

2018 Lobbying Accomplishments/Activities



FOR YOUR DENTAL PRACTICE

Medicare Regulations: Culminating several years of legislative and regulatory activity by the ADA, the Centers for Medicare and Medicaid Services (CMS) in April published a Final Rule that changed the requirement to enroll in or opt-out of Medicare for the purpose of prescribing medications to Medicare beneficiaries covered under Medicare Part D. At the same time, CMS also eliminated a requirement that had not yet been implemented that would have required dentists who participate in Medicare Advantage (Medicare Part C plans) to enroll in Medicare. The effective date is Jan. 1, 2019. For more information, visit ADA.org/medicare.

FOR THE DENTAL PROFESSION

Indian Health Service Reform: The House and Senate have legislation that would mandate a centralized credentialing process for health care providers at Indian Health Service (IHS) facilities. The Senate Indian Affairs Committee passed S. 1250, the Restoring Accountability in the Indian Health Service Act of 2017, and the House Natural Resources Committee passed H.R. 5874, the companion legislation. The ADA has remained engaged with the IHS Chief Medical Officer on the implementation of the centralized credentialing system and continues to advocate for its efficient implementation and management at IHS facilities.

Dr. Joseph Crowley, ADA president, testified in May before the Senate Committee on Indian Affairs. He reiterated the ADA's support for the IHS and a centralized credentialing system for health care providers.

Appropriations for Federal Dental Programs: In September, Congress passed the Labor-Health and Human Services and Defense minibus for Fiscal Year 2019. The spending package includes \$461 million (\$14 million increase) for the National Institute of Dental and Craniofacial Research (NIDCR); \$24 million (\$4 million increase) for Title VII Oral Health Training; \$39 million (\$1 million increase) for Area Health Education Centers that support programs to help patients find treatment outside of hospital emergency rooms; and \$10 million for military dental research. Report language accompanying the AHEC funding encourages the Health Resources and Services Administration (HRSA) to work with state dental associations to address patient referral programs, supporting a key initiative in the ADA's Action for Dental Health Program. Additional report language recommends the use of \$250,000 for the development of an oral health awareness and education campaign across all relevant HRSA divisions.

In April, Dr. Tim Fagan, chair of the ADA's Council on Access for Advocacy and Prevention, testified before the House Appropriations Labor, Health and Human Services and Education Subcommittee to advocate for \$44 million in funding for the Centers for Disease Control and Prevention and Health Resources and Services Administration oral health programs.

Tax Reform: The ADA has continually monitored the implementation of the comprehensive tax reform bill that passed late in 2017. In conference calls and outreach to the Internal Revenue Service (IRS) the ADA has worked to ensure that dentists can fully take advantage of tax reform as intended by Congress. The ADA has also communicated with Congress about the Association's support of making permanent certain tax reform provisions and also how Congress can continue to reform tax policy to be even more advantageous for dentists and their patients.

McCarran-Ferguson Reform: The U.S. House of Representatives passed the Competitive Health Insurance Reform Act of 2017, H.R. 372, by a vote of 416-7 in March 2017. This bill would amend the McCarran-Ferguson Act to authorize the Federal Trade Commission and the Justice Department to enforce federal antitrust laws against health insurance companies. In December 2018, Senator Steve Daines of Montana introduced the first ever Senate version of this bill, S. 3782. Find out more at [ADA.org/MCF](https://ada.org/MCF).

FOR YOUR PATIENTS AND THE PUBLIC

Action for Dental Health Bill: In December, the ADA-championed Action for Dental Health Act — which aims to improve access to oral health care in rural, underserved and Native American communities — became law. The new law will allow organizations to qualify for oral health grants to support activities that improve oral health education and prevent dental disease. It will also enable groups to develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly, blind and disabled. More information will be made available as the law goes into effect. For more information, visit [ADA.org/ADHlaw](https://ada.org/ADHlaw).

Non-Covered Services: The Dental and Optometric Care Access Act or the “DOC Access Act” (H.R. 1606) was introduced in the 115th Congress by Rep. Earl “Buddy” Carter of Georgia. This non-covered services bill prohibits all health plans offering a dental or vision benefit from dictating what a doctor may charge a plan enrollee for items or services not covered by the plan. By the end of 2018, the number of bipartisan co-sponsors in the House surpassed 100, the most cosponsor support ever garnered for this legislation. The ADA will continue advocating for non-covered services legislation in 2019.

CHIP: In January, Congress reauthorized the Children’s Health Insurance Program for six years and in February, subsequently provided an additional four years, for a total of 10. The program’s authorization had expired on Sept. 30, 2017, and the ADA, along with numerous stakeholders, advocated for reauthorization. CHIP is a critical safety-net for American children who do not qualify for Medicaid, but whose families would struggle to afford private coverage, particularly dental coverage. The ADA has joined with the Organized Dentistry Coalition and numerous other stakeholder groups in this effort. Find out more at [ADA.org/CHIP](https://ada.org/CHIP).

Opioid Abuse: In October, President Trump signed bipartisan legislation to address the opioid crisis that covered everything from continuing education and prescription drug monitoring programs to clinical guidelines and safe drug disposal. The ADA-supported bill was consistent with the ADA’s opioid-related policies, including the House of Delegates opioid prescribing policy adopted in 2018. Leading up to the bill’s passage, the ADA provided statements for congressional hearings, responded to requests from individual members of Congress, and commented on a range of federal agency proposals and requests for information about dentistry’s role in preventing opioid abuse. ADA leaders also met with top officials at Health and Human Services (HHS), the Food and Drug Administration (FDA), National Institutes of Health (NIH), and the White House, including the U.S. Surgeon General. Opioid prescribing was one of several issues taken up at the 2018 ADA Dentist and Student Lobby Day. Find out more at [ADA.org/opioids](https://ada.org/opioids).

Surgeon General Report: In October, ADA President Joseph P. Crowley and President-elect Jeffrey Cole met with the U.S. Surgeon General to discuss how the ADA can play a leading role in updating the Surgeon General’s landmark report on oral health. The first report, which is now 20 years-old, addressed determinants for oral health and disease. The forthcoming update will document progress in oral health since 2000 and articulate a vision for the future.