

The Kentucky Dental Association promotes the following public policy positions before the state and federal legislatures:

### CREATING A HEALTHIER COMMONWEALTH...

#### THE OPIOID EPIDEMIC

- Support limited prescription of opioid medications to situations where it is deemed clinically necessary for acute pain relief.
- Educate patients and the public as to causes and effects of opioid addiction and provide non-opioid alternatives to acute pain.
- Promote safe disposal of unused opioids and other medications.

*As ethical providers of healthcare, dentists have an obligation to have frank discussions with patients or parents of patients about how to identify possible abuse and find help. The KDA has created a resource guide on proper prescribing to its members and their patients. Through collaborative efforts to inform and promote common sense regulation, Kentucky dentists are part of the solution.*

#### SMOKE-FREE INITIATIVES

- Support efforts to reduce smoking rates in Kentucky. Due to the increased risk of tooth loss and incidents of cancer among tobacco users, KDA supports taxing tobacco and smokeless tobacco products to discourage their use. KDA also supports efforts to educate the public on the risks of second-hand smoke and the dangers associated with e-cigarettes and vaping devices.

#### WATER FLUORIDATION

- Support the continued fluoridation of community water supplies as safe, effective and necessary in preventing tooth decay.

*Fluoridation has long been regarded as a safe, beneficial, cost-effective and socially equitable public health measure for preventing dental caries in children and adults. Kentucky is nationally-recognized for providing 96 percent of our citizens with a fluoridated water supply.*

#### MEDICAID

- Support continuation of dental Medicaid benefits for as many vulnerable citizens of the Commonwealth as possible.
- Promote a sustainable program that establishes an adequate network of providers through easing unnecessary administrative burdens and increasing the rate of reimbursements.
- Inform the Administration of the impact of policies on dentists and their patients.
- Communicate information regarding new policies to members.

*Medicaid is a crucial benefit for many of Kentucky's most vulnerable citizens. It is imperative that this coverage be continued for as many citizens who qualify for this benefit as possible.*

#### TELEHEALTH

- Identify and support the implementation of telehealth policies and practices that can be shown to increase access to care while ensuring safe and effective care for patients.

*Appropriate telehealth policy permits rural providers to seek the opinion of specialists using intraoral cameras in addition to electronic transmission of x-ray images. It can also increase access to care.*

### TREATING THE MOUTH AND BODY AS ONE...

#### COORDINATION OF CARE

- **Integrate Dental and Medical education** – KDA supports efforts to educate others regarding the benefits of a healthy mouth. For example, inter-professional education being undertaken at both the University of Kentucky and the University of Louisville helps recognize the mouth as part of the whole body for purposes of diagnosing, treating and preventing disease.
- **Medically-Associated Dental Care** – KDA supports requiring medical insurers to cover (and act as the primary payer for) dental treatment associated with a diagnosed medical disease or condition.
- **Coordination of Medical/Dental Benefits** – KDA supports requiring medical and dental insurers to coordinate primary dental and secondary medical benefits (or vice versa) in a way that is seamless for both the patient and treating dentist.
- **Joint Disorders** – KDA encourages medical and dental insurers, both, to offer coverage for the diagnosis and treatment of temporomandibular joint disorders and cranio-mandibular disorders.

### BUILDING A SAFE & SUSTAINABLE WORKFORCE...

#### PUBLIC PROTECTION & PATIENT SAFETY

- Promote legislation and policies that ensure public protection and patient safety through adherence to a dentist-led practice model.
- Oppose legislation or policies that may place patients at risk by permitting or creating a class of providers lacking in appropriate education or training to serve on the dental team.

*The dental team requires appropriate supervision - both direct and indirect – from a licensed dentist. The KDA has a liberal dental team member policy and supports using our existing dental team members in an efficient, proven system that ensures patient safety and access to care.*

# KDA 2021 Legislative Priorities

Our Mission is to Help Member Dentists Succeed and Serve

## PROMOTING INSURANCE REFORM...

### TRANSPARENCY IN DENTAL CARE BENEFITS

Patients deserve a dental benefit plan that protects them, removes financial and coverage uncertainties and prohibits companies from misleading patients about what is covered. We support legislation that establishes clear, simple and transparent dental benefit processes in five areas including:

- **Non-covered Services** – KDA supports legislation that permits the provider to charge his or her usual and customary fee when a service is not covered under the patient's insurance policy. KDA also supports legislation that prohibits dental benefit plans from interfering when a contracted dentist agrees to furnish a non-plan service privately to a patient who knows the service is not covered by his or her plan.
- **Assignment of Benefits** – KDA supports legislation that permits the dental benefit plan to directly pay the provider.
- **Prior Authorization** – Dental benefit plans sometimes deny or reduce payment for care they previously authorized. This can result in an emergency financial situation for the patient and the provider, thereby creating an unnecessary barrier to care. KDA promotes legislation that holds dental benefit plans accountable for paying what they promise.
- **Virtual Credit Cards** – Dental benefit plans are increasingly requiring providers to accept payment through virtual credit cards which include up to a 5% transaction fee. KDA promotes legislation that would require carriers to permit and inform providers of other payment options they may opt into.
- **Network Leasing** – Dental benefit plans can lease or rent "in-network" relationships without the provider's consent or knowledge. Potential confusion regarding covered treatment and costs can result in an erosion of the patient-provider relationship. KDA promotes legislation expanding transparency before networks are leased and providing an opportunity for providers to accept or refuse these contracts
- **Medical Loss Ratio** – Though the Affordable Care Act established that major medical plans pay certain percentages of collected premiums for medical care vs. administrative costs, no such requirement exists for dental plans which are considered "excepted benefits." KDA promotes legislation establishing an MLR reporting requirement to establish better transparency for dental benefit plans.
- **Retroactive Denial** – Dental benefit plans can require providers to repay claim payments approved in error. KDA promotes legislation limiting dental insurers to a reasonable time (e.g. 12 or 18 months) in which they can request refunds for claims paid in error.

### MCCARRAN FERGUSON ACT

- **Support federal legislation promoted by the ADA that would protect consumers and anti-competitive market practices that can make health insurance less affordable, such as cooperative rate-making and joint underwriting.**

*This bill would authorize the Federal Trade Commission to enforce federal antitrust laws against health insurance companies engaged in anticompetitive conduct. Currently, the insurance industry is exempt from these laws.*

## FIGHTING FOR TAX REFORM...

### PROVIDER TAX

- **Oppose any tax that merely shifts the burden of paying for care onto the providers of that care:**

*There are more appropriate avenues to fund expanded coverage that do not further restrict access to care by placing additional burden on the provider.*

### SODA TAX

- **Promote a tax on sodas and sugary drinks:**

*Sugary drinks adversely impact oral health. The resulting cost associated with addressing tooth decay, obesity, and other health concerns place a strain on limited funding devoted to efforts to improve oral health and expand access to care. Many states and localities have adopted a tax on sugary drinks to address this problem. In Kentucky, such tax proceeds could be earmarked to increase reimbursement rates for Medicaid providers in order to expand access to care.*

### PROFESSIONAL SERVICE TAX

- **Oppose a professional services tax on dental services:**

*Dental benefits which provide only a limited amount of annual coverage often result in significant remaining expense to patients. Taxing dental care could result in patients foregoing needed treatment or waiting until the problem must be addressed at the emergency department.*

### PRECEPTOR TAX INCENTIVE

- **Support legislation to create a preceptor tax incentive program:**

*Preceptors are experienced practicing clinicians who are not always compensated for time spent supervising medical, dental, physical therapy or other health career students on clinical rotations in community settings. A tax incentive would lift the financial burden for providers. It would help increase access to care in underserved areas of Kentucky and provide valuable training for a new generation of providers.*

## ADDRESSING STUDENT DEBT...

### LOAN FORGIVENESS

- **Support efforts to provide and maintain loan forgiveness programs.**

*In order to encourage dental graduates to practice in rural communities or underserved areas in Kentucky, loan forgiveness programs are vital due to the staggering level of debt which current graduates carry.*

### FUNDING HIGHER EDUCATION

- **Encourage legislators to commit more state funding to state colleges and universities.**

*Dentists just starting a practice, today, are saddled with an average of \$261,149 of student loan debt. This debt impacts their practice decisions, including whether to work in research, dental education or in underserved areas. It also affects their ability to provide charitable care or pursue post-doctoral education.*