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Congressional Budget Office Report Fuels ACA Debate

A February 4 [report](#) by the Congressional Budget Office (CBO) on the impact of the Affordable Care Act (ACA) on the U.S. labor market set off a firestorm on Capitol Hill when it estimated that by 2024 some 2.5 million Americans who would have previously counted on a job for their health insurance will no longer decide to work or will shorten their hours. Both Democrats and Republicans pounced on the numbers as significant, but came up with opposing reasons for why that was the case.

The White House moved quickly to defend the CBO numbers, which it says prove the ACA is functioning as planned by allowing people to purchase health care without forcing them to remain at a job solely to access health benefits. This frees them up to stay at home to take care of their children, start a new business, or retire early. "The Affordable Care Act today, right now, is helping labor markets, is helping businesses and is helping jobs," said Jason Furman, the president's chief economist.

Republicans, however, interpreted the figures as another sign that the law — which mandates lower premiums for coverage and subsidizes the cost of health insurance for lower income individuals — will shrink the U.S. workforce by providing an incentive not to work. "Today's CBO report gives a sobering outlook on our economy," said Sen. Bob Corker (R-TN) in a statement. "It confirms what we've known all along: the health care law is having a tremendously negative impact on economic growth."

The CBO report generated such a maelstrom of confusion that the widely respected non-partisan office felt compelled to post a [blog clarification](#) five days later by CBO Director Douglas Elmendorf, which ran counter to the GOP interpretation. Asked whether 2.5 million people would lose their jobs by 2024 because of the ACA, Elmendorf wrote: "No, we would not describe our estimates that way." The 2.5 million figure, explained Elmendorf, signified the expected decline of a labor supply untethered from traditional employer-based access to health coverage, not a drop in business' demand for labor. The ACA subsidies, he wrote, "effectively boost the income of recipients, which will lead some of them to decide they can work less and still maintain or improve their standard of living."

The ACA will invariably be a key issue in midterm congressional elections this fall. Republicans will likely continue to hold Democrats to the fire with the website's initial launch challenges, while Democrats will attempt to focus voter attention on the millions of Americans who now have coverage for the first time.

Bipartisan Effort Extends the Debt Limit Until March 2015

January marked the fourth time in three years that Congress faced a potential debt-limit crisis, but this time brinksmanship was avoided. By mid-February, a bipartisan effort extended the

debt limit until March 2015—well beyond the upcoming November elections—and the Tea Party received a strong rebuke. Nonetheless, conservative congressional concern now centers on the theoretically limitless federal spending that can now occur until March 2015.

If Congress had not acted to raise the official ceiling on the national debt, the United States would eventually begin defaulting on federal borrowing payments. The result, economists in both parties warned, would send shock waves through the worldwide economy, and could result in a second lowering of the U.S. credit rating.

Spurred by Tea Party loyalists, many House and Senate Republicans had insisted that any vote to raise the debt limit and increase U.S. borrowing must be accompanied by measures to lower the overall deficit as well. On the morning of the Feb. 11 House vote, House Speaker John Boehner (R-OH) announced instead that he would support a “clean bill” to raise the debt limit with no deficit reducing measures attached. It was the first time the House had voted on a stand-alone debt ceiling increase since 2009. Boehner called the decision a “lost opportunity” to try to lower the overall deficit, but conceded that he simply didn’t have the votes to tackle both issues at the same time.

The measure barely passed on party lines with 28 Republicans breaking rank. It was the lowest percentage of majority member voting for a successful bill since the House began keeping electronic records in 1991.

In the Senate, Tea Party stalwart Ted Cruz (R-TX) mounted a filibuster, holding up the vote until deficit reduction language was added. Cruz’s effort was defeated by the Senate’s old guard, including Senate Minority Leader Mitch McConnell (R-KY), who joined a handful of other Republicans and most Senate Democrats to break the Cruz filibuster. The final vote to raise the debt ceiling was far closer, passing by a narrow 55 to 43 margin.

The resolution presented a victory for Obama. “I’m pleased the Republicans and Democrats in Congress have come together to pay for what they’ve already spent, and remove the threat of default from our economy once and for all,” Obama said in a statement after the Senate vote.

Portions of Employer Health Insurance Mandate Postponed

The Obama Administration last month announced it would further delay the requirement that certain businesses provide health insurance to their employees, in some cases postponing the obligation until 2016, a full two years after the date originally set by the law.

The Affordable Care Act’s (ACA) so-called “employer mandate,” which applies to businesses with 50 or more employees, had originally been set to take effect in January, 2014, but was postponed until 2015 following pressure from the business community. In a February 10 [announcement](#), the U.S. Treasury Department said it would again relax the requirements. Businesses with between 50 and 99 employees will now have until 2016 to provide health insurance to their employees.

In addition, businesses with more than 100 employees will now be allowed to comply over a two-year period. Most businesses with more than 100 employees already offer health insurance, the Treasury Department noted. But under the new rules, those that do not already provide health insurance will be required to offer it to just 70% of their employees by 2015 and 95% in

2016 and beyond. While only 2% of employers have more than 100 workers, these companies account for 66% of the private sector work force. The vast majority of businesses in the United States employ fewer than 50 people, and under the ACA they have never been subject to an employer mandate, something the Treasury Department stressed when making its announcement.

“While about 96% of employers are not subject to the employer responsibility provision, for those employers that are, we will continue to make the compliance process simpler and easier to navigate,” said Assistant Secretary for Tax Policy Mark J. Mazur.

Republicans on Capitol Hill pilloried the news of the postponement of the employer mandate, accusing the Obama Administration of changing the law unilaterally. Administration officials countered that they have wide latitude to grant what is known as “transition relief” in implementing the law.

The announcement of the delay in the employer mandate has added to the pressure on the Administration to relax the health insurance obligations for individuals as well, or at least postpone the enforcement of a tax penalty for people who forego coverage. Health policy analysts, however, note that the employer and individual mandates have different functions, and that the individual mandate is crucial for the solvency of the ACA. Unless enough healthy individuals sign up, insurance companies will not be able to afford the law’s more expensive changes: a ban on denying insurance because of pre-existing conditions and a ban on dropping people from a policy when they get sick.

Senate Debates Veterans Health Bill with Academic Dentistry Provisions

On February 26, the Senate began floor debate on the Comprehensive Veterans Health and Benefits and Military Pay Restoration Act of 2014 (S.1982), which includes a number of provisions impacting academic dentistry.

Namely, Title III of Subtitle E (Dental Care Eligibility Expansion and Enhancement) in the bill provides:

- The Secretary of Veterans Affairs may furnish restorative “dental services and treatment, and dental appliances” to veterans.
- Authorizes a three-year pilot program expanding dental care to all enrolled veterans at 16 sites nationwide.
- The Secretary is directed to carry out a dental health educational program informing veterans on options for accessing dental care, including obtaining low or no-cost dental care through dental schools or Federally Qualified Health Clinics (FQHC).
- The proposed legislation authorizes \$305 million in FY15, to be available for 5 years, to carry out these provisions.

Additionally, Title II of the bill deals with Education Matters:

- It requires that, beginning on July 1, 2015, public institutions of higher education must charge veterans in-state tuition and fees regardless of the veteran's state of residence.
- In addition, it extends and expands the work-study program through June 30, 2015.

The ADEA Advocacy and Governmental Relations team will continue to monitor progress on this proposed legislation and its impact on academic dentistry.

Upcoming Retirements Cost House Democrats Decades of Experience

A growing number of the most senior members of the House Democratic caucus have announced their retirements from the GOP-led House. These include Rep. Henry Waxman (D-CA), the ranking member of the House Energy and Commerce Committee; Rep. George Miller (D-CA), the ranking member on the House Committee on Education and the Workforce; and Rep. John Dingell (D-MI), the longest serving member of Congress in history. Waxman and Miller are the last remaining members of the 1974 class that sent a surge of Democrats into the House after Watergate, increasing their majority at the time to more than two-thirds. Dingell entered Congress in 1955 and held multiple chairmanships of the Energy and Commerce Committee.

Waxman is among nine announced retirements of House Democrats to date. With his departure, Democrats will be losing more than 150 years of House experience, reports CQ Roll Call Editor David Hawkings. Two more senior House Democrats, Rep. Nick Rahall Jr. (D-WV) and Collin Peterson (D-MN), are both facing tough midterm re-elections in Republican-leaning districts, says Hawkings, and if they lose, another six decades of experience will also depart. Even assuming they win, there will be no more than seven House members remaining who chaired committees at the time when Democrats were last in power.

Both Waxman and Miller are key allies of House Majority Leader Nancy Pelosi (D-CA). Waxman was one of the most prominent legislators of his time, focusing on both environmental legislation and health care, while mounting a successful challenge against Dingell for chairmanship of the Energy and Commerce Committee in the 111th Congress, positioning him to play a crucial role in the passage of the Affordable Care Act. Perhaps Waxman's most public moment came in 1994, when he brought the heads of the country's major tobacco companies to Washington to testify on the dangers of tobacco. Their claim under oath that tobacco was not addictive became a key moment in the national fight to regulate cigarettes.

There is no obvious successor to Waxman's ranking membership — the two most likely contenders are Frank Pallone Jr. (D-NJ) and Anna Eshoo (D-CA). Miller has spent his entire 39 years on the House education committee, serving as the top Democrat on the panel since 2001. He played major roles in overhauling the federal student loan program to increase higher education access.

U.S. to Earn \$66 Billion from Student Loans Despite the Program's Uncertainty

It is difficult to know with certainty the future costs of the federal student-loan program, and therefore almost impossible to set an interest rate that guarantees the government does not

make too large a profit or simply break even, according to a study from the non-partisan Government Accountability Office (GAO).

The GAO's January 31 [report](#) says the government is on track to generate \$66 billion in income from loans it made between 2007 and 2012. That number is simply an estimate, however, because the real cost or profit of a student loan to the government can fluctuate wildly each year, depending on such things as the amount of money the borrowers repay and the government's own borrowing costs.

For example, the GAO report says that the government initially estimated it would make \$9.09 for every \$100 in loans it disbursed in FY08. But just one year later, it estimated that those same 2008 loans would actually cost taxpayers 24 cents per \$100 disbursed. As a result, the GAO study was unable to provide a particular interest rate that borrowers should be charged in order for the government to break even.

The report is the latest in a two-year debate over the interest rate the government should set for student loans. Last year, legislation was passed tying the interest rate for student loans to 10-year Treasury notes, which put the rate at 3.9% for undergraduate borrowers and 5.4% for graduate students, lower than those offered by private lenders.

The total cost of the student loan program to the government is also clouded by the growing administrative costs that have arisen as the Department of Education handles an increasing number of student loans previously handled by banks. According to the GAO study, the department spent \$864 million administering Direct Loans in 2012, more than twice as much as the \$314 million it spent in 2007.

Senators Introduce Legislation to Lower College Costs

Three Democratic Senators have introduced a [bill](#) they say will spur colleges to "innovate to reduce costs." The College Affordability and Innovation Act of 2014 was introduced on January 29 by Chris Murphy (D-CT), Brian Schatz (D-HI) and Patty Murray (D-WA).

The legislation would do four specific things, according to a [press release](#) from Murphy's office:

- Create a new evidence-based competitive pilot program to encourage innovative ideas that may reduce the cost of a college education.
- Rigorously evaluate these innovations.
- Create a new commission to set out minimum accountability standards for any institution that receives federal funding.
- Provide funding awards to institutions that perform best on these measures.

"[T]he message is clear," Murphy said in a statement. "We need college administrators to wake up every day thinking about how they're going to bring down the cost of college for students."

College costs are at their highest levels ever and continue to rise. The press release noted that there are few incentives for colleges to test ideas that may lead to lower college costs. The bill's evidence-based pilot program would both authorize and fund pilot projects that encourage institutions to design plans that offer high-quality education, lower costs and shorter time spans in which to earn a degree. The commission set up under the legislation would focus on

standards evaluating access for low- and middle-income students, affordability and value.

Sen. Marco Rubio (R-FL) Proposes Accreditation Reform

Florida Republican Sen. Marco Rubio (R-FL) has proposed setting up a new independent board to accredit free online courses, in addition to announcing his support for a proposal by Sen. Mike Lee (R-UT) permitting states and companies to accredit academic courses. The White House has also floated the idea of creating a new system of accreditation aimed at measuring both the cost and value of higher education, with those measurements linked in some way to federal financial aid.

Rubio explained in a February 10 [speech](#): "Action on this issue can and should be swift... Members of both parties are beginning to realize that for every day we delay bold accreditation reform, our education system leaves more Americans behind to languish in a dwindling market."

Rubio suggested prioritizing two other notable higher education proposals: setting the default payment plan for federal student loans as income-based, and creating an alternative to student loans known as "Student Investment Plans" to be used to pay for college tuition. These plans would be run by an "approved and certified private investment group" that would finance a student's tuition in exchange for taking a fixed percentage of that student's income for a set period of time after the student graduates. The Student Investment Plan would consider a student's major of study, matriculating institution and academic record to develop a repayment formula.

Improving Access to Oral Care for People with Intellectual Disabilities

Over the last decade, numerous [studies](#) have affirmed that individuals with neurodevelopmental and intellectual disabilities (ND/ID) such as autism, Down syndrome and cerebral palsy do not receive adequate health and oral care.

The American Academy of Developmental Medicine and Dentistry (AADMD) is leading a movement to see that ND/ID populations receive the federal designation of Medically Underserved Population (MUP) in order to improve their access to both health and oral care.

The organization notes that many physicians and dentists do not receive exposure to this population during their training even though ND/ID individuals comprise 7% of the U.S. population. In contrast, only one-tenth as many U.S. residents are living with HIV, yet 80% of medical students receive clinical exposure to that population. This gap in the educational arena translates into significant oral care disparities received by people with ND/ID and those received by the overall population.

A federal MUP designation could begin to remedy these problems by permitting special Medicaid reimbursement rates, educational loan reimbursement programs, research opportunities, and other incentives that would attract oral care providers to increase work with ND/ID patients.

The Health Resources Services Administration (HRSA) uses a [formula](#), titled the Index of Medical Underservice, to determine whether a population should be accorded MUP status. With an

estimated score of 54.1, under this formula ND/ID individuals should qualify for the underserved designation afforded to all those with a score of less than 62.

NIH names first Chief Officer for Scientific Workforce Diversity

The National Institutes for Health (NIH) has appointed its first Chief Officer for Scientific Workforce Diversity, Hannah Valentine, M.D. Dr. Valentine, who will start work this spring, formerly served as Senior Associate Dean for Diversity and Leadership at Stanford School of Medicine and Professor of Cardiovascular Medicine at Stanford University Medical Center.

The appointment of a diversity officer at NIH is the result of a recommendation by the Biomedical Research Workforce Diversity Working Group of the Advisory Committee to the Director (ACD). That group determined that the NIH needed a new position dedicated solely to achieving greater diversity at NIH, the nation's medical research agency, which comprises 27 institutes including the National Institute of Dental and Craniofacial Research.

"Recruiting and retaining the brightest minds regardless of race, ethnicity, gender, disability and socioeconomic status, is critically important not only to NIH, but to the entire U.S. scientific enterprise," said NIH director Francis Collins, M.D., Ph.D. "Hannah possesses the experience, dedication and tenacity needed to move NIH forward on this critically important issue."

RSVP Now for ADEA/AADR Hill Day on April 8, 2014



RSVPs are now being accepted for the next American Dental Education Association/American Association for Dental Research, ADEA/AADR Advocacy Day on Capitol Hill on **April 8, 2014**. The event will take place in the Rayburn House Office Building, Room 2168, from 8:00 a.m. to noon. This one day event has been designed to provide the dental education and dental and craniofacial research communities an opportunity to advocate before Congress in support of our issues. There will be a short program on issues of

importance to academic dentistry, with guest speakers from the academic and dental and craniofacial research community, and greetings from several members of Congress. Immediately following the program, participants will proceed to members' offices for meetings. Your participation is invaluable, as an expert in the field of academic dental education and/or dental and craniofacial research, to educate members of Congress. The value of constituents personally interacting with members of Congress cannot be over-stated—there is no substitute for direct constituent contact; as we say in Washington, "if you are not at the table—you are on the menu." Therefore, we trust everyone will make plans to participate in this important event.

Advocacy Day on Capitol Hill is open to all ADEA members. If you cannot attend, please encourage a colleague or students from your institution to attend the event. ADEA will assist in arranging hotel accommodations and provide information regarding congressional members who represent your institution in order to facilitate scheduling meetings—please contact Yvonne Knight, J.D., ADEA Senior Vice President for Advocacy and Governmental Relations at KnightY@adea.org for further information and for assistance with hotel reservations contact Jessica Vatnick at VatnickJ@adea.org. In the meantime, please save the date, **April 8, 2014**; we look forward to seeing you in Washington.

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 life 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 **Advocacy and Governmental Relations** (ADEA 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, D.C. (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.**

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** (ADEA AGR) portfolio of the **ADEA Policy Center** 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 to become involved—as dental professionals—in the federal legislative process and the formulation of public policy as it relates to academic dentistry. The fellowship 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 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.

Congressional Resources

For those interested in following the congressional proceedings, please access the U.S. House or Senate by way of the following links:

- U.S. House of Representatives: [House website](#)
- U.S. Senate: [Senate website](#)
- ADEA-AGR Twitter Account: [ADEAAGR](#)
For the latest information on issues affecting dental education and dental and craniofacial research in Washington and the state legislatures, please follow us on Twitter at ADEAAGR. There is much to “tweet” about.

Funding Opportunities

Below are selected funding opportunities that might be of interest. You can search for additional federal government funding opportunities at grants.gov.

PA-14-042

NIH Pathway to Independence Award (Parent K99/R00)

National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PAR-14-039

Short-term Mentored Career Enhancement Award in Oral, Dental and Craniofacial Research for Mid-Career and Senior Investigators (K18)

National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PA-14-016

Ruth L. Kirschstein National Research Service Award (NRSA) Short-Term Institutional Research Training Grant (Parent T35)

National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

HRSA-14-135

HIV Early Intervention Services (EIS Program) Service Area Competition-Additional Service Area-Ponce, Puerto Rico

Health Resources & Services Administration—Department of Health and Human Services

[Grant Information](#)

PAR-13-348

NIDCR Small Grant Program for New Investigators (R03)

National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PA-13-313

Academic Research Enhancement Award (Parents R15)

National Institutes of Health, National Center Institute, National Institute of Dental and Craniofacial Research—Department of Health and Human Services

[Grant Information](#)

PA-13-347

NIH Support for Conference and Scientific Meetings (Parents R13/U13)
National Institutes of Health, National Center Institute, National Institute of Dental and
Craniofacial Research—Department of Health and Human Services

[Grant Information](#)

PA-13-377

Research on Malignancies in the Context of HIV/AIDS (R01)
National Institutes of Health, National Center Institute, National Institute of Dental and
Craniofacial Research—Department of Health and Human Services

[Grant Information](#)

PA-13-378

Research on Malignancies in the Context of HIV/AIDS (R21)
National Institutes of Health, National Center Institute, National Institute of Dental and
Craniofacial Research—Department of Health and Human Services

[Grant Information](#)

PAR-12-283

NIDCR Dentist Scientist Pathway to Independence Award (K99/R00)
National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PAR-12-120

NIDCR Small Research Grants for Oral Health Data Analysis and Statistical Methodology
Development (R03)
National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PA-12-159

Administrative Supplements for Collaborative Science: Opportunities for Existing NIDCR Grants
and Cooperative Agreements (Admin Supp)
National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PA-11-317

Building a Genetic and Genomic Knowledge Base in Dental, Oral, and Craniofacial Diseases
and Disorders (R01)

National Institutes of Health—Department of Health and Human Services

[Grant Information](#)

PA-13-303

NIH Exploratory/Developmental Research Grant Program (Parent R21)
National Institutes of Health—Department of Health and Human Services

Quotable

"Education is not the filling of a pail, but the lighting of a fire."

William Butler Yeats

The *ADEA Washington Update* is published monthly by the ADEA Policy Center 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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