



COUNCIL ON GOVERNMENTAL RELATIONS

Resolutions

None

Informational Report

2015-2016 highlights from the CDA Council on Governmental Relations include:

- The CDA successfully passed HB 1327 to ensure that licensure requirements related to liability coverage continue to be reasonable for inactive dentists (as well as for inactive and retired dental hygienists).
- The CDA prevented any Medicaid rate cuts for dentists, and preserved the adult dental benefit in the midst of difficult budget negotiations.
- The CDA more than quadrupled the amount of funding available for dental loan forgiveness candidates from \$200,000 to \$875,000 through the 2016 state budget process.
- The CDA helped pass HB 1142 to offer a tax credit to certain rural dentists who precept for dental students.
- A statewide ballot initiative to increase tobacco taxes could provide an annual allocation of nearly \$4M for dental access programs, including loan forgiveness, rural training tracks, dental infrastructure and care coordination. In addition to helping deter tobacco use and improving patients' health, this initiative, if successful, would represent the largest state investment into dental access programs ever made and would immediately advance dental access 10-20 years over what could likely be accomplished through legislative channels.
- The state Medicaid program reported that there was a 50 percent increase in the total number of dental providers in the Medicaid network from 2014 to 2015. These numbers demonstrate the amazing commitment of Colorado dentists to serving the at-need population in our state. While work remains to continue to improve providers' experience with the program and the continued participation of dental providers is vital, thank you to all CDA dentists who have stepped up to make these numbers possible!
- The CDA obtained continued Public Affairs support from the ADA in the amount of \$71,500 for fiscal year 2015-2016.
- The CDA, in partnership with other oral health advocates, launched a statewide fluoride website – COFluorideFacts.org – a great resource for communities and individuals to get the facts about water fluoridation. The site and CDA efforts have helped maintain community water fluoridation in several Colorado communities.

Governmental Relations Objectives, 2015-2016

- Prepare a receptive legislative environment for ongoing CDA legislative priorities. Defend against legislative and regulatory proposals hostile to dentistry. Priorities include:
 - Dental insurance reform
 - Medicaid Benefit and Rates defense
 - Mid-Level Provider defense, and
 - Loan Forgiveness improvements

- Continue to expand influence with state legislators and the governor's office.
- Recruit and train effective state Action Team Leaders for the 2016 legislative session.
- Introduce and recruit dentists to donate to the Colorado Dental Small Donor Committee (CDSDC) and CODPAC.
- Continue to improve the CDSDC and CODPAC's success in supporting candidates.

2016 Legislative Priorities

Colorado's 2016 state legislative session ran from January 13 through May 11. The Council on Government Relations advocated on the following priorities for the CDA in 2016:

- *Protect the recently added adult Medicaid dental benefit and dental rates in Colorado amidst severe budget constraints (due to unique Colorado TABOR limits that restrict state general fund growth).*
The CDA was actively involved in discussions on HB 1405 (the long bill), HB 1409 (unclaimed property trust fund transfer for continued funding of Medicaid adult dental benefits) and HB 1420 (enterprise fund for the hospital provider fee). The adult dental benefit continues to be funded consistent with past years and no dental provider fee cuts were made this year.
- *Advance clean up of a dental board rule that exempts dentists with inactive licenses from having to carry liability coverage.*
Based on small changes made in statute during the 2014 sunset review, the state attorney general objected to a rule exempting certain dentists and dental hygienists from carrying a full liability coverage policy. When DORA was unable to run a bill to ensure a reasonable approach for dentists who are not in active practice, the CDA took the lead on this effort. The cleanup bill, HB 1327, passed with unanimous support.
- *Monitor potential revisions to practice ownership and fee splitting requirements, given interest in changes by a large group practice in Colorado.*
The CDA amended SB 9 to ensure that language was carefully constructed to improve existing statute and preserve the dentist's independent professional judgment.
- *Improve the state loan forgiveness programs for dentists, including securing additional funding to ensure that awards are sufficient to incentivize students relative to debt load.*
The CDA secured an additional \$675,000 for dental loan forgiveness programs through HB 1408. This addition more than quadruples the current amount of funding (\$200,000) available to dentists who qualify for loan forgiveness in Colorado, and can help incentivize more dentists to practice in rural and other underserved areas. There is the potential for a substantial amount of additional loan forgiveness funding to be made available should a statewide ballot initiative increasing tobacco taxes pass in Nov. 2016.
- *Improve incentives to dentists to participate in dental access initiatives, including expansion of dental practices in rural Colorado and Medicaid.*
The CDA helped pass HB 1142, a bill that offers a state tax credit to rural dentists who act as preceptors for dental students, as direct encounters in rural practice have been shown to increase the likelihood of long term engagement in these communities. The CDA also used HB 1212, a bill that would create a tax incentive for Medicaid providers that are not reimbursed the full cost of services provided, to further educate legislators about the differential between Medicaid rates and the cost of providing dental care.
- *Continue efforts to address dental workforce needs and diffuse calls for new types of dental providers.*
Preserving Colorado's current dental workforce makeup and avoiding need for a new member of the dental team continues to be a priority for the CDA. In 2015, the CDA helped pass a piece of carefully framed legislation to authorize dental hygienists to

perform interim therapeutic restorations (ITR) pursuant to a collaborative agreement and telehealth supervision by a dentist. Part of this effort was an agreement within the stakeholder community to focus on implementation of ITR efforts and not to pursue other workforce models for 5 years. We continue to reinforce this plan, especially in light of changing landscape like the recent CODA announcement of dental therapist program accreditation that may precipitate additional workforce discussions. A lack of consistent educational standards has been an argument against dental mid-level providers in the past. In the future, arguments will need to shift to evidence that the dental profession has created needed access using the existing dental team. The dental profession has taken a strong step towards demonstrating this commitment in its engagement with the Medicaid adult dental benefit and work on access initiatives. We are also working to expand dentist capacity in underserved areas, as well expand community outreach and care coordination to help address existing gaps. The CDA will monitor implementation of the ITR legislation to ensure programs adhere to the intent of the law and that successful outcomes are achieved. There were not any discussions regarding changes to the dental workforce makeup during the 2016 legislative session.

- *Improve the environment for delivery of dental services to ensure access-to-care, including addressing insurance reforms needed to address current systemic inequities.* The CDA has engaged in discussions with the healthcare community regarding targeted reforms related to insurer payments to out-of-network providers and non-covered services. A bill addressing payments to out-of-network providers was expected during the 2016 legislative session, but no bill was introduced. The 2016 bill was expected to be narrow and focus primarily on emergency services and care at in-network facilities as a starting point. Discussions on this topic will continue in future sessions. Another bill, SB 162, would have addressed Medicaid patients' ability to use a non-network provider, and eliminated criminal penalties for out-of-network providers that collect payment from a Medicaid patient. The bill did not pass, but raises important discussions, especially related to a limited benefit like adult dental. Conversations on this topic are expected to continue over the interim months. HB 1361, a pharmacy choice of provider (aka, any willing provider) bill, also raised discussion about patient choice versus insurer mandates. While the bill ultimately died in the Senate, it maintained viability for much longer than expected, which may indicate some level of receptiveness by insurers in addressing some of the long-standing discussions on insurance reform. In 2015, a bill to address non-covered services was pursued by Colorado optometrists, whose strategy created some negative sentiments on the topic. The bill was not introduced in the 2016 legislative session, though a dental-vision federal bill was discussed around the Capitol for several months as a model. We will continue to engage in conversations and set the stage to address vital dental insurance reforms in coming years. Colorado also has a proposal to enact a single-payer healthcare system that will be included the 2016 statewide ballot (<http://coloradocareyes.co/>). The plan includes some dental coverage, though the proponents have not clearly identified whether the coverage is comprehensive or includes all populations. The CDA will study stakeholder positioning and possibly conduct member polling prior to formal engagement on this topic as additional data becomes available in summer 2016.
- *Add dental benefits for pregnant moms under Colorado's CHP+ program.* An oversight in dental coverage among public assistance programs is the lack of coverage for pregnant moms in the CHP+ benefit. The omission may be a technical glitch related to the timing of the addition of dental benefits in relation to the addition of pregnant moms to the CHP+ benefit more than a purposeful act to exclude the population from benefits. There has been some legislator hesitancy in making changes to the CHP+ program given concerns about how long the program may be in operation,

given the intent of the ACA to begin to replace CHP+ coverage with credits through state insurance exchanges. In spite of the low cost associated with adding this benefit, the oral health community elected not to pursue funding in 2016 given the state budget situation. This issue will be monitored for potential future action.

The CDA monitors numerous additional healthcare bills. In total, the CDA was involved with more than 50 bills with potential healthcare and dental effects during the 2016 legislative session. A full bill status sheet is available at cdaonline.org/billstatus.

Workforce and Access Initiatives

Updates on recent dental workforce activities in Colorado include:

- **Dental Health Matters**
CDA's dental access initiatives were rebranded this year under the Dental Health Matters name. Some of CDA's successful initiatives to improve to dental care across Colorado include:
 - Working with rural healthcare providers to expand capacity at existing locations and develop new delivery points for dental services. These models of care focus on providing care where people live and work, and integrating dental services with overall healthcare. This effort focuses largely on co-location projects that place dentists in existing medical facilities in underserved areas (often hospitals or medical clinics. In the last year, the CDA focused on launching a clinic site with a hospital in Springfield (southeastern), Colorado. CDA dentist Arnold Cullum has also launched a mobile practice model that engages dentists to travel to interested underserved communities.
 - Successfully expanding access to quality dental care for our state's Medicaid population – both for children and adults. The CDA helped advocate for dental benefits for Medicaid adults and our "Take Five" program helped many dentists enroll as new Medicaid providers to ensure quality care for the newly covered Medicaid populations.
 - Studying communities of need to identify tailored solutions that can be implemented in the area. The CDA retained the Keystone Consulting group to study each region of Colorado (organized by state Health Statistics Regions) in terms of dental access needs. Stakeholder interviews were conducted in each region to identify needs and solutions specifically tailored to the needs of each region. The Keystone Group compiled a report outlining recommendations for each region.
 - Taking a leading role in conversations about dental health – both at the state Capitol and around Colorado. Critical conversations about the sufficiency of dental benefits, the need to fully fund services like Medicaid, as well as the central role of our profession in maintaining and advancing quality dental care statewide will be critical to ensuring great dental care for all Coloradans in years to come.
 - Working with stakeholders to better identify and refer patients in need of dental care so they do not have to resort to costly emergency-room visits.
 - Continuing to advocate for community water fluoridation throughout Colorado, attesting to its benefits in improving lifelong oral health.

Through these initiatives, the CDA has been proactive in addressing concerns regarding access to dental care and has shown measurable access improvements. The campaign includes comprehensive outreach, media and social media strategies to highlight these successes. The Dental Health Matters campaign will continue to allow the CDA to lead the conversation on oral health access and spur further conversation by local legislators and oral health advocates.

- **ADA Health Policy Institute**
In 2016, the American Dental Association's Health Policy Institute (HPI) has released a series of oral health reports addressing all 50 states and D.C. Colorado rated highly in the reports, which address oral health status, dental utilization, workforce capacity, participation in public benefit programs like Medicaid, community water fluoridation, and more. Other HPI briefs have focused on the costs and benefits of providing Medicaid adult dental services.
- **National Foundation Activities**
The Pew Charitable Trust recently hired a new dental director to replace Shelley Gresham. The oral health community is watching to see impact this leadership change will have on Pew's policy direction.

The National Academy of State Health Policy (NASHP) published a report on the rollout of adult Medicaid dental benefits in several states, including Colorado. The report reviews the political history of adding the benefit and details about the benefit design. The report can be viewed on the [NASHP website](#).

- **Local Foundations**
In 2015, Colorado's Delta Dental Foundation awarded grants to 16 pediatric medical practices to integrate dental care into their care model. This 5-year pilot program focuses largely on co-locating a dental hygienist in the office of a pediatrician to provide screenings and oral health education. Information on year 1 outcomes can be accessed [here](#).

The Caring for Colorado Foundation focused on implementation of a virtual dental home (VDH) pilot program, which includes an allowance for dental hygienists to place interim therapeutic restorations. The Caring for Colorado Foundation is currently conducting a planning and training process for their grantees.

- **COMOM Outreach**
The CDA will help coordinate legislator outreach for partner organization COMOM's June 2016 event in Brush. Legislator save the date notices will be distributed prior to the end of the legislative session in early May.

State and Local Policy

- **State Dental Board**
In 2016, the State Dental Board conducted rulemaking to address all rules and policies not reviewed during implementation of the dental sunset review bill. The State Board hosted committee meetings to discuss each rule and policy through January and February 2016, and conducted a preliminary rule hearing on Feb. 24. A detailed synopsis of proposed rule changes was published in the Spring 2016 *CDA Journal*. A final rulemaking hearing and rule adoption was conducted on Apr. 28. Minor changes were made to the rules at the adoption hearing. The new rules take effect on June 30, 2016. Future rulemaking will be conducted on advertising and telehealth, among other topics.

In 2015, there was confusion with the State Dental Board around whether dental assistants could place fillings after a dentist has completed irreversible preparatory work on the tooth. The CDA advocated maintaining the historical allowance for this practice, which is a common in many Colorado dental offices, and can be key to the efficient delivery of dental services. In March 2016, the State Dental Board clarified that the historical position of

allowing an appropriately trained dental assistant to place a filling under a dentist's indirect supervision would be maintained. The Dental Board may add rule language to clarify this position.

Also, in 2015, the CDA became aware that there is not currently a template for the articulated plan required for dental hygiene prescribing. The Colorado Dental Board would like a template developed for consistency. There will be a collaborative effort among the CDA, the Colorado Dental Hygiene Association and the Dental Board to create this template.

- **Take 5 Dentist Recruitment**
Medicaid received federal approval for an Enhanced Payment Program and, in spring 2016, wrapped up payments to providers through the program, which providers could qualify for through Dec. 31, 2015. Colorado Medicaid recently reported that there was a 50 percent increase in the total number of dental providers in network from 2014 to 2015. At the end of 2015, there were at least 2,099 providers in the Medicaid network, which represents a doubling of the provider network and inclusion of nearly 50 percent of actively practicing Colorado dentists. Medicaid reports that additional providers have joined the network in 2016. These numbers demonstrate the amazing commitment of Colorado dentists to serving the at-need population in our state, in spite of the substantial administrative hurdles encountered during the program rollout. We continue to work to improve providers' experience with the program, and we certainly need the continued participation and support of dental providers. But your commitment is to be commended and reflects very well on the dental profession. Politically, the best defense can be a great offense. Thank you to Colorado's dentists for stepping up when it truly matters!
- **Medicaid Update**
Medicaid's 2015 annual report revealed that, in Medicaid's first complete year offering adults dental services, Medicaid dental providers served 285,300 adult members. 33 percent of all dental-eligible adult members received dental services in 2015. This utilization rate is reported to be on par with first year utilization in many private dental benefit plans.

In late 2015, DentaQuest brought on a new Provider Relations supervisor, Tina Pierre. Ms. Pierre was previously the central Colorado Provider and Community Liaison for ColoradoAccess, a nonprofit health plan that operates as a Medicaid regional care collaborative organization (groups that seeks to integrate care, connect Medicaid clients to providers, and help clients find community and social services in their area). Though she hails from a non-dental background, she has extensive experience working with the medical and behavior health aspects of Medicaid.

DentaQuest published several updates to the provider Office Reference Manual (ORM) in 2015 and 2016. Primary changes were to align the adult and children's benefits, update benefit limitations and documentation required, and add/delete codes for consistency with CDT 2016 revisions. Anesthesia billing was a significant change in the 2016 CDT. In coming months, DentaQuest will be working to launch a new provider portal, which they hope will streamline billing, eligibility checks and other office processes. The new portal will include the ability to share records (such as x-rays) between providers.

We continue to seek legal resolution to the issue of billing a patient's primary insurance when the patient has Medicaid as a secondary insurer. There are two conflicting sections of state law that seem to disagree on whether a co-pay or deductible associated with the

primary insurance plan can be collected from these patients. While there was a bill introduced in the 2016 legislative session that could help address this issue in part (SB 162), the bill is not expected to progress. In the meantime, CDA's attorneys will be consulted, and meetings likely scheduled with Medicaid's legal department.

Finally, new federal provider screening regulations have required additional credentialing efforts for Medicaid providers. Medicaid providers must revalidate credentials prior to Nov. 1, 2016. Complicating the process has been a state-level change in credentialing vendors (from Xerox to HP), meaning that providers must essentially repeat the credentialing process as opposed to just updating existing information in the system. Given that many providers just completed initial provider enrollment with Medicaid, repeating the process in such a short timeframe has created substantial frustration. Once the current revalidation efforts are completed, most providers should be clear from major credentialing exercises for the next 5 years.

- **Senior Dental Advisory Committee – Dental Care for Low Income Seniors**
The Senior Dental Advisory committee has established a new program within HCPF. The RFP process for applying to provider services launched in 2015, and the program is now underway with delivering care to low income seniors. The advisory committee has been considering whether to allow immediate dentures as a benefit in the program, along with necessary code parameters.
- **CICP Benefits**
The Colorado Indigent Care Program (CICP) offers medical care services to low income Coloradans on a sliding fee scale. The CICP program primarily operates in FQHCs and nonprofit health clinics given its funding structure. In 2015 and 2016, the program considered adding some limited dental benefits, including exams, imaging, and emergency services. There was discussion of mirroring benefits currently offered through the OAP or Medicaid programs. However, participating clinics had some concerns with the reimbursement methodology proposed by the program and recommended not moving forward with an addition of payment for dental benefits at this time. The discussion may be revisited in the future.
- **CDPHE Long Term Care**
The Colorado Department of Public Health and Environment (CDPHE), which regulates long term care facilities, made some revisions to the rules related to dental services provided in long term care settings. The rules changes should generally result in better oral care and hygiene education for these patients. The rule changes were finalized at the end of 2015 and were adopted by the State Board of Health in March 2016.
- **CDPHE Dental Loan Forgiveness Program**
The Colorado Department of Public Health and Environment (CDPHE) made some revisions to the rules governing the dental loan forgiveness programs. The changes, which were largely technical in nature, modified the scoring system for candidates in the program to better align rules with current practice and create symmetry with Colorado's Health Service Corps that involves other medical professionals. The rule changes were adopted by the State Board of Health in March 2016.
- **CDPHE Oral Health Collaborative**
The Colorado Department of Public Health and Environment (CDPHE) workgroup on oral

health “winnable” battles merged with OHCO’s access to care committee in 2015. Updates on projects to collect dental metrics and pilot programs to expand access to dental care continue to be provided in that forum.

- **Revisions to X-Ray Fees**
In March 2016, dental offices received invoices for the new \$50 annual facility registration fee imposed by CDPHE. The CDA fought this fee increase on behalf of the dental profession when it was considered in Nov. 2014. The CDA encouraged dentists to attend the rulemaking hearings on this fee increase and provide input during consideration. No dentists participated in the hearing, though several offices expressed concerns this spring.
- **Community Water Fluoridation**
Denver Water reconsidered its policies regarding water fluoridation in August 2015. The medical and dental communities were asked to present on the benefits of fluoridation, with the CDA’s Dr. Brett Kessler testifying on behalf of the dental profession, along with Dr. Katya Mauritsen for the state health department and Dr. Bill Bailey, a leading national authority on water fluoridation who teaches at the University of Colorado School of Dental Medicine. Dr. Paul Connett testified for the opposition, as well as several opponents from Colorado. After testimony, Denver Water voted unanimously to retain fluoride. Another effort was mounted against water fluoridation in Snowmass. An initial vote by the City Council went against fluoridation, but Dr. Karina Redko rallied the community, paid for advertising and championed the effort. The water board surveyed its paying water customers, and the community voted in favor of continued water fluoridation. With that information, the board reversed its decision. In Hayden, water fluoridation was a ballot issue. Hayden voted to retain its fluoridation. In Montrose, the water district removed fluoridation without letting customers know, citing product supply concerns. The water district was concerned with the quality of their Chinese sourced product, so the CDA found a Belgian-made product for the water district to test. In spite of providing high quality product sources and evidence to the water operator, as requested, he continues to oppose options to restore fluoridation in the community. Durango has also been revisiting fluoridation of the town’s water over the course of several months and with a new panel of utilities commissioners. A decision is pending action by the City Council. Several communities have expressed interest in adding fluoride to their water supply, but no new communities have yet been added.

Federal Policy

- **Medicare Opt-In/Opt-Out**
In the Winter 2016 edition of the *CDA Journal*, the CDA published an updated article on opt-in/opt-out options for dental offices considering the Medicare registration requirements. The deadline for opting-in or opting-out has been extended to Feb. 2017.

Action Team Leaders

The CDA’s state action team leader network currently has 66 dentist participants. There are 7 action team leader vacancies in the Senate and 27 in the House. Please consider becoming involved, and encourage your colleagues to get involved for future legislative sessions.

Friday, February 19 was the CDA’s 2015 Dentists Day at the Capitol. In 2016, budget issues were a hot topic in the state legislature, and the CDA worked to protect the newly implemented adult Medicaid dental benefit. Insurance reforms were another top priority, as well as loan forgiveness and other incentives for dentists in rural and underserved areas. Lobby day was well attended and had a great response from legislators.

CODPAC

As in years past, CODPAC sponsored the pre-session legislative events hosted by the four political caucuses, which resulted in good conversations and relationship building with legislators.

Consulting firm Sagac Public Affairs was engaged in partnership with ADPAC to conduct a CODPAC education and fundraising campaign. Sagac completed an educational email campaign to familiarize people the roles of ADPAC, CODPAC and the small donor committee in mid February. A solicitation campaign, asking for contributions, started in early April. Targeted messages were sent to four segmented groups – leadership, current donors, lapsed donors (who had previously given in the last 5 years) and non donors. A final, joint giving request was sent to all donors in May followed by a thank you email to those that gave. Campaign metrics will be compiled and reported in summer 2016. CODPAC looks forward to seeing the results of the fundraising campaign. In addition, the CODPAC suggested giving amount on dues statements was increased from \$55 to \$85, with good initial results. Dues statement donations were largely collected before work with Sagac launched.

The CODPAC legislative interview process will be conducted in summer 2016 with a focus on the CDA's past work on dental access and insurance reform. The process is instrumental in educating candidates on important dental issues and in helping lay a favorable groundwork for the CDA's priorities during future legislative session.

ADPAC

In 2015, ADPAC gave \$1M to candidates and received \$1.6M in donations. ADPAC raised \$534,000 at the ADA Annual Session in Washington, D.C. 100 percent of the 14th District caucus (which includes Colorado) participated. ADPAC recently added the double diamond membership donation level, which relies on members to give to candidates in addition to giving to ADPAC.

ADPAC saw greater than 90-percent success in the 2014 election cycle. There are currently 3 dentists in the U.S. Congress, with two more seeking seats in the 2016 election. ADPAC is watching two 2016 races in Colorado: the U.S. Senate seat currently held by Senator Michael Bennet and the 6th district U.S. Congress seat currently held by Congressman Mike Coffman. CDA leadership held a successful fundraising event on Mar. 18 for Cong. Mike Coffman.

The 2016 Washington Leadership Conference will be held May 2-4. Primary issues for the conference include H.R. 3323 on non-covered dental services, H.R. 649/H.R. 4223 on student loan reforms, and H.R. 4062 on Medicare Opt-In/Opt-Out exemptions for dentists. The CDA will send a limited delegation of three Colorado dentists to the 2016 conference and reduce the number of travel days, given that Congress is out of session during the event dates and meetings will be with congressional staff.

Respectfully submitted,

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