



Health Care Reform: Down the Stretch

Early in the morning of December 24, 2009, the U.S. Senate approved its health care reform plan, the Patient Protection and Affordable Care Act (H.R. 3590 as amended in the Senate), by a strictly partisan vote of 60-39 (with one GOP Senator not voting). The bill includes a number of provisions of importance to academic dental institutions and oral health care. (See *ADEA Washington Update*, Volume 7, No. 8, December 14, 2009, for a comprehensive list of these provisions.)

While the Christmas Eve vote in the Senate (and the House of Representatives' vote on November 7, 2009) brings to a close a year-long congressional effort to craft health care reform legislation, the debate is not yet concluded. Facing unified Republican opposition to both the Senate and House bills, congressional Democratic leadership has opted to forgo a conventional bipartisan conference committee to iron out differences in the bills and instead have begun to negotiate among themselves and with the White House to produce a single bill they can send to President Obama by his State of the Union Address in early February. It appears that the House of Representatives will take up the Senate bill, amend it, vote on a final version, and send the amended version to the Senate for its consideration and vote.

As Congress enters the final stage of the legislative process with regard to reforming the U.S. health care system, ADEA has sent to the Democratic leadership in Congress the following letter expressing our recommendations with regard to differences in selected oral health provisions included in the two bills.

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January 8, 2010

The Honorable Harry Reid
Majority Leader
U.S. Senate
S-221 Capitol Building
Washington, DC 20510

The American Dental Education Association (ADEA)¹ believes that comprehensive reform of the U.S. health care system should provide universal coverage to all Americans and access to high-quality, cost-effective oral health care services. The nation's 60 dental schools serve as significant contributors to the dental safety net through services provided in our school clinics and in our affiliated off-site clinical programs. We greatly appreciate the Senate's approval of The Patient Protection and Affordable Care Act (H.R. 3590), as amended in the Senate, which takes an important and fundamental step toward improving the oral health of our citizens.

Accordingly, when you vote on a final health care reform bill, we urge you to ensure that it includes the following oral health provisions, and we recommend that you:

¹ The American Dental Education Association (ADEA) represents all 60 dental schools in the United States, in addition to more than 700 dental residency training programs and nearly 600 allied dental programs as well as more than 12,000 faculty who educate and train the nearly 50,000 students and residents attending these institutions. It is at these academic dental institutions that future practitioners and researchers gain their knowledge, where the majority of dental research is conducted, and where significant dental care is provided. ADEA member institutions serve as dental homes for a broad array of racially and ethnically diverse patients, many of whom are uninsured, underinsured or rely on public programs such as Medicaid and the Children's Health Insurance Program.

1. Retain the Senate language with regard to the dental section and funding line for “training in general, pediatric, and public health dentistry” (Sec. 5303 of H.R. 3590 as amended in the Senate). Both bills would reinstate a separate dental section under Title VII (Health Professions Programs), Part C of the Public Health Services Act that increases eligibility for new grant programs to train dental and allied dental health professionals. We prefer the Senate bill that includes a separate funding line of \$30 million in FY 2010 for the dental section under Title VII and such sums as necessary thereafter.

2. Retain the Senate language with regard to the future of the Children’s Health Insurance Program (CHIP). The House bill ends CHIP funding in 2013 and folds it into the health insurance exchange. The Senate bill extends the CHIP program through 2015. This change would provide more time to test the new health insurance system to ensure that it can safely and effectively provide the best health coverage for our nation’s children.

3. Retain the Senate language that allows for the election by Indian tribes and tribal organizations in a State (other than Alaska) to employ dental health aide therapists when authorized under State law (Sec. 10221 of H.R. 3590 as amended in the Senate). The Senate bill allows a dental health therapist or mid-level dental health provider to provide oral health services when a State authorizes such services in accord with State law.

4. Retain the Senate language that establishes an oral health prevention program (Sec. 4102 of H.R. 3590 as amended in the Senate). The Senate bill directs the Centers for Disease Control and Prevention (CDC) to implement a national prevention program and award demonstration grants to community providers for research into the management of dental disease. The Senate bill also provides funds to all 50 States and territories, and tribal units of government to develop oral health leadership, enhance oral health data systems, improve the delivery of oral health, and implement dental sealants, water fluoridation and other preventive programs.

5. Retain the Senate language with regard to the Medicaid and CHIP Payment and Access Commission (MACPAC) that would review the adequacy and effectiveness of payments for dental services with regard to achieving Medicaid and CHIP program goals (Sec. 2801 of H.R. 3590 as amended in the Senate). The Senate bill authorizes the Commission to review payments for dental services and establish a process for updating payments to dental health professionals. The Commission must consider both federal and state payment policies and their affect on access to and quality of care and determine whether they enable (or hinder) enrollees’ ability to obtain services. It must also consider how payments affect provider supply and how they affect providers who serve a disproportionate share of low-income and vulnerable populations. The Senate bill reaffirms that dentists shall be members of the Commission.

With regard to the following oral health provisions, we prefer the language in the House bill, and we recommend that you:

1. Defer to the House language with regard to oral health insurance coverage for children (Sec. 222 of H.R. 3962). Both bills would require insurance plans to include pediatric oral health services for children. The House bill designates that dental benefits for children are part of the essential benefits package, defines covered services to include well-baby and child oral health care for children up to 21 years of age, and includes recommended preventive services.

2. Defer to the House language on counting didactic activities for Graduate Medical Education (Sec. 1503 of H.R. 3962). Both bills would clarify that the time residents (medical and dental) spend in didactic (scholarly) activities counts toward IME and D-GME full-time equivalency when it occurs in hospital settings and towards D-GME when it occurs in non-hospital settings. We prefer the House bill because it applies this provision to cost reports beginning on or after July 1, 2008, a year earlier than the Senate bill.

3. Defer to the House language that requires oral health expertise on the Health Benefits Advisory Committee (Sec. 223 of H.R. 3962). The Committee would set minimum requirements for health plans and establish essential health benefits. The House bill requires that membership on the Committee must include “experts in oral health” who will inform decisions on technically difficult and complex matters concerning health care coverage and benefit design.

4. Defer to the House language that requires a study to determine the need for adult dental coverage (Sec. 222 of H.R. 3962). The House bill directs the Department of Health and Human Services (HHS) to study and report back to Congress within one year on the need for and cost of providing guaranteed adult dental coverage as part of an essential health benefits package.

In conclusion, we reiterate our support for systemic health care reform that includes essential oral health benefits for all Americans. Congress has taken an historic first step by ensuring that all children will be covered and have access to oral health care services. The American Dental Education Association stands ready to work with you in the future to ensure that all Americans have coverage for and access to oral health services. In the meantime, we urge you to enact health care reform that includes the oral health provisions we have identified above.

Sincerely,

/s/

Ronald J. Hunt, D.D.S., M.S.
President

/s/

Richard W. Valachovic, D.M.D., M.P.H.
Executive Director

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ADEA-AADR-ADA Leaders Meet New NIH Director

On December 15, 2009, representatives of the American Dental Education Association (ADEA), the American Association for Dental Research (AADR), and the American Dental Association (ADA) met with the new Director of the National Institutes of Health (NIH), Dr. **Francis Collins**, and his Chief of Staff, Dr. **Kathy Hudson**. The primary purpose of the meeting was to discuss how the dental profession could assist the NIH Director in providing better oral health outcomes for patients, based on scientific advancement and scholarship. By their joint appearance, the leaders of the educational, practicing, and research communities signified their unified support for the goals and objectives of the NIH and reaffirmed their conviction that dental and craniofacial research is the intellectual underpinning of the profession of dentistry.

Representing ADEA were ADEA Past President Dr. **Charles N. Bertolami** and ADEA Executive Director Dr. **Richard W. Valachovic**; from ADA were ADA President Dr. **Ron L. Tankersley** and ADA Executive Director Dr. **Kathleen O’Loughlin**; and from AADR were AADR President Dr. **Grayson W. Marshall** and AADR Executive Director Dr. **Christopher H. Fox**. The Director of the National Institute of Dental and Craniofacial Research (NIDCR) Dr. **Lawrence Tabak** and NIDCR’s Deputy Director Dr. **A. Isabel Garcia** also attended the meeting.

Dr. Collins began his comments by praising Dr Tabak, calling him an effective leader and someone to whom the Director looked to for advice and counsel on dental and oral research matters. Dr. Collins demonstrated his knowledge of and interest in oral research by discussing advancements made in and the promise of salivary diagnostics. He emphasized the importance of maintaining a stable federal appropriations environment for NIH as opposed to a “feast or famine” funding scenario that, he argued, was destructive of young scientists in particular. Dr. Collins highlighted the value of interprofessional collaboration, supported by steady funding for biomedical research, and predicted that it can result in unprecedented scientific advancements.

The Director noted that medical research significantly supports the national economy and that it is a valuable investment for the nation. He also pointed out that pediatricians want to know more about oral and dental health and they frequently are the first caregivers to diagnose early childhood oral disease. In response to Dr. Collins' keen interest in global health and the real needs of Third World countries Drs. Bertolami, Tankersley, and Marshall discussed the work of the FDI and the global caries initiative.

The NIH Director acknowledged that he was impressed by the unity and collaboration evident among the ADEA-ADA-AADR representatives and thanked them for their pledge to support and contribute to the research mission of the National Institutes of Health.

Wrap Up of the 1st Session of the 111th Congress

The United States Senate and House of Representatives adjourned on December 24 and December 16, respectively. During this very long session of Congress, the chambers passed a number of bills that included oral health provisions. These changes in the law, many of which ADEA and its members advocated for, can result in positive steps forward for the nation's oral health.

Legislation: The Year in Review

- February 4, 2009 – President **Barack Obama** signed into law the ***Children's Health Insurance Program (CHIP)***, which included a guaranteed dental benefit for which ADEA and the entire dental community advocated. Additionally, the law includes a "wrap-around" dental benefit; children who have health insurance without a dental plan and who are eligible to participate in CHIP will now be able to receive dental insurance through CHIP. Before this law was enacted, states had the option rather than the requirement of providing a dental care benefit through CHIP, and the wrap-around dental benefit did not exist.
- February 17, 2009 – President Obama signed into law the ***American Economic Recovery and Reinvestment Act (ARRA)***. This legislation provided \$10 billion for the National Institutes of Health (NIH), of which \$100 million was allotted for the National Institute for Dental and Craniofacial Research (NIDCR); \$1 billion for the National Center for Research Resources (NCRR) for construction and renovation of research facilities; and \$300 million for the National Health Service Corps (NHSC), which has been recruiting dentists and dental hygienists on a rolling basis since September 2009. It also includes a Medicaid Federal Medical Assistance Percentage (FMAP) increase of 6.2% to the states and \$200 million to address shortages of health care providers by training primary care physicians, dentists, and nurses under Titles VII and VIII of the Public Health Service Act.
- March 11, 2009 – The President signed into law the ***FY 2009 Omnibus Appropriations Bill*** which included:
 - \$30 billion for the NIH, an increase of \$937 million over FY 2008
 - \$402 million for the NIDCR, an increase of \$11 million over FY 2008
 - \$10 million for the Dental Health Improvement Act, an increase of \$5 million over FY 2008
 - \$221.69 million for Title VII Health Professions Programs, an increase of \$48 million over FY 2008
 - \$10 million for general and pediatric dental residency programs, which had been flat-funded
 - \$13.4 million for the Ryan White Dental Reimbursement Program and Community-based Dental Partnership Programs, an increase of about \$500,000 over FY 2008
- October 30, 2009 – The President signed S. 1793, the ***Ryan White HIV/AIDS Treatment Extension Act of 2009***, which extended the Ryan White CARE Act until 2013. The statute authorizes the Ryan White Dental Reimbursement Program and the Community-based Dental Partnership Program.

- November 7, 2009 – The House of Representatives passed H.R. 3962, the ***Affordable Health Care for America Act***, which included provisions that would create a new section for dental training programs and make dental schools eligible for federal funds for Academic Administrative Units (AAUs), predoctoral training, and programs that improve clinical teaching, among other provisions. For a recap of the major provisions, please see *ADEA Washington Update*, Volume 7, No. 7, November 6, 2009.
- November 19, 2009 – The Senate passed S. 1963, the ***Caregivers and Veterans Omnibus Health Services Act of 2009***, which included a provision to implement a pilot program to assess the feasibility and advisability of providing a dental insurance plan to veterans and survivors and dependents of veterans. The Secretary of Veterans Affairs will contract with a dental insurer, and the program will provide diagnostic, preventive, restorative, surgical, and emergency services.
- December 16, 2009 – The President signed the ***Consolidated Appropriations Act, FY 2010***, which included:
 - \$31 billion for the National Institutes of Health, about a \$692 million increase over FY 2009
 - \$413 million for the National Institute of Dental and Craniofacial Research (NIDCR), an \$11 million increase over FY 2009
 - \$17.5 million for state grants under the Dental Health Improvement Act, an increase of \$7.5 million over FY 2009
 - \$254 million for Title VII Health Professions Programs, an increase of \$33 million over FY 2009
 - \$15 million for general and pediatric dental residency programs, an increase of \$5 million over FY 2009
 - \$16.5 million for the Ryan White Dental Reimbursement Program, a \$3 million increase over FY 2009
- December 24, 2009 – The Senate passed H.R. 3590, the ***Patient Protection and Affordable Care Act***, which included provisions that would create a new section for dental training programs and make dental schools eligible for federal funds for Academic Administrative Units (AAUs), predoctoral training, and dental faculty development, among other provisions. For a recap of the major provisions, please see *ADEA Washington Update*, Volume 7, No. 8, December 14, 2009.

OTHER RELATED LEGISLATION INTRODUCED IN THE 1ST SESSION OF THE 111th CONGRESS

H.R. 462, Medicaid-SCHIP Dental Benefits Improvement Act of 2009

Would require a study that examines access to dental services by children in underserved areas; children's access to oral health care, including preventive and restorative services, under Medicaid and SCHIP; and the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to oral health services and public health overall; introduced by Representative **Elijah Cummings** (D-MD) on January 13, 2009, and referred to the House Committee on Energy and Commerce.

H.R. 676, the United States National Health Care Act or the Expanded and Improved Medicare for All Act

Would establish the United States National Health Care (USNHC) Program to provide all individuals residing in the United States and U.S. territories with free health care that includes all medically necessary care, such as primary care and prevention, prescription drugs, emergency care, long-term care, mental health services, dental services, and vision care (among other provisions); introduced by Representative **John Conyers** (D-MI) on January 26, 2009, and referred to the House Committees on Energy and Commerce, Ways and Means, and Natural Resources.

H.R. 816, Military Retirees Health Care Protection Act

Would prohibit an increase after *April 1, 2006*, in a premium, deductible, copayment, or other charge prescribed by the Secretary of Defense for medical and **dental** health care coverage for military personnel and after September 30, 2009, in the dollar amount of a cost-sharing requirement under the DOD pharmacy benefits program (among other provisions); introduced by Representative **Chet Edwards** (D-TX) on February 3, 2009, and referred to the Subcommittee on Military Personnel of the Committee on Armed Services.

H.R. 855 and S.616, Enhancing Safety in Medicine Utilizing Leading Advanced Simulation Technologies to Improve Outcomes Now Act of 2009

Would amend the Public Health Service Act to require the Director of the Agency for Healthcare Research and Quality to conduct and support research, evaluations, initiatives, and demonstration projects and provide grants or enter into contracts or cooperative agreements to enhance the deployment of medical simulation technologies and the incorporation of such technologies and equipment into medical, nursing, allied health, podiatric, osteopathic, and **dental** education and training protocols (among other provisions); introduced in the House by Representative **Randy Forbes** (R-VA) on February 4, 2009, and referred to the Committee on Energy and Commerce; introduced in the Senate by Senator **Tom Harkin** (D-IA) on March 17, 2009, and referred to the Senate Committee on Health, Education, Labor, and Pensions.

H.R. 870, Medicare Medically Necessary Dental Care Act of 2009

Would amend Title XVIII (Medicare) of the Social Security Act to provide for coverage under part B (Supplementary Medical Insurance) of medically necessary **dental** procedures; introduced by Representative **Steve Cohen** (D-TN) on February 4, 2009, and referred to the Committees on Energy and Commerce and Ways and Means.

H.R. 903, Dental Emergency Responder Act of 2009

Would amend current law to include **dental** facilities and effective utilization of any available mobile dental assets in emergency situations; include federal **dental** entities to carry out activities under the public health and medical response training program; include dental personnel within the definition of "emergency response providers" and require the Chief Medical Officer of the Department of Homeland Security (DHS) to serve as DHS's primary point of contact for the **dental** community with respect to medical and public health matters related to natural disasters, acts of terrorism, and other man-made disasters; require operational plans developed by federal agencies with responsibilities under the National Response Plan to address the preparedness and deployment of **dental** resources; introduced by Representative **Bart Stupak** (D-MI) on February 4, 2009, and referred to the House Committee on Energy and Commerce.

H.R. 917, A bill to increase the health benefits of dependents of members of the Armed Forces who die because of a combat-related injury

Would amend the TRICARE program (a Department of Defense [DOD] managed care program) to require that, when a member of the Armed Forces dies on or after September 11, 2001, because of a combat-related injury incurred while on active duty for a period of more than 30 days, the member's dependents receiving benefits under a contract for medical and **dental** care shall continue to be eligible for benefits under TRICARE Prime; introduced by Representative **Brett Guthrie** (R-KY) on February 9, 2009, and referred to the Subcommittee on Military Personnel of the House Committee on Armed Services.

H.R. 972, A bill to eliminate the requirement that certain former members of the reserve components of the Armed Forces be at least 60 years of age in order to be eligible to receive health care benefits

Would eliminate the requirement that a member or former member of the Armed Forces entitled to retired pay for non-regular (reserve) service be at least 60 years of age before being eligible for medical and dental care in a military health care facility; introduced by Representative **Joe Wilson** (R-SC) on February 10, 2009, and referred to the Subcommittee on Military Personnel of the House Committee on Armed Services.

H.R. 1430, the Medicare Oral Health Rehabilitative Enhancement Act of 2009

Would amend Title XVIII (Medicare) of the Social Security Act to permit physical therapy to be furnished under the Medicare program to individuals under the care of a dentist; introduced by Representative **Bill Pascrell** on March 11, 2009, and referred to the House Committees on Energy and Commerce and Ways and Means.

H.R. 1478, the Carmelo Rodriguez Military Medical Accountability Act of 2009

Would amend the Federal Tort Claims Act to allow claims for damages to be brought against the United States for personal injury or death of a member of the Armed Forces arising out of a negligent or wrongful act or omission in the performance of medical, **dental**, or related health care functions that is provided by persons acting within the scope of their office or employment by or at the direction of the government inside the United States (among other provisions); introduced by Representative **Maurice Hinchey** (D-NY) on March 12, 2009, and has been marked up in the Subcommittee on Commercial and Administrative Law on the House Committee on the Judiciary.

H.R. 1533, A bill to amend title 10, United States Code, to specify the minimum rank requirement for officer serving as Chief of the Navy Dental Corps to correspond to Army and Air Force requirements for the heads of their dental corps

Would remove the requirement that the person detailed as Chief of the Navy Dental Corps be of a rank not less than rear admiral (lower half) at the time of the detail; would require an appointee to such position holding a lower grade to be appointed in the regular grade of rear admiral; introduced by Representative **Joe Cestak** (D-PA) on March 16, 2009, and referred to the House Committee on Armed Services.

H.R. 1671 and S. 450, Meth Mouth Prevention and Community Recovery Act

Would make grants to enable public and private nonprofit entities to determine whether educating youth about meth mouth (oral decay that is commonly associated with methamphetamine use) is an effective strategy for preventing or reducing methamphetamine use; expand and intensify the clinical research, health services research, and public health research on associations between substance use disorders, oral health, and the provision of **dental** care; study the effect methamphetamine use has on the demand for, and provision of, **dental** care; direct the Administrator of the Substance Abuse and Mental Health Services Administration to support training and offer technical assistance to ensure that dentists and allied **dental** personnel are prepared to: (1) recognize signs of alcohol or drug addiction; (2) discuss the nature of substance abuse as it relates to their area of expertise; (3) understand how certain **dental** therapies can affect the relapse potential of substance dependent patients; and (4) help those affected by a substance use disorder find appropriate treatment for their conditions; introduced by Representative **Rick Larson** (D-WA) on March 23, 2009, and referred to the House Committee on Energy and Commerce; introduced in the Senate by Senator **Max Baucus** (D-MT) on February 23, 2009, and referred to the Senate Committee on Health, Education, Pensions and Labor.

H.R. 1930, Primary Care Dental Academic Workforce Development Act of 2009

Would authorize the Secretary of Health and Human Services to make grants to, or enter into contracts with, programs of general dentistry or pediatric dentistry to plan, develop, and operate a loan repayment program to pay student loans in exchange for service as full-time faculty members; would require the Secretary to: (1) encourage participating programs to use support to broadly recruit diverse faculty; and (2) establish appropriate financial penalties for individuals not completing their service obligations; introduced by Representative **Patrick Kennedy** (D-MA) on April 2, 2009, and referred to the House Committee on Energy and Commerce.

H.R. 1948, the Dental Health Promotion Act of 2009

Would allow reimbursement from flexible spending accounts for products used to diagnose, cure, mitigate, treat, or prevent the onset of tooth decay (caries), periodontal diseases, and conditions ailing the teeth, gums, and mouth, or affecting their functioning; introduced by Representative **Bill Pascrell** (D-NJ) on April 2, 2009, and referred to the House Committee on Ways and Means.

H.R. 2220, Essential Oral Health Care Act of 2009

Would award grants to eligible entities to purchase portable or mobile **dental** equipment and to pay for appropriate operational costs, including direct health care or service delivery costs, for the provision of free **dental** services to underserved populations that are delivered in a manner consistent with state licensing laws; would increase the federal medical assistance percentage (FMAP) for states implementing equal access requirements that ensure individuals enrolled in the state Medicaid plan have access to oral health care services to the same extent as such services are available to the population of the state; introduced by Representative **Mike Ross** (D-AR) on April 30, 2009, and referred to the House Committee on Energy and Commerce.

S. 498, A bill to authorize dental insurance for veterans and survivors and dependents of veterans

Would provide a **dental** insurance plan for any veteran enrolled in the Department of Veterans Affairs (VA) annual patient enrollment system, as well as the survivors and dependents of certain veterans, as well as provide for the payment of premiums for plan enrollment and voluntary plan disenrollment; introduced by Senator **Richard Burr** (R-NC) on February 26, 2009, and referred to the Senate Committee on Veterans' Affairs.

Resolutions

H.Con.Res. 56, Expressing support for Children's Dental Health Month and honoring the memory of Deamonte Driver

Introduced by Representative **Elijah Cummings** (D-MD) on February 23, 2009. Referred to the House Committee on Energy and Commerce.

S.Con.Res. 8, A concurrent resolution expressing support for Children's Dental Health Month and honoring the memory of Deamonte Driver

Introduced by Senator **Benjamin Cardin** (D-MD) on February 25, 2009. Passed in the Senate on February 25, 2009.

H.Res. 193, Expressing support for National Facial Protection Month

Introduced by Representative **Carolyn McCarthy** (D-NY) on February 25, 2009. Referred to the House Committee on Energy and Commerce.

H.Res. 204, Congratulating the American Dental Association for its 150th year of working to improve the public's oral health and promoting dentistry, supporting initiatives to improve access to oral health care services for all Americans, and emphasizing the benefits of prevention of disease through support of community prevention initiatives and promotion of good oral hygiene

Introduced by Representative **Mike Simpson** (R-ID) on March 3, 2003. Passed in the House on May 13, 2009.

2010 ADEA Annual Session & Exhibition: ADEA CPPA Programming

The ADEA Center for Public Policy and Advocacy is sponsoring the following informative sessions for all participants in the 2010 ADEA Annual Session & Exhibition. The annual meeting will be held at the Gaylord National Harbor Hotel and Convention Center in Washington, DC, from February 27 to March 3, 2010.

**Monday, March 1, 2010 — 10:15 to 11:30 a.m.
Chesapeake 8**

A Report from NIH: Stimulus Funds for Dental and Craniofacial Research

Dr. **Lawrence A. Tabak**, Director of the National Institute of Dental and Craniofacial Research (NIDCR), will bring participants up to date regarding the funding opportunities created by the American Recovery and Reinvestment Act of 2009 (ARRA or "economic stimulus bill") at the National Institutes of Health and, more specifically, at the NIDCR. The ARRA funding represents a 25% increase over NIDCR's 2009 funding level.

Dr. Tabak will provide an overview of research positions created by the ARRA funds and inform the group regarding the dental research community's response to ARRA funding opportunities. Participants will also be informed about a new system for scoring and peer review of NIH grants, including the new training materials available for reviewers.

Monday, March 1, 2010 — 2:00 to 3:30 p.m.
National Harbor 2

Health Care Reform: Implications for Graduate Medical Education

Proposals to transform health professions education in health care reform, while not aimed at dental graduate education, would make changes that could impact these programs. Postdoctoral dental education programs receiving financial support through federal Graduate Medical Education (GME) may be required to meet new goals and objectives, such as training residents to work in multidisciplinary teams in non-traditional settings, requiring participation in quality improvement projects, and demonstrating meaningful use of electronic health records. Ms. **Laura Loeb**, a partner in the law firm of King & Spalding in Washington, DC, and a recognized expert on the subject of dental GME will discuss health reform and the potential impact it could have on postdoctoral programs within academic dental institutions and hospitals.

Tuesday, March 2, 2010 — 2:00 to 3:30 p.m.
Chesapeake B

New Oral Health Care Professionals: Emerging Workforce Models

Demand for oral health care, particularly among geographically, economically, and culturally isolated groups, has grown rapidly in the United States. In response, federal and state policymakers are seeking innovative ways to expand access to oral health care for underserved populations. At the national level, Congress is recommending studies and pilot programs that would assess new types of oral health care professionals (such as the Advanced Dental Hygiene Practitioner, Community Dental Health Coordinator, and Dental Health Aid Therapists, among others). In 2009, Minnesota was the first state to pass a law creating a new type of oral health care professional. Participants will be informed by educators in Minnesota who are responsible for the educational preparation of these two new models. Other presenters will discuss state and national activities regarding the development of new, alternative models of oral health care and the challenges they pose for academic dental institutions in their educational preparation.

Upcoming Meetings and Conferences

- **March 3-6, 2010, AADR Annual Meeting.** The American Association for Dental Research/CADR hosts its annual meeting at the Walter E. Washington Convention Center in Washington, DC. Please visit <http://www.iadr.org/i4a/pages/index.cfm?pageid=3859> for event information.
- **April 13-17, 2010, American Academy of Oral Medicine** will host its **64th Annual Meeting** with the theme "Oral Medicine and Immunity" at the Hyatt Regency Tamaya Resort and Spa in Santa Ana Pueblo, New Mexico. Early registration closes March 26, 2010. Please visit www.aaom.com/cde.cfm?event=225266 for registration information.
- **April 26-28, 2010, The National Oral Health Conference** occurs at The Hilton at the Ballpark in downtown St. Louis, Missouri. Please visit <http://www.nationaloralhealthconference.com> for available information on the conference or call the NOHC office at 217-529-6503 with any questions.
- **April 29-May 2, 2010, American Academy of Orofacial Pain** holds its **34th Scientific Meeting** at the newly renovated Disney World Contemporary Conference Center in Orlando, Florida. For meeting and registration information, please visit www.aaop.org/index.asp?Type=B_EV&SEC={A4704A5A-11E9-4719-B90A-5D4459C7211B}&DE={6F483C67-9E1B-4AE0-96B3-CABD446301C8}.
- **September 26-29, 2010, American Academy of Otolaryngology** holds its **2010 AAO-HNSF Annual Meeting and OTO Expo** at the Boston Convention and Exhibition Center, Boston,

Massachusetts, expecting to draw almost 9,000 attendees and 300 exhibitors. Please see www.entnet.org/annual_meeting for more meeting information.

Funding Opportunities Update

www.GRANTS.gov

You must use www.GRANTS.gov to apply for a federal grant. The registration process can take up to one month. Assistance is available from www.Grants.gov help desk at support@grants.gov or 800-518-4726. To successfully register, it is necessary to do all of the following:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)

National Institutes of Health

- **NIH Exploratory Developmental Research Grant Program (Parent R21)**, (PA-10-069), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-069.html>
- **Academic Research Enhancement Award (Parent R15)**, (PA-10-070), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-070.html>
- **Research Project Grant (Parent R01)**, (PA-10-067), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-067.html>
- **Mentored Quantitative Research Development Award (Parent K25)**, (PA-10-062), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-062.html>
- **Mentored Patient-Oriented Research Career Development Award (Parent K23)**, (PA-10-060), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-060.html>
- **Independent Scientist Award (Parent K02)**, (PA-10-057), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-057.html>
- **NIH Pathway to Independence Award (Parent K99/R00)**, (PA-10-063), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-063.html>
- **Mentored Clinical Scientist Research Career Development Award (Parent K08)**, (PA-10-059), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-059.html>
- **Mentored Research Scientist Development Award (Parent K01)**, (PA-10-056), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-056.html>
- **Academic Career Award (Parent K07)**, (PA-10-058), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-058.html>
- **Midcareer Investigator Award in Patient-Oriented Research (Parent K24)**, (PA-10-061), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-061.html>
- **Programs to Increase Diversity Among Individuals Engaged in Health-Related Research (PRIDE) (R25)**, (RFA-HL-10-019), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-10-019.html>

- **Coordination Core for Programs to Increase Diversity Among Individuals Engaged in Health-Related Research (PRIDE) (R25)**, (RFA-HL-10-028), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-10-028.html>
- **Pre-Application for the 2010 NIDA Avant-Garde Award Program for HIV/AIDS Research (X02)**, (PAR-10-068), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PAR-10-068.html>
- **2010 NIDA Avant-Garde Award Program for HIV/AIDS Research (DP1)**, (RFA-DA-10-012), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-10-012.html>
- **International Research Scientist Development Award (IRSDA) (K01)**, (PAR-10-066), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PAR-10-066.html>
- **Independent Scientist in Global Health Award (ISGHA) (K02)**, (PAR-10-065), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PAR-10-065.html>
- **Recovery Act Limited Competition: NIH Directors Opportunity for Research in Five Thematic Areas (RC4)**, (RFA-OD-10-005), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-10-005.html>

Health Resources & Services Administration

- **Regional AIDS Education and Training Centers**, (HRSA-10-132). The goal of this program is to improve health outcomes for people living with HIV/AIDS. The grants are to provide education and training to service providers currently serving this population. For more information, please visit <https://grants.hrsa.gov/webExternal/SFO.asp?ID=0327C5A2-FC53-49DA-A91C-E49B92E38ADE>.

Agency for Health Care Research and Quality

- **Recovery Act 2009 Limited Competition: Expansion of Research Capability to Study Comparative Effectiveness in Complex Patients (R24)**. These are grants for infrastructure development to develop or increase partnerships, datasets, and methodologies that will advance the capability to study, and the quality of studies, of patients with multiple chronic illnesses. For more information, please visit <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-10-001.html>.

Quotable

“Leave other people’s mistakes where they lie.”

Meditations

Marcus Aurelius

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