AIA Talking Points

NADP Virtual Advocacy in Action 2022

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Directions

NADP continuously works to educate legislators and regulators regarding the importance of the dental benefits industry in relation to improving oral health. During Advocacy in Action (AIA) and in all Congressional appointments, advocates will provide education on the industry and dental benefits with background and experience from their states and districts. This document outlines the additional policy proposals advocates will discuss with Congressional offices.

Please note: You do not need to memorize these talking points. Your pitch to Congressional offices should be in your own words. Your conversation can be much more high-level than the points below. We added a variety of points you can include in your pitch.

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Introductions

At the start of the meeting, the **group leader** may begin with a general introduction:

> "Thank you for meeting with us today. We are here as part of our industry's day on the Hill, with the National Association of Dental Plans and wanted to provide you with some information about the dental benefits industry within your state and discuss a couple of important legislative issues. First, let us just give you a bit about our backgrounds."

Then, each person can provide more information on their background and company:

- Note if you are a constituent of the office (State or District)
- How many constituents have coverage in the State or District (note if commercial, Medicaid, CHIP, Exchange, Medicare Advantage or other program)
- How many employees (if any) in the State or District
- Any other state-specific projects or programs (e.g. public program contracts, state employees, unions, philanthropic activities)

The group leader may then provide more industry data with specifics for the State or District:

> "Let me put into perspective the industry footprint you just heard about. Nationwide, there are [XXX] million Americans with dental coverage, that's about [XX]% of the population. In [State], we have about [XX%] of the population with coverage and [XX] companies operating in your

state. There is more industry data in a folder we'll leave with you and we would be happy to answer questions on the data."

Copies of **NADP Dental State Fact Sheets** are available online here: https://knowledge.nadp.org/research-articles-charts#statereports. Review them prior to Advocacy in Action for the state-specific data points you might want to mention. These documents will also be sent directly to you.

You can also provide more **general information about dental benefits** and the industry. Examples include:

- Dental benefits are the most requested health benefit after medical and pharmacy coverage.
- Dental benefits deliver access to the specific care needed by children and adults to lower their overall dental treatment costs as well as lower costs for emergency room treatment and the treatment for high cost and chronic medical conditions.
- Consumers with dental benefits are more likely to go to the dentist and take their children to the dentist as well.
- More than 99% of private dental benefits are sold under a separate policy from medical coverage.
- More than 90% of employees with dental benefits pay some or all of the premium for their dental benefits.
- Dental benefits deliver value at low and stable premiums.
- Adults with dental benefits are more likely to see the dentist than those without.

A **key point** or take-away from this section might be a higher-level "ask": We ask that you keep in mind when legislating on insurance coverage that dental benefits and medical benefits are very different, in terms of diseases treated, diagnostic cost and complexity, the role for prevention and delivery of care, which all impact benefit structure and types of services covered. So, it is critical when Congress legislates on insurance benefits to distinguish between medical and dental, and we are happy to serve as a resource for you when considering such proposals.

Then, the group leader or other participant could continue:

"Today, we wanted to speak with you about a few topics important to dental benefits consumers and let you know our thoughts as these issues may advance in the coming year."

Remember: Some materials, such as NADP's State Fact Sheets, have been shared with Hill staff prior to the meeting via email. You can always follow up by sharing additional information via email.

Order of Talking Points or "Asks"

The order of topics and "asks" can be adjusted based on the political party of the office you're meeting with.

For **Democrats** & **Republicans**:

1. **Independent Purchase on Exchange**
2. **DOC Access Act (H.R. 3461, S. 1793)**
3. **Mandatory Adult Dental in Medicaid**

Other Topics as Time Allows/If Mentioned

4. **Medicare:** We want to be a partner/resource in this process. Provide background on typical benefits and questions to consider.
    a. Medicare: There are several bills on this topic. Briefly explain NADP's values as they relate to access to coverage, preservation of the private market and importance of dental benefits.
    b. For these reasons, NADP supports Congress's exploration of how to expand dental coverage to Medicare eligible individuals; we are exploring several models to achieve this and want to be a partner/resource in this process. Provide background on typical benefits and questions to consider.
5. Ensuring Lasting Smiles Act (S. 754/H.R. 1916)
    a. This bill has passed the House and awaiting consideration in the Senate. NADP supportive of coverage for congenital abnormalities, however dental insurance is not directly implicated in the bill.
6. Teledentistry: NADP is supportive of the use of technology to increase access to dental care. Feel free to use an example from your company.
7. Before leaving, thank them again for their time and interest.

Ask 1: Independent Purchase

Background (for your knowledge)

- In Federal Exchanges, consumers have options to purchase dental benefits including as part of a medical plan or through a stand-alone dental plan (SADP).
- This was specifically allowed in the Affordable Care Act to provide consumers access to the same policies and benefits of a typical employer plan available in the commercial markets.
- In PY 2022, more than 2.2 million Americans gained dental coverage through SADPs on state and federal Exchanges. The majority of enrollees are adults, demonstrating demand.

Technical details: Currently, when individuals or families look to buy coverage through the federal marketplaces, the Healthcare.gov website requires them to purchase a medical plan in order to choose a SADP.

Recent developments

- In February 2022, NADP sent a letter to CMS asking the agency to consider IP as a means of expanding dental coverage for kidney and transplant patients.
- In March 2021, NADP sent a letter to the new Health and Human Services Secretary Xavier Becerra asking him to direct CCIIO to allow independent purchase.
- The FY 2020 Budget Report language included directions for CCIIO to allow the independent purchase of dental plans on federal exchanges for PY 2020. The request was not fulfilled.
- In 2019, NADP and advocates for the transplant community asked CCIIO to allow independent purchase but they declined to do so.
- In December 2018, Sens. Stabenow (MI) and Roberts (KS) et al. sent a letter to the Center for Consumer Information and Insurance (CCIIO), which is part of the Center for Medicare and Medicaid Services (CMS) on this topic. Reps. Matsui (CA-6) and Guthrie (KY-2) led a similar House letter.
    - Also, thank those who participated on the 2018 letters. **[see Scorecard in VoterVoice]**

Remember: Put the talking points in your own words and in context of your experience. Please add personal stories or observations related to the topic. Also, we've provided a good number of supporting talking points—you do not need to include or remember all the information.

The Ask

Given the important connection between maintaining dental coverage and care, the technical design of HealthCare.gov must be fixed to allow the independent purchase of dental plans.

There are no statutory limitations on CCIIO preventing them from enacting independent purchase. However, if CCIIO will not fix this through regulation, there should be a legislative language directing CCIIO to allow independent purchase by Plan Year 2023.

- **If the office is interested in the issue: ask if they would be interested in co-sponsoring legislation directing CCIIO to allow independent purchase.**
    - **If Yes:** NADP will provide them with updates as the process develops and appreciate their support on this issue that is critical to expanding dental coverage. Also note that if CCIIO engages with us on independent purchase and agrees to implement it with their regulatory authority we will let the office know.
    - **If Unsure/ Uncommitted:** Offer to answer any questions they may have or serve as a resource, revisit it in the future.

- **If No:** Be understanding and say we'd still like to continue to be a resource on the issue and revisit it at a later time.

Ask 2: DOC Access Act (Federal Non-Covered Services)

Dental and Optometric Care ("DOC") Access Act: H.R. 3461, S.1793 have bipartisan support with 63 and 3 cosponsors each. Please voice your **opposition and concerns** with the bill.

DOC Access Act/Federal Non-Covered Services Legislation would:

- **Prohibit consumers discounts for certain services.** Dental plans cover a wide array of dental services. Most plans have an annual maximum benefit per plan year that is rarely hit and keeps premiums affordable. The DOC Access Act would prohibit dental plans from ensuring consumers continue to benefit from negotiated discounts after maximums are reached.

- **Impose higher, unanticipated out-of-pocket costs for consumers.** The DOC Access Act would eliminate contracted fee discounts, subjecting consumers to unexpected bills for basic services after plan maximums and limitations.

- **Limit employer flexibility and reduces product choices.** Employers are active in dental policy design including coverage levels and plan limitations. Negotiated discounts increase the scope of benefits while keeping premiums affordable, thereby increasing the overall value of the program for employers and employees.

- **Interfere with private contracts between dentists and carriers.** The DOC Access Act interferes with agreed upon contracted fees and other terms of private contracts between carriers and providers, legislating changes in contractual agreements that are confusing and financially harmful to consumers.

The Ask

- **If the member of Congress is a co-sponsor of H.R. 3461 or S. 1793 (see VoterVoice Scorecard)**: Raise concerns from the NADP perspective, offer to answer questions and continue the conversation. Ask for rationales on why the member is supportive of the bill so that we can follow up with the office with additional materials.
- **If the member is not a cosponsor:** Raise concerns from the NADP perspective and ask them to oppose the bill, offer to answer any further questions they may have and keep them updated on any information we have about the bill's movement.
- **NOTE**: At the beginning of April, the American Dental Association lobbied in support of DOC Access. Offices may have heard talking points in support of the legislation and may ask for

further details regarding the effects of the bill. Particularly, it will be important to note that this bill would harm the consumer through higher costs.

Ask 3: Adult Dental in Medicaid

Medicaid Dental Benefit Act of 2021 (H.R. 4439/ S. 3166) establishes comprehensive adult dental coverage as a mandatory benefit for state Medicaid programs, which cover individuals making up to 138% of the Federal Poverty Level ($20,385 a year for an individual, $38,295 for a family of four). Currently over 76 million Americans are enrolled in the program.

The Medicaid Dental Benefit Act would:

- Require state Medicaid programs to cover dental and oral health services for adults including routine preventive care, emergency dental, basic services (fillings and extractions), major services (root canals, crowns), and dentures.
- Increases the Federal Medical Assistance Percentage (FMAP), the federal matching rate for state spending on Medicaid, for dental services at 100% for the first three years, over the span of seven years coverage decreases to 80%.
- Additionally, the Centers for Medicare & Medicaid Services must develop oral health quality and equity measures and conduct outreach relating to such coverage. Finally, the Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on specified information relating to adult oral health care.

The bill has the support of payers, providers, and patient groups: In August 2021 over 50 groups including NADP, the American Dental Association, and Families USA signed a letter to congressional leadership expressing support.

For Democrats: The leaders of the Tri-Caucus (Congressional Hispanic Caucus, Congressional Black Caucus, and Congressional Asian-Pacific American Caucus) expressed support for the legislation in December 2021.

The Ask

Support H.R. 4439/ S. 3166: Currently only 22 states and DC offer comprehensive adult dental in Medicaid. This bill would provide federal matching dollars to states to support the new benefit, and comprehensive dental coverage has been shown to increase utilization of preventive treatment and reduce ER costs for oral health visits. Over time, this keeps Medicaid enrollees away from hospitals for oral health issues and helps manage chronic conditions like diabetes saving costs for the health system more broadly. In 2021, a study showed the federal spending could save the US health system $2 billion annually.

- **If Yes:** NADP will provide them with updates as the process develops and appreciate their support on this issue that is critical to expanding dental coverage.
- **If Unsure/ Uncommitted:** Offer to answer any questions they may have or serve as a resource, revisit it in the future.

- **If No:** Be understanding and say we'd still like to continue to be a resource on the issue and revisit it at a later time.

Other Topics

Policymakers and staff may ask your opinion on current policy ideas and proposals. The following are several talking points in case you receive questions.

Remember: if you do not have an answer to any given question, please use that as an opportunity and offer to follow-up with the Congressional office later.

Dental in Medicare

Background (for your knowledge)

There are several bills in Congress that would add dental to Medicare (HR 502, S.97, etc.). All these bills would include dental as a Part B benefit. Some of these would also add coverage for hearing and vision services to Medicare.

Talking Points

- 65% of Medicare beneficiaries, nearly 37 million, have no dental coverage; 49% of seniors lack dental coverage altogether.
- Almost half of all Medicare beneficiaries did not have a dental visit within the past year, with higher rates among those who are black or Hispanic, have low incomes, and are living in rural areas, as of 2016.
- In 2016, 20 million Medicare beneficiaries had dental benefits through employer-sponsored coverage, retiree benefits, individual market insurance (e.g. AARP), discount plans, Medicare Advantage plans, and Medicaid. Since 2016, the share of beneficiaries with dental coverage has likely grown as 17.8 million Medicare Advantage enrollees are in plans with a dental benefit (compared to 10.2 million in 2016) and, over the same time period, rates of private individual dental market coverage have also increased.
- Evidence of the fundamental connection between oral health and overall health has been established and is growing every day.
    - Covering adults in Medicaid can offer ER savings and reductions in treatment costs for chronic and high-cost medical conditions.
    - Controlling oral inflammation is key to controlling other inflammation in diabetics.
- Lack of dental insurance is the most common reason for not visiting the dentist, more so than fear of visiting the dentist.

- Dental benefits are different from medical insurance. Dental practice is different from medical practice.
    - General dentists provide 90% of dental care and account for 80% of total dental costs.
    - Stand-alone dental plans also have separate deductibles, which are less than medical deductibles since the expense for procedures and delivery of care are often less than many medical procedures.
    - Half of policies have annual maximums on insurance payment under $1,500 and half are $1,500 or more. 95% of beneficiaries never meet their maximums.
- Because of the stark differences between medical and dental, there is value in the current system. Private plans provide coverage of dental benefits for 167 million Americans, while also administering dental benefits in public programs like Medicare Advantage, CHIP, Medicaid and FEDVIP.

The Ask

Consistent with its commitment to quality, affordable dental care for all Americans, NADP supports Congress's exploration of ways to expand dental coverage to Medicare eligible individuals. We are exploring several models to achieve this and want to be a resource in this process.

When exploring the addition of an oral health benefit to Medicare, many topics and questions should be considered. [Choose a question that you have about a potential dental benefit in Medicare that can speak to your knowledge about dental benefits administration. The following are *example questions*.]

1. **Seniors with Existing Dental Coverage**: **Will seniors with current dental coverage be allowed to keep their plan and dentist?**
    a. In 2016, In 2016, 20 million Medicare beneficiaries had dental benefits through employer-sponsored coverage, retiree benefits, individual market insurance (e.g. AARP), discount plans, Medicare Advantage plans, and Medicaid. Since 2016, the share of beneficiaries with dental coverage has likely grown as 17.8 million Medicare Advantage enrollees are in plans with a dental benefit (compared to 10.2 million in 2016) and rates of private individual dental market coverage have also increased.
2. **Design and Affordability**: **How will premiums and program costs be kept affordable?**
    a. In NADP surveys, consumers express a broad range of values. Some want lowest premium and out-of-pocket cost, others want to know that their dentist is in the network, and others want expanded services. To meet these expectations and oral health care needs of seniors, any new coverage or program may need to consider new care models, such as care delivery based on senior living or long-term care facilities as well as the development of value-based payment systems.
3. **Provider Participation**: **How would dentists be enrolled and paid to ensure adequate access for beneficiaries?**

a. Due to very limited dental services provided under Part B today the vast majority of dentists are not enrolled in Medicare (less than 1% of dentists participating in commercial networks are currently enrolled in Medicare). In 2018, ~200,000 dentists participated in DPPO networks available in the commercial market. 2,433 oral surgeons and 77 dentists are approved to bill Medicare.
b. Because the majority of dentists practice as a sole proprietor or in a small private practice, there is not an efficient method of reaching dentists to explain the requirements or to provide support in registration other than current networks. Dental plans can fill this role and relieve the federal government of significant outreach burdens in initiating an oral health services benefit. Additionally, dentists will most likely be more open to receiving payment through known current channels rather than from the federal government directly.

4. **Dental is Different**: **<u>How would a benefit be administered to utilize current private market efficiencies and expertise?</u>**
    a. Billing codes, diagnosis codes, claim forms, and electronic transactions supporting dental and medical services are different, and CMS does not currently support administration of a dental benefit.
    b. Dental benefit companies add value to consumers through credentialing contracted networks; providing utilization, clinical and quality review; delivering claims review and claims administration; staffing knowledgeable call centers; and applying dental plan design expertise to benefits. [Explain any of these areas as many are not familiar with what dental benefits companies do beyond payment of claims.]
    c. Building on current private plan models delivering benefits today through Medicare Advantage Medicaid, CHIP, FEDVIP, on the federal Marketplaces and in commercial markets, dental benefit companies/administrators would extend delivery of high quality, affordable and cost-effective benefits to Medicare beneficiaries enrolled in the traditional fee-for-service program.

Interim Steps to Expansion of Medicare: There are a number of short-term steps to improve Medicare eligible access to dental benefits:

<u>Support Independent Purchase of dental coverage on the federal marketplace</u> and allow seniors (and others) to independently purchase separate dental benefits. The technical limitations of the federal platform prevent seniors from buying coverage today.

<u>Support the expansion of Medicaid to include a mandatory adult dental benefit</u> which would allow seniors who are eligible for both programs to gain coverage. Medicaid eligible seniors are a group in need or regular oral health care as many have chronic diseases or missing teeth.

Ensuring Lasting Smiles Act

Ensuring Lasting Smiles Act (S.754/H.R.1916): Both the Senate and House bills were introduced on March 16, 2021 by Senator Baldwin (D-WI) and Representative Eshoo (D-CA-18), respectively. The Ensuring Lasting Smiles Act enjoys wide bipartisan support. H.R. 1916 has passed the House and S. 754 is waiting consideration in the Senate.

- This bill would require all private insurance group and individual health care plans to cover medically necessary services resulting from congenital abnormalities, including services and procedures for missing teeth, but excludes cosmetic procedures or surgery.
- **This would apply to major medical insurance, not dental**. It is our understanding that that some major medical payors have questions about the details of the bill.
- In general, NADP supports the concept of those with congenital abnormalities having access to care.
- Use this topic to return to talking points about the difference between medical and dental.

Teledentistry

- Although currently applicable to a limited number of dental procedures, we anticipate that can expand somewhat as the technology improves.
- We support the use of technology to improve access to dental care for consumers. Teledentistry can prevent emergency room visits or other office visits, provide greater access to underserved geographies, and has 24/7 capability. Refer to the NIDCR report on Oral Health (Section 1, page 21)
- NADP is generally supportive of state efforts to define clinical standards for practicing teledentistry – hopefully to minimize fraud and abuse.

The Ask

Should your office have questions or start to consider legislation on telehealth that could impact teledentistry, please let us know so that we can work with you and answer any questions you might have about the impact on dental insurers.

Putting it all together: sample meeting outline/script

The following is ***an example*** of how one might approach or outline talking points for a meeting (numbers related to the sample dental plan and dental benefits offer in the state are fictious). As noted above, you do not need to memorize these talking points. Your pitch to Congressional offices should be in your own words.

"Hi, I'm Jane Doe, I live in Dallas, Texas and am with A+ Dental Plan. We have 100 employees in Dallas, where we are headquartered, and we provide 500,000 Texans with dental benefits. We have 400,000 commercial enrollees, and 100,000 covered through Medicaid, CHIP and the Exchange."

[*State if the company is headquartered in or has an actual facility/office in the district or state. Don't mention where the company is based if it is outside of the district or state. No need to provide that information unless asked.*]

[*Each AIA attendee at the meeting should provide the same information above*]

We are here as members of the National Association of Dental Plans, or NADP, our national trade association. We appreciate your time today to talk about dental benefits in Texas, how dental benefits are different than medical benefits, and to raise a couple of specific legislative issues with you.

The dental benefits industry in Texas, like nationwide, is very robust and competitive. Texans have more than 27 different dental plans to choose from, with premiums averaging $25-$35/month. Consumers obtain dental benefits through their employer or individually, but in most cases (92% of all private dental coverage), consumers enroll in dental benefits through their employer and maintain a policy that is separate from their medical benefits. In fact, more than 99% of dental benefits are sold under a separate policy from medical coverage.

Most Texans with dental coverage have it through a PPO, as is the case nationwide. But HMOs, indemnity plans, and discount plans are also available.

Dental plan premiums are about 1/20th of medical premiums and the growth in premiums nationally has been very low. Over the last 5 years, the industry has actually had negative growth in some years, and the highest positive yearly change was only 2.5%.

Dental benefits and medical benefits are very different, in terms of diseases treated, diagnostic cost and complexity, the role for prevention and delivery of care, which all impact benefit structure and types of services covered.

[*Some examples of differences between medical and dental you could highlight at this point:*

- *There are only two dental diseases, tooth decay and gum disease, both of which are preventable.*
- *Most dental procedures can be performed in a dentist's office rather than a hospital or outpatient center.*
- *General dentists provide 90% of dental care and account for 80% of total dental costs. More than 60% of dentists are in solo practice whereas less than 10% of physicians are in solo practice.*
- *Although dental procedures can be expensive, they are far less costly than many medical procedures and hospital stays.*

- *Because dental disease is preventable, plans generally cover preventive services at 100%. Stand-alone dental plans also have separate deductibles, which are less than medical deductibles since the expense for procedures and delivery of care are often less than many medical procedures. Low deductibles encourage enrollees to seek preventive care, which decreases the incidence of dental disease, ER visits for dental pain, and the need for complex dental procedures.]*

Dentistry and dental care are an important part of health care. Dental care and benefits are also quite different from medical—it is critical when Congress legislates on insurance benefits to distinguish between medical and dental, and we are happy to serve as a resource for you when considering such proposals.

With respect to the Exchanges, we'd like to raise a technical problem that we need your help resolving.

In Exchanges, consumers have the option to purchase dental benefits as part of a medical plan, or through a separate dental policy. The ability to purchase either as part of a medical plan or through a separate dental policy was included in the ACA to provide consumers access to the same types of plans available in the commercial market prior to the ACA (where as you may know, more than 99% of dental benefits are sold under a separate policy from medical coverage).

In 2021, over 2 million Americans gained dental coverage through stand-alone dental plans on state and federal exchanges. Although we initially anticipated most of the new enrollment would be children, as a result of the ACA's pediatric dental benefit, the majority of the enrollment has actually been adults (children have gained coverage through Medicaid and CHIP).

While purchase of dental is optional, the technical design of the Exchanges linked medical and dental enrollment functions, meaning an individual cannot buy a dental plan independently of medical coverage if they have a medical plan through their employer, Medicare Part B, or other means.

In 2018, bipartisan groups in the senate and house requested that CCIIO allow the independent purchase of dental care [*thank them if they signed the letter*], and the FY2020 Budget Report language directed CCIIO to allow it for PY2020. However, they have not yet done so. In most states with their own exchanges, individuals can purchase a dental plan separately front medical, expanding options for dental coverage.

While NADP has re-engaged the Biden Administration on this issue, and there aren't any statutory barriers to independent purchase, legislative directions may be necessary.

[*Discussion with staff*]

We'd also like to bring to your attention H.R. 3461/ S.1793, also known as the DOC Access Act. The bill would prevent enrollees from accessing the full scope of their insurance coverage by banning discounts for certain services. This has the potential to increase costs for care and restrict access to oral health

treatment and potentially lead to unexpected higher costs for basic services that would normally be covered.

In a contract with a dental plan, providers agree to offer treatment at a discount to in network patients. Discounts increase the scope of benefits while keeping premiums affordable, thereby increasing the overall value of the program for employers and employees. We'd ask that to continue to allow patients to fully utilize their dental plans and keep their dental costs low, that you oppose the DOC Access Act should it come to a vote. We'd be happy to follow-up with more resources and materials on the issue should you have any questions.

[*Discussion*]

Finally, as we said earlier oral health is critical to overall health. That is absolutely the case for the Medicaid population, which is uniquely in need of oral health treatment. Today there are over 76 million Americans in the Medicaid program, and less than half of states require their programs to include comprehensive adult dental coverage. Over time, comprehensive adult dental coverage in Medicaid helps to increase utilization of preventive dental treatment and keep Medicaid recipients out of the hospital for oral health issues.

We'd ask that you support the Medicaid Dental Benefit Act of 2021 (H.R. 4439/ S. 3166) to require a comprehensive adult dental benefit in state Medicaid programs and facilitate its implementation through federal matching dollars and standards of care.

[*Discussion*]

Thank you for your time; we talked about a lot of issues. If we were to leave you with one overall point today, we'd ask you to keep in mind when legislating on insurance coverage that there are differences between medical and dental coverage. Sometimes it works to simply reference "health" in legislation, but in most cases, it is important to distinguish whether the intent is to cover both medical and dental, or one or the other. This helps prevent confusion both in complying with statutes and regulations, and in the marketplace.

Appendices

Hyperlinks and quick descriptions of NADP and joint stakeholder letters to which NADP signed-on as part of a broader collation:

2022

1. On February 1, NADP sent a **letter to CMS Administrator Chiquita Brooks LaSure** advocating for the independent purchase of dental plans on the federal marketplaces as a means of improving equity and access to oral health care for End-Stage Renal Disease and transplant patients.

2021

Following are several important issues NADP has shared with policymakers in 2021:

1. On August 11, NADP and other national organizations including NADP, ADA, Families USA, CareQuest Institute for Oral Health, and over 50 others signed a **letter asking congressional leadership** to support mandatory Medicaid adult dental.
2. On March 29, NADP **sent a letter to HHS Secretary** Xavier Becerra on Independent Purchase.
3. In March, NADP sent **a letter of congratulations** volunteering to serve as a resource for the upcoming Surgeon General's Report on Oral Health and offering to share the association's research demonstrating the value of dental insurance in promoting oral and overall health.
4. On February 10, NADP joined a coalition of nearly 90 companies and organizations including public- and private-sector employers, nonprofits, chambers of commerce, patient advocacy groups, insurers, hospitals, brokers, church plans, unions, and multinational companies in the **letter** to congressional leaders asking them to include COBRA funding in the next COVID-19 relief package.

2020

Following are several important issues NADP has shared with policymakers in 2020 during the COVID-19 pandemic:

1. In September, submitted **a letter** in response to the House Energy and Commerce Committee investigation into health and dental insurance companies' business practices. The letter provides context on the financial picture for the dental industry in 2020, highlights the myriad actions that dental carriers are taking to assist consumers and the community during this pandemic, and explains the key differences between medical and dental plans.
2. **May 20 letter** to Congressional leadership advocating for an increase to the Medicaid Federal Medical Assistance Percentage (FMAP), with a specific increase for dental benefits, in the next COVID-19 relief package.
3. **May 18 joint stakeholder letter** to Congressional leadership regarding policies to support the oral health care system including increasing the FMAP and establishing an oral health infrastructure fund.
4. **April 23 joint stakeholder letter** to Congressional leadership with key health and health care priorities for the next COVID-19 response legislation.

5. **April 21 letter** to Congressional leadership seeking federal subsidization of COBRA premiums for the newly unemployed and a special enrollment period for the Federally Facilitated Exchanges.
6. **April 10 comment letter** to the Small Business Administration seeking clarification that dental plan premiums and costs paid by employers are included in the definition of "payroll costs" in the Paycheck Protection Program.
7. **PPE support:** NADP sent a **letter** of support to the sponsors of the Small Business PPE Tax Credit Act (HR 7216) which would provide a $25,000 tax credit for small businesses to purchase personal protective equipment (PPE). The tax credit would help some dental practices that are still struggling with obtaining PPE as dental care begins to resume.