



Action for Dental Health Act

The American Dental Association (ADA) and the American Student Dental Association urge you to cosponsor the "Action for Dental Health Act", which is expected to be introduced by Sen. Cory Booker (D-NJ). This measure passed the House of Representatives on February 26 by a vote of 387 -13 and we need your help to advance this measure in the Senate.

The bill would allow organizations to qualify for oral health grants authorized by Health and Human Services (HHS) to support activities that improve oral health education and dental disease prevention. The grants would also be used to develop and expand outreach programs establishing dental homes for children and adults, including the elderly, blind and disabled.

The legislation would support initiatives that have the greatest impact on dental access disparities, including:

VOLUNTEER DENTAL PROJECTS

Programs like Give Kids A Smile and Missions of Mercy provide important platforms for dentists to deliver care directly to those in need.

- Each year, approximately 450,000 children benefit from 1,500 Give Kids A Smile events nationwide. Missions of Mercy events across America have served more than 100,000 patients, providing nearly \$50 million in free services since 2000.
- These programs, along with the free and discounted care that individual dentists provide every day, add up to an estimated \$2.6 billion per year.

ACTION FOR DENTAL HEALTH

ADH initiatives deliver care *now* to people already suffering with dental disease, strengthen and expand the public/private safety net, and bring dental health education and disease prevention into underserved communities.

- Reduce the number of people who visit the emergency room for a dental condition by referring them to dental practices, where they can receive proper dental care.¹ Emergency room visits for dental problems cost nearly \$3 billion during the period from 2008 through 2010, according to a study in the Journal of the American Dental Association (April 2014, Vol. 145:4, pp. 331-337). The study noted that dental emergency room care costs more than regular care by oral health professionals. Also, most emergency room visits only provide patients with pain medication and don't treat the underlying problem.
- Ensure more Americans have access to fluoridated drinking water.² Fluoride in drinking water yields \$38 in savings for \$1 invested.
- Provide care to nursing home residents where they live.
- Strengthen collaborations with other health professionals and organizations.³

The American Dental Association and the American Student Dental Association urge you to cosponsor the "Action for Dental Health Act".

Information

Jennifer Fisher

Congressional Lobbyist

American Dental Association

fisherj@ada.org

202.789.5160

¹ According to the National Hospital Ambulatory Medical Care Survey, the number of dental ER visits in the U.S. increased from 1.1 million in 2000 to 2.1 million in 2010. A separate study shows that in 2009, dental caries (the disease that causes cavities) and abscesses alone – almost entirely preventable conditions – accounted for nearly 80 percent of dental-related ER visits.

² Endorsed by U.S. Surgeon General Regina Benjamin, MD (PDF) as "one of the most effective choices communities can make to prevent health problems while actually improving the oral health of their citizens," community water fluoridation programs benefit everyone, especially those without access to regular dental care. For most cities, every \$1 invested in water fluoridation yields \$38 savings in dental treatment costs. That's why the ADA and state dental associations are working with state and local governments to extend the proven health benefits of community water fluoridation to the greatest possible number of people.

³ Better collaboration among dental and medical professionals can be a means to ensure all Americans understand their dental health is a crucial part of their overall health. The dental health of a pregnant woman or a mother can affect the health of the baby. Maintaining good oral hygiene is one element to maintaining optimal overall health for people living with such conditions as diabetes or HIV. With minimal training, physicians, nurses, educators and others can dramatically increase the number of patients and caregivers who receive basic dental health education. These professionals also can be trained to recognize conditions needing diagnosis and possible treatment by a dentist.



Dental and Optometric Care Access Act of 2017 “DOC Access Act”

H.R. 1606

The American Dental Association (ADA) and the American Student Dental Association (ASDA) believe that patients are adversely affected by provisions in dental and vision insurance benefits plans and coverage that dictate what a doctor may charge a plan enrollee for services not covered by the plan.

The ADA and ASDA, along with the American Optometric Association (AOA), supports the Dental and Optometric Care Access Act (DOC Access Act), H.R. 1606, introduced by Reps. Buddy Carter (R-GA-01) and Dave Loebsack (D-IA-02), which prohibits “non-covered services” provisions in dental and vision plans and coverage. Additionally:

- 40 states agree that it is unreasonable to allow dental and vision plans to set fees for services in which the plans have no financial liability, as the states have already passed measures to limit non-covered services provisions in dental or vision plans.
- H.R. 1606 is narrowly drawn to apply only to dental and vision plans regulated by the federal government. This legislation would not interfere with the states’ abilities to maintain and enforce their own insurance regulations and laws, but rather complements the work already done by most state legislatures across the country.

H.R. 1606 also establishes some “rules of the road” for provider network participation, including:

- not permitting plans to offer nominal payments for otherwise non-covered services in an effort to have such services considered covered,
- authorizing changes to the provider network agreement only when agreed to in writing by the doctor,
- limiting network agreements to two years without prior acceptance of the doctor for each term extension,
- prohibiting retaliatory measures such as denying entry or continued participation in a network if the doctor declines to participate in any specific plan or coverage,
- barring plans from communicating with enrollees in a manner that interferes with the doctor-patient relationship,
- not restricting the doctor’s choice of laboratories, and
- providing a private right of action (injunctive relief and damages) for a person adversely affected by a violation of the above provisions.

Patients and the public at large are disadvantaged by the negative impact of non-covered services provisions. Non-covered services provisions are generally used by larger carriers as a marketing ploy. The larger plans can be successful because they have greater market share and negotiating leverage. This practice puts the smaller carriers at an unfair competitive disadvantage, making it harder for them to compete.

This adversely affects competition among plans in a dental plan market dominated by only a few national players in many states, and shifts costs to patients who are paying for their coverage out of their own pockets or are seeing a dentist out of network. The current environment is unfair to patients and providers. Passage of H.R. 1606 would balance the scales and bring equity to insurer/provider contracting at the federal level.

The American Dental Association and the American Student Dental Association urge you to co-sponsor the “DOC Access Act of 2017” (H.R. 1606).



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States with Laws Limiting Dental or Vision Non-Covered Services Provisions

Alabama	Iowa	Nebraska	Rhode Island
Alaska	Kansas	Nevada	South Dakota
Arizona	Kentucky	New Jersey	Tennessee
Arkansas	Louisiana	New Mexico	Texas
California	Maine	New York	Vermont
Connecticut	Maryland	North Carolina	Virginia
Florida	Minnesota	North Dakota	Washington
Georgia	Mississippi	Oklahoma	West Virginia
Idaho	Missouri	Oregon	Wisconsin
Illinois	Montana	Pennsylvania	Wyoming

Information

Natalie Hales
Congressional Lobbyist
American Dental Association
halesn@ada.org
202.898.2404



Student Loan Programs and the Higher Education Act

The American Dental Association (ADA) and the American Student Dental Association (ASDA) urge you to address the following principles as you are considering reauthorization of the Higher Education Act of 1965 (HEA) and related federal student loan programs.

- Maintain or increase the availability of Direct Unsubsidized Loans for dental students.
- Prevent a phase out of the Grad PLUS Loan program.
- Lower the interest rates on federal Direct Unsubsidized Stafford Loans, as well as the total amount of interest that can accrue on federal graduate student loans.
- Reinstate eligibility for graduate and professional degree students to use federal Direct *Subsidized* Stafford Loans to finance their graduate education.
- Permit federal graduate student loans to be refinanced more than once to take advantage of lower interest rates and better economic conditions (as provided in H.R. 1614, the Student Loan Refinancing Act).
- Extend the period of deferment for repaying federal graduate student loans to the maximum extent practicable (as provided in H.R. 4001, the Student Loan Refinancing and Recalculation Act).
- Simplify and add more transparency to the federal graduate student loan application process.
- Preserve public service loan forgiveness programs and remove the barriers that prohibit those with private graduate student loans from taking advantage of federal student loan forgiveness/service payback programs.
- Encourage institutions of higher education and lenders to offer training to help students make informed decisions about how to finance their graduate education.

In 2016, the average indebted dental student graduated with \$287,331 of debt. Most dental students rely on federal student loans to finance their dental education. In 2016, nearly 70 percent of graduating dental students reported using Direct Unsubsidized Stafford Loans (Direct Loans) to pay for dental school and, to a lesser extent, Federal Grad PLUS Loans (61.8 percent).¹ Dental students represent a great “investment” for federal loan programs. Default rates for dental students are extremely low, and most new dentists pay back their loans at much faster rates than other federal loan recipients.²

While the interest rates and repayment terms for federal student loans are generally more favorable than private sector loans, new dentists looking to open up their own small businesses would benefit from more favorable loan terms. For example, the interest rate on Direct Loans taken out on or after July 1, 2013, could reach as high as 9.5 percent, depending on the prevailing interest on 10-year Treasury notes plus 3.6 percent.^{3,4}

Reducing the burden of higher interest rates on educational debt will make banks more open to loaning start-up funds for new dentists to open a dental practice. It will also remove barriers for those wanting to pursue careers in public service, teaching, research and administration. The ADA and ASDA continue to support H.R. 1614 and H.R. 4001. These bills offer more favorable interest rates or federal loan repayment options.

In addition, current legislative proposals that would phase out the Grad PLUS Loan program would lessen the loan options currently available to dental students. Although many students may opt to seek private loans, these loans do



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not offer public service loan forgiveness programs, deductibility of interest paid, or deferment options, all of which are attractive aspects of the federal loan programs for many of our dental students.

Obtaining large amounts of private lender loans before graduation could also discourage a new dental graduate from taking out additional private loans to open their own practice. In an industry where over 50 percent of practicing dentists own or are partnered in small businesses, this could have a devastating impact on these “main street” employers.

Again, the ADA and ASDA urge you to address these principles when reauthorizing federal student loan programs and the Higher Education Act of 1965.

Information

Megan Mortimer
Congressional Lobbyist
American Dental Association
mortimerm@ada.org
202.898.2402

- 1 Annual ADEA Survey of Dental School Seniors, 2016 Graduating Class: Table 14. Type of loans reported by seniors, by percentage of total 2016 respondents
- 2 “Health care & medical students who graduate with a large amount of debt are less likely to default on their student loans,” National Journal Research, 2018.
- 3 20 U.S.C. § 1087e.
- 4 The interest rate on Direct Loans taken out between July 1, 2006 and June 30, 2013, is fixed by law at 6.8 percent.



McCarran-Ferguson Repeal for Health Insurance

The American Dental Association (ADA), as the nation's oldest and largest dental professional organization, representing over 161,000 members; and the American Student Dental Association (ASDA) representing more than 22,000 dental students in 66 dental schools across the U.S., strongly support amending the McCarran-Ferguson Act to authorize the Federal Trade Commission and U.S. Department of Justice to enforce the full range of federal antitrust laws against health insurance companies engaged in anticompetitive conduct.

In 2017, the Competitive Health Insurance Reform Act, H.R. 372, passed the House by an overwhelming majority. The ADA and other stakeholders are continuing to work on a Senate version of the bill and hope to have a bill introduced soon. This bill does not interfere with the states' abilities to maintain and enforce their own insurance regulations, antitrust statutes and consumer protection laws. Because states vary in their enforcement efforts, the impact of repeal on health insurance companies would differ from state to state.

The bill is narrowly drawn to apply only to the business of health insurance, including dental insurance, and would not affect the business of life insurance, property or casualty insurance, or any other similar insurance areas.

Repeal of the antitrust exemption for health insurance companies would help inject more competition into the insurance marketplace by authorizing greater federal antitrust enforcement in instances where state regulators fail to or cannot act. Promoting lower prices, greater consumer choice, and increased innovation through robust competition is the role of the antitrust laws.

When competition is not robust, consumers are more likely to face higher prices and less likely to benefit from innovation and variety in the marketplace.

The American Dental Association and the American Student Dental Association urge you to support repeal of the antitrust exemption for health insurance companies.

Information

Chris Tampio

Director, Congressional Affairs

American Dental Association

tampioc@ada.org

202.789.5178

Megan Mortimer

Congressional Lobbyist

American Dental Association

mortimerm@ada.org

202.898.2402



Response to the Opioid Epidemic

The American Dental Association (ADA) and the American Student Dental Association (ASDA) are committed to alleviating the tragic scourge of opioid abuse that has been devastating our communities. We welcome opportunities to work with Members of Congress on legislation that would:

- Require continuing education for opioid prescribers.
- Impose prescribing limits of no more than seven days for the initial treatment of acute pain.
- Support the use of prescription drug monitoring programs.
- Improve the quality, integrity, and interoperability of state prescription drug monitoring programs.

In 2016, opioids (including prescription opioids, heroin and fentanyl) killed more than 42,000 people — more than any year on record — and 40 percent of those deaths involved a prescription pain reliever, according to the CDC. This doesn't count the 1.8 million Americans (including 152,000 teenagers) who reported abusing or being dependent on prescription pain relievers, according to the Substance Abuse and Mental Health Services Administration.

As a profession, dentists can do a lot to keep opioid pain relievers from harming our patients and their families. Among other things, we can be more judicious in our prescribing when alternative treatments are available. We can also make sure patients leave our offices knowing about the abuse potential and how to safely secure, monitor and discard them.

Since 2012, the ADA has offered free continuing education webinars on safe and effective opioid prescribing for dental pain. The ADA-produced webinars are free, convenient to access and tailored to pain management in dentistry. Additionally, participants are eligible for one hour of continuing education credit for each webinar completed.

The ADA also produced a clinical reference manual with techniques for managing dental pain for those who may be at risk for substance dependence. It covers the complexities of modern pain management in dentistry, including the nature of drug addiction, ways to screen patients for potential substance use disorders, and techniques for motivating at-risk individuals to seek appropriate treatment.

Additionally, the ADA has raised awareness about the misuse and abuse of opioid analgesics by partnering with many organizations, including the Partnership for Drug-Free Kids, the Substance Abuse and Mental Health Services Administration, the Drug Enforcement Administration, and the United States Surgeon General. We are now working with Congress to expand funding for the Comprehensive Addiction and Recovery Act and urging federal agencies to tailor their prescriber education and outreach.

In what could be the first of its kind among major healthcare professional organizations, the ADA adopted a policy that supports mandatory continuing education for opioid prescribers — with an emphasis on preventing drug overdoses, chemical dependency, and drug diversion. The ADA also supports limiting the dose and duration of initial opioid prescriptions for acute pain and the use of state prescription drug monitoring programs.

Dental students saw the need to address this issue while in school. This year, ASDA adopted policy that encourages dental schools to provide resources for students to appropriately address opioids with their patients. ASDA hopes to equip future practitioners with the initial skills they need to help combat opioid abuse.

The ADA and ASDA are committed to doing more to keep opioids from becoming a source of harm. Working together with other healthcare professionals, policy makers and the public, we believe it is possible to end this devastating and preventable public health crisis.

The ADA and ASDA look forward to working with Members of Congress on legislation to address this national public health crisis.



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Information

Natalie Hales
Congressional Lobbyist
American Dental Association
halesn@ada.org
202.898.2404

Robert J. Burns
Manager, Legislative and Regulatory Policy
American Dental Association
burnsr@ada.org
202.789.5176