

SSOMS Health Care and Legislative Committee Report 2008

Florida – Rick Kapitan

SB16 and HB 161 – Congenital Craniofacial Anomalies

Both of these bills require the Agency for Healthcare Administration to conduct a study concerning medically necessity, costs, and efficacy of mandating coverage for congenital craniofacial anomaly treatments and therapies.

SB 16 passed all committees of reference unanimously, and is now on the second reading on the senate calendar.

HB 161 was last referred to the Committee on Health Innovation by the Healthcare Council

Medicaid Rate increase

The Agency for Health Care Administration had included in a supplemental budget for Medicaid fee increase. The amount was \$21,696,235. The outcome was that there would not be an increase of funding for this year.

Student Loan Repayment Program Funding

Efforts to allow dental graduates the opportunity to get their student loans repaid based on their commitment to provide services to federally designated dental shortage areas. To date there has been \$700,000 total appropriated for all students.

SB 2626 – Mandatory Medical Pay

SB 984 – Reforms Personal Injury Protection

FSOMS supports both of these bills which reenact personal injury protection with reforms to control costs, or the replacing personal injury protection with another medical coverage with benefits provided for medical services. Absent reforms this session, the millions without health care will have no coverage to pay for injuries caused by automobile crashes.

SB 2626 was last referred to Banking and Insurance, Health Policy, Judiciary, and general Government Appropriations. A similar bill passed the Senate unanimously, and was immediately certified and is now in the House.

SB 984 in on the committee agenda in the Senate Transportation Committee, but was postponed. HB 359 passed the House unanimously and in the Senate.

Georgia – Barry Stacy

The 2008 legislative session began on January 14, and the GDA has stayed busy ever since tracking bills that could affect dentistry. Following is an overview of some of the legislation the GDA is currently monitoring.

SB 363 – Amendments to the Dental Practice Act.

The bill amends various portions of the Dental Practice Act such as the provisions related to training clinics to permit accredited advanced dental education programs (for example, the Oral Surgery residency program at Emory) to be able to bill third party payers for services rendered. The bill also permits the Board of Dentistry to grant teacher's licenses to applicants who have completed two one-year programs in

general dentistry as long as the programs are accredited by the Commission on Dental Accreditation. So far the bill has passed the Senate.

SB 383 – Insuring Georgia Families Act.

The bill would authorize the Commission of Insurance to establish rules and promote health savings accounts and high deductible health plans in Georgia. Additional features of the bill include: 1) authorizing a study of plans in other states for potential offering to Georgia citizens. 2) Promotion of health wellness programs and 3) authority for the commissioner to allow health reimbursement arrangements. The GDA is working with legislators and outside counsel to obtain clarifications on the bill's provisions. The bill is now in the Senate Rules Committee.

SB 395 – Safety Net Clinic Program.

The bill would establish a safety net clinic grant program in Georgia. The goal of the program is to establish primary care clinics that can be used by indigent and elderly patients with incomes below 250% of the federal poverty level. The hope is that the program would also direct care away from emergency rooms. Dental clinics offering preventive services are included in the bill along with guidance for funding and grants to establish and maintain the clinics.

Medicaid and PeachCare Reimbursement Increase

The GDA is seeking legislation to include dentists in the list of health care providers that could receive an increase in reimbursement rates for Medicaid and PeachCare services. Current legislative proposals suggest a 2.5% increase from the legislature since FY 2001. The GDA is requesting \$1.2 million for dentistry.

Medicaid Carve Out Request.

The GDA has pursued several avenues to separate dental services out of the Medicaid and PeachCare programs managed by the three private care management organizations. And would have the dental program administered by the state or a single administrator. Similar carve outs in other states have increased stabilization of the dental plans and resulted in an increase in the number of providers willing to participate.

Other Bills and issues of Interest

HB 943 would require that certain health care professionals (including dentists) to complete a course in cultural competency as a requirement for obtaining a license or renewing a license. The course would include skills for providing quality, culturally competent health care to diverse patient populations and update providers on new guidelines related to health care decisions based by race, gender and ethnicity.

Kentucky – Joe Van Sickles

HB 186 Mandated Dental Examination for Children

The bill sponsored by the KDA would require a mandated dental examination for children entering school for the first time. The KDA has been working on this bill for the last several years. This year it is headed out of committee to the full house. If it passes it will not go into effect until 2011.

HB 130 Denturist

This bill if passed it would legalize denturists, require denturists to have representation on the Board of Dentistry and define educational requirements for them. This bill has not gone to committee as yet and KDA opposes its passage.

HB 416 Loan Forgiveness Program for Dental, Pharmacy and Medical Students

The bill forgives certain school debt in return for practicing in an underserved area of the state. At the present time it has not been referred to committee.

Louisiana – Eric Geist

Lawmakers approved an almost \$19 million increase for the dental EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) component of the Medicaid program, which includes state funds and the federal match.

. Annual funding needed to continue operating the Baton Rouge campus of the Louisiana State University School of Dentistry after the school reopens in New Orleans is estimated to be roughly \$1.4 million. However, roughly half that amount is expected to be self-generated revenue. The LSUSD was asking for \$700,000 per year to come from the State. Unfortunately, this did not gain legislative approval.

Through the LDA's lobbying efforts and grassroots advocacy, \$50,000 for the 2007-2008 fiscal year was approved for Louisiana's Donated Dental Services program

Passed HB355, which was the LDA and the LSBD's package that included amendments to the Dental Practice Act that are essentially "housekeeping" changes that will clarify language regarding general supervision of dental hygienists.

A law passed in the 2006 session allows dental hygienists in private practice in Louisiana to practice under the general supervision of a dentist licensed in Louisiana. Previously, only hygienists practicing in a "public school or federal or state institution where health care is provided" could practice under the general supervision of a dentist.

The Louisiana State Board of Dentistry (LSBD) recently promulgated related rules that are written so as not to apply to hygienists practicing in a "public school or federal or state institution where health care is provided." HB 355 put the phrase public school or federal or state institution where health care is provided back into the statute, reference the rules that prescribe the limits on general supervision, and make a few technical changes (e.g., licensed rather than registered hygienist). This will ensure conformity between the statute and rules, and thus clarify exactly how general supervision is permitted in different practice settings. This will have absolutely no material affect on how dental hygienists in Louisiana presently practice.

HB355 also clarified the LSBD's committee's authority to assess an administrative fine or assess costs of the committee's proceedings. It would not in any way infringe on the due process or appeal rights of the dentist or dental hygienists against whom the committee takes disciplinary action.

This law took effect August 15, 2007.

HB542 creates the Louisiana Children and Youth Health Insurance Program, which expanded health insurance coverage for children who are in a family where the family income is between two hundred percent and three hundred percent of the federal poverty level. The new program should not require dental care, but the LDA will be monitoring the program to make sure that it does not adversely impact dental Medicaid reimbursement rates.

The LSBD is mandated to develop rules regarding the expungement of first-time advertising violations. Provisions of this law were passed in the 2006 Legislative Session.

Legislation was passed requesting the Louisiana Department of Health and Hospitals to establish the Louisiana Health Care Quality Forum to support health care quality improvement through the establishment of a statewide public-private partnership dedicated to improving the quality of health and health care throughout Louisiana across payor and provider groups in a cost effective and transparent manner in a safe, peer protected environment.

Mississippi – Don Seago

Legislative activity in our state has been quite limited this year. There has been nothing in the legislature that specifically affects oral and maxillofacial surgery and only a few Board of Dentistry activities

affecting dentistry as a whole. The new ADA guidelines concerning sedation and anesthesia are being evaluated by the dental board, but we do not believe that our board will adopt the new regulations any time soon. Our rules have been stable for several years now and there seems to be great comfort for us to be a little more restrictive than the ADA.

South Carolina – Keith Cox

There were no legislative issues this year.

Virginia – Charlie Cuttino

HB 1434 and SB 151 Dental Assistants I and II

These measures are identical in submission and represent the culmination of five years of work by dentists, dental hygienists and dental assistants. All of these groups enthusiastically support this legislation along with the Board of Dentistry and the Department of Health Professions.

These bills expand access to dental services by providing a regulated two tier career path for dental assistants. Both bills stipulate that dental assistants interested in moving up the career ladder must be certified by a credentialing organization recognized by the American Dental Association.

Both bills passed their respective bodies with unanimous votes and signed by the Governor.

Oral and Maxillofacial Surgeons

A new definition of dentistry was adopted by the General Assembly in 2001. The legislation outlined specific procedures that could be performed by Oral and Maxillofacial Surgeons once certified by the Board of Dentistry. During the debate on the 2001 legislation, OMFS's indicated their willingness to meet any certification so long as similar standards for the same procedures were in place for plastic surgeons.

HB 1509 was introduced on behalf of several plastic surgeons, stipulated that the Board of Dentistry post on its web site those procedures for which oral surgeons are certified. The bill did not mandate that the Board of Medicine web site contain similar information for plastic surgeons, nor does the Board of Medicine site contain such information at present.

The bill's patron asked that the measure be "carried over" until next year after learning more about the 2001 legislation, including OMFS's expectations that similar standards would be the rule whenever procedures identical to those performed by plastic surgeons are in play.