research and policy center web page.

2017 Legislative Priorities



INSURANCE REFORM - INCLUDING AFFORDABLE CARE ACT (ACA) OR SUCCESSOR LEGISLATION

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

- 1. 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

2. Assist ADA in promotion of ERISA reform bill from Congressman Gosar (H.R. 1677 from uniform coordination of benefits and permit consumers to designate payment of dental benefits to providers who do not participate in the network.

3. Work with ADA and other dental and medical organizations to support successor bill to H.R. 3323, the Dental and Optometric Care Access Act, which would apply non-covered services provisions to ERISA plans.

TARGET: Federal Regulations

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 and comments on proposed regulations with ADA and keep key members of Congress informed.

Support mandatory purchase (vs. offer) of an appropriately structured embedded or standalone 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.

EFFORTS WILL CONTINUE SO LONG AS ACA REGULATIONS ARE APPLICABLE

2. 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

TARGET: State Legislation and Regulations

1. 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.

MEDICAID DENTAL REFORM

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

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. 1522/H.R. 3120). Protect Medicaid EPSDT guarantee in Medicaid block grant and other cost-savings proposals.

GOAL: Medicaid Dental Reform TARGET: Federal Regulations

1. Ensure that Medicaid EPSDT regulations continue to promote the dental home and a

Quality Alliance as part of the Medicaid dental program.

TARGET: State Legislation and Regulations

1. 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); and (B) Maintaining accountable dental fee-for-service plans.

2. 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.





WORKFORCE IMPROVEMENTS

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

1. Secure HRSA review and update of dental health professions shortage area (HPSA) criteria, building from unimplemented 2005 UNC/Sheps Center report along with other recommendations. An improved dental HPSA will provide a more accurate federal

GOAL: Workforce and Access to Care TARGET: State Legislation and Regulations

1. 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.

GOAL: Workforce TARGET: Federal Appropriations for FY 2018

1. Seek appropriations for sec. 748 Title VII dental primary care cluster of \$35.873 million,** with directed funding of not less than \$10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under the ACA.*** Obtain continued support for dental faculty loan repayment, and strongly encourage HRSA to issue a new grant announcement with broader clinical site eligibility than FY 2016 grants.

2. Support efforts of Children's Hospital Association to obtain full funding of \$300 million for **Children's Hospitals GME**, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.

3. Seek HRSA support for establishing a Chief Dental Officer position, working from Congressional report language obtained in FY 2017 committee bills.

cover tax liability as done in NIH loan repayment programs.

OTHER

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

1. 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.

TARGET: Federal Regulations

1. Monitor implementation of Head Start Performance Standards proposed in 2015, to dental home.

TARGET: State Legislation and Regulations

1. Provide technical assistance to states seeking legislation for mandatory oral health examinations prior to school matriculation. Seek support of state dental associations and

community water fluoridation, and prevent efforts to remove fluoride from currently





*Note that a tool kit is available on the AAPD research and policy center web page.





2016 AAPD PAC Contributors

934 members contributed \$231,064

*PAC Steering Committee and Advisory Board Members and members of the AAPD Board of Trustees

PATRIOT (\$1,000 AND ABOVE)

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Western District J. Kyle House, Hood River, OR

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CONGRESS (\$250-\$499)

No District Unit Jason F. Koesters, APO, AP

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"We in America do not have government by the majority. We have government by the majority who participate."

- Thomas Jefferson





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