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States Cutting Dental Care for Adults on Medicaid

According to [information](#) provided by the Centers for Medicare & Medicaid Services within the United States Department of Health & Human Services, states have flexibility in determining what dental benefits are provided to adult Medicaid enrollees. While most states provide at least emergency dental

services for adults, less than half currently provide comprehensive dental care. Further, there are no minimum requirements for adult dental coverage.

Governor Pat Quinn (D-IL) cut [\\$1.6 billion](#) out of Illinois' Medicaid budget, reducing adult dental coverage to emergency tooth extractions. Also, the state cut vision benefits.

In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. Under budgetary pressures in 2010, [MassHealth Dental](#) stopped covering restorations, crowns, root canals, dentures, and other services for most members age 21 or older. The recently passed Massachusetts fiscal year 2013 budget restores some of the adult dental benefits that were eliminated in 2010. The new coverage will pay for restorations but only for those in the anterior region of the mouth. Restoring full dental coverage to Medicaid recipients would have cost the state an estimated \$50 million.

How Some States are Controlling Medicaid Costs

- Arkansas
 - Arkansas launched the "[Health Care Payment Improvement Initiative](#)" in October. The initiative is aimed at controlling health care costs. Under the initiative, Medicaid and private insurers will designate one physician as the "principal accountable provider" for each specific episode of care. These physicians will receive bonuses if they charge less than established cost thresholds. Additionally, they will be assessed penalties if they exceed them.
- Colorado
 - Last year Colorado began focusing on "[medical homes](#)" and careful case management to control its Medicaid costs. Currently, more than 120,000 Medicaid clients are enrolled in seven case management regions, and early data shows a 14% drop for inpatient hospital stays among children. In addition, emergency room visits for adults dropped 5%. The reform effort also ties health care providers receiving a per-member fee to reaching health-outcome marks.
- Maine
 - As part of the state budget update that was passed in May, the legislature created the [MaineCare Redesign Task Force](#), which consists of nine members who have expertise in health policy and health care finance. The task force must find \$5.25 million in savings this fiscal year before formulating longer-term strategies. The MaineCare Redesign Task Force began meeting in August to develop a plan to cut costs in the state's Medicaid program. On September 25, the task force met to hear [recommendations](#) from a consulting firm on possible cuts to Maine's Medicaid program. The recommendations included cuts in dental care.
- New Hampshire
 - New Hampshire received federal approval to implement a managed care system for its Medicaid program. The change from a fee-for-service to a managed-care system was expected to save the state approximately \$16 million this fiscal year. However, the new program is not expected to be in place until the end of the year. To inform New Hampshire residents about the new managed-care system, the New Hampshire Department of Health and Human Services held several informational sessions around the state and provided the following [information](#).
- New York
 - Last year New York began implementing [recommendations](#) from its Medicaid Redesign Team (MRT), including placing a budget cap on what the state could spend on most Medicaid programs and cutting payments to health care providers and managed care

plans. The cap started at \$15.3 billion last year and is allowed to rise by only 4% a year. Most New York Medicaid recipients are enrolled in Medicaid managed care.

The Possible Effect of the Sequester on States

Federal budget reductions are scheduled to take effect January 2, 2013, unless Congress takes action to deal with the deficit. If the across the board reductions take effect, more than \$1.2 trillion would be cut from federal spending in the next ten years, including nearly \$110 billion next year alone. The reductions, known as the “sequester,” would be applied to a wide array of federal spending. Under the sequester, the cuts would be divided between defense and non-defense discretionary spending. Medicaid is exempt from the cuts to non-defense discretionary spending.

According to the *House Committee on Appropriations-Minority Staff*, approximately 900,000-1,000,000 fewer patients would be served in Community Health Centers. Also, the National Institutes of Health (NIH) would lose about \$2.5 billion from sequestration. A large portion of NIH’s budget provides research project grants. Under sequestration, about 2,400 fewer research project grants would be made to universities and institutions throughout the country.

The United States Conference of Mayors sent a [letter](#) to congressional leaders warning of the effect that sequestration will have on local budgets. In the letter the United States Conference of Mayors voiced their concern with the reductions in non-defense discretionary spending, one-third of which is directed to state and local programs. Specifically, the United States Conference of Mayors made special note of the following reductions: 36% to education; 18% to health and the environment; and 10% to the workforce.

Congress must find a way to replace sequestration with a balanced approach to long-term deficit reduction in order to avoid the above cuts to programs on the state level that affect dental education, access to care and dental and craniofacial research..

Washington State Dental Association Votes on HD-13-2012, “Alternative to Dental Midlevel Providers”

The 2012 House of Delegates of the Washington State Dental Association (WSDA) passed resolution HD-13-2012 by a vote of 58-20-1 on September 13. This resolution allows the WSDA to find a sponsor to introduce state legislation during the 2013 legislative session for a dental midlevel provider which meets the parameters of the resolution, and to broaden the scope of Expanded Function Dental Auxiliaries (EFDAs). Specifically, [HD-13-2012](#) proposes legislation that would do the following:

- Create a new dental extender (called an Advanced Function Dental Auxiliary or AFDA) who will work under the supervision of a dentist;
- Prevent individuals with limited training from performing irreversible procedures without the direct supervision of a dentist; and
- Limit the practice of AFDAs to community health centers approved by the Dental Quality Assurance Commission ([DQAC](#))

States Focus on Prescription Drug Abuse Reduction

According to the National Governors Association (NGA), prescription drug abuse is the fastest growing drug problem in the United States, and the nation’s governors intend to play a critical role in developing and implementing a coordinated and effective response. To assist governors in their efforts, the NGA is hosting a year-long prescription drug abuse initiative co-chaired by Governor Robert Bentley (R-AL) and Governor John Hickenlooper (D-CO). The NGA announced the selection of five states Arkansas, Kentucky, New Mexico, Oregon and Virginia to join Alabama and Colorado in developing and

implementing comprehensive and coordinated strategies that take advantage of all available tools and resources to address this growing problem.

In addition, the NGA released an [issue brief](#) entitled *Six Strategies for Reducing Prescription Drug Abuse* which highlights strategies and provides recommendations for governors looking to reduce prescription drug abuse in their state. To learn more about the prescription drug abuse initiative, please visit www.nga.org/cms/Rx.

State Policy Updates

- **Michigan Legislator Introduces Bill to Award Scholarships to Dental Students**

State Representative Jim Ananich (D-MI) has introduced [HB 5770](#), which has been referred to the State House Committee on Education. The bill creates the Frontline Health Provider Program to be administered by the Michigan Department of Community Health (MDCH). The goal of the bill is to encourage students and health care professionals to commit to serve in areas of the state where there is a critical need for primary health care. Under the bill, the MDCH is authorized to award scholarships to eligible students and grants to eligible designated health professionals, including dentists, to repay all or part of their state and federal qualified education loans. The bill is tie barred, which means it cannot become law unless the following three bills also are enacted, [HB 5771](#), [HB 5772](#), and [HB 5773](#).

- **Tennessee Expands Scope of Dental Hygienists**

The Tennessee General Assembly passed and Governor Bill Haslam (R-TN) signed into law [SB 3269](#). The law expands the places where dental hygienists may practice by authorizing dental hygienists to engage in the provision of preventive dental care under the general supervision of a dentist through written protocols. Under the law, the settings in which a dental hygienist may provide services include nursing homes, skilled care facilities, nonprofit clinics, and public health programs.

- **Utah Pilots Program for Dental Benefits**

The Utah Legislature passed [HB 125](#) and Governor Gary Herbert (R-UT) signed the bill into law. The law amends the *Medical Assistance Act* to establish a pilot program for dental health care benefits in the state Medicaid program. Specifically, the law does the following:

- Authorizes the state Medicaid plan to pilot dental health care payment and delivery reform models;
- Requires the Medicaid program to evaluate cost and access to dental care in the pilot program; and
- Requires the Medicaid program to report to the Legislature regarding the evaluation of the dental health care pilot program.

- **Virginia Expands Scope of Dental Hygienists**

The Virginia General Assembly passed [SB 146](#) and Governor Robert McDonnell (R-VA) signed the bill into law. The law expands an earlier trial program to allow licensed dental hygienists, employed by the Department of Health, to provide educational and preventative dental care throughout the Commonwealth of Virginia when such care is provided under the remote supervision of a dentist employed by the Department of Health and pursuant to a standing protocol adopted by the Board of Health. The law also requires an annual report of services provided by dental hygienists, including

their impact on the oral health of the citizens of the Commonwealth of Virginia, to be prepared by the Department of Health and submitted to the Virginia Secretary of Health and Human Resources.

Dental Schools in the News

- **Indiana to Open New Dental Clinic**

Jane Pauley, graduate of Indiana University (IU) and former co-host of NBC's TODAY Show, joined students from the IU School of Dentistry and Metropolitan School District of Warren Township for a ribbon-cutting ceremony to celebrate a [new dental clinic](#). The new clinic will be housed in the Walker Career Center, located on the campus of Warren Central High School in Indianapolis. Oral healthcare services will be provided beginning in January 2013 to adults and children in need who are not currently under the care of a dentist. Dental examinations and restorative treatment will be rendered through a nontraditional joint venture pairing IU students, who are in their final year of dental school, with Walker Career Center high school students, who are enrolled in the center's Dental Assistant Program. Both groups of students will work under the onsite supervision of faculty from their respective schools. Construction of the new clinic was made possible with a U.S. Department of Health & Human Services grant of nearly \$500,000, awarded to the Community Health Network Foundation.

- **Maine to Open New Dental School and Dental Clinic**

Construction has begun on a new, \$14.5 million, 38,000-square-foot, [Patient Care Center](#) at the University of New England's (UNE) Portland, Maine campus. The Patient Care Center will be the clinical home of UNE's College of Dental Medicine teaching clinic and dental simulation facility. In addition to an Inter-Professional Health Care Clinic, the UNE Patient Care Center will include the Dental Center, consisting of an Urgent Care Clinic; the Delta Dental Comprehensive Care Clinic; a Dental Hygiene suite; a Dental Specialty Care Clinic; a Radiology suite; the Dental Simulation Center; and space for future dental residency programs. The UNE College of Dental Medicine is scheduled to welcome its first class of 46 students in the fall of 2013. The UNE expects to begin seeing patients at the clinics in 2014, with between 12,000 and 15,000 patients expected annually within several years. Third-year dental students will be able to work on patients at the clinics under the guidance of faculty members. Funded with a state bond and a donation by Northeast Delta Dental, the dental school is expected to improve access to dental care in the state, especially in rural areas.

A dental care bond measure appeared on the November 2, 2010, ballot in Maine and was approved by 51.4% of the voters. The measure read, "Do you favor a \$5,000,000 bond issue to be awarded on a competitive basis to increase access to dental care in Maine, \$3,500,000 to be used for a community-based teaching dental clinic affiliated with or operated by a college of dental medicine to be matched by \$3,500,000 in other funds, and \$1,500,000 to be used to create or upgrade community-based health and dental care clinics across the State to increase their capacity as teaching and dental clinics?" The passage of the ballot measure helped fund the UNE Patient Care Center.

- **East Carolina University Set to Open New Dental School Building**

East Carolina University (ECU) School of Dental Medicine will host a dedication and opening celebration for its new educational and clinical facility, [Ledyard E. Ross Hall](#), in October. Ledyard E. Ross Hall is an 188,000-square-foot facility on ECU's Health Sciences campus located in Greenville, North Carolina. Ledyard E. Ross Hall will serve both the learning needs of students and the dental needs of patients in the area. Predoctoral students will transition from classes and clinical experience in Ledyard E. Ross Hall to rotations in community service learning centers across the

state during their fourth year. Ledyard E. Ross Hall was funded with \$68 million in state appropriations.

Reports of Interest

The General Accounting Office (GAO) issued a [report](#) entitled, *Medicaid: States' Use of Managed Care*. The GAO identified four groups of states that differed in their use of Medicaid managed care on the basis of the 12 indicators. A handful of these indicators—namely Medicaid enrollment in managed care organizations (MCOs) and primary care case management (PCCM) programs, and the concentration of low-income individuals that lived in urban areas—had significant influence on how states grouped. In contrast, within the four groups, considerable variation existed among the other indicators examined, such as states' primary care capacity. For labeling purposes, the GAO described the four groups on the basis of states' enrollment of Medicaid beneficiaries in MCOs and PCCM programs—generally the predominant similarity among the states within each group.

The Association of State and Territorial Dental Directors (ASTDD) issued a new [policy statement](#) recommending that every child have their first dental visit within six months of the emergence of the first primary tooth and no later than twelve months of age.

The National Maternal and Child Oral Health Policy Center published an [issue brief](#) describing opportunities for policymakers to improve the oral health of pregnant women and young children. The issue brief noted that New York and California have been leaders in the development of clinical guidelines for medical and dental professionals on dental care during pregnancy.

The Urban Institute is undertaking a comprehensive monitoring and tracking project, entitled *The Affordable Care Act (ACA) Implementation—Monitoring and Tracking Series*, to analyze trends across ten diverse states, providing insight into key health reform implementation issues that states nationwide are facing. The project began in May 2011 and will take place over several years. The project focuses on the following states: Alabama, Colorado, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island and Virginia. The Urban Institute issued an update [report](#) in September 2012 in which it found that—of the ten states studied—state policymakers, their staffs, stakeholders, and consumer advocates were highly engaged in the health insurance exchange policy discussions and development processes. By all accounts, each state was making concerted efforts to engage with a large variety of stakeholder and consumer interests, allowing all perspectives to be heard. Additionally, the report found that there was a strong sense across the political spectrum that a state-run exchange was preferable to a federally run one, even among those opposing the ACA.

The Academy of American Actuaries, a 17,000-member professional association whose mission is to serve the public and the U.S. actuarial profession, issued a [brief](#) finding that people who live in states that opt-out of Medicaid expansion under the Affordable Care Act could face higher premiums, even for private insurance. Specifically, the brief found that (1) individual market premiums could increase in states that opt-out of the Medicaid expansion due to health status differences of new enrollees, and (2) exchange premiums may increase due to spreading fixed reinsurance subsidies over a larger enrollee population.

The General Accounting Office (GAO) issued a [report](#) on federal grants to state and local governments. According to the report, federal outlays for grants to state and local governments totaled more than \$606 billion in fiscal year 2011. Over the last three decades, these grants have consistently been a significant component of federal spending, but the focus of this spending has changed over time. For example, during this period the proportion of federal outlays to state and local governments dedicated to Medicaid grants more than tripled, rising from 2.4% of total federal government outlays in 1980 to 7.6% in 2011. The increase in federal outlays for Medicaid and other health-related grant programs was offset by an approximately equivalent decrease in grants to state and local governments targeted for other areas such as transportation, education, and regional development.

State Legislatures in Session

The following states are scheduled to be in session during the month of October:

- Massachusetts (intermittent),
- Michigan,
- New Jersey (intermittent), and
- Pennsylvania

Upcoming State Elections

General elections in all states will be held across the country on November 6. Check the Secretary of State's website in your state for additional election information.

ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship

The ***ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship*** is a six-week, stipend-supported internship in the Advocacy and Governmental Relations portfolio of the ADEA Policy Center (ADEA AGR) in Washington, D.C. This student legislative internship provides a unique learning experience for **predoctoral, allied, and advanced dental students residents, and fellows**. It is designed to encourage students to learn about and eventually—as dental professionals—to become involved in, the federal legislative process and the formulation of public policy as it relates to academic dentistry. It is open to any predoctoral, allied, or advanced dental student resident, or fellow who is interested in learning about and contributing to the formulation of federal public policy with regard to dental education, dental research, and the oral health of the nation. Funded through the generous support of Sunstar Americas, Inc., the student intern will be a member of the ADEA AGR staff and will participate in congressional meetings on Capitol Hill, coalition meetings, and policy discussions among the ADEA Legislative Advisory Committee (ADEA LAC) and ADEA AGR staff.

An applicant must be a full-time predoctoral, allied, or advanced dental student resident, or fellow whose institution is willing to work with the student to identify an appropriate time, consisting of six weeks, during the school year to pursue the internship. **For additional information, please email Yvonne Knight, J.D., ADEA Senior Vice President for Advocacy and Governmental Relations, at KnightY@ADEA.org.** *Applications are accepted on a year-round basis.*

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

Dental school faculty members or administrators who want to interface with members of Congress on issues of importance to oral health are encouraged to apply for the ***ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship***. The fellow selected spends three months in Washington, D.C., working on issues and policies that could make a difference in the lives of every American.

This public policy fellowship coincides with congressional consideration of the federal budget and other legislative and regulatory activities important to dental education and research. The fellow functions as an ADEA Policy Center staff member who works within the AGR portfolio on ADEA's specific legislative priorities. The fellow's responsibilities may include drafting policy, legislative language, position papers, and testimony; educating members of Congress and other decision makers on matters of importance to dental education; and participating in gatherings of various national coalitions. The fellow receives a taxable stipend of \$15,000 to cover travel and expenses for approximately three months (cumulative) in Washington, DC. (ADEA is flexible in the arrangement of time away from the fellow's institution). The fellow's institution continues to provide salary support for the duration of the experience. Since its inception in 1985, the ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship has

been generously underwritten by Sunstar Americas, Inc. Interested candidates should [apply](#) as soon as possible.

The ADEA Policy Center publishes the *ADEA State Update* monthly. Its purpose is to keep ADEA members abreast of state issues and events of interest to the academic dental and research communities.

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