## Report of the HDA Dental Benefits Providers Task Force – 2020

**Strategic Plan Goal #3 – Advocacy:** Effectively ensure that the profession of dentistry is protected and maintained at the highest regard, among key decision makers and the people of Hawaii, through strong public policy and advocacy efforts.

The HDA Dental Benefits Provider Task Force (DBPTF) conducted a survey in the fourth quarter of 2019. The survey was concentrated on topics related to dental benefits and areas of concern among HDA members. The survey guided the DBPTF to direct its activity in the areas of:

- 1. Low reimbursement levels
- 2. Non-covered services
- 3. Fee reduction regulation.

The DBPTF was given a grant of \$18,000 from the ADA FIIST program, an extension of the ADA SPA program. These are funds for state associations to use for matters related to dental benefits providers. The Task Force goals were to use these funds for consulting and legal aid. The ADA SPA FIIST holds regular meetings to discuss the progress made in the use of the grants.

Due to the COVID-19 activities, HDA President Dr. Wayne Leong suspended the activities of the DBPTF in April 2020. FIIST funds were returned to the ADA and the DBPTF was disbanded.

In May 2020, the DBPTF was resurrected to assist dental practices with "Return to Work" under the new CDC guidelines. Tasks asked of the DBPTF were to deal with the staggering cost of personal protective equipment (PPE), office workflow, and new engineering changes that were now being recommended.

The DBPTF sent a letter to the four large dental benefit carriers in Hawaii, with the position that PPE, work and patient flow, and office engineering were creating a new normal in the pandemic. Responses from all four carriers were received. Most decided to pay for PPE in dental practices that were network providers, through CDT D1999 by billing description or by supplemental assistance programs.

The DBPTF ran another survey in May 2020 to poll HDA members on the topics of Return to Work during the pandemic, and PPE. The data was used to further the conversations with the dental benefits providers. Many of the dental benefits providers have time limits to the supplemental aid for PPE, but due to the contagious and persistent nature of the virus and the costs, shortages and disruptions in the PPE supply chains, the DBPTF is committed to ongoing vigilance in seeking more support from these providers for PPE.

Another letter was sent in July 2020 to the dental benefits providers and the response yielded time extensions to supplemental aid. Conversations with dental leaders led to the

47	belief that further discussions in this area of elevated costs will have to be handled either
48	by establishing a CDT code for PPE, and/or by increases in patient care costs that will
49	have to be factored into future fee schedules.
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51	The DBPTF in 2021 plans to conduct surveys to track the needs of the HDA members.
52	Although the Task Force has not been able to deal with its original mission from earlier
53	this year, the work to support HDA Members in the dental benefits arena has been
54	occurring in small steps. Areas of interest the Task Force is looking into are the Bento
55	program recently endorsed by the ADA, and reviewing new programs being introduced
56	by dental benefits providers for new dental networks. The Task Force may seek a FIIST
57	grant from the ADA if an appropriate activity is identified.
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59	The Chair would like to thank Task Force members: Drs. Kerry Ishihara, Scott
60	Kanamori, Neil Nunokawa, ex officio President-Elect Dr. Patsy Fujimoto, and President
61	Dr. Wayne Leong.
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64	Respectfully Submitted,
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67	Dayton Lum, DDS
68	Chair
69	Dental Benefits Providers Task Force
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71	Recommendation of the HOD Reference Task Force on the Report of the HDA
72	Dental Benefits Providers Task Force:
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74	The HOD Reference Task Force recommends that the Report of the HDA Dental
75	Benefits Providers Task Force be accepted.
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77	Action taken by the House: The HDA HOD accepted the Report of the HDA Dental
78	Benefits Providers Task Force.
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