Council on Government Affairs

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Linn, David N., director Burns, Robert J., sr. manager McGee, Corey A., manager

The Council's 2023–24 liaisons include: Dr. Rudy Liddell (Board of Trustees, Seventeenth District), Ms. Sue Hadnot (Alliance of the American Dental Association), Ms. Natalie Benkandil (American Student Dental Association), and Dr. Hal Fair (ADPAC).

Areas of Responsibility as Set Forth in the Bylaws or Governance and Organizational Manual of the American Dental Association

As listed in Chapter VIII, Section K.7., of the ADA *Governance and Organizational Manual*, the areas of subject matter responsibility of the Council shall be:

- a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities;
- b. Formulate and recommend legislation, regulatory activity, policies, and governmental programs relating to dentistry and oral health for submission to Congress;
- c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate policies which are designed to advance the professional status of federally employed dentists; and
- d. Disseminate information which will assist the constituents and components involving legislation and regulation affecting the dental health of the public.

Key Accomplishments and Outcomes: Agency Programs, Projects, Results and Success Measures

The Council on Government Affairs (CGA) works on many of the same issues as other ADA Councils but does so from a government affairs perspective. With guidance from the leadership of CGA, as well as from the staff and leadership of other Councils in the public/professional group, the staff lobby the government on the ADA's priorities. This lobbying is focused on issues that increase the value of ADA membership and reflect the values of ADA members.

Initiative/Program: Congressional support of the ADA's priority legislation.

Success Measure: Increased numbers of Congressional cosponsors of the ADA's priority legislation.

Target: Secure 200 bipartisan and bicameral cosponsors for the ADA's priority legislation.

Range: Secure 180-220 bipartisan and bicameral cosponsors for the ADA's priority legislation.

Outcome: Target met. Thanks to the ADA's lobbying, there were more than 220 bipartisan and bicameral cosponsors for the ADA's priority legislation.

Initiative/Program: Federal government funding for oral health programs.

Success Measure: Protect oral health programs from cuts in a budget year where public health programs face reductions and elimination.

Target: Protect funding for oral health programs, including the Title VII Oral Health Training Program, Oral Health Workforce Development Program, Indian Health Service Dental Program, Military Dental Research, National Institute of Dental and Craniofacial Diseases (NIDCR) and the Centers for Disease Control and Prevention (CDC) Division of Oral Health.

Range: Protect and keep federal government funding at 100% for oral health programs, including the NIDCR and CDC Division of Oral Health.

Outcome: Range met. The Fiscal Year 2024 omnibus appropriations bill that passed Congress and became law restored oral health programs at 100% of the FY 2023 funding level.

Initiative/Program: The ADA's federal government affairs agenda on student loan reform.

Success Measure: Passage of legislation and/or finalized regulations that would provide student loan relief to dentists, including those who work in underserved areas or with underserved populations.

Target: The introduction of legislation and/or regulations that would provide student loan relief to dentists, including those who work in underserved areas or with underserved populations.

Range: The introduction of two to three bills and/or regulations that would provide student loan relief to dentists, including those who work in underserved areas or with underserved populations.

Outcome: Success measure met. The ADA championed the introduction of two bills aimed at reducing the burden of dental student debt: the Resident Education Deferred Interest Act (or REDI Act) and the Dental Faculty Loan Repayment Assistance Act. The REDI Act would allow dental and medical residents to pause their federal student loan payments and stop interest from accruing during the residency period. The Dental Faculty Loan Repayment Assistance Act would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to exclude federal loan repayment assistance from their taxable income. Both bills have companion measures in the House and Senate, sponsored by members of opposing parties.

Additionally, the ADA helped secure several favorable regulatory proposals from the Department of Education to help alleviate student debt. Among other things, the proposals would automatically relieve student debt for borrowers who did not apply to certain debt relief programs but would have otherwise been eligible, forgive up to \$20,000 of the amount by which a borrower's loans exceed what they owed upon starting repayment, and provide one-time automatic graduate student debt forgiveness for those who entered repayment 25 or more years ago.

Initiative/Program: Addressing the shortages of dentists in rural areas.

Success Measure: Passage of federal legislation to address the shortages of dentists in rural areas.

Target: The introduction of federal legislation to address the shortages of dentists in rural areas.

Range: The introduction of one to two bills to address the shortages of dentists in rural areas.

Outcome: Success measure met. The Bipartisan Primary Care and Health Workforce Act, the Action for Dental Health Act, and the Lower Costs, More Transparency Act included extensions and reauthorizations of crucial programs that address rural dental workforce problems and responded to a request for information about the rural health workforce from the House Ways and Means Committee. The Action for Dental Health program, the National Health Service Corps, the Community Health Centers Fund, and the Teaching Health Centers Graduate Medical Education program are major steps towards shoring up our nation's dental and medical workforce in rural and underserved areas.

Initiative/Program: Medicare medically necessary dental care.

Success Measure: A finalized regulation that expands payment for Medicare beneficiaries who need dental care before certain medical procedures.

Target: Proposed regulation on Medicare medically necessary dental care.

Range: One to two regulations on Medicare medically necessary dental care.

Outcome: Success measure met. The Centers for Medicare and Medicaid Services (CMS) finalized a regulation that expands Medicare medically necessary dental care to beneficiaries' treatment of head and neck cancers.

Initiative/Program: Medicare Advantage (MA) dental benefits.

Success Measure: A finalized regulation that increasing data transparency and reporting from insurers.

Target: Request for information to improve the transparency of MA dental benefits.

Range: One to two proposed regulations to improve the transparency of MA dental benefits.

Outcome: Success measure met. CMS finalized a regulation that has stricter marketing guidelines to prevent misleading advertisements and ensures beneficiaries receive clear, accurate information about their coverage options. It limits the ability of third-party marketing organizations to use personal data without explicit consent and increases oversight of agent and broker activities to prevent predatory practices.

Initiative/Program: Medicaid dental care.

Success Measure: Finalized regulation expanding Medicaid dental care.

Target: The introduction of federal legislation or regulation on Medicaid dental care.

Range: The introduction of two to three federal bills or regulations on Medicaid dental care.

Outcome: Success measure met. CMS announced that all states would now cover dental care for

Medicaid beneficiaries for 60 days postpartum. Additionally, the ADA collaborated with dentist Congressman Mike Simpson (R-ID) to introduce the Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act for the first time. This bill would reduce administrative burdens for dentists participating in Medicaid, including audits and credentialing. The ADA also supported the introduction of the Medicaid Dental Benefit Act, which would require all states to provide comprehensive adult dental benefits to their Medicaid beneficiaries.

Initiative/Program: Oral health equity for people with disabilities.

Success Measure: The establishment of a facility fee billing code for dental surgeries in hospitals and ambulatory surgical centers.

Target: A regulation ensuring comprehensive coverage and fair reimbursement for dental procedures in hospital outpatient and ambulatory surgical centers.

Range: One to two regulations on dental surgeries in hospitals and ambulatory surgical centers.

Outcome: Target met. In the Hospital Outpatient and Prospective Payment System final rule, CMS finalized Medicare payment rates for over 240 dental codes, approved the use of HCPCS code G0330 and did not cut the payment rate as proposed, added 26 dental surgical procedures and 78 ancillary services to the covered list, and increased payment rates for dental rehabilitation.

Initiative/Program: Licensure reform for dentists and hygienists.

Success Measure: The passage of federal legislation that would allow for licensure reciprocity for dentists and hygienists.

Target: The introduction of federal legislation that would allow for dental licensure reciprocity.

Range: One to two introduced federal bills on dental licensure reciprocity.

Outcome: Success measure met. The ADA supported the States Handling Access to Reciprocity for Employment (SHARE) Act. This bill would require the FBI to make criminal history record information available to a state occupational or professional licensing authority for background checks of individuals seeking a license under an interstate compact. This addresses a problem some states have had when the FBI has refused to provide the requisite background check for license reciprocity under a state licensure compact.

Initiative/Program: Licensure reform for dentists and hygienists.

Success Measure: Assist initial compact states in navigating the compact commission's activation, while introducing and passing the compact in an additional 10 states.

Target: The full activation of the DDH Compact Commission, issuance of compact privileges, and the continued addition of member states to the compact.

Range: The introduction and passage of the compact in an additional seven to ten states.

Outcome: Nine states have now joined the DDH Compact, meaning it has officially been activated. As of this writing, states are in the process of appointing their commissioners for the first commission meeting, scheduled for August of 2024. An additional 10-12 states are hard targets for passage of the compact in 2025. Defense against AADB's alternative compact in several states will also play a significant role.

Initiative/Program: Fighting Insurance Interference Strategic Taskforce (FIIST).

Success Measure: Increase by 30% legislative and regulatory activity related to third party payer issues in State Public Affairs (SPA) states.

Target: Increase by 30% legislative and regulatory activity related to third party payer issues in SPA states.

Range: 20-30% of activity relating to third party payer issues in SPA states.

Outcome: The target was exceeded. Thirty-nine state dental societies received FIIST/SPA funding to engage in third party payer issues on the state level in the January-June 2024 SPA grant period. There were 80 proposed dental insurance reform laws put forward by 28 state societies receiving FIIST dedicated SPA funds, representing an increase in activity of 72% (28 of 39 states saw activity). To date, there are 14 new laws in seven states in 2024 with the result of a 18% conversion rate (14 of 80 proposals became law).

Initiative/Program: Grassroots program.

Success Measure: Successfully grow grassroots network and ensure network can communicate to members of Congress and staff.

Outcome: In 2023, over 54,000 communications were sent to Capitol Hill.

Initiative/Program: Tooth Talk Podcast.

Success Measure: Cover important advocacy-related topics through the podcast platform.

Outcome: Over 1,000 downloads for each episode. Episodes covered critical advocacy topics that addressed: The impact of Medical Loss Ratio (MLR) legislation on dental patients and the ADA's advocacy efforts in state legislatures; Discussions on student debt and workforce issues, addressing the challenges faced by new dentists and strategies to alleviate these burdens; Dental insurance reforms, highlighting the ADA's efforts to ensure fairness in dental insurance and improve patient care.

Initiative/Program: ADA Dentist and Student Lobby Day.

Success Measure: Educate dentists and students on pertinent issues before Congress. Assist dentists and students in advocating for these issues before members of Congress and staff.

Outcome: Lobby Day 2024 was held April 7-9. In total, 1,200 students, new dentists, dentists, and state staff attended and participated. More than 400 meetings were held with legislative offices to lobby for issues including dental insurance reform, student loan reform, and workforce. This was the largest Lobby Day the ADA has ever had and boasted 780 students representing 55 dental schools. Contributions of \$110,000 was raised for ADPAC and \$50,000 was raised for Rep. Mike Simpson, D.M.D. (ID-02).

Emerging Issues and Trends

During the 118th session of Congress the ADA will continue to advocate for legislation that aligns with the goals of the public/professional group. In addition to the bills mentioned earlier in this report, these key bills include, but are not limited to:

• The Resident Education Deferred Interest (REDI) Act, which would allow borrowers to defer their student loans interest-free while serving in a medical or dental internship or residency.

- The Restoring America's Health Care Workforce and Readiness Act, which would double the funding for the National Health Service Corps' scholarship and loan repayment programs.
- The Action for Dental Health Act reauthorization, which would provide grants for innovative workforce and access to care programs.
- The Dental and Optometric Care (DOC) Access Act, which would ban non-covered services provisions in dental and vision insurance plans.
- The Oral Health Literacy and Awareness Act, which would authorize an oral health literacy campaign at HRSA.
- The Oral Health Products Inclusion Act, which would include oral care products by recognizing them as "qualified medical expenses" that can be purchased with Flexible Spending (FSAs) and (HSA) funds.
- Dr. Lorna Breen Health Care Provider Protection Reauthorization Act
- Dental Loan Repayment Assistance Act of 2024
- Medicaid Dental Benefit Act of 2023
- The No Fees for EFTs Act
- The Protect Small Business and Prevent Illicit Financial Activity Act

Responses to House of Delegates Resolutions

There are no assignments for the Council from the 2023 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2025.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.2010:603;* 2012:370), CGA reviewed the following Association policy and determined that it should be maintained.

Limited English Proficiency (*Trans*.2005:338; 2021:320) Tobacco Use, Vaping Devices, and Nicotine Delivery Systems (*Trans*.2020:336)

The Council has submitted resolutions to amend or rescind other Association policies based on their adequacy (or obsolescence) in modern times, appropriateness of language and terminology, consistence with other Association policies, and the merits of any revision(s). Those recommendations are contained on separate worksheets.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.