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Massachusetts’ Governor Attempts to Establish Dental Therapist Role

On July 17, Gov. Charlie Baker (R-MA) in his veto message to the Massachusetts legislature regarding the fiscal year 2018 (FY18) budget, inserted language to establish a new oral health practitioner, the role of a licensed dental therapist. However, soon thereafter, the state legislature vetoed the governor’s amendment thereby rejecting the attempt to establish the role of a licensed dental therapist in Massachusetts.

Below is a synopsis of the governor’s amendment which sought to establish the role of a licensed dental therapist.

Education and Licensure

The Massachusetts Board of Registration in Dentistry, or a committee or subcommittee thereof established in the Department of Public Health, may approve a dental therapist education program that meets the standards of the Commission on Dental Accreditation (CODA) for dental therapist education programs.

Supervision and Collaborative Management Agreements

A dental therapist must have practiced under the direct supervision of a supervising dentist for at least 500 hours or completed one year of residency before practicing under general supervision.

A dental therapist cannot operate independently of a supervising dentist and cannot perform any service or procedure except as authorized by a supervising dentist. Before performing a procedure or providing a service, a dental therapist must enter into a written collaborative management agreement with a supervising dentist.

At a minimum, the collaborative management agreement must address issues such as:

- Practice settings.
- Any limitation on services established by the supervising dentist.
- The level of supervision required for various services or treatment settings.
- Practice protocols.
- Management of medical emergencies.
- Administering and dispensing medications.
- Supervision of dental assistants and dental hygienists.
Scope of Practice

To the extent permitted by a collaborative management agreement, and in accordance with the collaborative management agreement, a dental therapist licensed by the Board may:

- Perform all acts provided for in the CODA’s dental therapy standards.
- Interpret radiographs.
- Place space maintainers.
- Perform pulpotomies on primary teeth.
- Perform nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility of +3 under general supervision.
- Supervise dental hygienists and dental assistants.
- Dispense and administer analgesics, anti-inflammatories and antibiotics in accordance with state and federal law.

Additionally, the governor’s amendment language stated, “nothing in [the bill text] shall be construed as authorizing a dental therapist to extract a tooth that is unerupted, impacted or needs to be sectioned for removal, or to dispense or administer a narcotic drug...”

Board Rules and Regulations

Also included in the governor’s amendment was language stating that the Board may adopt guidelines, rules and regulations governing the licensure and practice of dental therapists to protect the public health, safety and welfare, including without limitation: guidelines for collaborative management agreements, continuing education requirements, license renewal, standards of conduct and the investigation of complaints, conduct of disciplinary proceedings and grounds for discipline.

It is very likely that some version of the language offered by the Governor in his amendment to establish the role of a licensed dental therapist, will be filed again in the next Massachusetts legislative session.

States Limiting Opioid Prescriptions and Enacting Changes to Monitoring Programs

According to the American Society of Addiction Medicine, of the 20.5 million Americans, 12 or older, who had a substance use disorder in 2015, approximately 2 million had an addiction disorder involving prescription pain relievers.

ADEA has compiled an overview of what some states are currently doing to tackle the prescription and opioid abuse problem.
Delaware

On July 21, Gov. John Carney (D-DE) signed SB 44 into law. This bill requires all prescribers who hold a controlled substance registration to be registered with the Prescription Monitoring Program. It also requires prescribers who receive a controlled substance registration to register with the Prescription Monitoring Program within 90 days.

Connecticut

On June 30, Gov. Dan Malloy (D-CT) signed SHB 7052 into law. The legislation is titled An Act Preventing Prescription Opioid Diversion and Abuse. Among its several provisions, the new law:

- Reduces the maximum opioid drug prescription for minors from seven days to five days.
- Requires certain scheduled drugs be electronically prescribed.
- Increases data sharing between state agencies regarding opioid abuse and opioid overdose deaths.
- Allows patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioid drugs.
- Expands requirements about information regarding provider communications about the risk and signs of addiction and the dangers of drug interactions to cover all opioid prescriptions (current law applies only to minors).
- Requires the Department of Public Health to make information available online about how prescribers can obtain certification for suboxone and other medicines to treat opioid use disorder.

“Opioid addiction and prescription drug abuse is a disease that is impacting nearly every community and people of every background,” Gov. Malloy says in a press release on the bill signing. “It is a complex crisis that does not have one root cause, nor does it have simple solution, but we need to do everything in our power to treat and prevent it. Our work on this front will not be finished until our communities and our families are no longer struggling with the grave costs of this illness.”

Missouri

On July 17, Gov. Eric Greitens (R-MO) signed an Executive Order directing the Missouri Department of Health and Senior Services (DHSS) to implement a multiphase prescription drug monitoring program (PDMP). Missouri is the only state in the country that does not have a system to monitor prescription drug activity.

Secretary Tom Price of the U.S. Department of Health and Human Services issued a statement saying, “I commend Missouri Governor Eric Greitens for taking a strong step in fighting the opioid epidemic by joining other states in establishing a Prescription Drug Monitoring Program (PDMP). I commend
Governor Greitens for his leadership in Missouri as we all work to detect and deter the abuse of prescription drugs.”

Indiana

On April 26, Gov. Eric J. Holcomb (R-IN) signed into law SEA 226. The new law limits a prescriber’s ability to issue a prescription for an adult being prescribed an opioid for the first time to a seven-day supply. If the prescription is for a child less than 18 years of age, the prescription may not exceed a seven-day supply. The law outlines certain exceptions to the prescriber limits for treatments of cancer, palliative care and other specified medical conditions.

Under the new law, upon the request of a patient or a guardian or legal representative of the patient, a prescriber must issue the opioid prescription for a lesser amount than the prescriber initially intended to prescribe and must indicate the request and who made the request in the patient’s medical file.

According to the governor’s office, “since 2000, deaths from drug overdoses have increased 500%, and Indiana ranks 15th in the country in overdose fatalities.”

White House Commission on Opioid Abuse Issues Draft Report

On March 29, President Donald Trump signed an Executive Order establishing the President’s Commission on Combating Drug Addiction and the Opioid Crisis. Commission (Commission) members include:

- Gov. Chris Christie (R-NJ), Chair;
- Gov. Charlie Baker (R-MA);
- Gov. Roy Cooper (D-NC);
- Rep. Patrick J. Kennedy (D-RI);
- Professor Bertha Madras, Ph.D.

On July 31, the Commission issued a draft interim report making several recommendations, including mandating prescriber education with the help of dental and medical schools:

Mandate prescriber education initiatives with the assistance of medical and dental schools across the country to enhance prevention efforts. Mandate medical education training in opioid prescribing and risks of developing a substance use disorder (SUD) by amending the Controlled Substance Act to require all Drug Enforcement Administration registrants to take a course in proper treatment of pain. The U.S. Department of Health and Human Services should work with partners to ensure additional training opportunities, including continuing education courses for professionals.
This specific recommendation item was likely a priority for Gov. Baker. In 2016, Gov. Baker’s administration worked with the medical and dental schools in Massachusetts to develop core competencies related to opioids and substance use disorders that all graduating students are expected to learn and put into practice.

“This is an epidemic that knows no boundaries and shows no mercy, and we will show great compassion and resolve as we work together on this important issue,” said President Trump in a statement issued on the day the Executive Order to establish the Commission was signed.

On Aug. 2, ADEA participated in the White House Office of National Drug Control Policy (ONDCP) roundtable discussion on reducing drug use and abuse.

On Aug. 10, Pres. Trump declared the opioid epidemic to be a national emergency. On that same day, HHS Secretary Tom Price, M.D. issued the following statement on President Donald Trump’s instruction to his Administration to use all appropriate authority to respond to the nation’s opioid emergency:

“President Trump is taking strong, decisive action in directing the Administration to use all appropriate emergency and other authorities to respond to the crisis caused by the opioid epidemic. Today’s announcement demonstrates our sense of urgency to fight the scourge of addiction that is affecting all corners of this country.”

ADEA will continue to keep you abreast of state and federal action on this critical issue.

**California May Expand Pilot Program to Offer Four-year Degrees in Dental Hygiene and Other In-demand Fields**

In September 2014, [SB 850](#) was signed into law and authorized the Board of Governors, in consultation with California State University (CSU) and University of California (UC), to establish a baccalaureate degree pilot program. The pilot program allows up to 15 participating community college districts to each offer one baccalaureate degree program to meet local workforce needs if it does not duplicate a baccalaureate degree program already offered by CSU or UC. Under existing law, the pilot program sunsets on July 1, 2023. Further, existing law requires a district baccalaureate degree pilot program to commence by the beginning of the 2017–18 academic year and requires a student participating in a baccalaureate degree pilot program to complete his or her degree by the end of the 2022–23 academic year.

Under existing law, the four-year degree programs must be up and running by the 2017–18 academic year. Below are the 15 colleges that were selected to participate in the initial pilot:
• Foothill College (dental hygiene),
• West Los Angeles College (dental hygiene),
• Antelope Valley College (airframe manufacturing technology),
• Bakersfield College (industrial automation),
• Cypress College (mortuary science),
• Feather River College (equine industry),
• Mesa College (health information management),
• Mira Costa College (biomanufacturing),
• Modesto Junior College (respiratory care),
• Santa Ana College (occupational studies),
• Shasta College (health information management),
• Skyline College (respiratory care),
• Rio Hondo College (automotive technology),
• Santa Monica College (interaction design), and
• Solano Community College (biotechnology).

**SB 769**, sponsored by Sen. Jerry Hill (D-CA) along with nine co-sponsors, seeks to extend the pilot program through 2028 and double the size of the program. Specifically, SB 769 enables an additional 15 community college districts to participate in the program, eliminates the sunset date, lifts the one-program-per-district limit and bars the participating districts from offering a four-year degree program in a certain discipline if there is a CSU or UC campus within 100 miles that offers the same degree. This bill, as currently written, would also extend the time by which a student participating in a baccalaureate degree pilot program is required to complete his or her degree to the end of the 2027–28 academic year. SB 769 passed the full Senate and is currently making its way through the Assembly.
National Governors Association Announces the 2017–18 Executive Committee Leadership

On July 15, during the National Governors Association’s (NGA’s) annual summer meeting, the 2017–18 Executive Committee Leadership was announced. Gov. Brian Sandoval (R-NV) was named NGA Chair, and Gov. Steve Bullock (D-MT) was named Vice Chair. Together they will lead the nine-member Executive Committee that guides the association’s priorities and activities. Other members of the committee include:

- Gov. Dan Malloy (D-CT),
- Gov. Kim Reynolds (R-IA),
- Gov. Larry Hogan (R-MD),
- Gov. Rick Snyder (R-MI),
- Gov. Roy Cooper (D-NC),
- Gov. Tom Wolf (D-PA), and
- Gov. Terry McAuliffe (D-VA).

According to NGA staff, appointments to the other NGA Committees will be announced later.

U.S. House Leadership Announce Task Force on Intergovernmental Affairs

In May 2017, House Speaker Paul Ryan (R-WI) and Democratic Leader Nancy Pelosi (D-CA) announced the creation of the Speaker’s Task Force on Intergovernmental Affairs. The federal and state governments play crucial roles in shaping nearly every area of domestic policy, from health care to education to infrastructure. However, despite the interwoven connection between the federal and state governments in to policymaking, few true opportunities exist for federal and state government officials to interact on a regular basis. According to Speaker Ryan, the creation of this task force is a step in the right direction toward expanding intergovernmental dialogue.

The specific mission of the Task Force on Intergovernmental Affairs is to:

- Partner with states, tribes and local governments to balance the interests of governments.
- Provide a forum for states, cities and counties to showcase their innovation and creativity in solving public policy problems.
• Examine the effects of federal rules and regulations on state and local partners.
• Develop proposals to partner with and empower states, tribes, local governments, private institutions, families and individuals.
• Examine the extent to which the burdens shared among states, tribes and local governments may be re-allocated to improve the quality of life in all communities.

On June 22, the Speaker’s Task Force held its first meeting in Washington, D.C. Speaker Ryan made the following statement during the hearing:

In Congress, we may not always see things the same way, but there is no question we can all work as better partners with state, local, and tribal leaders. We know we have so much to learn about how state and local leaders are solving the problems of the day. And of course, Washington does not know best, and one size does not fit all. More partnership, less arrogance and a willingness to listen and learn will go a long way.

Speaker Ryan designated Rep. Rob Bishop (R-UT) to oversee the Task Force as Chairman. Other Congressional members include:

- Rep. Anthony Brown (D-MD),
- Rep. Gerry Connolly (D-VA),
- Rep. Charlie Crist (D-FL),
- Rep. John Culberson (R-TX),
- Rep. Jenniffer Gonzalez-Colón (R-PR),
- Rep. Raúl Grijalva (D-AZ),
- Rep. Luke Messer (R-IN),
- Rep. Richard Neal (D-MA),
- Rep. Gary Palmer (R-AL),
- Rep. Norma Torres (D-CA),
- Rep. Mark Walker (R-NC), and

In addition to a bipartisan roster of members of Congress, the Task Force has partnered with stakeholders at all levels to provide a forum for discussion and ultimately develop specific recommendations.

Advisory Council to the Task Force

- Western Governors’ Association,
- National Association of Counties,
- National Governors Association,
- Council of State Governments,
- National Conference of State Legislatures,
- National League of Cities,
- U.S. Conference of Mayors,
- International City/County Management Association,
- National Congress of American Indians,
- National Association of State Treasurers,
- American Legislative Exchange Council, and
- State Policy Network.
Rhode Island Prepares to Offer Students Free Community College

Although Rhode Island’s FY18 budget has not been finalized, Gov. Gina Raimondo (D-RI) expressed strong support for the Rhode Island Promise Scholarship program in her weekly video address on July 28, and the state's community college is moving ahead as if the budget has passed with the promise of free tuition for any Rhode Island high school graduate from the class of 2017.

The governor’s FY18 budget proposal seeks to phase-in the cost of the program.

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According to Gov. Raimondo, once fully implemented in 2021, the full cost will be less than 1% of the state general revenue budget.

Who qualifies for the Rhode Island Promise Scholarship?

- Rhode Island residents.
- 2017 high school graduates (public, private or homeschooled) or GED recipients younger than 19 years old.

How do students maintain the scholarship for two years?

- Take 15 credits per semester.
- Maintain at least a 2.5 GPA.
- Earn 30 credits each year (fall, spring and summer semesters included).
- Enroll each semester for two years. (Fall and spring are required; summer is optional.)

On Tues., Sept. 19, 2017, dental faculty, students, residents and dental and craniofacial researchers will meet with Members of Congress to tell them why funding for oral health training programs and the National Institute of Dental and Craniofacial Research (NIDCR) is critically necessary for the overall health and well-being of the nation.

ADEA Advocacy Day is taking place just before Congress takes decisive action on fiscal year 2018 (FY18) appropriations. ADEA Advocacy Day is the most opportune time to provide information on programs that could affect you and your institution. All faculty, students, residents and researchers are welcome and encouraged to join us in Washington, D.C. for this important event. As they say in Washington, “if you are not at the table, you may be on the menu.”

For assistance arranging hotel accommodations, contact Ryne Chua, M.P.A., ADEA Program Manager at ChuaR@adea.org. If you need additional information about ADEA Advocacy Day, please contact Yvonne Knight, J.D., ADEA Chief Advocacy Officer, at KnightY@adea.org.

Report of Interest

The Medicaid and CHIP (Children’s Health Insurance Program) Payment and Access Commission (MACPAC) has developed an issue brief providing updated data on the exhaustion of CHIP funds across the United States.

Under current law, federal funds for CHIP are only provided through fiscal year (FY) 2017. Unless CHIP funding is extended, all states are expected to exhaust their federal CHIP funds during FY 2018; this includes unspent CHIP funding from prior years. How quickly states deplete CHIP funds could change if actual CHIP spending is above or below projections. However, currently, three states and the District of Columbia are projected to exhaust their funds by December 2017. Most states (31 states and the District of Columbia) are projected to exhaust federal CHIP funds by March 2018. These estimates are based on states’ projections of their CHIP spending for FYs 2017 and 2018.
State Resources

ADEA Weekly State Legislative & Regulatory Update

The ADEA Weekly State Legislative & Regulatory Update provides a brief snapshot of upcoming committee hearings, floor action and governor action on relevant state legislation, as well as comment period deadlines and public hearings for rules and regulations pertinent to ADEA members. Links are provided to legislative and regulatory activity spotlighted in the weekly update.

ADEA Advocacy Website

The ADEA Advocacy website is updated daily and contains issues of importance to academic dentistry and dental and craniofacial research. Also, it allows you to communicate with your elected officials by simply entering your ZIP code or address.

You can navigate the website by clicking through the drop-down menus at the top of the page. While there, please subscribe to ADEA Action Alerts to maximize your ability to send messages to your elected officials.

ADEA/AGR on Twitter

For the latest information on issues affecting dental education and dental and craniofacial research in the state legislatures, please follow us on Twitter at @ADEAAGR.

ADEA Day Book

The ADEA Day Book provides up-to-the-minute information regarding congressional hearings and briefings, federal agency meetings and webinars and policy conferences that may be of interest. ADEA facilitates your ability to watch, listen or participate. Simply click on the link provided next to the event and then you are connected. Check back often for the most current listing of events.
ADEA publishes the ADEA State Update monthly. Its purpose is to keep ADEA members abreast of state issues and events of interest to the academic dentistry and the dental and research communities.

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