AMERICAN DENTAL EDUCATION ASSOCIATION

STATE*UPDATE*

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Michigan Seeks to add Dentists to an Existing Health Provider Loan Repayment Program and Minority Grant Program

S.B. 648 has been introduced by Sen. John Moolenaar (R-MI) and is tie-barred with S.B. 649, which was introduced by Sen. Jim Marleau (R-MI). Each bill has twelve co-sponsors. S.B. 648 would expand the Michigan Essential Health Provider program to include loan repayment for dentists who chose to work in health resource shortage areas. The bill also would remove the four-year maximum on loan repayments and increase the annual maximum from $25,000 to $40,000 (without an annual increase of up to 5% after the first year). Additionally, the bill would establish a lifetime maximum of $200,000, payable over a period of four years or more.

S.B. 649 would expand a grant program for low-income minority students to include dental students. The bill also would require an assessment of the lifetime loan repayment maximum (proposed by S.B. 648) for those covered by the Michigan Essential Health Provider loan repayment program. The assessment would determine whether the cap was sufficient to facilitate the placement and retention of professionals in underserved areas and whether the maximum amount should be adjusted to reflect changes in tuition costs.

Both bills have been reported favorably out of committee with substitute, and are recommended for immediate effect.

Kansas Bill Seeks to Increase Access to Dental Care

Since 1943, Kansas law has required dentists with satellite practices to be "physically present" for at least half of the time that "dentistry is performed" at each location. Specifically, current law provides that licensed dentists cannot operate dental offices, advertise the dentists' names or associate together for the practice of dentistry unless each dentist is personally present in the dental office and operating as a dentist or personally overseeing the operations during a majority of the time each office is open. Typically, dentists have complied with the law by spending three days at a mid-size office that is open four or five days a week, and one day each at one or two small-town offices open two days a week. However, H.B. 2611 introduced by the Committee on Health and Human Services could dramatically alter the 71 year old law.

H.B. 2611 would reduce the amount of time an owner dentist would be required to be present in their office from 50% to 20%. During a committee hearing held February 17, several individuals testified for the bill. Proponents stated that reducing the amount of time required for dentists to be present in offices owned by dentists would allow dentists to open additional offices and expand general and specialty dental services to those in underserved areas.

The bill passed the full House February 27 by a vote of 123-0. The bill has been sent to the Senate for further consideration.

States File Teledentistry Bills

For states with large rural and/or underserved populations, telehealth has developed as a cost-effective alternative to traditional face-to-face consultations or examinations between a provider and a patient. According to the National Conference of State Legislatures (NCSL), the most common path being taken by states is to cover telehealth services in the Medicaid program. In fact, 43 states and the District of Columbia now provide some form of Medicaid reimbursement for telehealth services. States also are evaluating whether to require private insurance plans to cover telehealth services. According to NCSL, 19 states and the District of Columbia now require private insurance plans to cover telehealth services.

Although most states provide some form of Medicaid reimbursement for telemedicine or telehealth, many states have not yet begun to explore teledentistry as a way to tackle the growing oral health needs in their communities. Below are some examples of state legislation related to teledentistry.

California

A.B. 318 has been introduced by Assembly Member Dan Logue (R-CA). The bill provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program (California's Medicaid program) for teledentistry by store and forward. The bill defines "store and forward" as an asynchronous transmission[1] of dental information to be reviewed at a later time by a licensed dentist at a distant site, where the dentist at the distant site reviews the dental information without the patient being present in real time. The bill would also provide that dentist participation in services provided at an intermittent clinic shall be considered a billable encounter under Medi-Cal. Additionally, the bill requires that on or before January 1, 2017, the State Department of Health Care Services must report to the Legislature regarding the number and type of services provided, and the payments made related to the application of teledentistry.

Hawaii

H.C.R. 2014 16 and a similar resolution, S.C.R. 2014 14, have been introduced. The resolutions request that the Department of Health establish a task force to study the potential benefits of teledentistry for the vulnerable and underserved populations, such as access to dental care and cost efficiencies, and to identify the barriers to the practice of teledentistry in Hawaii. The resolutions have been introduced on behalf of the governor. On February 26, the House Committee on Health recommended that H.C.R. 2014 16 be passed as amended by a vote of 7-0.

H.B. 2411 and its companion bill, S.B. 2469, have also been introduced in Hawaii. Both bills require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. The bills also clarify that a health care provider of telehealth includes primary care providers, mental health providers and oral health providers, such as dentists. H.B. 2411 is currently moving through the committee process. On March 4, S.B. 2469 passed the Senate by a 23-0 vote with an amendment changing the effective date and making some nonsubstantive changes to the bill. S.B. 2469 has been transmitted to the House for further consideration.

[1] The U.S. Centers for Medicare and Medicaid Services defines asynchronous or store and forward as follows: The transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or store and forward applications would not be considered telemedicine but may be utilized to deliver services.

Virginia

Sen. Richard H. Black (R-VA) has introduced S.B. 647. The bill defines teledentistry as the delivery of dental services through the use of interactive audio, video or other electronic media used for the purpose of diagnosis, consultation or treatment. Teledentistry does not include audio-only telephone, email or facsimile transmission. Specifically the bill requires the Department of Medical Assistance Services (DMAS) to establish a pilot program providing dental services to school-age children who are eligible to receive pediatric dental services through the Smiles for Children program. Dentists participating in the program must provide supervision to licensed dental hygienists through teledentistry. Additionally, the bill requires DMAS to enter into a memorandum of understanding with the Virginia Dental Association to establish protocols for the administration of the program. Further, DMAS, in consultation with stakeholders including the Virginia Dental Association, the Virginia Dental Hygienists' Association, the Virginia Association of School Nurses, the Mid-Atlantic Telehealth Association and the Virginia Oral Health Coalition, must develop metrics to be used to evaluate the plan.

The bill also directs DMAS to report to the Secretary of Health and Human Services and the Chairmen of the House Appropriations and Senate finance committees on the benefits of teledentistry by November 1, 2016. On February 7, the bill passed the full Senate 40-0 and was transmitted to the House. On February 27, the bill passed the House Committee on Health, Welfare and Institutions with amendments by a vote of 22-0. S.B. 647 has been referred to the House Committee on Appropriations for further consideration.

National Governors Association Releases an Issue Brief on Prescription Drug Abuse

According to the National Governors Association (NGA), prescription drug abuse is the fastest growing drug problem in the United States and the second most common type of drug abuse (following marijuana use among 12- to 17-year-olds). Prescription drugs account for nearly 60% of all deaths from drug overdose. Pain relievers such as oxycodone, hydrocodone and methadone are involved in three of every four prescription drug overdose fatalities.

In 2012, the NGA established the Prescription Drug Abuse Project led by NGA Vice Chair Gov. John Hickenlooper (D-CO) and Gov. Robert Bentley (R-AL). Throughout the yearlong initiative, seven states—Alabama, Arkansas, Colorado, Kentucky, New Mexico, Oregon and Virginia—worked to develop comprehensive, coordinated plans to combat the public health and safety crisis. During the 2014 Winter Meeting, NGA released an issue brief detailing lessons learned from the policy academy. The issue brief details specific policy changes made in the seven states to reduce prescription drug abuse. In addition, the NGA highlighted lessons learned from the policy academy that can inform other states' efforts to combat the abuse such as:

- Changing prescribing behavior;
- Tackling the underuse of prescription drug monitoring programs; and
- Ensuring that data, metrics and evaluation are driving policy and practice.

The NGA staff will continue to work with teams of senior-level policymakers including governors' health and criminal justice advisors, state health officials, attorneys general, state chief information officers, legislators, physicians and allied health professional groups to examine a variety of issues related to prescription drug abuse, including:

- Building and governing a prescription drug monitoring program and implementing privacy safeguards;
- Assessing legislative, regulatory and information exchange barriers;

- Developing a coordinated state response across agencies; and
- Coordinating education, tracking and monitoring, proper medication disposal and enforcement efforts.

California Debates a Warning Label on Sugary Drinks

California may become the first state in the country to require warning labels on the front of all beverage containers with added sweeteners that have 75 or more calories in every 12 ounces. Sen. Bill Monning (D-CA) has sponsored S.B. 1000.

If the bill becomes law, the new labels would read: "STATE OF CALIFORNIA SAFETY WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay." The font for the warning label would vary based on the size of the beverage container.

Specifically, the bill would establish the Sugar-Sweetened Beverage Safety Warning Act, which would prohibit a person from distributing, selling or offering for sale a sugar-sweetened beverage in a sealed beverage container, or a multipack of sugar-sweetened beverages, in California unless the beverage container or multipack bears a specified safety warning. The bill also would require every person who owns, leases, or otherwise legally controls the premises where a vending machine or beverage dispensing machine is located, or where a sugar-sweetened beverage is sold in an unsealed container to place a specified safety warning in certain locations, including, on the exterior of any vending machine that includes a sugar-sweetened beverage for sale. Additionally, the bill would require every person that distributes, sells or offers for retail sale a sugar-sweetened beverage to maintain on its business premises, for a period of two years following each distribution, purchase, or sale, all records, including legible invoices and purchase orders, to determine the quantity and type of sugar-sweetened beverages distributed, purchased or sold.

Noted within the bill is the following information: "Consistent evidence shows a positive relationship between sugar intake and dental caries (cavities) in adults and fewer caries when sugar intake is restricted. Children who frequently consume beverages high in sugar are at an increased risk for dental caries. Untreated dental caries can lead to pain, infection, tooth loss, and in severe cases, death."

States Tackle Community Water Fluoridation

According to the Centers for Disease Control and Prevention, more than 204 million people in the United States are served by public water supplies containing enough fluoride to protect their teeth. However, approximately 100 million Americans still do not have access to fluoridated water. Listed below are several bills currently pending in state legislatures which capture the public's sentiment both for and against community water fluoridation.

Kansas

H.B. 2372, sponsored by the Committee on Federal and State Affairs, would require that all Kansas cities and other local governmental units providing artificially fluoridated water notify the consumers of treated water that the latest science confirms that ingested fluoride lowers the I.Q. in children. The bill would permit the notice to be included with, or printed on, water bills or by any other means that the city felt would adequately make the consumers aware of the findings. The bill has been referred to the Committee on Health and Human Services for consideration.

Missouri

H.B. 1078 is sponsored by Rep. Donna Lichtenegger (R-MO), a dental hygienist with more than 30 years of experience. The bill requires any public water system or public water supply district intending to permanently cease fluoridation of its water supply to notify the departments of Natural Resources and Health and Senior Services and its customers of its intentions at least 30 days before any vote on the matter. In addition, the system or district must notify its customers by mail at least 30 days before any meeting at which the vote will occur. The Tourism and Natural Resources Committee passed a committee substitute on February 13.

New Jersey

Sen. Joseph F. Vitale (D-NJ) has sponsored S. 1180, titled the "New Jersey Public Water Supply Fluoridation Act." The bill requires the fluoridation of all public community water systems in New Jersey for the purpose of promoting public health through the prevention of tooth decay. Also, the bill provides that the Commissioner of Environmental Protection, in conjunction with the Commissioner of Health and Senior Services, must adopt rules and regulations relating to the fluoridation of public community water systems. The bill has been referred to the Senate Health, Human Services and Senior Citizens Committee for consideration.

California May Expand Health Coverage to all Residents

S.B. 1005, the Health for All Act, sponsored by Sen. Ricardo Lara (D-CA), along with 16 co-sponsors, would use California state funds to expand eligibility in Medi-Cal (California's Medicaid program) to those who meet financial requirements of less than $15,000 per year but cannot obtain insurance because of their legal status. Additionally, the bill would create a new health exchange where undocumented immigrants can purchase coverage. The bill also would require the governing board of the new exchange to provide premium subsidies and cost-sharing reductions to eligible individuals that are the same as the premium assistance and cost-sharing reductions the individuals would have received through the current exchange.

Sen. Lara has stated that he balances the expense of expanding health care to all residents, regardless of their legal status, against the approximately $1.4 billion spent on emergency services each year for those who are not covered and do not have legal status. Of the estimated 2.3 million undocumented persons in California, some one million are without coverage. The estimated annual tax contributions of undocumented immigrants in California is $2.7 billion and 92% of this population live in working families, according to Sen. Lara. The bill has been referred to the Committee on Health for consideration.

Gubernatorial Elections Will be Held in 36 States in 2014

According to the National Governor's Association (NGA), gubernatorial elections will be held in 36 states and three territories in 2014. Additionally, there are 31 incumbent governors eligible to run for reelection and eight incumbent governors who are term-limited or have announced they will not seek reelection. The primary elections will be held in most states between March and September 2014. To learn if your state will have a gubernatorial election during 2014, click here.

State Policy Updates

- Idaho

H.B. 395 passed the full House on February 11 by a vote of 62-6. The floor sponsor was Minority Leader, John Rusche, M.D. (D-ID). This legislation restores cuts to Medicaid made during the 2011 Legislative Session by H.B. 260. The services being restored relate to preventative dental services for adults with disabilities or special health needs. According to the fiscal note attached to the bill, there will be a $1,418,100 cost to the state General Fund which is included in the Medicaid budget request for FY15. The bill was sent to the Senate for further consideration, and on March 4, the bill passed the full Senate by a vote of 23-8.

- Pennsylvania

On February 19, Gov. Tom Corbett submitted an 1115 waiver application to the U.S. Department of Health and Human Services (HHS) to reform the state's Medicaid program and to provide health care to more than 500,000 uninsured Pennsylvanians. With this formal submission, Pennsylvania is seeking federal approval to implement the Healthy Pennsylvania plan. Pennsylvania's plan includes two critical parts: reforming the current Medicaid program and offering a private coverage option for uninsured Pennsylvanians.

The proposed plan, anticipated to begin in January 2015, encourages personal responsibility, provides benefits that match individuals' health care needs and promotes healthy behaviors according to the governor. Currently, one in six Pennsylvanians receive Medicaid benefits and the costs of the Medicaid program account for 27% of the commonwealth's entire general fund budget.

The waiver application delays until 2016 several controversial changes that would apply to all able bodied Medicaid recipients, such as monthly premium payments and work search requirements. Specifically, individuals with incomes greater than 100% of the federal poverty level will be required to pay a nominal payment toward a monthly premium. In addition, adults, between 21 and 64 years of age, who are able to work and working an average of less than 20 hours per week, will be asked to engage in job training and employment-related activities as part of an integrated approach to improving their health and helping them move out of poverty through employment.

However, in a letter dated March 5, Gov. Corbett revised his initial waiver application and offered a proposal changing the work search requirement. The governor is proposing a voluntary, one-year pilot program for individuals over age 18 entering Medicaid and Private Coverage Option health care plans. The pilot program will not be a condition of eligibility, but rather allow those individuals who participate in job training and employment opportunities to receive a discount on premiums and co-payments.

Reports of Interest

- The National Governors Association (NGA), Health Care Sustainability Task Force released a report providing several recommendations which the federal government can adopt to reduce barriers to innovation and further support state health care initiatives. Co-chaired by Gov. Bill Haslam (R-TN) and Gov. John Kitzhaber (D-OR), the Task Force is comprised of 10 governors from the following states: Alabama, Arkansas, California, New Mexico, New York, Oregon, South Dakota, Tennessee, Utah and Vermont. In addition, the immediate past leadership of the NGA Health and Human Services Committee, governors from Nevada and Maryland, serve on the Task Force as ex-officio members.

The Task Force met regularly from late May through November 2013. At the outset, the Task Force identified principles that governors believe should serve as the foundation for state-federal efforts. These principles provided a framework for the development of recommendations in four key areas: federal support of state health care innovation; Medicare-Medicaid enrollees (dual eligibles); long-term services and supports; and payment and delivery reform. Within each of these four key areas, the Task Force made several recommendations for the federal government to adopt. The following is a brief highlight of several of the recommendations included in the report:

  - The Centers for Medicare and Medicaid Services (CMS) and other federal partners should standardize and streamline the process of reviewing and approving state proposals to innovate in Medicaid/CHIP, including waivers and state plan amendments.
  - CMS should establish a work group with states to conduct a comprehensive review of existing options to serve dual eligibles and identify policy changes that would: (1) allow states to serve broader populations through these programs, and (2) support states' ability to finance these programs through greater flexibility and shared savings.
  - Congress should enact legislation giving states the option to pursue and test flexible payment and delivery transformation initiatives, including models that are not explicitly authorized in statute, under a sustainable budget arrangement. Congress should establish clear parameters for states to undertake such initiatives and allow states to realize a return on their investment by sharing in federal savings that accrue as a result of proven state health care transformation.

- The Wisconsin Center for the Advancement of Postsecondary Education (WISCAPE) released an issue brief calling for states to collect more data from for-profit postsecondary institutions, so as to better assess the causes of these institutions' disproportionately high student loan default rates.

- The Minnesota Board of Dentistry (BOD) issued a report on the preliminary impact of dental therapists in Minnesota. The 2009 Minnesota Legislature directed the BOD, in consultation with the Minnesota Department of Health (MDH) and the Department of Human Services (DHS), to evaluate dental therapists' impact on the delivery of and access to dental services. The BOD surveyed 15 clinics employing dental therapists from August 2012 through December 2013. Specifically, the report found that since licensing commenced in 2011, four complaints have been filed against dental therapists. Two have been resolved without BOD action and two are pending. None have been directly related to patient safety issues. Also the report found that 84% of patients served by dental therapists were enrolled in public health insurance programs. Preliminary findings suggest that dental therapists may reduce emergency room (ER) use by expanding capacity at dental clinics serving vulnerable populations. Surveyed clinics also reported additional impacts of dental therapists, including personnel cost savings, increased dental team productivity and improved patient satisfaction.

ADEA United States Interactive Legislative Tracking Map

For additional information on state legislation affecting academic dentistry, please visit the ADEA United States Interactive Legislative Tracking map. The map is updated daily and will allow members to view:

- The current status of bills,
- Upcoming hearing dates, and

- Current bill text and bill author/sponsor information.

To use the interactive map, visit www.adea.org/legislativemap.

ADEA AGR Twitter Account

For additional information on issues affecting academic dentistry and dental and craniofacial research in Congress, federal agencies and state legislatures, **please follow ADEA Advocacy and Government Relations on Twitter at ADEAAGR**; there is much to "tweet" about.

Save the Date: ADEA/AADR Hill Day is April 8, 2014

Please save the date, **April 8, 2014**, for the next American Dental Education Association/American Association for Dental Research, ADEA/AADR Advocacy Day on Capitol Hill. 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 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 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 student 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.*

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.

1400 K Street NW, Suite 1100, Washington, DC 20005
Telephone: 202-289-7201, Website: www.ADEA.org

Yvonne Knight, J.D.
ADEA Senior Vice President for Advocacy and Governmental Relations
(KnightY@ADEA.org)

Jennifer Thompson Brown, J.D.
ADEA Director of State Relations
(BrownJT@ADEA.org)

Daniel Nugent, J.D.
ADEA Director of Outreach & Advocacy
(NugentD@ADEA.org)