ADEA AMERICAN DENTAL EDUCATION ASSOCIATION
WASHINGTON*UPDATE*

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Status of FY 2011 Appropriations: Another Continuing Resolution in the Works

Congress has made the decision to defer action on completing FY 2011 appropriations bills. Therefore, the Senate plans to offer an amendment, a Continuing Resolution (CR), to the House passed bill (H.R. 3082) which will allow the federal government to continue to operate through March 4, 2011. The Senate is scheduled to take up the measure on Tuesday, December 21, 2010.

Under the proposed CR, funding will be kept at FY 2010 levels for most programs. The CR replaces a proposed Omnibus bill, which had prioritized and increased funding for a wide-range of programs of interest to the health care community, including the dental community.

Needless to say, the American Dental Education Association (ADEA) and most health and education organizations are bracing themselves for perhaps deeper cuts in FY 2011. The fear is that the short-term CR is just a precursor for more fiscal conservatism in the next session of Congress, which begins on January 5.

NHSC Accepting Student Loan Repayment Applications

The National Health Service Corps (NHSC) released its Fiscal Year 2011 Application and Program Guidance on November 22. The Corps is now accepting applications from full-time and part-time participants, which are due on May 25, 2011. The application cycle is open and continuous, and slots will be filled on a first-come, first-served basis.

The Affordable Care Act (ACA)—the health care reform law—increased the funding amount for NHSC loan repayment. For full-time participants who complete a minimum of two years of service, the amount of student loan repayment was increased from $50,000 to $60,000. The amount for an additional third year has gone up from $35,000 to $40,000. Part-time participants will receive $30,000 for a minimum of two years of service and $60,000 for four years of service.

Additionally, full-time participants can spend 20% of their time (up to eight hours per week, 20% of 40 hours) teaching at approved sites. Half-time participants can teach for four hours. At Teaching Health Centers approved by the Health Resources and Services Administration (HRSA), full-time participants can spend up to 50% of their time (or 20 hours) teaching, and part-time participants can spend up to 10 hours (50% of 20 hours) teaching. **There are currently no HRSA-approved Teaching Health Centers.** HRSA plans to announce approved Teaching Health Centers by February 2011.

Prior to this year, only loans for degrees required to perform services in the NHSC could qualify for loan repayment. This year, all loans (including consolidated loans) are eligible as long as the loans were taken out before the applicant applies.

Clinicians can apply online. The application can be found by hitting the "Apply Now" button on the NHSC website at http://nhsc.hrsa.gov/loanrepayment/apply.htm. The process itself is about 90% electronic. If applicants need more support and assistance, they can 1) read the "Frequently Asked Questions" on the website; 2) contact the call center; 3) contact regional offices; or 4) contact a loan repayment ambassador.

Teaching Health Center Guidance and Grants

The Health Resources and Services Administration (HRSA) posted guidance for community health centers and other similar entities applying for payments to support community-based residency training programs in specified primary care disciplines.

The Affordable Care Act (ACA) makes available $230 million over five years to qualified "teaching health centers" or THCs (such as federally qualified health centers, community mental health centers, rural health

clinics, Indian Health Service centers, and family planning centers) that are listed as a residency program's institutional sponsor by accrediting bodies.

According to the guidance, a corporate entity "such as a GME consortium collaborating with a health center and hospital in operating one or more primary care GME programs" may also qualify, provided that it is listed as the institutional sponsor and the "community-based ambulatory training site is a central partner in the consortium."

Funds must be used to support direct and indirect expenses for new residents in newly established THCs or an expanded number of residents at pre-existing THCs. HRSA estimates interim payments of up to $150,000 per resident full-time equivalent (FTE) per year; awards will be adjusted at the end of the project period after the Secretary of the Department of Health and Human Services (HHS) promulgates regulations defining the formula for calculating THCs' indirect expenses (the formula for direct expenses is described in the guidance).

The guidance also specifies that THC payments from HRSA can supplement existing payments from other sources, but "if the hospital claims the THC residents' inpatient time, the THC cannot also claim that time from HRSA." For those THCs affiliated with teaching hospitals, HRSA and the Centers for Medicare and Medicaid Services (CMS) will work together to maintain a count of resident FTEs to "discourage teaching hospitals from transferring existing GME slots to non-primary care residency training."

Applications are due December 30. Award announcements are expected by January 15, 2011, for payments to be awarded by July 1, 2011, to "enable THC awardees to offer these new residency training slots through the National Residency Match Program." HRSA also has scheduled a technical assistance call for December 21, 2010.

HHS Launches Healthy People 2020

The Department of Health and Human Services has launched Healthy People 2020, the nation's new 10-year goals and objectives for health promotion and disease prevention. The 2020 edition of the Healthy People objectives includes several new topics of focus, including LGBT health, global health, and preparedness. It also emphasizes a renewed focus on measuring and tracking the social determinants of health and on reducing health disparities. During the launch, HHS Assistant Secretary for Health **Howard Koh**, M.D., Ph.D. emphasized that the goal of reducing health disparities is a part of every facet of the Healthy People 2020 initiative.

Healthy People is utilized as a tool for strategic management by the federal government and states. The overarching goals of Healthy People are to achieve health equity, eliminate disparities; attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; create social and physical environments that promote good health; and promote quality of life, healthy developments, and healthy behaviors across all life stages.

Also announced was the "myHealthyPeople" challenge for technology application developers. The challenge encourages developers to team with public health professionals to create easy-to-use applications to assist public health workers with implementing the new national objectives.

Medicare/Medicaid Plan

House Budget Committee Ranking Member and Chair-elect **Paul Ryan** (R-WI) and former Congressional Budget Office (CBO) Director **Alice Rivlin** released a proposal that would change federal payments under the Medicare and Medicaid programs and reduce federal budget deficits by $280 billion over 2011-2020.
The proposal, entitled "A Long-Term Plan for Medicare and Medicaid," calls for:

- Creating a new Medicare Voucher Program to purchase private coverage for people who turn 65 in 2021 or later

- Increasing the Medicare eligibility age to 67 by 2032
- Modifying Medicare's cost-sharing provisions with an expected savings of $110 billion through 2020
- Repealing the Community Living Assistance Services and Supports (CLASS) program for long-term care insurance
- Converting the federal share of all Medicaid payments into a block grant to be allocated to states, with an expected saving of $180 billion through 2020

The CBO analysis noted that under the proposed Ryan-Rivlin plan the level of expected federal Medicare and Medicaid spending would decline, while enrollees' expected health care spending would increase.

National Commission on Fiscal Responsibility

The National Commission on Fiscal Responsibility and Reform released its final report to balance the federal budget by 2015 and improve the U.S. long-term fiscal outlook. The report, entitled "The Moment of Truth," is similar to the draft proposal released by Commission Co-Chairs **Erskine Bowles** and former Senator **Alan Simpson** (R-WY). The report proposes a six-part plan that will:

- Achieve nearly $4 trillion in deficit reduction through 2020
- Reduce the deficit by 2.3 percent of GDP by 2015
- Reduce tax rates, cap revenue at 21 percent of GDP, ensure lasting Social Security solvency, and stabilize debt by 2014

Although the final report fell short (11-7) of the 14 votes required to approve the recommendations, it is expected that many of the recommendations will be considered as part of the President's budget and future congressional proposals.

2011 ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellow

Each year ADEA awards an outstanding member of a dental faculty or administration the ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellowship in the ADEA Center for Public Policy and Advocacy (ADEA CPPA). The Fellowship provides a unique opportunity to gain first-hand experience in the federal legislative process and to learn how ADEA works to promote oral health, dental education, and dental research.

The recipient of the 2010-11 Bruce Legislative Fellowship is **Sheryl Kim Chambers**. Ms. Chambers is the Director of Patient Services at The University of Texas Health Science Center at Houston Dental Branch (UTDB). She has worked in academic practices for more than 20 years, including the past 14 years with the UTDB. As Director of Patient Services, she is responsible for the business and patient relations operation of the Dental Branch clinics. She has experience with electronic patient records, revenue cycle management, health information management, health care compliance, business intelligence, dental informatics, cash control, patient relations, training, health information technology, and knowledge management. Ms. Chambers received a B.A. in Business Administration and an M.B.A. from Sam Houston State University, and was selected as a participant in the 2006 University of Texas Health Science Center-Houston Academic & Administrative Leadership Development Program. She serves on numerous UTDB and UTHSC-H committees and task groups.

In her three-month Washington, DC assignment, Ms. Chambers has participated in the ADEA Leadership Institute and ADEA Legislative Advisory Committee meetings; attended congressional hearings and briefings on oral health care issues; and brought her expertise in Health Information Technology (HIT) and her familiarity with the Texas legislative body "to the table" in advancing current legislative initiatives on Capitol Hill.

ADEA Members Encouraged to Complete Survey on

Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models

Now On ADEA Website

In September 2009, the Board of Directors of the American Dental Education Association (ADEA) approved the creation of the ADEA Task Force on the Education of Oral Health Professionals in Emerging Workforce Models. Its charge was to "enunciate a set of principles to guide the educational preparation of oral health professionals in emerging workforce models."

The Task Force has completed its work and drafted a document entitled the *ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models.* The document will be presented to the ADEA Board of Directors in January 2011 and to the ADEA House of Delegates at the March 2011 ADEA Annual Session & Exhibition for approval.

In crafting the Guiding Principles, the Task Force considered the comments and recommendations ADEA members voiced in five different meetings over the past six months. We are now asking our members to indicate their level of support for the Guiding Principles by completing an online survey, which is linked to from ADEA's home page.

Members will have until Friday, January 21, 2011, to complete the survey. You may access the survey and policy statement at the following web locations.

Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models Survey
https://web.adea.org/cgi-bin/rws4.pl?FORM=ADEAGuidingPrinciplesSurvey

Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models
http://www.adea.org/publications/library/Documents/GuidingPrinciples.pdf

If you have any questions about the survey, please contact Dr. Gloria González, ADEA Research Associate, at 202-289-7201, ext. 123 or at ADEACEPR@adea.org.

THE DATE: Deans' Advocacy Day on Capitol Hill - April 3-5, 2011

We want to alert U.S. dental deans and faculty, directors of allied and advanced dental education programs, students, residents, and fellows to an opportunity to come to Washington next year and advocate for academic dentistry in the new 112th Congress.

You will learn about the legislative and public policy priorities of ADEA and the American Association for Dental Research (AADR), with whom we are partnering; enhance your legislative leadership skills; and engage in grassroots advocacy by meeting with your two U.S. Senators and member of the House of Representatives and their staffs to discuss issues of importance to oral health, dental education, and dental research.

Plan to arrive in Washington on Sunday, April 3, in time for a reception at 6:30 p.m. The two-day event begins at 8:00 a.m. on Monday, April 4, featuring an informative legislative workshop with presentations from distinguished experts on a variety of public policies. After briefings by the staff of the ADEA Center for Public Policy and Advocacy (ADEA CPPA) and AADR on the specific advocacy messages you will be delivering to your elected officials, the workshop will conclude with a training film and an interactive session to prepare for you for your Hill visits.

On Tuesday, April 5, you will meet with your elected officials. You will be responsible for making your own appointments, but ADEA CPPA staff will provide the assistance and information you will need to secure your meetings. You may depart Washington after your last congressional appointment.

The beginning of a new Congress is an excellent time for you, as constituents, to call on your congressional representatives. As a result of the November elections there are many new Members of Congress. You will have an opportunity to inform them, and returning members, about public policy and legislative priorities that are important to you and your institution.

We hope you will consider putting this event on your busy schedules.

HOLD THE DATE: 2011 ADEA Annual Session & Exhibition, March 12-16, 2011
See the future - not just of dental education, but of all health professions education - at the 2011 ADEA Annual Session & Exhibition in San Diego. This year's theme is **"Interprofessional Education: Teaching and Learning Together for Better Health."** Browse the program for the premier event in academic dentistry and register early (before the January 8, 2011, Early Bird deadline) to take advantage of discounted rates.

Funding Opportunities

www.GRANTS.gov

You must use www.GRANTS.gov to apply for a federal grant. The registration process can take up to one month. Assistance is available from www.Grants.gov help desk at support@grants.gov or 800-518-4726. To successfully register, it is necessary to do all of the following:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)

National Institutes of Health

The Market for Long-Term Care Insurance (R01), RFA-RM-11-002. National Institutes of Health. Closing date for applications: January. 18, 2011. http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-002.html

New National Dental Practice-Based Research Network Limited Competition (U19), RFA-DE-12-002. National Institutes of Health. Closing date for applications: May 3, 2011.
http://grants.nih.gov/grants/guide/rfa-files/RFA-DE-12-002.html#PartII

Translational Scholar Career Awards in Pharmacogenomics and Personalized Medicine (K23), PA-11-009. National Institutes of Health. Closing date for applications: cyclical through 2014.
http://grants.nih.gov/grants/guide/pa-files/PA-11-009.html

Understanding and Treating Co-Morbid Conditions in Adolescents with Intellectual and Developmental Disabilities (R01), PA-11-039. National Institutes of Health. Closing date for applications: cyclical through 2014. http://grants.nih.gov/grants/guide/pa-files/PA-11-039.html

Upcoming Conferences

- **The 146th Chicago Dental Society Midwinter Meeting,** February 24-26, 2011, Chicago, Illinois
  Themed "Great Expectations: A Dental Continuum," the midwinter meeting will be held at North America's premier convention facility, McCormick Place (West Building), where nearly 600 exhibitors,

manufacturers, dealers, and labs make new product introductions and offer special incentives. Please click here for registration information.

- **Pacific Dental Conference,** March 10-12, 2011, Vancouver, British Columbia
  Last year's attendance of over 12,000 makes the Pacific Dental Conference one of the largest dental conferences in North America. Join PDC in its second year at the Vancouver Convention Centre, a stunning, state-of-the-art facility with an ever-expanding Exhibit Hall that hosts nearly 300 companies. Advance registration closes February 25, 2011. To register, please click here.

- **89th General Session & Exhibition of the IADR, 40th Annual Meeting of the AADR, and 35th Annual Meeting of the CADR,** March 16-19, 2011, San Diego, California
  The International Association for Dental Research, the American Association for Dental Research, and the Canadian Association for Dental Research host this meeting at the San Diego Convention Center with workshops, lectures, abstracts, and exhibits delivering the latest in dental, oral, and craniofacial research. Advance registration closes January 28, 2011. Please click here to register.

- **American Academy of Oral Medicine 2011 Annual Meeting,** April 5-9, 2011, Carolina, Puerto Rico
  With the theme "The Therapeutics and Pharmacology of Oral Medicine: An Evidence-Based Review," (click to view PDF of program), AAOM's 2011 meeting will be held at the Intercontinental San Juan Resort & Casino in sunny San Juan, Puerto Rico. Early registration ends March 11, 2011. Click here to register.

Item of Note

On November 30, 2010, the Government Accountability Office (GAO) released a report, *Oral Health: Efforts Under Way to improve Children's Access to Dental Services, but Sustained Attention Needed to Address Ongoing Concerns* (GAO-11-96, view PDF here). The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) mandated the GAO to assess multiple factors affecting children's access to oral care, including dentists' participation in Medicaid and CHIP and how new members of the dental team have been used to expand services. To view the report, please visit www.gao.gov/products/GAO-11-96.

Quotable

"No well-informed person ever imputed inconsistency to another for changing his mind."

Cicero

The *ADEA Washington Update* is published by the ADEA Center for Public Policy and Advocacy (ADEA CPPA) monthly when Congress is in session. Its purpose is to keep ADEA members abreast of federal issues and events of interest to the academic dental and research communities.

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ADEA ISSUE BRIEF #10

UPDATE: HITECH Act Electronic Health Records Incentives Program

The HITECH Act Incentives Program regarding Electronic Health Records ("EHRs") does not provide for direct EHR incentives to academic dental institutions (ADIs) or their clinics. ADIs can only receive EHR incentives if their qualified dentists assign the incentives to the ADI. Each dentist can qualify for up to $63,750 in EHR incentives, so that the total incentive payments amount potentially available to an academic dental institution is substantial.

This Issue Brief summarizes briefly certain provisions of the HITECH Act's implementing regulations that are relevant to the actions ADIs must take to obtain incentive payments under the Act. Section I summarizes several provisions of the Act's proposed implementing regulations that were changed in the final regulations - based on ADEA's advocacy efforts with the Centers for Medicare and Medicaid Services (CMS) and Congress - to eliminate barriers that would have precluded most, and probably all, ADIs from obtaining any EHR incentives.

Section II summarizes the requirements under the Act's implementing regulations for an ADI to receive an assignment of EHR incentives for which any of institution's dentists qualify.

Finally, Section III identifies a provision of the Act's implementing regulations that is likely to prevent any ADI from obtaining EHR incentives unless the institution works with its State Officials to develop a State Health Information Technology Plan which modifies that provision using authority that is provided under the Act's implementing regulations.

Section I

EHR Incentives Qualification Requirements Revised Based on ADEA's Advocacy Efforts

1. 30% Medicaid Patient Population Requirement - To qualify for Medicaid EHR incentives for any year, a dentist must have a patient population that is at least 30% Medicaid beneficiaries (i.e., measured over any consecutive 90 day period in the preceding year).[1] Under the EHR incentives qualification requirements initially proposed by CMS, a dentist could not have satisfied this requirement unless at least 30% of the patients *actually treated* by such dentist in the applicable 90 day period were Medicaid beneficiaries receiving Medicaid-covered services from such dentist. *ADEA convinced CMS to change this requirement to permit each dentist working in a dental clinic operated by a dental school, other academic dental institution or hospital to meet this requirement based on the entire clinic's percentage of patients receiving Medicaid-covered services during the applicable 90 day period. Thus, if such a dental clinic's entire patient population for any consecutive 90 day period consists of at least 30% individuals receiving Medicaid-covered services from the clinic, each dentist working in the clinic during the following year - whether on a full time or part time basis - would be deemed to have satisfied the 30% Medicaid patient population requirement for that year.*[2]

[1] For a the dentist who works primarily in a Federally Qualified Health Center or a rural health clinic, this 30% requirement can be met by also including State Children's Health Insurance Program beneficiaries, patients receiving free care, and patients receiving care according to a sliding payment scale based on their ability to pay. This 30% requirement is dropped to 20% for pediatricians and pediatric specialists.

[2] Please note that a clinic dentist who only treats the clinic's non-Medicaid patients (e.g., self-pay patients or patients covered by commercial insurance or Medicare) would not be able to meet the 30% requirement based on the clinic's entire patient population meeting the 30% requirement. To be included in the above-mentioned clinic-wide application of the 30% requirement, a clinic dentist must generally serve a portion of the clinic's patient population that is generally similar to the clinic's entire patient population.

2. Functionality and Clinical Quality Measures - CMS's proposed EHR incentives qualification requirements included many functionality measures and clinical quality measures on which a provider was required to report to CMS to qualify for EHR incentives. Most of those measures were completely inapplicable for dentists. Consequently, as a practical matter, virtually no dentist would have been able to qualify for EHR incentives if the reporting requirements on those measures had not been changed. *Based on information ADEA provided to Members of Congress and CMS regarding the proposed measures' inapplicability to dentists, CMS eliminated or appropriately modified the reporting requirements regarding those measures*.

Section II

Assignment of a Dentist's EHR Incentives to an Academic Dental Institution

The HITECH Act states an eligible professional's EHR incentives *shall be* transferred to an employer or other entity to which the eligible professional has assigned his/her payments for services. Notwithstanding this mandatory transfer provision in the HITECH Act, CMS's regulations concerning EHR incentives require an eligible professional to execute a transfer agreement that expressly (or implicitly under applicable state law) is intended to transfer the eligible professional's EHR incentives to his/her employer or another entity through which the eligible professional furnishes services. *As a result, if an academic dental institution or hospital expects to receive the EHR incentives for which its employed or independent contractor dentists qualify, that entity must obtain from each such dentist an executed document that is intended to transfer to the entity any EHR incentives for which the dentist qualifies. Any dentist who does not execute such a document will be permitted to keep any EHR incentives for which he/she qualifies, notwithstanding the fact that he/she would be receiving a windfall payment because the entity - not the dentist - would be incurring all of the costs related to the EHR used by the dentist.*

Section III

Modifying the 30% Medicaid Patient Population Requirement through a State's HIT Plan

A Medicaid beneficiary is only counted toward meeting the above-mentioned 30% Medicaid patient population requirement if the:

(i) Medicaid beneficiary actually receives Medicaid-covered services from a clinic's dentist; or

(ii) Medicaid beneficiary is included in a panel of patients assigned to the clinic or any of its dentists under a Medicaid Advantage Program or another managed care arrangement under which the State Medicaid Program pays any of the premiums, copayments or cost share amounts for the Medicaid beneficiary.

As a result, if an ADI is located in a state whose Medicaid Program does not include any coverage for oral health services or payments for a Medicaid beneficiary's premiums, copayments or cost sharing amounts under a Medicaid Advantage or other managed care arrangement, no dentist working in that institution's dental clinic could qualify for Medicaid EHR incentives, regardless of the percentage of the clinic's patients who are Medicaid beneficiaries.[3]

The HITECH Act's implementing regulations expressly allow a State to include in its State HIT Plan one or more alternative methods for determining a provider's or clinic's Medicaid patient population for

[3] The HITECH Act's implementing regulations are very ambiguous regarding the circumstances in which a Medicaid beneficiary's coverage under a Medicaid Advantage Plan or other managed care arrangement will result in that Medicaid beneficiary being included in the calculation of a clinic's or an eligible professional's Medicaid patient population.

purposes of the 30% requirement. CMS must approve each State's HIT Plan prior to any Medicaid EHR incentive funds being transferred by the federal government to the State.