



Connecticut State Capitol

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## **New York Moves Bill to Increase Number of Foreign-Trained Faculty at Dental Schools**

Assembly member Deborah J. Glick (D-NY) has sponsored [A08660](#). The bill passed the full House by a vote of 136-0 on March 24. The bill provides foreign-trained dental faculty the limited privilege of licensure, but only if they are employed full-time in an academic setting. According to the legislature, the justification for the bill is that a full-time faculty license would only be valid while the foreign-trained dentist is employed as a full-time faculty member by a New York State (NYS) dental school. In addition, foreign-trained faculty would be required to meet the same continuing education requirements as other dentists licensed to practice in NYS.

Under current law, foreign-trained dental faculty may teach under a limited permit but cannot practice dentistry. Licensure will allow foreign-trained dental faculty to maintain their clinical skills and treat patients in the dental clinic setting.

According to the bill sponsor, “Currently, every state that has a dental school, including Connecticut, Massachusetts and Pennsylvania, grant foreign-trained dental faculty the full privilege of licensure while employed within the academic setting. The fact that NYS does not grant full licensure is putting NYS at a disadvantage in recruiting some of the most highly trained and well-qualified dental faculty.”

A companion bill, [S07183](#) has also been filed. Both bills have been referred to the Senate Higher Education Committee for further consideration.

The New York University College of Dentistry released a [memo](#) in support of the bill.

## **North Dakota Debates Alternative Workforce Models During Interim Session**

Although the North Dakota Legislative Assembly will not convene a regular legislative session during 2014, state legislators are meeting during the interim to discuss alternative workforce models.

You may recall that [H.B. 1454](#) was passed in 2013 by the North Dakota Legislative Assembly. Although the original bill language of H.B. 1454 created the role of dental therapist and advanced dental therapist, the final bill language changed significantly. Specifically, the final bill text states that during the 2013–2014 interim, the legislative management shall consider studying how to improve access to dental services and ways to address dental service provider shortages. The study would include the feasibility of using alternative workforce models, whether the use of incentives for dental service providers to locate to underserved areas in the state may improve access, and whether the state's medical assistance reimbursement rates impact access to dental services. The legislative management must report its findings and recommendations, together with any legislation required to implement the recommendations, to the 64th Legislative Assembly. The 64th Legislative Assembly will convene in regular session on January 6, 2015.

On April 24, the Health Services Interim Committee [met](#) for the fourth time to hear both invited testimony and public comment regarding the committee's study of how to improve access to dental services and ways to address dental service provider shortages.<sup>1</sup>

According to committee staff, the Health Services Interim Committee plans to hold two additional meetings over the next few months to further discuss the issue. The legislative management will hold a meeting on November 12–13. This meeting will be open to the public; however, no public testimony will

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<sup>1</sup> During the July 31, 2013 Health Services Interim Committee meeting, at the request of Sen. Judy Lee (R-ND), Committee Chair, the Legislative Council staff presented a memorandum entitled [Dental Services Study - Background Memorandum](#) relating to the committee's study of how to improve access to dental services and ways to address dental service provider shortages. The memorandum detailed a proposed study plan for the committee to follow as it continued to discuss access to care issues and alternative workforce models. However, during that same meeting the committee approved a [final study plan](#) (see pdf page 6).

be allowed. During the November meeting, the legislative management will receive the final report from the Health Services Interim Committee as well as any draft bill language the committee would like to submit for consideration for the next regular legislative session.

### **National Governors Association to Focus on Health Care Workforce**

On May 12, the National Governors Association ([NGA](#)) announced the selection of seven states—Colorado, Indiana, Kentucky, Minnesota, North Carolina, Oklahoma and Wisconsin—to develop and implement statewide plans for their health care workforces.

“The health care workforce is crucial to improving the quality and efficiency of health care, and we must prepare them for the changes occurring in the health care environment,” said Gov. Steve Beshear (D-KY). “Kentucky looks forward to working with other states as we implement our health workforce action plan.”

The *Building a Transformed Health Care Workforce: Moving from Planning to Implementation* policy academy will help states develop a plan to serve as a roadmap for implementing health workforce policies that support governors’ broad statewide goals.<sup>2</sup>

Several topics will be addressed during the sessions, including:

- Structure of health workforce,
- Scope of practice and licensing,
- Recruitment and retention,
- New types of professionals,
- Data collection and analysis,
- Stakeholder engagement and building consensus,
- Reimbursement and payment, and
- Education and training.

### **Several States Hire New Dental Directors**

2014 has been an active year in oral health as several states have hired new dental directors. Additionally, California is finalizing funding and working through the administrative process of hiring a state dental director.

#### **Arkansas**

In May, Lindy Bollen, Jr., D.D.S., became the new Director of the Office of Oral Health within the Arkansas Department of Health. Dr. Bollen earned his D.D.S. from the Louisiana State University School of Dentistry ([LSUSD](#)). Dr. Bollen was in private practice over 22 years before stepping away from active practice and taking a position at the University of Arkansas for Medical Sciences ([UAMS](#)) in 2006. While at UAMS, Dr. Bollen’s responsibilities included giving lectures on oral anatomy, oral medicine and pathology, and pharmacology as well as clinic supervision of dental hygiene students. Additionally, he served as an instructor in radiography, dental materials and local anesthesia labs.

Dr. Bollen comes from a family of dental professionals: his father was a dentist, his uncle was a dentist, another uncle was an orthodontist, his brother is a dentist, his sister is a dental hygienist and his son-in-law is a dentist.

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<sup>2</sup> A policy academy is a highly interactive, team-based, multi-state process for helping a select number of states develop and implement plans to address a complex public policy issue. Participating states receive guidance and technical assistance from NGA staff and faculty experts as well as consultants from the private sector, research organizations and academia.

## California

Gov. Jerry Brown's (D-CA) 2014–15 budget calls for ongoing funding of a state dental director. The state oral health program, which is slated to receive \$470,000 during the first year, will include assessing oral health needs in the state, developing and managing a state oral health plan and applying for and managing federal and private grants to support oral health.

The funding for the state dental director and oral health program is in the 2014–15 budget package that the California Legislature must approve by June 15, before going into effect July 1.

## Kansas

In March, Cathy Taylor-Osborne, D.D.S., M.A., became the new Director of the Bureau of Oral Health at the Kansas Department of Health and Environment. She earned her D.D.S. from the University of Missouri - Kansas City School of Dentistry ([UMKC SOD](#)) and her M.A. in bioethics and health policy from Loyola University. She practiced dental hygiene for 15 years before pursuing her D.D.S.

Dr. Taylor-Osborne previously served as the Dental Director of Cabot Westside Medical and Dental Center, a federally qualified health center in Kansas City, MO. Prior to that, she was in private practice for 10 years.

## Montana

In February, Tonette Hollingsworth, RDH, M.S.D.H., became the Oral Health Program Coordinator for the Montana Department of Public Health and Human Services. Although Montana does not have a formal dental director position, Mrs. Hollingsworth serves as the highest-ranking dental professional employed by the state. She earned her B.S.D.H. from the [University of Wyoming](#), and her M.S.D.H., with an emphasis in community and rural oral health, from [Idaho State University](#).

Mrs. Hollingsworth worked as a clinical RDH in Montana for 13 years prior to transitioning into public health. In her new role she will administer workforce-related grant activities. Grant activities include oral health surveillance, interprofessional collaborations, placement of University of Washington dental students in rural settings in Montana and recruitment and retention of dental professionals to serve rural communities.

## South Carolina

In April, Raymond Lala, D.D.S., became the new Director of the Division of Oral Health within the South Carolina Department of Health and Environmental Control. In addition, he also serves as a Program Manager in the Dean's Office at the James B. Edwards College of Dental Medicine, Medical University of South Carolina ([MUSC](#)). Dr. Lala earned his D.D.S. from the Louisiana State University School of Dentistry ([LSUSD](#)).

Prior to his retirement in April 2014 from the [U.S. Public Health Service](#), Dr. Lala served as the Deputy Director, Division of Health Professions Support in the Indian Health Service Headquarters; as Chief Dental Officer for the [National Health Service Corps](#) and as the Director of the Division of Scholar and Clinician Support in the Health Resources and Services Administration ([HRSA](#)). Prior to federal service, Dr. Lala managed a private practice in the New Orleans metropolitan area for 15 years.

## **Washington State Will Offer Stand-Alone Dental Plans**

On April 18, the Washington State Office of the Insurance Commissioner adopted a [final administrative rule](#) that will allow dental insurers to offer stand-alone plans for children's dental care outside the state's

health exchange. Currently, pediatric dental benefits offered outside the exchange must be embedded in medical plans. The newly adopted rule will take effect in 2015.

The administrative rule was developed in response to [ESHB 1846](#), which was passed during the 2013 regular legislative session and allows stand-alone dental plans for children to be offered outside the health insurance exchange.

The Washington State Legislature is likely to address pediatric dental benefits again during the next regular legislative session. Under existing law, dental plans sold on the exchange must be offered and priced separately as stand-alone plans. However, there are some in Washington State who would like to see pediatric dental benefits embedded into medical plans offered inside the exchange, and a bill could be filed during the next regular legislative session to accomplish this.

### **Council of the District of Columbia Moves Ahead on Taxing Dental Plans**

The Council of the District of Columbia (Council) unanimously [approved](#) a bill ([Bill 20-775](#)) on May 6, establishing a sustainable local funding source to support operations of [DC Health Link](#), the District's new health insurance marketplace established under the Affordable Care Act. District of Columbia Mayor Vincent C. Gray (D) signed the bill into law on May 22.

Although the operations of DC Health Link have been funded with federal implementation grants thus far, those funds are set to expire later this year. Both federal and District of Columbia law require the new marketplace to become financially self-sufficient by January 1, 2015.<sup>3</sup>

The Council approved a broad tax on all health-related insurance products sold in the District of Columbia. Essentially, DC Health Link will begin funding its operating costs through a tax on health insurance premiums. The "taxable" health plans would include long-term care, disability, vision and dental, among others. According to a senior advisor for the Council, the DC Health Benefit Exchange Authority ([HBX](#)) has recommended an approximate 1% tax to support its budget, although nothing has been made final.

Unlike states operating a state-based exchange, the District of Columbia does not have a sufficient number of customers buying insurance on its online marketplace to adopt the funding plan being employed by most states and the federal government—a tax of a few percentage points on premiums. To cover its \$28 million annual budget, the District of Columbia's exchange would have to levy an estimated 17% tax on every health plan sold on the online marketplace.

The tax is effective for 90 days on an emergency basis. The council may vote to extend the assessment for another 225 days. However, the measure must undergo congressional review before it can be made permanent.

Although some fear the additional cost will be passed on to consumers in the form of higher premiums, the true impact of the tax has yet to be determined. The HBX will ultimately be responsible for notifying companies about the tax.

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<sup>3</sup> According to a March 2014 [report](#) by the Congressional Research Services, the Affordable Care Act (ACA) provided an indefinite appropriation for U.S. Department of Health and Human Services (HHS) grants to states to support the planning and establishment of exchanges. For each fiscal year, the HHS Secretary will determine the total amount that will be made available to each state for exchange grants. No grant may be awarded after January 1, 2015. Under the ACA, each exchange is expected to be self-sustaining beginning January 1, 2015. The ACA authorizes exchanges to generate funding to sustain their operations. In response, some states have allocated general funds to cover operating costs. Others are imposing an insurer tax on each individual plan sold on the exchange. HHS has indicated that to raise funds for each of the federally facilitated exchanges (FFE), beginning in 2014, it will assess a monthly fee on each health insurance issuer that offers plans through a FFE.

## **Dallas City Council Discusses Banning Fluoridated Water**

The Dallas City Council is considering ending the practice of adding fluoride to its community water system as a way to save millions of dollars. Dallas has been fluoridating its water for almost 50 years.

Specifically, members of the Dallas City Council are considering whether to renew a three-year contract with a water treatment company that provides the city's water supply with fluoride. The contract is set to expire January 1, 2015, and is worth approximately \$1.8 million.

During a Dallas City Council Meeting on April 23, an anti-fluoride activist found an ally in Dallas City Council Member Sheffie Kadane. Several other City Council Members expressed an interest in studying the need and expense of community water fluoridation. However, during a City Council Briefing meeting on May 7, the issue of ending community water fluoridation in Dallas came up again during the open mic portion of the briefing. City Council Member Jennifer Staubach Gates was quite vocal during the meeting, saying that she would vigorously defend fluoridated water. She told the audience she grew up in a community that did not have fluoride in its water and as a result she took fluoride supplements. She went on to say that she did not want the citizens of Dallas to have to go through the process of buying fluoride supplements like she did.

According to 2012 data from the Centers for Disease Control and Prevention ([CDC](#)), more than 210 million Americans drink from a fluoridated water supply, including approximately 20 million Texans. If Dallas were to stop fluoridating its water, it would become the largest city in the United States to have non-fluoridated water, surpassing Portland, OR, and Tucson, AZ.<sup>4</sup>

On May 27, the Dallas City Council Quality of Life & Environment Committee received a [briefing](#) from Jody Puckett, the Director of the Dallas Water Utilities Department. Ms. Puckett briefed the Committee on the history, purpose, sources and costs/benefits of community water fluoridation in Dallas. Click [here](#) to view the briefing materials presented to the Committee.

## **CHIP Funding Update**

Funding for the federal Children's Health Insurance Program ([CHIP](#)) will expire at the end of fiscal year (FY) 2015. As a result, the Medicaid and CHIP Payment Access Commission ([MACPAC](#)) has been debating various options to extend CHIP funding. MACPAC is a non-partisan federal agency charged with providing policy and data analysis to the Congress on Medicaid and CHIP.

During its April 10–11 meeting, MACPAC discussed whether to recommend to Congress that CHIP funding be extended. Ultimately, the Commission unanimously approved a recommendation that "Congress should extend federal CHIP funding for a transition period of two additional years during which time the key issues regarding the affordability and adequacy of children's coverage be addressed." The recommendation calls on Congress to provide funding through FY16 and FY17, which is two years beyond the current allocation.

The Congressional Budget Office ([CBO](#)) has estimated that the 12.7 million children expected to be enrolled in FY15 would be at risk of losing their CHIP coverage in 2016 if funding is not continued for the program.

On April 28, the Partnership for Medicaid sent a [letter](#) to Members of Congress urging Congress to protect CHIP and continue funding the program. ADEA is a member of the [Partnership for Medicaid](#) and joined the sign-on letter.

According to MACPAC staff, the Commission will release its June 2014 Report to the Congress on Medicaid and CHIP by June 15. MACPAC's specific recommendations on the future of CHIP will be

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<sup>4</sup> Dallas is the ninth largest city in the United States and the third largest in Texas, with a population of over 1.2 million.

detailed in the report. ADEA will continue to closely monitor CHIP funding and keep members updated on any developments.

## **State Policy Updates**

- **Illinois**

[HB 5574](#), introduced by Rep. Laura Fine (D-IL), amends the Illinois Dental Practice Act by adding a provision allowing dentists with the appropriate training to administer vaccinations to patients 10 years of age and older pursuant to a valid prescription or standing order of a physician. The bill also provides that vaccinations may only be administered for influenza, hepatitis B, HPV and shingles. The bill has been referred to committee for consideration.

Companion bill [SB 3409](#), introduced by Sen. Andy Manar (D-IL) and co-sponsored by 48 members of the Illinois General Assembly, was originally drafted with bill language similar to HB 5574. However, the bill language has changed substantially with the adoption of [amendments](#).

Currently, SB 3409 provides that a dentist who has completed the appropriate training as set forth by the Department of Financial and Professional Regulation may administer influenza vaccinations to patients 18 years of age or older pursuant to a valid prescription or standing order by a physician licensed to practice medicine in all its branches who, in the course of professional practice, administers vaccines to patients. The bill requires that vaccines must be administered by the dentist and shall not be delegated to an assistant or any other person.

In addition, SB 3409 mandates that a dentist notify the patient's primary care physician of each dose of vaccine administered to the patient and that the vaccination be documented in the patient's dental record and entered in the immunization data registry maintained by the Department of Public Health.

Further, SB 3409 also requires that a dentist must only provide vaccinations if contracted with and credentialed to provide the vaccinations by the patient's health insurance, health maintenance organization or other health plan. Additionally, the bill provides that persons enrolled in Medicare or Medicaid may only receive vaccinations from dentists who are authorized by the federal Centers for Medicare and Medicaid Services or the Department of Healthcare and Family Services. The provisions in SB 3409 are set to be repealed on January 1, 2020. SB 3409 has passed both chambers.

## **Reports of Interest**

- The Urban Institute Health Policy Center issued a [report](#) finding that most of the newly insured adults are in the income groups targeted by the Affordable Care Act's Medicaid expansion and the health insurance marketplaces. Nearly half of the newly insured adults (49.4%) have family incomes at or below 138% of the federal poverty level (FPL), the income group targeted by the Medicaid expansion. Another 40.1% have family income between 139 and 399% of FPL, the income group that could be eligible for subsidized coverage through the marketplace. Only 10.5% of the newly insured adults have family income at or above 400% of FPL.

## **ADEA is Accepting Requests for Advocacy Workshops**

ADEA's Advocacy and Governmental Relations portfolio (AGR) is offering its ADEA Advocacy Workshop series to ADEA members. AGR's staff of advocacy professionals (who have worked in state legislatures and the U.S. Congress) will travel to your institution to present information on how to become an effective advocate for academic dentistry and dental and craniofacial research.

The AGR team will provide workshop attendees with the skills and tactics to help them successfully gain the support of elected officials on the state or federal levels. The material is suitable for faculty, staff and students.

AGR staff can work with participating institutions to customize an agenda that best reflects the priorities and goals of a school. The length of a workshop can vary from an extended lunch hour (about two hours) to either a half or full day and includes the participation of both local and state elected officials, as well as leaders of the region's professional and dental societies.

To learn more or to request an ADEA Advocacy Workshop, please contact Daniel Nugent, J.D., ADEA Director for Outreach and Advocacy at [NugentD@adea.org](mailto:NugentD@adea.org).

### **ADEA State Advocacy Toolkit**

ADEA recently developed a [State Advocacy Toolkit](#), enabling ADEA members to more effectively advocate for dental education and dental and craniofacial research.

The importance of being an advocate for academic dentistry and dental and craniofacial research cannot be overstated. Getting involved is crucial—programs and funding that affect you and your institution are at stake. As leaders in the field of oral health care and dental and craniofacial research, you can help shape policy and impact funding that will affect your institution.

There are numerous points in the legislative process at which you can provide input. It is a fact that most legislators know very little about oral health care in general or about the connection of good oral health to good systemic health. Furthermore, they probably know very little about cutting-edge dental and craniofacial research, which has enabled doctors to detect certain cancers. As experts in the field, be it at the allied, predoctoral, doctoral or advanced dental education level, your input is invaluable and carries a lot of weight in the legislative process. By establishing yourself as a resource for information and establishing a relationship, you are improving your access to the policymaker. Keep in mind, as issues that affect you come before legislators, it is much easier to have the “ear” of a friend than a stranger!

ADEA developed this state advocacy toolkit to better equip you to become an advocate. Resources have been assembled to provide you with information so you can effectively interface with your state legislators about funding and programs that affect you and your institution. The toolkit contains information such as:

- An overview of state legislatures (composition, meeting frequency, etc.),
- How a bill becomes law,
- How to identify your state legislator,
- How to effectively communicate with state legislators, and
- Tips on hosting a site visit at your institution for a state legislator.

Additionally, users will have valuable local data at their fingertips as they advocate for dental education and dental and craniofacial research. The new toolkit provides data such as Title VII funding organized by grantee and NIDCR grants organized by institution. Additionally, information on state student loan repayment programs and alternative workforce models is available.

Finally, there is also a link to the ethics and lobby laws for each state.

We trust you will make good use of the advocacy toolkit. As President John F. Kennedy stated, “One person can make a difference, and everyone should try.”

## **ADEA United States Interactive Legislative Tracking Map**

Introduced in 2013, the [ADEA United States Interactive Legislative Tracking Map](#) provides access to the most up-to-date information on state legislation of interest to academic dentistry. Users can view the current status of bills, including upcoming hearing dates, as well as current bill text and bill author/sponsor information. Additionally, the interactive map features a new dropdown menu, allowing even easier access to critical state legislation.

Map users can quickly monitor high-interest topics, such as student loan repayment programs, higher education funding, alternative workforce models, teledentistry, interprofessional education, tobacco regulations, children's dental benefits under CHIP/Medicaid and adult dental benefits under Medicaid. By using the dropdown menu, users can view relevant legislation in a list format or as an interactive infographic of a U.S. map, with states that have pending legislation related to the selected topic highlighted in blue. This feature provides users with an instant visual landscape of what topics states and regions of the country are interested in, especially hot-button issues.

The map is a helpful tool not only for those in the dental education community, but also for state legislative directors, Medicaid directors, dental directors, policy analysts and national organizations with an interest in oral health care.

## **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.

## **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 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](mailto:KnightY@ADEA.org).** *Applications are accepted on a year-round basis, and can be found [here](#).*

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.

© American Dental Education Association  
1400 K Street NW, Suite 1100, Washington, DC 20005  
Telephone: 202-289-7201, Website: [www.ADEA.org](http://www.ADEA.org)

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

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

Timothy Leeth, C.P.A.  
ADEA Senior Director of Federal Relations  
([LeethT@ADEA.org](mailto:LeethT@ADEA.org))

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