NADP Advocacy in Action

Training Webinar

Wednesday, May 22, 2019

nadp.org

Listen to the webinar via telephone:
1-877-286-1148
9672122103#

All participants will be placed in **muted** mode.

To **ask a question**, type into the chat feature on the left side of your screen.

Slides and a recording will be made available for NADP members.

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Speakers

- **Eme Augustini**, NADP Director of Government Relations
- **Artur Bagyants**, NADP State Affairs Manager
- **Lisa Layman**, Principal, Hooper, Lundy & Bookman, PC.
- **Owen Urech**, NADP Government Relations Analyst

Agenda

- Event Schedule and Logistics
- Advocacy Groups and Appointments
- Congressional Meeting Format
- Current Events and Industry Asks
- Homework
- Discussion / Q&A

Event Schedule

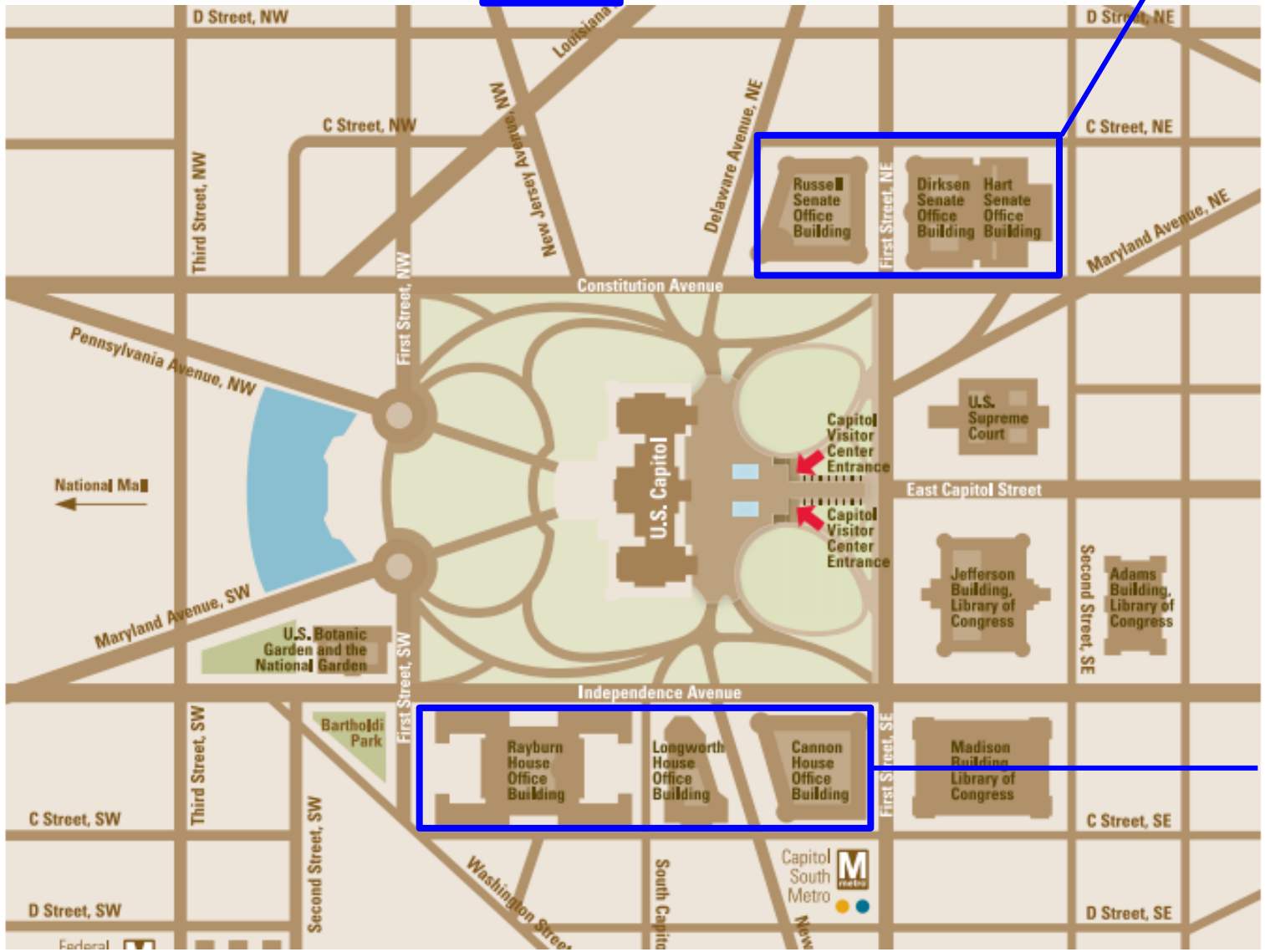
Tuesday, June 4	
Day	Advocates Arrive *The Liaison Capitol Hill*
9:00 AM	Capito Fundraiser *Bistro Bis*
2:30 PM	Registration Opens *The Hill foyer*
3-5:30 PM	Advocate Training *The Hill room*
5:30 PM	Reception *The Grid/The Hub rooms*
6 PM	Smith Fundraiser or Dinner *Art & Soul*

Wednesday, June 5	
7-10 AM	Breakfast available *The Liaison, hotel lobby*
9AM-12PM	Meetings with Members of Congress
Lunch	Lunch (timing depends on appts) *Capitol Hill Lunchrooms*
1-6 PM*	Meetings with Members of Congress
6:30 PM	Dutch-treat dinner *TBD*

*Advocates should be available for potential 5:30pm meetings ending at 6pm. If your schedule limits availability, let us know at Ourech@nadp.org

The Liaison Capitol Hill

Senate Office Buildings



House Office Buildings

Capitol Hill Map

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Reminders

- Dress for the Hill is business professional
  - Comfortable shoes
  - Consider bringing an umbrella
  - Remember: NADP folder (with leave behinds), NADP pin, business cards, camera, your personal folder
- Gift rules
- Social media: we encourage pics and highlights at #nadpaia19

- Congressional office building security
  - Like TSA, no sealed boxes, closed envelopes or weapons
  - Any bags may be searched, water is allowed
- If you plan to visit, there is additional security at Capitol Visitor Center and Senate and House Galleries (no water allowed)
  - See more at: https://www.visitthecapitol.gov/plan-visit/prohibited-items

Advocacy Groups

Advocates are organized in state/regional groups.

Groups are organized based on several factors:

- Where an advocate lives and works (constituents are a priority for having meetings scheduled)
- Where a company is headquartered, employs staff, or does business (ordered by importance)
- Prior relationships with Members and their staff

Generally, volunteers from the same company are split among two or more groups. It is important that congressional staffers meet with a variety of companies active in their districts.

Staff will accompany groups dependent on availability.

Setting Appointments

NADP will schedule all your meetings with Members of Congress and staff.

- Please **DO NOT** schedule your own meetings. This will avoid overlapping or duplicative appointments.
- Have a relationship? Let NADP staff know and we can work together.

Advocate Group Example

California Team

- Alisha Hightower, Guardian
- Devin McBrayer, Delta of CA
- Gary Pickard, Pacific Dental Services
- *Crystal McElroy, MetLife

Possible meetings

- Sen. Dianne Feinstein (D-CA)
- Sen. Kamala Harris (D-CA)
- Rep. Doris Matsui (D-CA-6),Rep. Ami Bera (D-CA-7)
- Rep. Ken Calvert (R-CA-42)
- And more!

Get to know your team:

- Email introduction or conference call, connect on LinkedIn

votervoice

Download the VoterVoice App

A new NADP Action Center app with VoterVoice will include your meeting schedule and a legislator look-up.

1. Search for "votervoice" (one word) in your App store, or you can use one of these links:

Google Play

iTUNES

2. When you open the app for the first time, you will be prompted to choose whether you would like to receive notifications. Then, you will be prompted to enter your email address. A verification code will be sent to that email account.

3. After verifying your email, you will be brought to a 'Find Association' page. Start typing in 'NADP' and an option for 'NADP' will appear directly below where you were typing. Click/touch that full name & you'll then have access to the mobile app.

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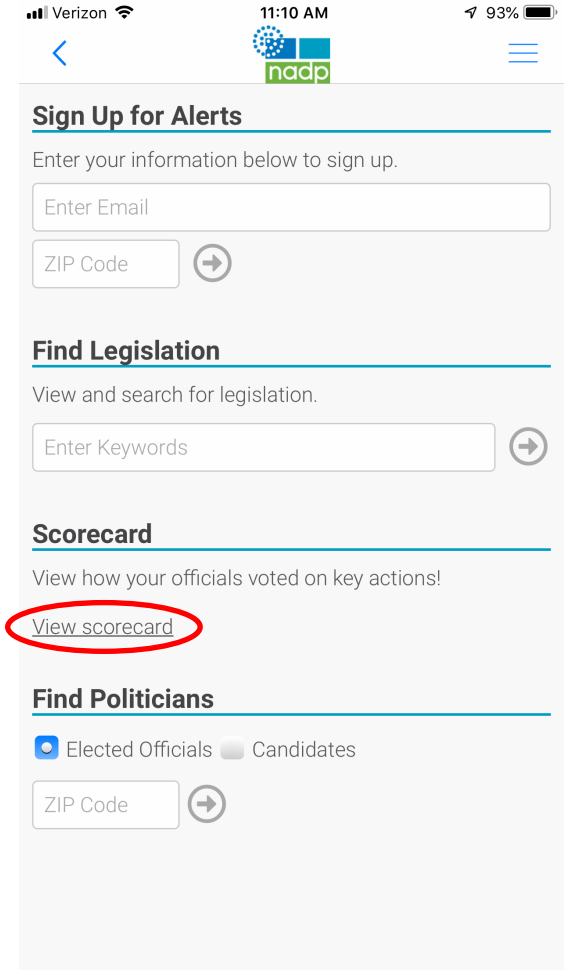
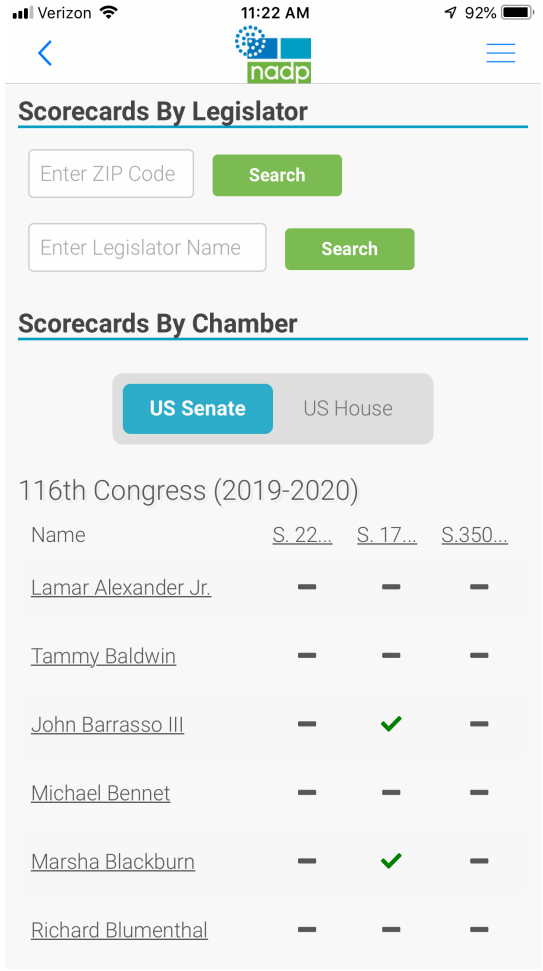
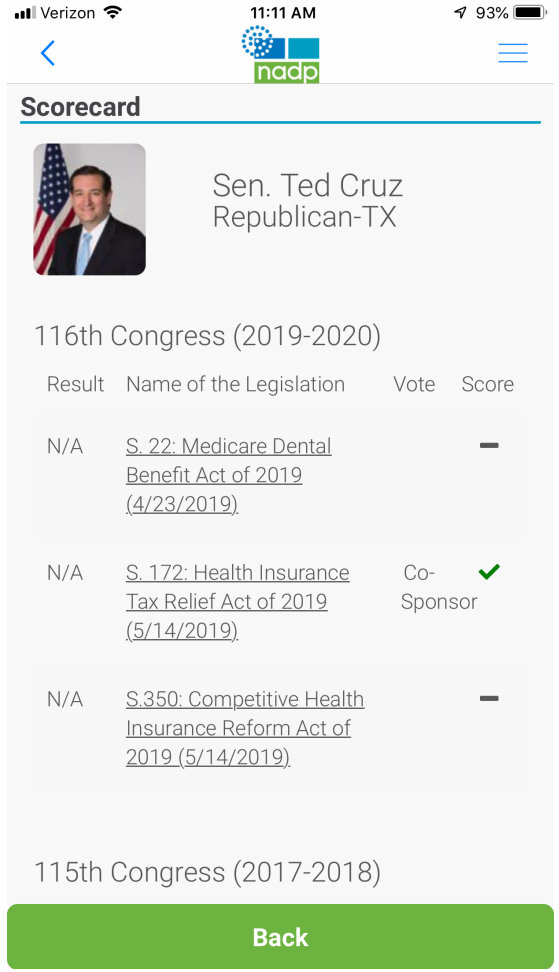
Homepage



Scorecard Search

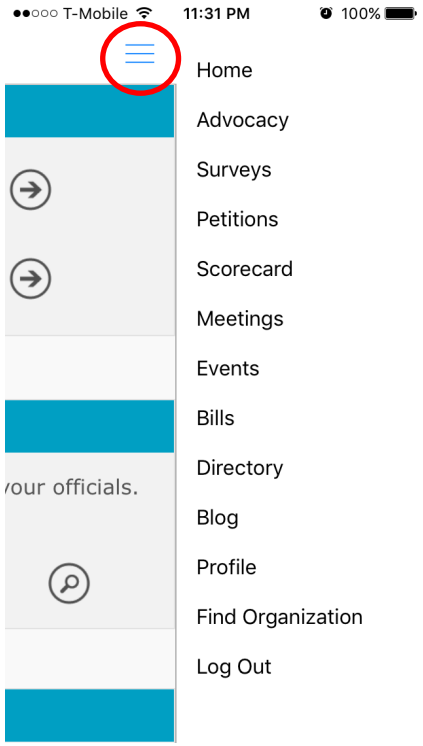


Scorecard

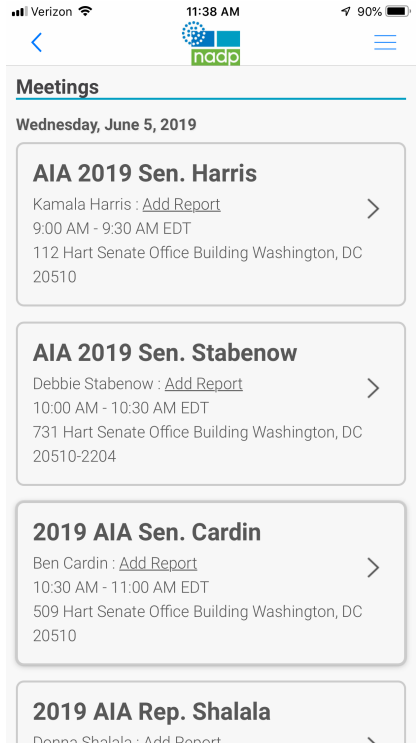


Scorecard also available online: https://www.votervoice.net/NADP/Scorecard

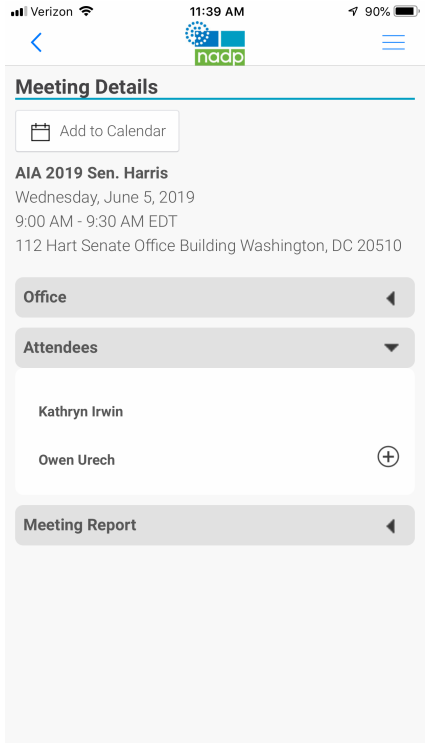
Menu > Meetings



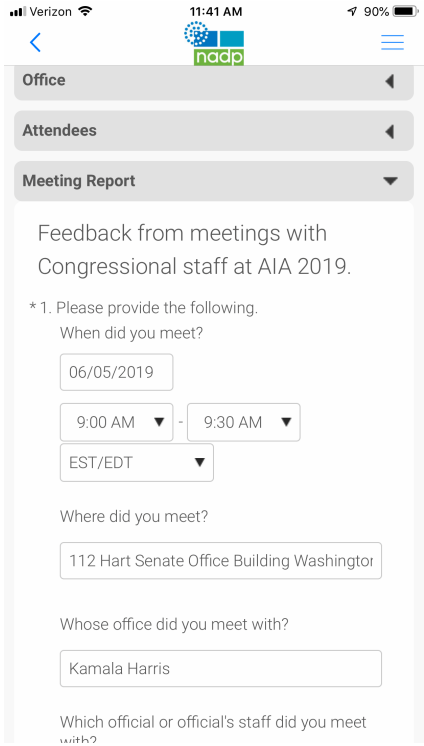
Meetings Page



Meeting Detail



Post-meeting Survey



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Update from the Hill

Current policy and political landscape in DC

Congressional Meetings: Format

- **Introductions: NADP & your Company**
- **Industry and state facts**
- Make the asks
- Provide leave-behind package
- Offer yourself and NADP as resource
- Thank them for meeting
- Make a note of their reaction and any follow-up

Introductions

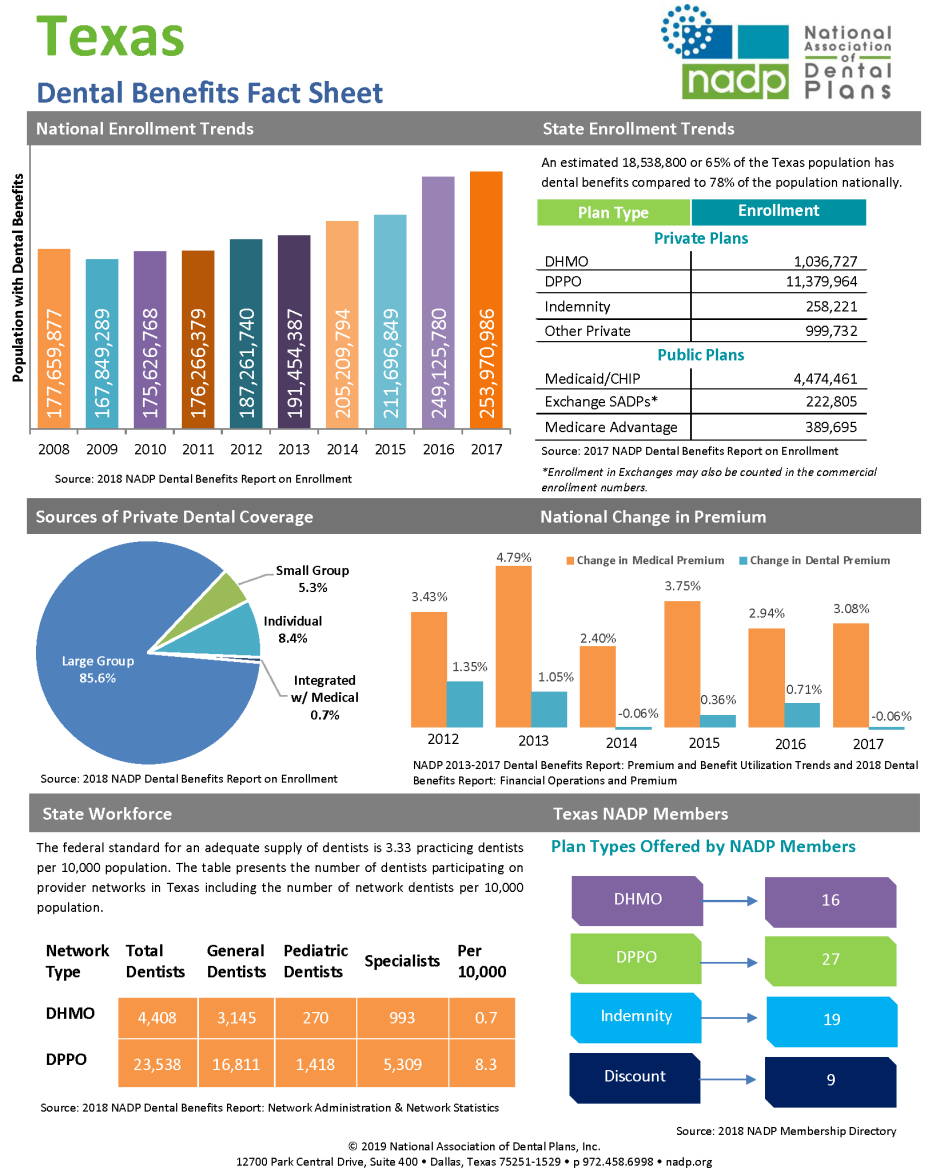
Advocates each introduce themselves

- Name, company, if you are a constituent, have any employees in their state, number of enrollees or other business in their state, if you operate on their state Exchange or in a public program.*
- 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.

*HOMEWORK

Industry and State Facts

- 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.
- There are approximately 254 million Americans or 78% of the population with dental benefits.
- The dental benefits industry in Texas, like nationwide, is very robust and competitive. Texans have more than 25 different dental plans to choose from, with premiums averaging $25-$35/month.



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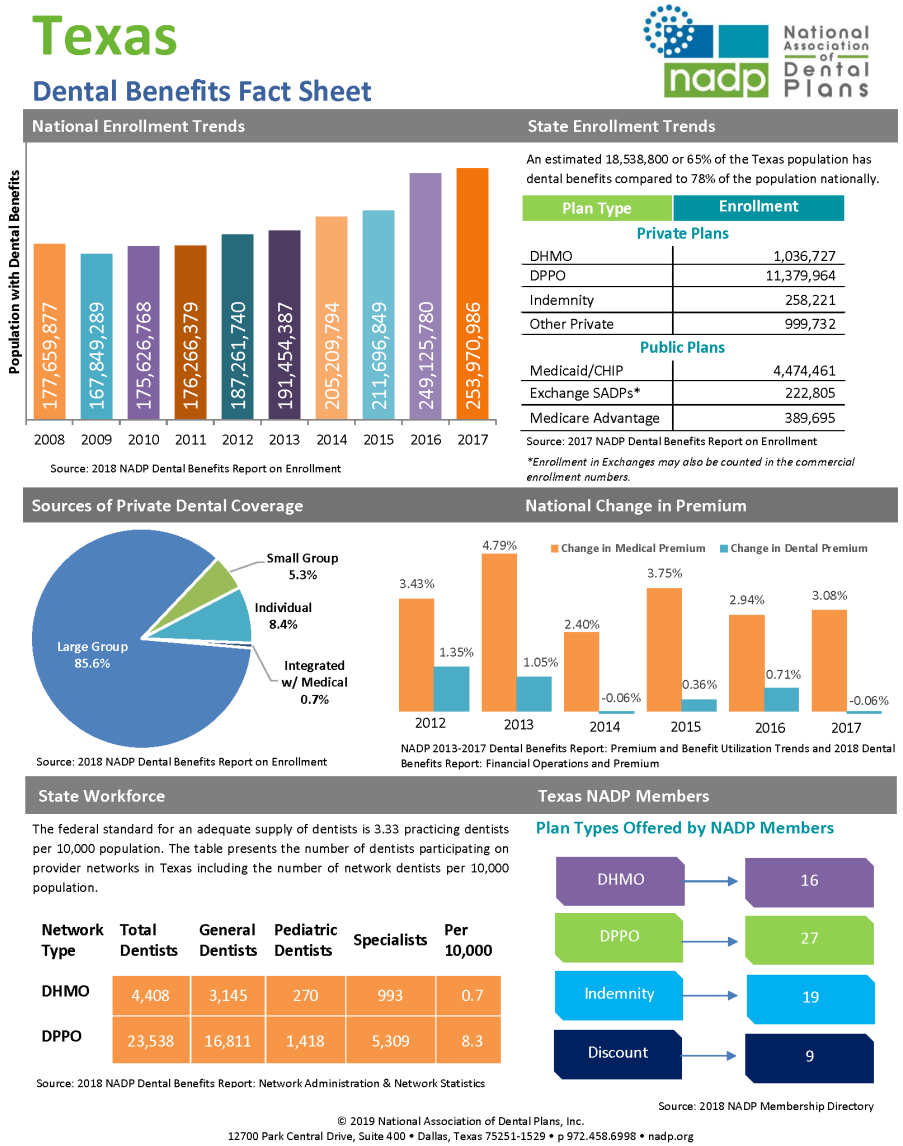
Industry and State Facts (cont'd)

- 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 1/12 of medical premiums and the growth in premiums nationally has been very low. Over the last 5 years, the industry has had negative growth in some years, and the highest positive yearly change was only 1.5%



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About Dental Benefits / Dental is Different

"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."

How Medical and Dental Practice Differ		
	MEDICAL	**DENTAL**
Diseases treated	Myriad	Mainly two
Diagnostic complexity	Great	Small
Diagnostic cost	High	Low
Prevention: cost/effectiveness	Variable	High
Institutional based treatment	High	Low
Nature of disease	Acute/chronic	Chronic
Life threatening	Not uncommon	Rare
Good/better/best treatment	Rare	Common
Audit trail	Varies	Very good
How Medical and Dental Insurance Differ		
	MEDICAL	**DENTAL**
Covers low cost/high frequency	Not Standard	Standard
Covers high cost/low frequency	Yes	No

Table 1: How Medical and Dental Practice Differ, Figure 3-1, page 32

About Dental Benefits / Dental is Different (cont'd)

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 plan deductibles 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.

How Medical and Dental Practice Differ		
	MEDICAL	**DENTAL**
Diseases treated	Myriad	Mainly two
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Dental is Different

“Dentistry and dental care is 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.”

“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.”

Congressional Meetings: Format

- Introductions: NADP & your Company
- Industry and state facts
- **Make the asks**
- Provide leave-behind package
- Offer yourself and NADP as resource
- Thank them for meeting
- Make a note of their reaction and any follow-up

Summary of the Asks

- **HIT moratorium**: express thanks for the 2019 HIT moratorium and advocate for a 2020 moratorium, with notes or examples on the importance of having lead-time.
- **Exchanges**: support decoupling and independent purchase of dental benefits on public health insurance Marketplaces. Given CMS will not decouple via regulatory authority, are there good avenues to address this through the legislative process?
- **Dental in Medicare**: There are several bills on this topic. Explain oral-overall health connection and importance of dental benefits. For these reasons, NADP supports the addition of a dental benefit to Medicare; 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.
- **McCarran-Ferguson**: we're starting to look closely at proposed legislation (HR 1418 and S. 350) to repeal a narrow anti-trust exemption for health insurers and are concerned of potential unintended impacts to dental benefits consumers. Moving forward, would appreciate discussing this more if your office has an interest.

Health Insurance Tax

Background:

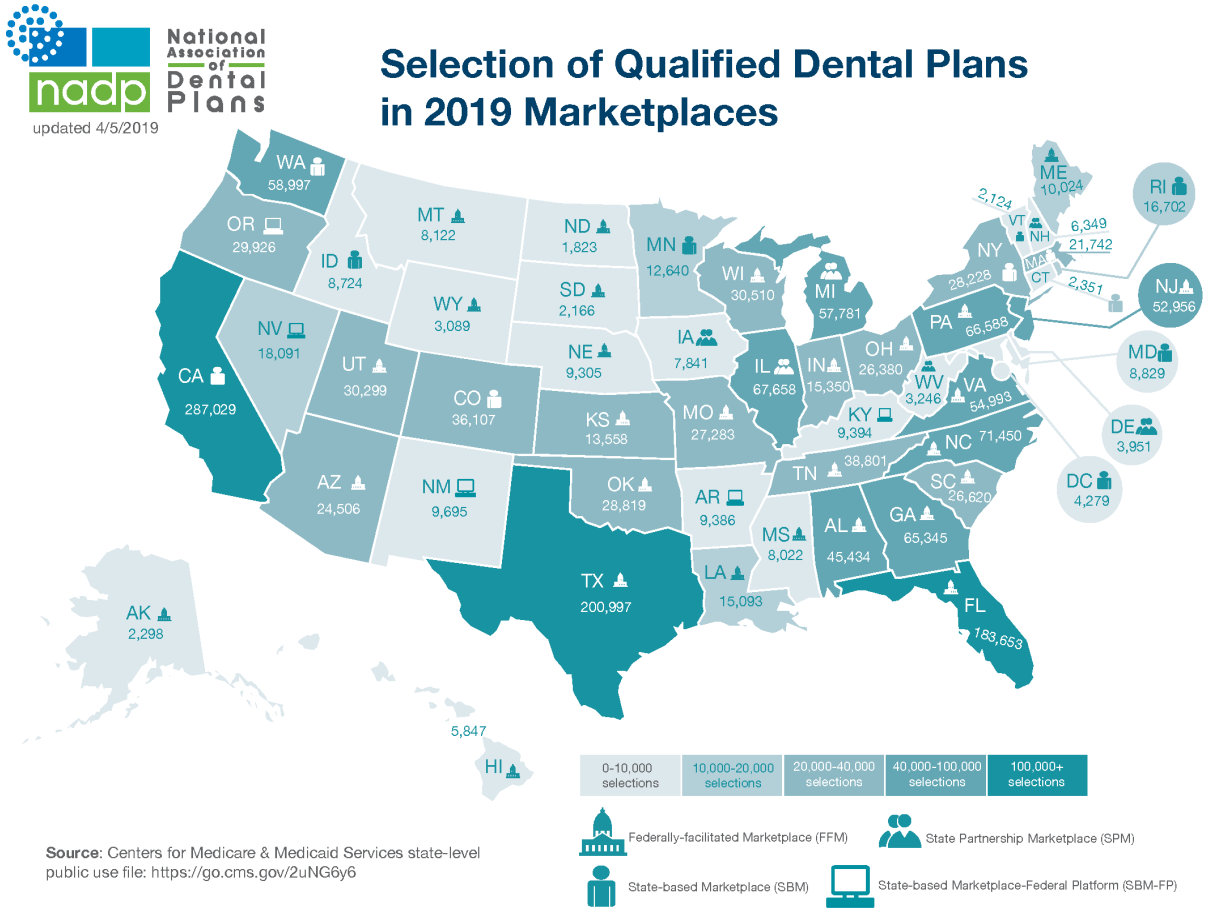
- Fully insured dental plans are included in the definitions of "covered entity" subject to the ACA's Health Insurance Providers Fee (aka HIT).
- For the dental benefits industry, whose average annual change in premiums over the last five years has been in the +1.5% to -0.06% range, the approximate 2% HIT fee is significant.
- In late January 2019, Congress passed a Continuing Resolution (H.R. 195) to fund the government through February 8 and included a moratorium on the HIT for calendar year 2019.
- Year-to-year swings in the application of the tax are cumbersome to administer and confusing to both individuals and employers.

"Ask" or Talking Point: express thanks for the 2019 HIT moratorium (add any data or examples on benefit to enrollees) and advocate for a 2020 moratorium.

Exchanges

Background:

- In Exchanges, consumers have options to purchase dental benefits including as part of a medical plan or through a separate dental policy.
- This was specifically allowed in the ACA to provide consumers access to the same policies and expertise of a typical employer plan available in the commercial market.
- In PY 2019, more than 1.8 million Americans gained dental coverage through SADPs on state and federal Exchanges. Majority of enrollees are adults, demonstrating demand.

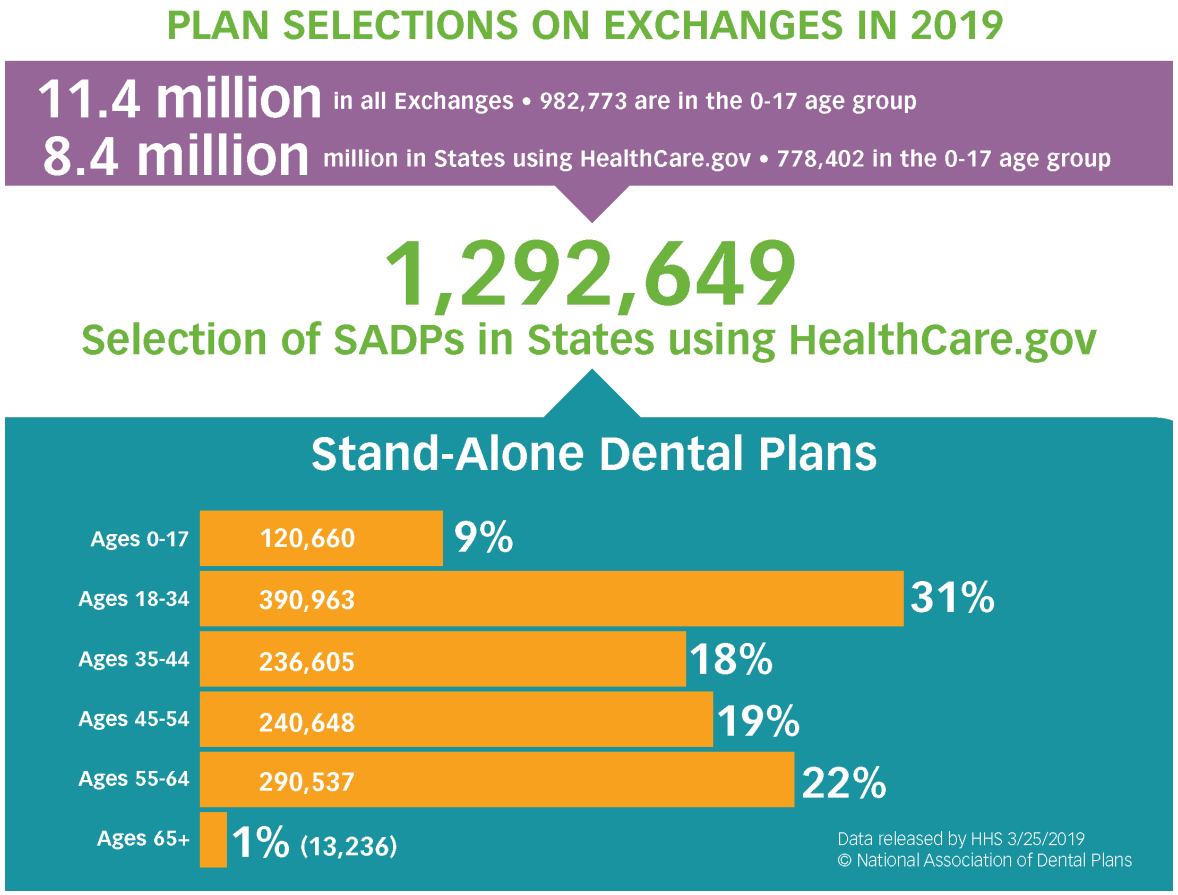


Source: Centers for Medicare & Medicaid Services state-level public use file: https://go.cms.gov/2uNG6y6

Exchanges

Background:

- Unfortunately, the technical design of Healthcare.gov linked medical and dental enrollment functions, preventing the independent purchase of SADPs.
- The technical design limitations lead to unintended and terminations in dental coverage whenever there is any change made to medical coverage.
- Fixing or 'decoupling'/'uncoupling' the purchase of medical and dental would also help the Marketplaces provide independent purchase of dental where consumers can enroll in an SADP and checkout of the Marketplace without having to purchase a medical policy.



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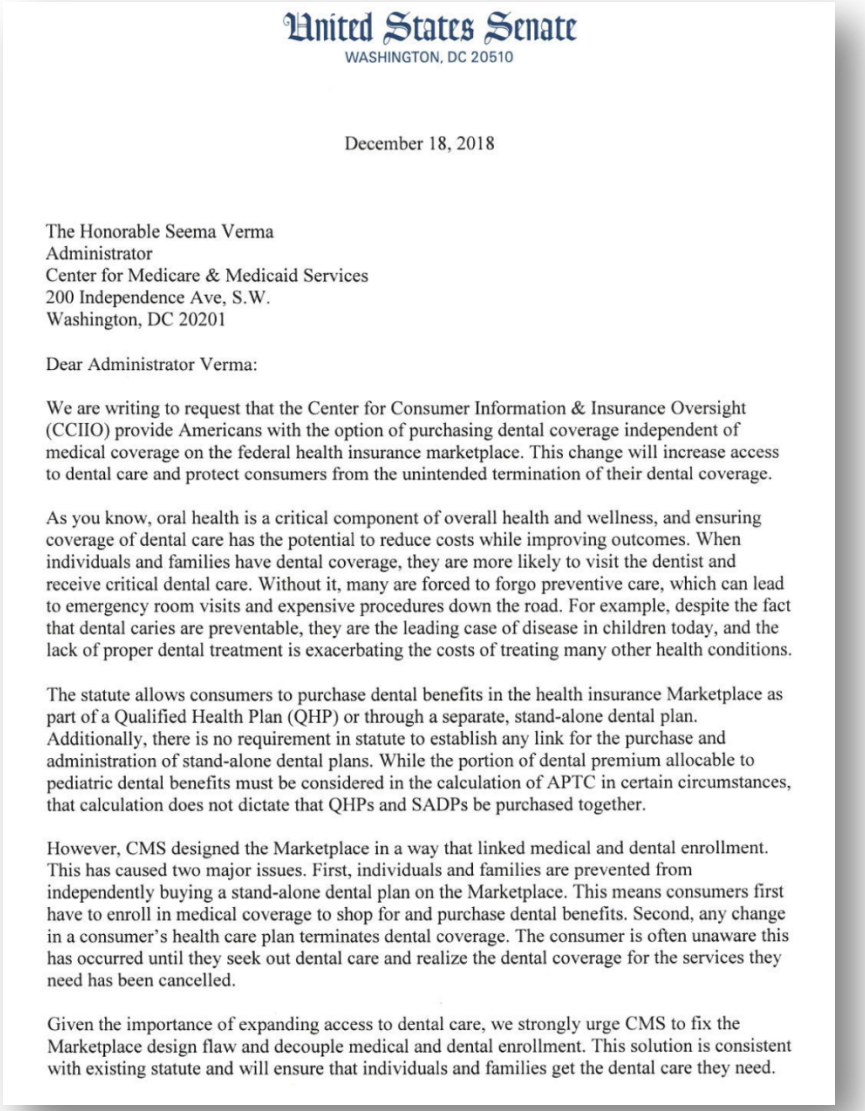
Exchanges

Recent developments:

- In December 2018, Sens. Stabenow (MI) and Roberts (KS) et al. sent a letter to CMS on this topic. Reps. Matsui (CA-6), Griffith (VA-9), and Guthrie (KY-2) led a similar House letter.
- CMS recently responded and will not be making the fix through the Agency's regulatory authority. There could be options to address this legislatively via appropriations (i.e. "directing language") or via other legislation through authorizing Committees.

"Ask" or Talking Point:

- To stabilize dental coverage on public insurance Marketplaces, dental and medical purchases on the Marketplaces should be decoupled. This could help populations without access and in need of dental coverage, like Medicare enrollees, to purchase dental coverage.
- Given that CMS will not fix this through regulation, what are ways to best address this through the legislative process? (seeking help or ideas)
  - Also, important to thank those who participated on the letter. [see Scorecard]



United States Senate
WASHINGTON, DC 20510

December 18, 2018

The Honorable Seema Verma
Administrator
Center for Medicare & Medicaid Services
200 Independence Ave, S.W.
Washington, DC 20201

Dear Administrator Verma:

We are writing to request that the Center for Consumer Information & Insurance Oversight (CCIIO) provide Americans with the option of purchasing dental coverage independent of medical coverage on the federal health insurance marketplace. This change will increase access to dental care and protect consumers from the unintended termination of their dental coverage.

As you know, oral health is a critical component of overall health and wellness, and ensuring coverage of dental care has the potential to reduce costs while improving outcomes. When individuals and families have dental coverage, they are more likely to visit the dentist and receive critical dental care. Without it, many are forced to forgo preventive care, which can lead to emergency room visits and expensive procedures down the road. For example, despite the fact that dental caries are preventable, they are the leading case of disease in children today, and the lack of proper dental treatment is exacerbating the costs of treating many other health conditions.

The statute allows consumers to purchase dental benefits in the health insurance Marketplace as part of a Qualified Health Plan (QHP) or through a separate, stand-alone dental plan. Additionally, there is no requirement in statute to establish any link for the purchase and administration of stand-alone dental plans. While the portion of dental premium allocable to pediatric dental benefits must be considered in the calculation of APTC in certain circumstances, that calculation does not dictate that QHPs and SADPs be purchased together.

However, CMS designed the Marketplace in a way that linked medical and dental enrollment. This has caused two major issues. First, individuals and families are prevented from independently buying a stand-alone dental plan on the Marketplace. This means consumers first have to enroll in medical coverage to shop for and purchase dental benefits. Second, any change in a consumer's health care plan terminates dental coverage. The consumer is often unaware this has occurred until they seek out dental care and realize the dental coverage for the services they need has been cancelled.

Given the importance of expanding access to dental care, we strongly urge CMS to fix the Marketplace design flaw and decouple medical and dental enrollment. This solution is consistent with existing statute and will ensure that individuals and families get the dental care they need.

Dental in Medicare

There are several bills in Congress that would add dental to Medicare (HR 1393, HR 576, S. 22, S. 1423). This is an important discussion for several reasons:

- Evidence of the fundamental connection between oral health and overall health has been established and is growing every day. (e.g. Covering adults in Medicaid can offer ER savings and reductions in treatment costs for chronic and high-cost medical conditions. See NADP MEPS analysis: bit.ly/2APeqde)
- Science confirms the importance of controlling inflammation in the oral cavity to control overall inflammation caused by diabetes.
- People with dental benefits are nearly twice as likely to visit a dentist as those without dental benefits, are less likely to defer needed treatment, and average lower per person per month medical costs.
- The cost to provide the simplest dental procedure in a dental office is a fraction of the cost to perform that same procedure in a hospital emergency room setting.
- While many seniors continue to work past their Medicare eligible age and continue to have employer based dental benefits, seniors are about 1/3 of the 22% of Americans without dental benefits. (Approximately 37 million Medicare beneficiaries do not have any form of dental coverage.)

Consistent with its commitment to quality, affordable dental care for all Americans, NADP supports including dental benefits within the Medicare program. We are exploring several models to achieve this and want to be a resource in this process.

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Dental in Medicare

There is value in the current system of dental benefits where 167 million Americans get coverage through private plans, which also administer dental benefits in public programs like Medicare Advantage, CHIP, Medicaid and FEDVIP.

There's also a lot to learn from the current system as well. A typical dental plan is designed to cover several categories of services (see chart).

With frequent preventive care and early treatment, dental disease could be prevented or arrested. Policies reflect this and help keep premiums low:

- No cost for preventive care, low deductibles (today $50 to $75) and low copayments for basic care like filings.
- Half of policies have annual maximums on insurance payment under $1,500 and half are $1,500 or more. (much less than deductible on most health policies)
- On average, 95% of Americans with coverage never hit that limit.

	Standard Private Market DPPO
Prevention & Diagnosis (Office visit, cleaning, x-rays and sealants)	**100%**
Basic Services (Fillings and other restorations)	**80%**
Major Services (Crowns, root canals, etc.)	**50%**
Orthodontia	**50%** with lifetime limit of $1,500
Deductible	**$50** applied to basic, major, and orthodontia
Annual Limit	**$1,500** each family member

Dental in Medicare

When exploring the addition of an oral health benefit to Medicare, many topics and questions should be considered.

Seniors with Existing Dental Coverage:

In 2016, ~13.5 million seniors currently had dental benefits through a private plan—through employer-sponsored coverage, retiree benefits, individual market insurance (e.g. AARP), discount plans, and Medicare Advantage.

- ❖ Will seniors with current dental coverage be allowed to keep their plan and dentist?

Design and Affordability:

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 take into account 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.

- ❖ How will premiums and program costs be kept affordable?

Dental in Medicare

When exploring the addition of an oral health benefit to Medicare, many topics and questions should be considered.

Dental is Different:

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.

Ensuring Appropriate Utilization:

The development of standardized terminology to describe common oral diagnoses has lagged the broader medical field. While ICD-10-CM includes dental diagnosis codes, they are not in wide use. The National Quality Forum (NQF) endorses five dental quality measures, which are pediatric focused. The Dental Quality Alliance has approved three adult measures focused on prevention and disease management that are not yet NQF-endorsed.

Provider Participation:

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). 17% of Americans 65 and older live in rural areas, where teeth extraction prevalence is higher, and these seniors are less likely to have a dental visit than urban or suburban areas.

- How would dentists be enrolled and reimbursed to ensure adequate access for beneficiaries?

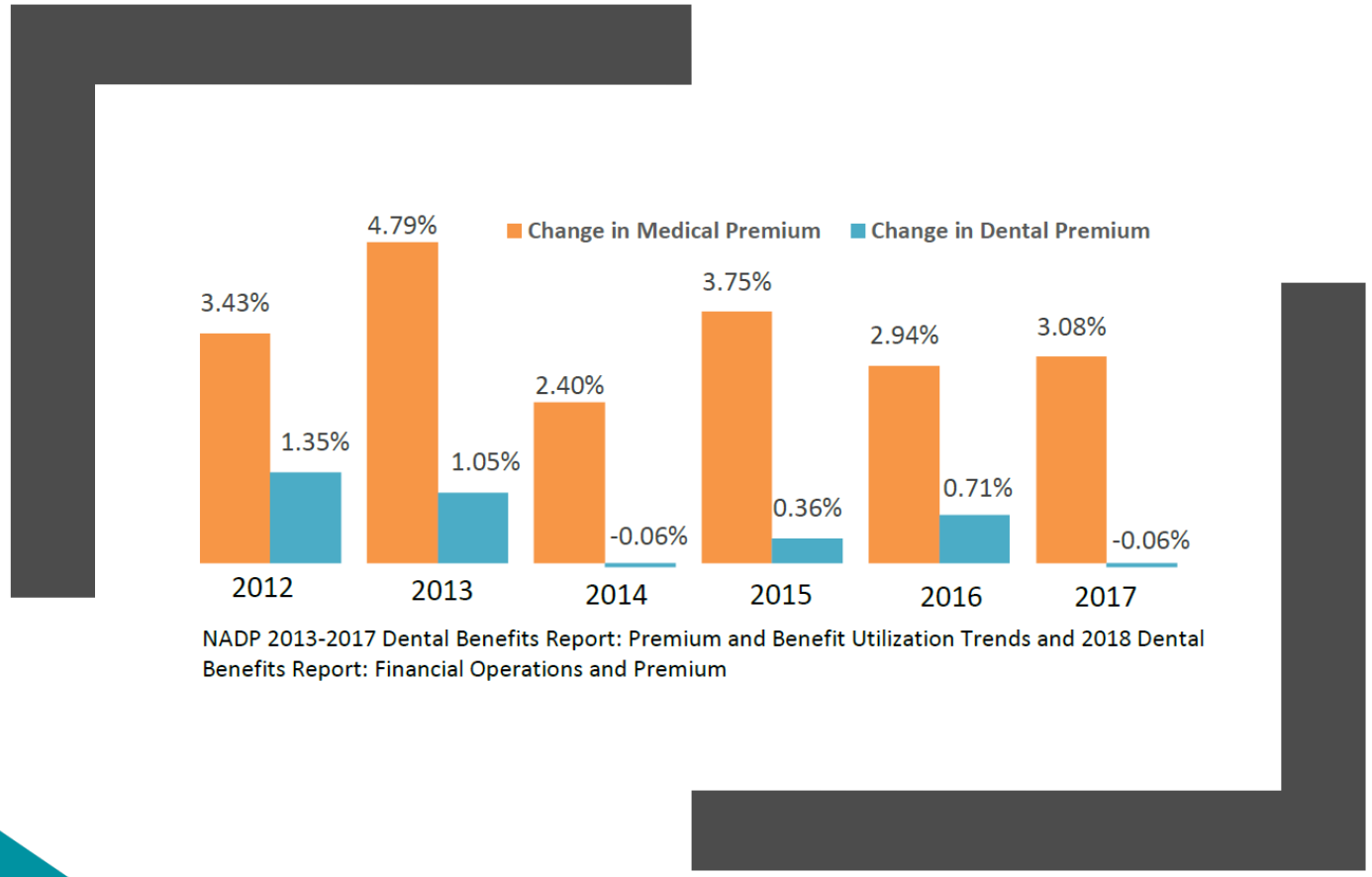
McCarran-Ferguson

Background:

- S.350 and H.R.1418* would repeal The McCarran-Ferguson Act ("McCarran"), which has been law for over 60 years.
- McCarran clarifies that the states, rather than the federal government, have regulatory authority over insurance.
- McCarran does not provide a blanket exemption from the antitrust laws for insurers.
- Utilized mostly in the Property and Casualty insurance space, McCarran allows state-approved advisory organizations to collect statistical information on loss costs from insurers and provide it to their members, thereby enabling small and medium-sized insurers that do not generate sufficient claims data to compete.
- While dental carriers do not typically engage in activities covered by McCarran, repeal would expose them to litigation intended to test the limits of their conduct in the absence of the exemption.
  - Unwarranted litigation would harm consumers via: (1) increased costs with no increase in benefit value and (2) avoidance of new, potentially pro-competitive activities to avoid the cost of unwarranted litigation.

*Note current sponsors in NADP Scorecard (VoterVoice)

McCarran-Ferguson



NADP 2013-2017 Dental Benefits Report: Premium and Benefit Utilization Trends and 2018 Dental Benefits Report: Financial Operations and Premium

"Ask" or Talking Point:

The broader medical and insurance market may be the focus of this legislation; however, there could be unintended consequences for dental benefits consumers in terms of increased premiums and decreased competition.

- Nationwide, dental premiums are roughly 1/12 of medical premiums and have remained stable over the last 5 years with changes ranging from -0.9% to 1.5%.
- NADP members provide an average of 21 DPPO plan options across all States. Premiums average $25 per enrollee per month.

These factors also call into question the need for repeal.

We are beginning to look more closely at all the implications and would appreciate the opportunity to discuss this further should your office become interested.

Other Topics

Policymakers and staff may ask your opinion on current policy trends and proposals.

Surprise Billing: The current drafts apply to major medical and not dental plans as "excepted benefits," which is a status standalone dental plans share with vision and other specialized plans. The practice of dentistry (not facility-based) is such that "surprise bills" as experienced with facility-based providers (i.e. anesthesiologists) does not generally occur. Rare incidences of accidental injury to the mouth, teeth or jaw which require emergency care would be covered under medical policies. We are looking closely at any other implications for the provision of dental services and dental benefits and can be available for any questions, but broadly support the exclusion for excepted benefits.

Short-term limited duration plans: While it is difficult to determine a direct impact to dental benefits/markets, medical insurance markets including their health and stability can tend to underlie the health of a dental benefits market. Short-term limited duration plans are different from both major medical coverage and separate coverages like limited-scope dental benefits, which should be considered in any future discussion or regulation.

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.

Other Topics

Policymakers and staff may ask your opinion on current policy trends and proposals.

The Opioid Crisis: Community leaders and policymakers at the state and federal level are exploring strategies to address the opioid crisis. The following are facts to keep in mind when considering the role for dental plans:

- Dentists with a current DEA license may prescribe opioids and do so most often for management of acute (short-term) pain such as severe tooth decay, extraction of teeth, particularly “wisdom teeth,” and root canals.
- An April 2018 issue of the Journal of the American Dental Association (JADA) includes data on opioid prescribing in dentistry and research on alternative pain relief options.
- Regarding insurance, most dental plans include low deductibles and cover preventive benefits at 100%. The emphasis on prevention in dental insurance reflects the fact that the two primary dental diseases—tooth decay and gum disease—are both preventable.
- Routine dental visits and preventive care decreases the incidence of dental disease, ER visits for dental pain and complex dental procedures that may result in prescriptions for pain medication, including opioids.
- Dental insurance does not cover prescription drugs, so carriers aren’t directly involved in adjudicating or paying pharmacy claims. As such, dental insurance carriers do not track or follow provider drug prescribing practices.
- Dental insurers do distribute information to dentists in their networks, disseminating information on best practices in opioid prescribing and dental pain management to reinforce recommendations of government and the profession. This is an important role dental carriers can play in stemming the opioid epidemic.

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.

For House Only: H.R. XXXX on Provider Contracts

Background (HR 1606, 2017-18):

- In one section, the bill does not allow dental plans to credential providers. By state law, we are required to credential providers – we look into the provider's background and make sure they are licensed and their education is up to date. These activities are a core component of providing safety for our enrollees and your constituents.
- In another section, the bill would allow for providers to opt out of various sections of their legal contract with a dental plan. A provider has the opportunity to negotiate their contracts, but to have legislation stating they can opt of portions they don't like undermines the point of having a contract.
- Note previous sponsors: https://www.congress.gov/bill/115th-congress/house-bill/1606/cosponsors

"Ask" or Talking Point: We wanted to also take this opportunity to make sure you were aware of a bill that we are opposed to, H.R. XXXX. While the bill is being advocated by providers who primarily focus on services carriers do not cover (known as non-covered services), there are other sections which are anti-consumer and would drive premiums so high that they would become unaffordable.

Order of Talking Points

Democrats

1. **Exchanges**: support decoupling and independent purchase of dental benefits on public health insurance Marketplaces
   - Given CMS will not decouple via regulatory authority, are there good avenues to address this through the legislative process?
2. **Medicare**: There are several bills on this topic. Briefly explain oral-overall health connection and importance of dental benefits.
   - For these reasons, NADP supports the addition of a dental benefit to Medicare; 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.
3. **McCarran-Ferguson** bills have been introduced, express concern, what is the problem trying to be fixed? Unintended consequences for dental. Appreciate discussion if/when you review this legislation.
4. **HIT moratorium:** express thanks for the 2019 HIT moratorium and advocate for a 2020 moratorium, which should be provided with enough lead-time to implement in 2020 products.

Before leaving, thank again for their time and interest

Republicans

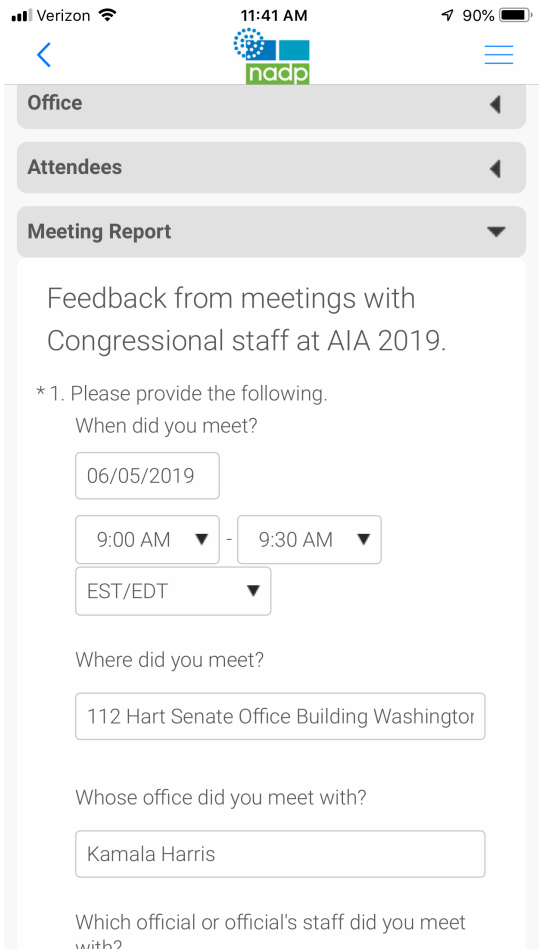
1. **HIT moratorium:** express thanks for the 2019 HIT moratorium and advocate for a 2020 moratorium, which should be provided with enough lead-time to implement in 2020 products.
2. **Exchanges**: support decoupling and independent purchase of dental benefits on public health insurance Marketplaces
   - Given CMS will not decouple via regulatory authority, are there good avenues to address this through the legislative process?
3. **McCarran-Ferguson** bills have been introduced, express concern, what is the problem trying to be fixed? Unintended consequences for dental. Appreciate discussion if/when you review this legislation.
4. **Medicare**: There are several bills on this topic. Describe oral-overall health connection and importance of dental benefits. We are exploring several models to provide access to Medicare beneficiaries (including private market) and want to be a resource.

Before leaving, thank again for their time and interest

Congressional Meetings: Format

- Introductions: NADP & your Company
- Industry and state facts
- Make the asks
- **Provide leave-behind package**
- **Offer yourself and NADP as resource**
- **Thank them for meeting**
- **Make a note of their reaction and any follow-up**

Meeting Survey



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Do's and Don'ts

Helpful tips for meeting with Members of Congress and Congressional staff.

- Do: research and practice
- Don't: be nervous
- Don't: be late
- Do: be prepared to wait
- Don't: take it personally
- Do: be flexible
- Don't: drone on
- Do: tell a story and make it personal
- Do: make the ask and be a resource

Training videos provide more depth online here: http://www.nadpadvocacy.org/advocates/education-training

nadp.org

Next Steps

- ✓ Research your company's footprint in the various states and state-specific information on "asks"
- ✓ Get to know your teammates
- ✓ Research your members of Congress

Coming soon…

- ✓ Scripted talking points
- ✓ List of team members with contact information
- ✓ Additional handouts
- ✓ Any follow-up from today's webinar

Sen. Tina Smith (MN)

Tina Smith
FOR MINNESOTA

National Association of Dental Plans PAC

cordially invite you to a

Reception

In Honor of

Senator Tina Smith

Tuesday, June 4, 2019
6:00-7:00 PM

Art & Soul Restaurant
415 New Jersey Avenue, NE
Washington, DC

Suggested Contribution:
HOST: $5,000
CO-HOST: $2,500
ATTEND:
PAC - $1,000
Personal - $500

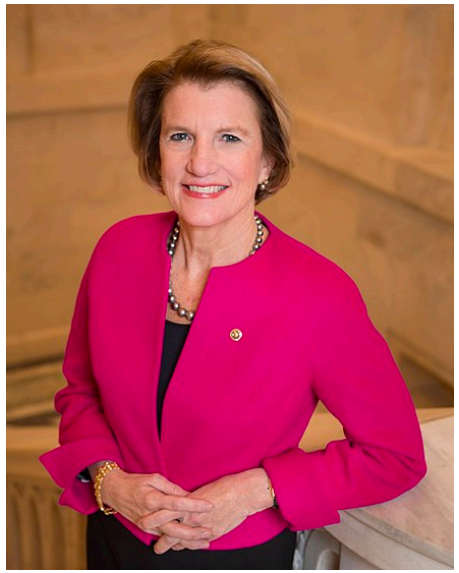
To contribute, visit https://secure.actblue.com/donate/06.04.19-nadp
or *send a check to the address below:*

Tina Smith for Minnesota
1140 3rd Street NE, 2nd Floor
Washington, DC 20002

For more information or to RSVP, contact Don Schimanski at
don@tinasmithmn.com

Contributions to Tina Smith for Minnesota are not tax deductible for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for individuals whose contributions exceed $200 in an election cycle. Contributions by corporations and foreign nationals are prohibited.

Paid for and authorized by Tina Smith for Minnesota



Sen. Shelley Moore Capito (WV)

National Association of Dental Plans PAC

Cordially Invites you to Coffee

In Honor Of

Senator Shelley Moore Capito

Tuesday, June 4th, 2019
9:00am

Bistro Bis
15 E St. NW
Washington DC 20001

Suggested Contribution:
Co-Host: $2,500 PAC / $1,000 Personal
Attend: $1,000 PAC / $500 Personal

Please Make Checks Payable to:
Capito for West Virginia
1006 Pendleton Street
Alexandria, VA 22314

For more information or to RSVP, please contact Ashley Jordan at 703-683-6703 or ashley@thetownsendgroup.com.

Contact Us

Advocacy in Action webpage: http://www.nadpadvocacy.org/home*
Search legislation at congress.gov, for your Representative at house.gov and your Senators at senate.gov

Other resources:

- NADP Advocacy webpage: nadp.org/Advocacy.aspx
- Dental Interact (DI) online community: mynadp.org/home*

**Login at nadp.org required*

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Owen Urech
OUrech@nadp.org
972.458.6998 x108

nadp.org

Use the chat feature to ask a question
or
press #6 to unmute your line

Legal reference:
Am I a lobbyist?

It is very rare that attendance at a fly-in alone would trigger the requirements to register as a lobbyist.

All three conditions must be met:

- Employee spends 20% or more of his or her working time engaging in lobbying activity;
- That same employee must have 2 or more lobbying contacts; and
- The company must spend more than $12,500 on such lobbying activity over a 3-month period (or $3,000 individually).

If your company files with the LDA, it's a good idea to update your employer about your time in DC. It is still extremely unlikely that fly-in attendance would trigger including you as a registered lobbyist.