Federal Lobbying Accomplishments
The first half of the 118th Congress ended in 2023 with some notable accomplishments helping the profession even during the divided partisan times in Washington, D.C., during which only 29 bills passed both chambers of Congress and were signed into law.

Workforce
• Advocated for the U.S. House of Representatives to pass the Lower Costs, More Transparency Act, which would extend programs that are integral to bolstering the dental and medical workforce and increase access to health care, particularly in underserved communities.
• Worked to advance the Bipartisan Primary Care and Health Workforce Act out of the Senate Health, Education, Labor and Pensions Committee. The bill includes funding extensions for the State Oral Health Workforce Improvement Grant Program (Action for Dental Health), Community Health Center Fund, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program.
• Advanced the Action for Dental Health Act (ADH) out of the House Energy and Commerce Committee by a vote of 50-0. The bipartisan reauthorization of the ADH program through 2028 would direct funding to state and local organizations through a Health Resources and Services Administration oral health workforce grant program. The bill has also been introduced in the Senate.

Dental Insurance Reform
• Continued efforts to improve the dental insurance landscape by getting the Dental and Optometric Care Access Act reintroduced in the Senate and House. The bipartisan federal legislation would prohibit dental and vision plans from setting the fees network doctors may charge for services not covered by insurers.
• Began collaboration to engage with elected leaders to reconsider preemption of current dental insurance laws after recent Supreme Court Decision that ruled the Employee Retirement Income Security (ERISA) insurance plans can be regulated. The ADA is positioned to impact possible upcoming legal cases in the area of ERISA case law apply to dental insurance, limiting federal preemption by insurers.

Access to Care
• Testified at the very first hearing of the Subcommittee on Health Care of the U.S. Senate Finance Committee hearing, titled “An Oral Health Crisis: Identifying and Addressing Health Disparities.”
• Advocated on payments for hospital outpatient (OPPS) and ambulatory surgical centers (ASC) to Centers for Medicare & Medicaid Services (CMS) by supporting the addition of over 240 specific codes describing dental services to clinical Ambulatory Payment Classification (APCs) in the OPPS facility fee schedule as well as well as eliminating the proposed Medicare pay rate cuts associated with G0330 code.
• Sent comments to CMS in response to a proposed rule on Medicare Advantage pertaining to data collection, transparency in marketing, and quality improvement. CMS noted they are prioritizing MA dental benefits by requiring “detailed reporting on supplemental benefit expenditures by plans in the medical loss ratio report as well as looking cracking down on predatory advertising of supplemental MA benefits.”
• Received agreement from CMS that clinical evidence supports dental services being paid for when they are linked and related to the success of other covered services like treatment for head and neck cancers through treatment of chemotherapy, chimeric antigen receptor T-cell therapy, and the use of high-dose bone modifying agents, or antiresorptive therapy, as well as for medically necessary diagnostic and treatment services to eliminate oral/dental infections prior to or contemporaneously with such treatments.
• Partnered with the American Academy of Pediatric Dentistry to successfully call for the Health Resources and Services Administration to retain a national performance measure for oral health in Title V programs, rather than transitioning to a state measure.
Student Loan Debt

- Ensured the House and Senate reintroductions of the Resident Education Deferred Interest (REDI) Act. The ADA has co-led on REDI with The American Association of Oral and Maxillofacial Surgeons (AAOMS) and has expanded a coalition of other medical and dental organizations to collectively advocate for REDI's passage. Those efforts have led to tripling the number of cosponsors since the bill's early 2023 reintroduction.
- Secured a favorable Department of Education rule that eliminates certain "capitalizing events" that cause a borrower's accrued, unpaid interest to become part of the principal balance of their student loan and implements reforms to the Public Service Loan Forgiveness program.

Medicaid

- Pushed to make comprehensive dental care a mandatory component of Medicaid coverage for adults in every state and reform administrative barriers within the Medicaid program through our support of the Medicaid Dental Benefit Act of 2023 and the Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act.
- Wrote to CMS' chief dental officer regarding CMS not exercising its oversight abilities as they pertain to Medicaid managed care organizations (MCOs) reporting of medical loss ratios (MLR) and encouraging them to publish and pursue more data in this area.

Practice Management

- Prevented Occupational Safety and Health Administration (OSHA) from rushing to finalize a rule that would remove the small practice exemption from adopting more specialized infection controls to prevent the spread of COVID-19.
- Advocated for the House passage of the Protect Small Business and Prevent Illicit Financial Activity Act, which would extend key deadlines under the Corporate Transparency Act.
- Joined with other groups representing small businesses to push for lengthened reporting periods for dental practices under the Corporate Transparency Act. While ADA continues to advocate for the passage of the Protect Small Business and Prevent Illicit Financial Activity Act for further needed extensions of key deadlines, advocacy led to a final rule implementing the Corporate Transparency Act that increased time to report for new businesses.

Veterans

- Collaborated with Congressional staff to amend the VET CARE Act, which would create a pilot program and study that would provide VA dental care to veterans with Type-2 diabetes and study the potential correlation between oral health care and chronic disease outcomes.

Health Information Technology and Artificial Intelligence

- Positioned the Association as an essential resource for Congress and Federal agencies in their efforts to regulate the use of artificial intelligence in health care by disseminating our white paper, Dentistry — Overview of Artificial and Augmented Intelligence Uses in Dentistry, to Congressional leaders, the Department of Health and Human Services (HHS), and the Office of the National Coordinator for Health Information Technology (ONC).
- Advocated for increased interoperability for all health information technology, which resulted in new policy adopting the Code on Dental Procedures and Nomenclature, or Current Dental Terminology, among minimum standards and code-sets in the ONC Certification Program, and streamlining, clarifying, and reducing the burdens of the prior authorization process for patients and providers, and adoption of standards that take dental procedures into account.

Public Health

- Secured a scientifically sound U.S. Preventive Services Task Force evidence review indicating that the evidence was insufficient to recommend oral health screenings and interventions in primary medical care settings.
- Convinced the Assistant Secretary for Health to scrutinize a National Toxicology Program report claiming a causal relationship exists between fluoride exposure and neurodevelopmental and cognitive health, based on fatally flawed studies, questionable analytical methods, and an unorthodox peer review process.
State Government Affairs Accomplishments
The ADA has worked closely with most states to assist in policy development and strategy, and a high majority of these states received financial support from the ADA’s State Public Affairs (SPA) program.

• **Dental Insurance Reform: 35 new laws in 15 states**
  Three states enacted Assignment of Benefits laws that require insurers to pay non-network dentists directly when the patient requests it. Three states require insurers to publicize their Medical Loss Ratio (MLR), which is the amount spent on care with some states devising plans to make insurers alter their design if they don’t spend enough. Dentists’ control over leasing and virtual credit card claim payments continue to be protected under a slate of new laws.

• **Medicaid: 15 new improvements include administrative, benefits and funding aspects.** About half of the fifteen states adopting Medicaid dental improvements focused on improving funding for dental services. Funding increases were measured in percentage increases ranging from 3-98%, with most percentage improvements hovering in the single digits. Ohio’s 98% increase adds funds to the long-stagnant fee schedule. Payments also were more closely aligned to commercial rates. For example, Vermont will set dental Medicaid fees at about 75% of commercial fees, up from 49%. Colorado removes the annual benefit cap for adult dental services in Medicaid thereby allowing full treatment plans to be delivered without delays. Most states added benefits and one state continued the momentum on aligning reimbursement to more closely match those of commercial dental plans.

• **Workforce:** States have spent the last two plus years developing strategies and passing legislation to help deal with the long-term effects the pandemic had on the dental workforce. These measures cross a broad spectrum, from increased funding for technical colleges and the introduction of new programs, to licensure reforms, the creation of new positions like expanded function dental assistants (EFDAs) and negotiated scope expansions for the existing workforce. States have also created or enhanced loan forgiveness programs for dentists and hygienists who agree to practice in areas of significant need.
  • Three states — Iowa, Washington, and Tennessee — have enacted the Dentist and Dental Hygienist Compact to date. Seven states must pass the compact for it to become active, and it is expected that threshold will be passed in 2024.

American Dental Political Action Committee (ADPAC) Accomplishments

• Educated 600 dentists and students on advocacy and legislative issues and held over 315 meetings with Members of Congress during the 2023 ADA Dentist and Student Lobby Day.
• Facilitated 20,100 ADA members in sending 57,059 letters to Members of Congress on important legislative issues.
• Supported 185 Members of Congress and dispersed $600,000.

Other Notable Achievements

• The ADA government affairs team has been recognized as influential and impactful by numerous organizations including Incisal Edge’s Most Influential People in Dentistry and The Hill’s Top Lobbyist Awards in 2023 and are recognized annually for their work advocating for the profession.