



AAPD PAC

ANNUAL REPORT
2020



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

Table of Contents

- ▶ **A Message from the AAPD PAC Chair - Clifford R. Hartmann**
- ▶ **2019 Financial Highlights**
- ▶ **Candidate Contribution Criteria**
- ▶ **Candidates Supported in 2020 Elections**
- ▶ **AAPD PAC In Action**
- ▶ **2020 Legislative Priorities**
- ▶ **2019 Legislative Outcomes**
- ▶ **2019 AAPD PAC Contributors**
- ▶ **2020-2021 AAPD PAC Steering Committee**
- ▶ **Contact Us**



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.

Like many AAPD members, I am just getting back over the past few months into the full swing of practice. Your PAC leadership knows it has been a tremendously challenging time for all AAPD members with the extraordinary impact of the COVID-19 pandemic. The past few months have been stressful and emotional, and financially challenging, especially in that period of time when most of us were limited to providing only emergency and urgent care.

Our AAPD PAC slogan is THE BIG ADVOCATE for little teeth. I hope this report conveys that it's the relationships we form through our PAC and through our legislative visits in Washington, D.C. that make such a big difference in the oral health of America's children. This report tells a great story about the power of our political engagement efforts. The PAC's role is to support pediatric dentistry, advance children's oral health, protect your practice, and inspire Congress to act. Within you will find 2019 financial highlights including receipts and disbursements, participation, 2019 legislative accomplishments, 2020 legislative priorities for pediatric dentistry, a full list of candidates supported in the 2020 Congressional elections, and more.

I truly appreciate the support so many of you have given our PAC over the years. Our issues and concerns remain regardless of unusual and challenging times, and I hope you find a way to continued or new support of our efforts!

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.

Sincerely,



Clifford R Hartmann, DDS, FAAPD

AAPD PAC Chair

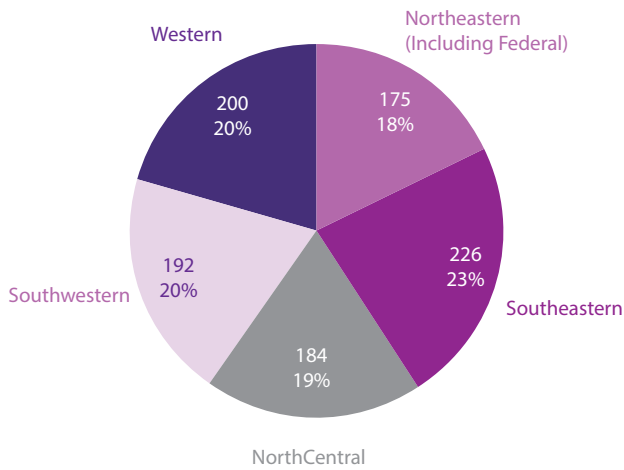


AAPD PAC
THE BIG ADVOCATE for little teeth

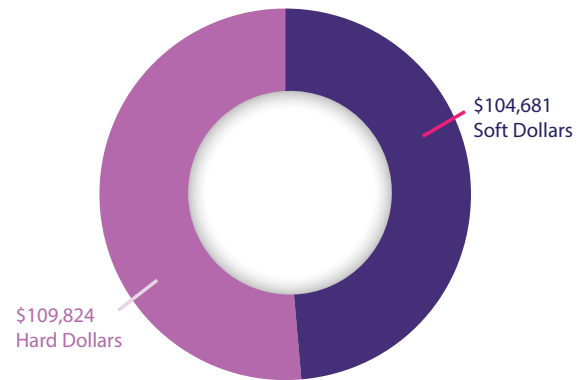


2019 Financial Highlights

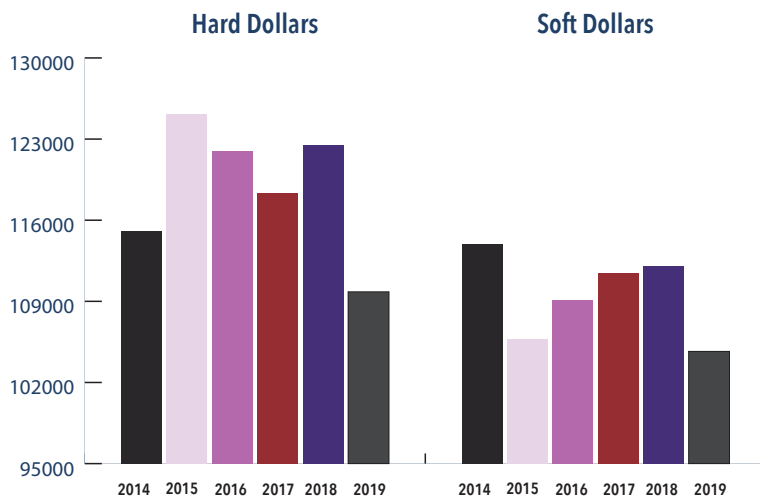
Number of PAC Contributors by District, 2019



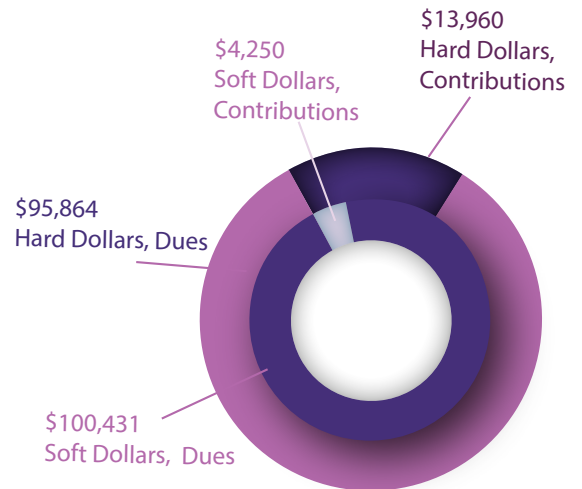
2019 PAC Contributions



AAPD PAC Comparison by Year



AAPD PAC Source of Funds, 2019



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 2020 Congressional Elections

▲ House members denoted with this symbol signed onto a FY 2021 Dear Colleague Letter in support of Title VII Pediatric Dentistry appropriations, which was generated by Congresswoman Julia Brownley (D-Calif. 26th). This is AAPD's number one federal appropriations priority.

Senate

Illinois

Dick Durbin

Iowa

Joni Ernst

Kentucky

Mitch McConnell

Louisiana

Bill Cassidy - physician

Maine

Susan Collins

Mississippi

Cindy Hyde-Smith

Montana

Steve Daines

New Hampshire

Jean Shaheen

Oregon

Jeff Merkley

Rhode Island

Jack Reed

South Carolina

Lindsay Graham

Utah

Mitt Romney

House

Alabama

Mo Brooks

Arizona

Paul Gosar

Arkansas

Steve Womack

California

Lucille Roybal Allard

Julia Brownley

Salud Carbajal

Anna Eshoo ▲

Barbara Lee

Mike Levin ▲

Katie Porter

Kristi Smith

Jackie Speier ▲

Eric Swalwell

Colorado

Diana DeGette

Connecticut

Joe Courtney

Rosa DeLauro

John Larson ▲

Florida

Gus Bilirakis

Georgia

Drew Ferguson

Idaho

Mike Simpson

Illinois

Danny Davis

Rodney Davis

Indiana

Jackie Walorski

Kansas

Sharice Davids

Kentucky

Brett Guthrie

Maine

Chellie Pingree ▲

Maryland

Elijah Cummings

Andy Harris- physician

Steny Hoyer

Dutch Ruppersberger ▲

Massachusetts

Richard Neal

Michigan

Fred Upton

Minnesota

Betty McCollum

Steve Palazzo

Mississippi

Michael Guest

Trent Kelly

Nevada

Mark Amodei

New Jersey

Frank Pallone

Jeff Van Drew ▲

New York

Yvette Clarke

Grace Meng

Hakeem Jeffries ▲

North Carolina

Virginia Foxx

David Price

Oklahoma

Tom Cole

Tennessee

Chuck Fleischmann

Mark Green

Texas

Brian Babin

Kevin Brady

Michael Burgess

Henry Cuellar

Beth Van Duyne

Kay Granger

Van Taylor

Vermont

Peter Welch ▲

Washington

Derek Kilmer

Rick Larsen

Kim Schrier - pediatrician

Wisconsin

Mark Pocan

Bryan Steil

► Below are additional co-signers of the Title VII Pediatric Dentistry Dear Colleague Letter, who will receive AAPD PAC support.

Arizona

Tom O'Halleran

California

Nanette Diaz Barragán

Tony Cárdenas

Susan A. Davis

Mark DeSaulnier

Jimmy Gomez

Ro Khanna

Ted W. Lieu

Jimmy Panetta

Brad Sherman

Colorado

Jason Crow

Connecticut

Jim Himes

Delaware

Delegate Eleanor Holmes

Norton

Florida

Stephanie Murphy

Debbie Mucarsel-Powell

Georgia

Lucy McBath

Illinois

Cheri Bustos

Sean Casten

Bill Foster

Raja Krishnamoorthi

Bobby L. Rush

Jan Schakowsky

Bradley S. Schneider

Indiana

André Carson

Iowa

Cindy Axne

Abby Finkenauer

Louisiana

Cedric L. Richmond

Michigan

Debbie Dingell

Minnesota

Angie Craig

Collin C. Peterson

Mississippi

Bennie G. Thompson

Montana

Emanuel Cleaver, II

Nevada

Dina Titus

New Jersey

Donald M. Payne, Jr.

Albio Sires

New York

Antonio Delgado

Adriano Espaillat

Nydia M. Velázquez

North Carolina

G. K. Butterfield

Ohio

Joyce Beatty

Pennsylvania

Dwight Evans

Conor Lamb

Rhode Island

David N. Cicilline

Tennessee

Steve Cohen

Virginia

Stacey E. Plaskett

Robert C. "Bobby" Scott

Abigail D. Spanberger

Jennifer Wexton

Washington

Denny Heck

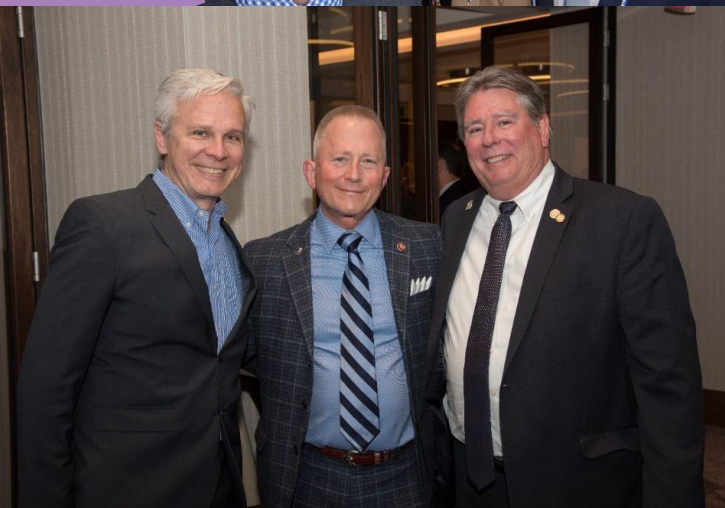
Wisconsin

Gwen Moore



▼ AAPD PAC In Action





▼ 2020 Legislative Priorities

PRIORITY: Workforce Improvements

► **GOAL: Workforce**

TARGET: Federal Appropriations for FY 2020

LEAD ADVOCACY GROUP: AAPD

- » 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, 2019, and 2020.
- » Encourage HRSA to release a new grant cycle for DFLRP.
- » Encourage HRSA to especially focus future Title VII dental grants on priority 7 under current authorizing language:
 - a) "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."

► **GOAL: Workforce**

TARGET: Federal Appropriations for FY 2020

LEAD ADVOCACY GROUP: Children's Hospital Association

- » Support efforts of Children's Hospital Association to obtain full funding of \$400 million for Children's Hospitals GME.

► **GOAL: Workforce**

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

LEAD ADVOCACY GROUP: ADA and Organized Dentistry Coalition (of which AAPD is a member)

- » Work with ADA and other organizations to support passage of the **Student Loan Refinancing and Recalculation Act** (H.R. 1899) which would:
 - a) 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.
 - b) Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
 - c) Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
 - d) Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.
 - e) Oppose attempts to cap the Grad PLUS loan program.

► **GOAL: Workforce**

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

LEAD ADVOCACY GROUP: AAOMS and Organized Dentistry Coalition (of which AAPD is a member)

- » Support passage of H.R. 1554, the **Resident Education Deferral Interest Act** introduced by Congressman Babin. This bill, supported by the Organized Dentistry Coalition and spearheaded by AAOMS, would halt interest accrual while loans are in deferment during residency training.

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.

► **GOAL: Workforce**

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

LEAD ADVOCACY GROUP: AAPD

- » Support reintroduction of H.R. 996 and S. 359, bills that would **exempt DFLRP from taxation** to individual faculty recipients.

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

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: State chapters and AAPD

- » 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 proposals². Provide technical assistance, via AAPD Pediatric Oral Health Research and Policy Center (POHRPC), to state Public Policy Advocates working in collaboration with state dental associations on this issue. Work with POHRPC to identify data on national rate of EFDA use.

² The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

PRIORITY: Medicaid Dental Reform

► **GOAL: Medicaid Dental Reform**

TARGET: Federal Appropriations for FY 2021

LEAD ADVOCACY GROUP: ADA and Organized Dentistry Coalition (of which AAPD is a member)

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

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

LEAD ADVOCACY GROUP: AAPD

- » 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

LEAD ADVOCACY GROUP: AAPD and ADA

- » Ensure that **Medicaid EPSDT regulations** continue to promote the dental home and a required examination by a dentist.
- » Monitor implementation of **Head Start Performance Standards** proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.

► **GOAL: Medicaid Dental Reform**

TARGET: Federal Regulations

LEAD ADVOCACY GROUP: ADA

- » Encourage CMS to include **pediatric oral health quality measures developed by the Dental Quality Alliance**³ as part of the Medicaid dental program.

► **GOAL: Medicaid Dental Reform**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: AAPD, state chapters, and state dental associations⁴

- » 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 POHRPC 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 POHRPC 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.
- » 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. Obtain recommended changes in Nebraska SMA dental audits consistent with November 6, 2019 letter from AAPD, ADA, Nebraska Dental Association, and Nebraska Society of Pediatric Dentistry.⁵

³ The 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.

⁴ 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."

⁵ This letter is accessible at: <https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/dental-organizations-urge-nebraska-medicaid-office-to-halt-overhaul-pediatric-dental-audits/>

PRIORITY: Insurance Reform

► GOAL: Access to Care and Medicaid Dental Reform

TARGET: Federal Health Care Reform

LEAD ADVOCACY GROUP: AAPD and ADA

- » 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

LEAD ADVOCACY GROUP: ADA

- » Assist ADA in obtaining passage of **McCarron-Ferguson repeal bill** introduced in the House by Congressmen Gosar and DeFazio (H.R. 1418) and in the Senate by Senators Gaines and Leahy (S. 250).
- » Work with ADA and other dental and medical organizations to support passage of H.R. 3762, the Dental and Optometric Care Access Act, which would apply **non-covered services provisions** to ERISA plans.

► GOAL: Access to Care

TARGET: Federal Regulations

LEAD ADVOCACY GROUP: AAPD

- » Based on findings of a coding and reimbursement technical analysis, seek recommended changes in **CMS Medicaid funding formula for facility fee charges in hospital dental general anesthesia cases**, so that pediatric dentists do not lose hospital operating room access due to low facility fees for such cases.



► **GOAL: Access to Care**

TARGET: Federal Regulations

LEAD ADVOCACY GROUP: AAPD and ADA

- » 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.

► **GOAL: Access to Care**

TARGET: Federal Regulations

LEAD ADVOCACY GROUP: State chapters and state dental associations

- » 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

LEAD ADVOCACY GROUP: State chapters and AAPD

- » 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 POHRPC 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

LEAD ADVOCACY GROUP: To be determined

- » 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.**

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

LEAD ADVOCACY GROUP: AAOMS and ADA

- » Work with AAOMS and ADA to support passage of *Ensuring Lasting Smiles Act* (H.R. 1379 and S. 560), 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.

► **GOAL: Access to Care**

TARGET: Federal Health Care Reform

LEAD ADVOCACY GROUP: AAPD

- » 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

LEAD ADVOCACY GROUP: State chapters, AAPD, and state dental associations

- » Provide technical assistance to states seeking legislation for **mandatory oral health examinations prior to school matriculation, utilizing 2020 efforts in Colorado as an advocacy model.** Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates.⁶

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: ADA

- » 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.

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: State dental associations and state chapters

- » Secure or expand student loan forgiveness programs for pediatric dentists who practice in under-served areas.⁷

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: AAPD and state chapters

- » 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. Utilize review and input from the AAPD's Committee on Sedation as needed.

► **GOAL: Workforce**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: AAPD and state chapters

- » 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.

► **GOAL: Access to Care**

TARGET: State Legislation and Regulations

LEAD ADVOCACY GROUP: State dental association and state chapters

- » Support **model dental benefits legislation** to address a number of vexing third party-payer issues such as: fair and transparent network contracting (allow dentists to accept or refuse contracts to which they would be obliged); assignment of benefits (pay claims directly to dentist when covered patient requests it); retroactive denials (reasonable time period to request refunds from dentists when claims are paid in error); virtual credit cards (not limiting payments to such method); and prior authorization (hold dental insurers to pay what was promised in the authorization).

⁶ Note that a tool kit is available on the AAPD research and policy center web page.

⁷ 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>



2019 Legislative Outcomes

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."

▲ **OUTCOME: FY 2020 spending package provided \$12 million for pediatric dentistry and preference for pediatric dental faculty in DFLRP. HRSA issued new grant cycle (NOFO) for post-doctoral training and included AAPD's recommendations for grants to focus on program quality upgrades that improve care for under-served areas and populations.**

- » 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.

▲ **OUTCOME: Final FY 2020 spending package provided \$340 million.**

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

▲ **OUTCOME: Report language obtained in House bill and adopted as part of final FY 2020 spending package. CMS action still pending.**

► **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:
 - a) 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.
 - b) Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
 - c) Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
 - d) Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.
 - e) Oppose attempts to cap the Grad PLUS loan program.

▲ **OUTCOME: Bill re-introduced as H.R. 1899. Currently has 32 co-sponsors.**

- » 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.

▲ **OUTCOME: H.R. 1554, spear-headed by AAOMS, was introduced. Currently has 89 co-sponsors.**

- » Support reintroduction of H.R. 6149/H.R. 7259 and S. 10, bills that would exempt DFLRP from taxation to individual faculty recipients.

▲ **OUTCOME: Bills re-introduced as S. 359 and H.R. 996. Currently 3 Senate co-sponsors and 16 House co-sponsors.**

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.

► **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: No change.**

²The 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.

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.

▲ **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 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 2019 CHIPRA core set reporting.
- TX includes 5 DQA measures for their 2020- 2021 P4Q program.
- MA Medicaid program has adopted the DQA Oral Evaluation measure for their Medicaid ACO program.
- States part of the CMS Innovation Accelerator program NH, DC and MI are also using DQA measures for QI monitoring.
- MI and FL Managed Care Contracts include DQA measures reporting requirement.
- States part of the COHSII program (MI, IA, IL, GA and RI) report on DQA measures for QI purposes.
- Dental plans operating in CA Health exchange, Covered California, report on 10 DQA measures.

► **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: Pending.**

► **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.

▲ **OUTCOME: Ongoing.**

- » 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."*

▲ **OUTCOME: Joint AAPD-ADA-NDA-NSPD letter sent to Nebraska SMA on November 6, 2019. Nebraska legislature Health and Human Services Committee held hearing on UPIC dental audit concerns on December 13, 2019. AAPD-ADA dental auditor training proposal submitted to CMS CPI and awaiting their feedback. Report language directing CMS to utilize AAPD and ADA guidelines in audits was included in FY 2020 house appropriations bill and subsequently adopted as part of final FY 2020 spending package.**

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.

▲ **OUTCOME: No change.**

► **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).

▲ **OUTCOME: H.R. 1418 was introduced by Congressmen Gosar and Defazio. Senate version (S. 350) was introduced by Senators Daines and Leahy. House bill currently has 48 co-sponsors and Senate bill has 5 co-sponsors.**

- » 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.

▲ **OUTCOME: Bill introduced as H.R. 3762. Currently has 54 co-sponsors.**

► **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.

▲ **OUTCOME: No change.**

- » 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: No significant change.**

► **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. Renewed effort underway in Massachusetts.**

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: Pending.**

- » Work with AAOMS and ADA to support passage 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.

▲ **OUTCOME: H.R 1379 and S. 560 introduced. House bill has 308 co-sponsors and Senate bill has 42 co-sponsors.**

- » 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.

▲ **OUTCOME: No change. Provided technical assistance to Colorado Dental Association, which is interested in pursuing such legislation in 2020.**

- » 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 based on requests from PPAs and other AAPD members.**

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

▲ **OUTCOME: New California program and Florida law expand opportunities for pediatric dentists.**

- » 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.

▲ **OUTCOME: In progress. Several states are reviewing their regulations in light of minor update to joint AAPD-AAP guidelines.**

► **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.

▲ **OUTCOME: New Oregon law provides clarity on criteria for advertising as a dental specialist.**

2019 AAPD PAC Contributions

977 members contributed \$214,505

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.

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Southwestern	192	\$22,400	\$20,350	222.66
Western	200	\$20,552	\$22,306	214.29
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