

CDC Reverses Decision to Eliminate the Division of Oral Health

Thanks to concerns raised by ADEA, the American Dental Association (ADA) and other oral health organizations, the Centers for Disease Control and Prevention (CDC) reversed its decision to eliminate the Division of Oral Health (DOH). On January 14, 2011, ADEA Executive Director Dr. **Richard W. Valachovic** wrote to CDC Director Dr. **Thomas Frieden** and stated “we strongly believe that DOH’s role should be preserved and the division should not be placed under the Division of Adult and Community Health where the issue of oral health care will have to compete with other pressing health issues.” Furthermore, Dr. Valachovic emphasized that “subsuming the DOH into the Division of Adult and Community Health may delay or interrupt the current agenda and momentum and lower the profile of the commitment to expanding and delivering oral health care to all segments of this nation’s population.”

Additionally, ADEA, the ADA, and other members of the oral health community asked Representative Dr. **Mike Simpson** (R-ID), one of two dentists in the U.S. House of Representatives, to intercede. Representative Simpson wrote to Dr. Frieden and said that “the current organizational structure at the CDC, which includes a separate division focused solely on dental health, has greatly benefitted the dental community. . . to relegate the DOH into a sub-division with a larger public health division would be potentially damaging for the entire oral health community.” In the end, due to the combined efforts of the oral health community, the CDC reversed its decision.

Super Committee Admits Defeat on Budget Deal

On November, 21, the Co-Chairs of the Joint Select Committee on Deficit Reduction (the Super Committee) Senator **Patty Murray** (D-WA) and Representative **Jeb Hensarling** (R-TX) released a statement admitting that after months of deliberation, they were unable to produce legislation that would reduce the federal deficit by \$1.2 trillion. Members of the Super Committee blamed each other’s party for the inability to strike a deal. Democrats argued that Republicans failed to put more revenue on the table, while Republicans blamed Democrats for not accepting spending cuts without tax increases. This failure to reach an agreement triggers an alternative timetable for the \$1.2 trillion in spending cuts beginning in January 2013. However, even before the statement was released, Super Committee member Senator **Pat Toomey** (R-PA) spoke of trying to change the configuration of the automatic spending cuts.



The Joint Select Committee on Deficit Reduction (top, l-r: Sen. Patty Murray (D-WA), Sen. Max Baucus (D-MT), Sen. John Kerry (D-MA), Sen. John Kyl (R-AZ), Sen. Rob Portman (R-OH), Sen. Pat Toomey (R-PA); bottom, l-r: Rep. Xavier Becerra (D-CA), Rep. James Clyburn (D-SC), Rep. Chris Van Hollen (D-MD), Rep. Jeb Hensarling (R-TX), Rep. Dave Camp (R-MI), Rep. Fred Upton (R-MI))

Without a budget deal, ADEA's priorities will likely be adversely impacted. On September 19, ADEA President Dr. **Leo E. Rouse** and ADEA Executive Director Dr. **Richard W. Valachovic** wrote to the members of the Super Committee urging them to sustain and enhance four programs important to academic dental institutions (ADIs): 1) Title VII Health Professions Programs of the Public Health Service Act; 2) Graduate Medical Education (GME); 3) Biomedical research at the National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR); and 4) Medicaid.

Since the Super Committee has failed to act, the "sequestration" process (automatic cuts) is scheduled to be implemented. Sequestration calls for cuts of both defense and nondefense spending totaling \$1.2 trillion over ten years (FY 2013 to FY 2021). Nondefense is calculated to be cut a total of \$492 billion over 10 years, which will be implemented as reductions starting with about a 7.8% cut in FY 2013 to a 5.5% cut in FY 2021. (The percentage cuts will be lower, but the hard dollars are expected to be higher because of inflation rates.)

It is unclear how these cuts will translate into actual numbers for ADIs. However, Title VII programs and biomedical research are two ADEA priorities that will likely take the largest cut because these programs are funded through non-defense discretionary funds. GME is part of the Medicare program and the legislation mandates that Medicare will not take more than a 2% cut; hence, it is unclear how GME may be affected. Finally, Medicaid is not included in sequestration so there are no mandated cuts to Medicaid.

Many ADEA members are grantees of Title VII and NIH/NIDCR programs and rely heavily on this funding. The reduced funding will limit ability to care for underserved communities, hire faculty, grow residency training programs, and create faculty development programs.

The likelihood of changing the terms of sequestration is unclear. Senator Toomey briefly discussed it but President **Barack Obama** has stated that he will veto any legislation aimed at changing the terms of the sequestration that would not result in deficit reduction. ADEA continues to work to protect programs vital to dental schools, advanced dental education programs, and allied dental education programs.

The Supreme Court Agrees to Hear Challenges to the Health Care Reform Law

The United States Supreme Court has agreed to hear challenges to the health care reform law. The lawsuit brought by 26 states and the National Federation of Independent Businesses argues that Congress exceeded its power by requiring most Americans to buy health insurance starting in 2014.

The Court will consider four questions:

- Is it constitutional for Congress to require everyone to have health insurance by 2014?
- If this provision is struck down, can it be severed from the law or must the entire statute fall?
- It is unfair to the states to force them to pay the extra cost of expanding the Medicaid program?
- Should a decision be put off until 2015 when the first taxpayers pay a penalty for not purchasing health insurance?

Opponents have called the mandate (that Americans have health insurance by 2014 or pay a penalty) an expansion of the national government. On the other hand, the Administration maintains that this requirement is a valid exercise of federal power. Judge **Laurence Silberman** of the United States Court of Appeals for the District of Columbia Circuit wrote in upholding the health care reform law that "the right to be free from federal regulation is not absolute, and yields to the imperative that Congress is free to forge national solutions to national problems. . ." In the end, the final determination of these issues lies with the Supreme Court. Oral arguments will likely take place in late February or early March 2012 with a ruling perhaps by June 2012.

FY 2012 Appropriations

On November 18, President **Barack Obama** signed HR 2112, the *Consolidated and Further Continuing Appropriations Act of 2012*, into law. H.R. 2112 includes a continuing resolution (CR) to provide funding through Dec. 16, 2011 for federal programs not covered by the bill. The federal government was operating under a CR that expired on November 18. The new CR continues funding for most federal programs at one percent below FY 2011 levels. Also, it combines the FY 2012 Agriculture, Commerce-Justice-Science, and Transportation-HUD spending bills. These are the first appropriations bills passed by Congress for FY 2012 and signed into law.

It is unclear what will happen with the other appropriation bills. As H.R. 2112 was being completed, the Senate strategy of packaging the remaining nine FY 2012 spending bills into an omnibus bill was jeopardized. Senate Majority Leader **Harry Reid** (D-NV) attempted to bring a second appropriations bill to the Senate floor, using the Energy-Water appropriations bill as the vehicle, however, negotiations over potential amendments to the package stalled the measure. ADEA will continue to monitor and update everyone as to new developments.

ADEA Comments on the Science Report on “Race, Ethnicity, and NIH Research Awards”

On October 18, ADEA President Dr. **Leo E. Rouse** wrote to Dr. **Lawrence A. Tabak**, Principal Deputy Director, National Institutes of Health (NIH), regarding the findings contained in the report, “Race, Ethnicity, and NIH Research Awards” by **Ginther**, et al, *Science* 333, 6045 (19 August 2011). ADEA expressed great disappointment with the findings. According to the study, total applications from Asian, African American, Hispanic, and Native American investigators were 21% of the total for NIH research grant opportunities. However, there were significant differences in award probability by race and ethnicity. The study indicated that compared to NIH R01 applications for Caucasian investigators, applications from African American investigators were 13.2 percentage points less likely to be awarded, and those from Asian investigators were 3.9 percentage points less likely to be awarded.

Dr. Rouse wrote that “there must be a commitment to a fair and unbiased review process.” In light of the substantial projected increase in the minority population by the year 2020, he stated that “steps must be taken to ensure inclusion of such a large segment of the population.” Dr. Rouse urged a redoubled effort to produce a robust pipeline of minority researchers, stating, “we must employ an aggressive strategy to help boost the number of minority scientists in proportion to the minority population of the country.” Dr. Rouse re-emphasized that ADEA stands ready and willing to assist in this effort.

House Committee Moves Legislation that Includes the Emergency Dental Responder Act

On the November 16, the House Committee on Energy and Commerce reported on H.R. 2405, the *Pandemic and All-Hazards Preparedness Reauthorization Act of 2011*. The legislation can now move forward to be voted on in the House of Representatives.

The legislation includes a bill that ADEA, the American Dental Association (ADA), and the American Dental Student Association (ASDA) have advocated for: H.R. 570, the *Emergency Dental Responder Act*. This bill, which was incorporated into H.R. 2405, would include dentists and dental facilities in the federal disaster response framework. It names dental health facilities in the National Health Security Strategy provisions on medical preparedness, response and surge capacities. Additionally, it would include dental school clinics as entities where all-hazards public health and medical response training could take place.

Dentists and dental facilities are currently not specifically named in the federal laws that created the federal disaster response framework. The omission has led to an underutilization of the dental health workforce and has left dental clinics out of response plans. The legislation would clarify that dentists could volunteer as disaster response public health workers and that states could include dental professionals and dental facilities in their disaster response plan. The bill would encourage more collaboration between the dental community, the Department of Health and Human Services, and the Department of Defense to utilize all members of the health care community in developing the nation’s disaster response plan.

The legislation passed as a stand-alone bill (H.R. 570) in the House on March 8, 2011. Unfortunately, the legislation has not moved in the Senate. It is anticipated that the reauthorization of the *Pandemic and All-Hazards Preparedness Act* will move forward in both the House and the Senate.

ADEA Writes the Congressional Tri-Caucus Regarding Funding for Training for Diversity Programs

On November 4, ADEA President Dr. **Leo E. Rouse** and Dr. **William R. Calnon**, President the American Dental Association (ADA) wrote to the Chairs of the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Asian Pacific Islander Caucus regarding the importance of Training for Diversity Programs contained in Title VII of the Public Service Act.

The letter was prompted by **Denny Rehberg's** (R-ID) Chairman of the House Labor, Health and Human Services, Education and Related Agencies Appropriations bill (H.R. 3070) which proposed drastic cuts to three programs in the Training for Diversity programs in Title VII. The bill zeroes out the Health Careers Opportunity Program (HCOP) and Scholarships for Disadvantaged Students (SDS), and cuts the Centers of Excellence (COE) program by 50%. The programs have been invaluable in increasing the numbers of underrepresented minorities working in the health professions in the United States.

Drs. Rouse and Calnon acknowledged that we are facing difficult fiscal challenges but emphasized that these programs are not optional—they stated that these programs are a necessary investment in the health and well-being of the nation. ADEA will continue to proactively engage Congress regarding the need for such programs.

National Health Service Corps Hits 10,000 Participants

On October 13, Secretary of the U.S. Department of Health and Human Services (HHS) **Kathleen Sebelius** announced that the number of participants in the National Health Service Corps (NHSC) reached 10,000.

The NHSC is a program that awards scholarships and provides loan repayment to health care providers who worked in underserved areas. Dentists and registered dental hygienists, as well as other health care professionals, are eligible to participate in the program. The increase in participants is a result of the amount of federal funds that have been allocated to the NHSC. In 2008, there were about 3,600 providers; the number of participants has almost tripled. The increased funds first came from the *American Recovery and Reinvestment Act (ARRA)*, which was enacted in February 2009. It provided \$200 million dollars to the NHSC. The *Affordable Care Act*, which was signed into law on March 2010, created a mandatory funding mechanism at the discretion of the Secretary of Health and Human Services. Under the provision, the Secretary may fund the NHSC up to \$1.5 billion over 5 years (\$290 million for FY2011, \$295 million for FY2012, \$300 million for FY2013, \$305 million for FY2014, and \$310 million for FY2015). The additional funds have resulted in more participants in the program and more people having access to health care providers.

The program provides up to \$60,000 in student loan repayment for two years of service in a specified area, with the opportunity to pay off more student loan debt with continued services. Dentists and registered dental hygienists that are interested in participating can find more information by visiting <http://nhsc.hrsa.gov/>.

Maternal and Child Health Dental Grants

The Health Resources and Services Administration (HRSA) announced nearly \$2.3 million in awards to 12 organizations to increase access to oral health care and to assure the delivery of quality oral health education and preventive and restorative services to children.

Funded by HRSA's Maternal and Child Health Bureau, the School-Based Comprehensive Oral Health Services Program supports the integration of oral health care into existing school-based health centers that are not grant-supported Federally Qualified Health Centers. These funds will improve access to oral health

education and comprehensive services for underserved, high-risk populations, including children and youth enrolled in Medicaid and the Children's Health Insurance Program.

“School-linked health initiatives provide a real opportunity to meet children where they are – at school,” said HRSA Administrator Dr. **Mary Wakefield**. “These grants will help kids stay healthy so they can learn in class, free from painful dental problems.”

Early tooth loss caused by dental decay, the most common childhood disease, can result in impaired speech and development, inability to concentrate, reduced self-esteem, and absence from school. By operating in partnership with local safety net dental programs, school-based health centers can contribute to lasting health improvements, linking children and their families to a resource for ongoing, comprehensive oral health care.

A list of awards follows:

Organization	City	State	Award Amount
Share Our Selves	Costa Mesa	Calif.	\$162,547.00
Solano Coalition for Better Health	Fairfield	Calif.	\$200,000.00
Lemon Grove Elementary School District	Lemon Grove	Calif.	\$199,895.00
Dental Health Foundation	Oakland	Calif.	\$200,000.00
Health Mobile	Santa Clara	Calif.	\$200,000.00
University of Colorado Denver	Aurora	Colo.	\$200,000.00
Summit Community Care Clinic	Frisco	Colo.	\$127,940.00
Integrated Health Services, Inc.	East Hartford	Conn.	\$200,000.00
Children's Dental Services	Minneapolis	Minn.	\$200,000.00
Mary Imogene Bassett Hospital	Cooperstown	N.Y.	\$192,135.00
Health Research, Inc./ New York State Department of Health	Menands	N.Y.	\$200,000.00
New York-Presbyterian Hospital	New York	N.Y.	\$200,000.00
Total Awarded			\$2,282,517.00

Ryan White Dental Grants

The Department of Health and Human Services Bureau of HIV/AIDS recently announced grants totaling \$9.6 million to reimburse dental education programs for some of the costs of providing oral health services for Americans living with HIV/AIDS. The Dental Reimbursement Program (DRP) grants are awarded to eligible dental schools, advanced dental education programs, and dental hygiene education programs. Grant recipients provide a full range of oral health services, including diagnostic and preventive care, oral health education, oral medicine, oral surgery and comprehensive restorative care.

SF-424 Name	Q01Org	Q01City	Q01State	Q03Type	Q23aCost	Award Amount
University of Alabama at Birmingham	University of Alabama School of Dentistry	Birmingham	AL	PostDoc	83,643.00	\$30,529.00
Regents of the University of California, Los Angeles	University of California, Los Angeles School of Dentistry	Los Angeles	CA	PreDoc	719,805.00	\$262,722.84
University of Southern California	University of Southern California Herman Ostrow School of Dentistry	Los Angeles	CA	PreDoc	1,273,891.00	\$464,959.63
Alameda County Medical Center	Alameda County Medical Center	Oakland	CA	PostDoc	1,095,279.00	\$399,767.73

The Regents of the University of California, San Francisco	University of California, San Francisco School of Dentistry	San Francisco	CA	PreDoc	23,015.00	\$8,400.28
University of the Pacific	University of the Pacific Arthur A. Dugoni School of Dentistry	San Francisco	CA	PreDoc	1,093,805.00	\$399,229.74
Howard University	Howard University College of Dentistry	Washington	DC	PreDoc	669,827.00	\$244,481.29
Washington Hospital Center	Washington Hospital Center	Washington	DC	PostDoc	43,491.00	\$15,873.81
University of Miami	University of Miami Miller School of Medicine Division of Oral and Maxillofacial Surgery	Miami	FL	PostDoc	2,749,151.00	\$1,003,417.27
Georgia Health Sciences University	Georgia Health Sciences University College of Dental Medicine	Augusta	GA	PreDoc	1,037,215.00	\$378,574.86
University of Kentucky Research Foundation	University of Kentucky College of Dentistry	Lexington	KY	PostDoc	217,829.00	\$79,505.78
University of Louisville Research Foundation, Inc.	University of Louisville School of Dentistry	Louisville	KY	PreDoc	964,172.00	\$351,914.77
Louisiana State University Health Sciences Center	Louisiana State University Health Sciences Center	New Orleans	LA	PreDoc	611,797.00	\$223,300.82
Trustees of Boston University, BUMC	Trustees of Boston University, BUMC	Boston	MA	PreDoc	1,116,606.00	\$407,551.91
Tufts University	Tufts University	Boston	MA	PreDoc	45,835.00	\$16,729.39
University of Detroit Mercy	University of Detroit Mercy School of Dentistry	Detroit	MI	PreDoc	341,056.00	\$124,482.61
Hennepin Healthcare System, Inc./Hennepin County Medic	Hennepin Healthcare System, Inc. d/b/a Hennepin County Medical Center	Minneapolis	MN	PostDoc	347,302.00	\$126,762.34
Truman Medical Center	Truman Medical Center, Incorporated	Kansas City	MO	PostDoc	7,080.00	\$2,584.14
University of Mississippi Medical Center	University of Mississippi Medical Center School of Dentistry	Jackson	MS	PostDoc	209.00	\$76.28
University of North Carolina at Chapel Hill Hospitals	UNC Hospital Dental Clinic	Chapel Hill	NC	PostDoc	132,460.00	\$48,346.76
University of North Carolina at Chapel Hill School of Dentistry	University of North Carolina at Chapel Hill School of Dentistry	Chapel Hill	NC	PostDoc	56,925.00	\$20,777.17
University of Nebraska Medical Center	Board of Regents of the University of Nebraska Medical Center	Omaha	NE	PostDoc	16,349.00	\$5,967.25
Center for Dentistry at Hackensack University Medical Center	Center for Dentistry at Hackensack University Medical Center	Hackensack	NJ	PostDoc	62,706.00	\$22,887.17
University of Medicine and Dentistry of New Jersey	UMDNJ New Jersey Dental School	Newark	NJ	PostDoc	509,518.00	\$185,969.84
St. Joseph Hospital and Med Center	St. Joseph Hospital and Medical Center	Paterson	NJ	PostDoc	30,619.00	\$11,175.68
Bronx Lebanon Hospital Center	Bronx Lebanon Hospital Center	Bronx	NY	PostDoc	1,194,052.00	\$435,819.06
Montefiore Medical Center	Montefiore Medical	Bronx	NY	PostDoc	951,348.00	\$347,234.12

	Center					
North Central Bronx Hospital	New York City Health & Hospitals Corporation North Central Bronx Hospital	Bronx	NY	PostDoc	513,461.00	\$187,409.00
St. Barnabas Hospital	St. Barnabas Hospital	Bronx	NY	PostDoc	303,200.00	\$110,665.48
Kings County Hospital Center	Kings County Hospital Center	Brooklyn	NY	PostDoc	193,671.00	\$70,688.31
Lutheran Medical Center	Lutheran Medical Center	Brooklyn	NY	PostDoc	2,555,134.00	\$932,602.68
The Brooklyn Hospital Center	The Brooklyn Hospital Center	Brooklyn	NY	PostDoc	198,991.00	\$72,630.06
Woodhull Medical and Mental Health Center	HHC/Woodhull Medical and Mental Health Center	Brooklyn	NY	PostDoc	819,165.00	\$298,988.42
Wyckoff Heights Medical Center	Wyckoff Heights Medical Center	Brooklyn	NY	PostDoc	60,439.00	\$22,059.73
The New York Hospital Med Ctr of Queens	The New York Hospital Medical Center of Queens	Flushing	NY	PostDoc	259,420.00	\$94,686.14
Jamaica Hospital Medical Center	Jamaica Hospital Medical Center	Jamaica	NY	PostDoc	279,570.00	\$102,040.73
Queens Hospital Center	HHC Queens Hospital Center	Jamaica	NY	PostDoc	74,490.00	\$27,188.23
North Shore University Hospital	North Shore University Hospital	Manhasset	NY	PostDoc	446,709.00	\$163,045.07
Long Island Jewish Medical Center	Long Island Jewish Medical Center	New Hyde Park	NY	PostDoc	57,596.00	\$21,022.06
Metropolitan Hospital Center	Metropolitan Hospital Center NYC Health & Hospitals Corporation	New York	NY	PostDoc	35,350.00	\$12,902.46
Mount Sinai School of Medicine	Mount Sinai School of Medicine	New York	NY	PostDoc	387,979.00	\$141,609.11
St. Luke's Roosevelt Institute for Health Sciences	St. Luke's Roosevelt Institute for Health Sciences	New York	NY	PostDoc	2,070,690.00	\$755,784.64
The Trustees of Columbia University in the City of New York	Columbia University College of Dental Medicine	New York	NY	PreDoc	97,059.00	\$35,425.73
University Of Rochester	Eastman Institute for Oral Health	Rochester	NY	PostDoc	72,418.00	\$26,431.97
Westchester County Health Care Corp.	Westchester County Health Care Corporation	Valhalla	NY	PostDoc	121,034.00	\$44,176.40
Case Western Reserve University	Case Western Reserve University	Cleveland	OH	PostDoc	586.00	\$213.83
Lane Community College	Lane Community College	Eugene	OR	Hygiene	444,384.00	\$162,196.47
Oregon Health & Science University	Oregon Health & Science University	Portland	OR	PreDoc	474,310.00	\$173,119.29
Lehigh Valley Hospital, Inc.	Lehigh Valley Hospital, Inc.	Allentown	PA	PostDoc	33,836.00	\$12,349.86
Temple University The Commonwealth System of Higher Education	Temple University of the Commonwealth System of Higher Education	Philadelphia	PA	PreDoc	184,908.00	\$67,489.88
Trustees of the University of Pennsylvania	The University Of Pennsylvania School of Dental Medicine	Philadelphia	PA	PostDoc	386,130.00	\$140,934.24
WellSpan Health	WellSpan Health	York	PA	PostDoc	13,007.00	\$4,747.45

Texas A&M System Health Science Center	Baylor College of Dentistry, TX A&M University Health Science Center	Dallas	TX	PreDoc	67,746.00	\$24,726.73
University of Texas Health Science Center at San Antonio	The University of Texas Health Science Center at San Antonio Dental School	San Antonio	TX	PostDoc	815,539.00	\$297,664.96
University of Utah	University of Utah	Salt Lake City	UT	PostDoc	9,203.00	\$3,359.06
University of Washington	University of Washington School of Dentistry - Office of Clinical Services	Seattle	WA	PreDoc	45,490.00	\$16,603.47
				Total:	\$26,416,500.00	\$9,641,803.00
				Mean:	\$471,723.21	\$172,175.05
				Median:	\$238,624.50	\$87,095.96
				Minimum:	\$209.00	\$76.28
				Maximum:	\$2,749,151.00	\$1,003,417.27

CMS Health Innovation Challenge

The Health Care Innovation Challenge will award up to \$1 billion in grants to applicants who will implement the most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), particularly those with the highest health care needs.

The objectives of this initiative are to:

- Engage a broad set of innovation partners to identify and test new care delivery and payment models that originate in the field and produce better care, better health, and reduced cost through improvement for identified target populations.
- Identify new models of workforce development and deployment and related training and education that support new models either directly or through new infrastructure activities.
- Support innovators who can rapidly deploy care improvement models (within six months of award) through new ventures, or expansion of existing efforts to new populations of patients in conjunction (where possible) with other public and private sector partners.

Awards will range from approximately \$1 million to \$30 million for a three-year period. Applications are open to providers, payers, local government, public-private partnerships, and multi-payer collaboratives; pediatric oral health projects are also eligible to apply. Each grantee project will be monitored for measurable improvements in quality of care and savings generated.

The Health Care Innovation Challenge will encourage applicants to include new models of workforce development and deployment that efficiently support their service delivery model proposal. Enhanced infrastructure to support more cost effective system-wide function is also a critical component of health care system transformation and applicants are encouraged to include this as an element of their proposals.

Application Information:

Potential applicants must submit a letter of intent by December 19, 2011 in order to be eligible for a funding award. All applications must be submitted electronically through www.grants.gov.

Important Dates:

Letter of Intent: December 19, 2011

Applications are due, January 27, 2012

Anticipated Award Date: March 30, 2012

Funding Opportunities

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 the www.grants.gov help desk at support@grants.gov or 800-518-4726. To successfully register, it is necessary to do all 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

- NIDCR Dentist Scientist Career Transition Award for Intramural Investigators (K22), PAR-12-004, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-004.html>
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Etiology, Diagnosis, Pathophysiology, and Treatment (R01), PAR-12-032, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-032.html>
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Etiology, Diagnosis, Pathophysiology, and Treatment (R21), PAR-12-033, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-033.html>
- Academic Research Enhancement Award (Parent R15), PA-12-006, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-006.html>
- National Cancer Institute Program Project (P01), PAR-12-005, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-005.html>
- Technology Development to Enable Large Scale Metabolomics Analyses (R01), RFA-RM-11-019, National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-019.html>
- Shared Instrumentation Grant Program (S10), PAR-12-017, National Institutes of Health <http://grants.nih.gov/grants/guide/pa-files/PA-12-017.html>
- Validation of Molecular Diagnostics to Predict Patient Outcomes Using Specimens from Multi-Site Cancer Trials (R01), A-12-013, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-013.html>
- Validation of Molecular Diagnostics to Predict Patient Outcomes Using Specimens from Multi-Site Cancer Trials (R21), PA-12-014, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-014.html>
- NIH Director's Early Independence Awards (DP5), RFA-RM-11-007, National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-007.html>
- Integrated Preclinical/Clinical Program for HIV Topical Microbicides (IPCP-HTM) (U19), RFA-AI-12-003, National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-12-003.html>

- Lasker Clinical Research Scholars Program (Si2), RFA-OD-12-001, National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-12-001.html>
- Practical Interventions to Improve Medication Adherence in Primary Care (R01), PA-12-022, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-022.html>
- Practical Interventions to Improve Medication Adherence in Primary Care (R21), PA 12-023, National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-12-023.html>

Notices

The NIH has announced that on Wednesday, November 30, 2011, they will hold a technical assistance webinar on the revised conflict of interest regulations called **FCOI Webinar: What NIH Grantees Need to Know about the 2011 Revised Financial Conflict of Interest Regulation**. For more information, please visit <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-012.html>.

Quotable

“Far and away the best prize that life offers
is the chance to work hard at work worth doing.”

President Theodore Roosevelt

The *ADEA Washington Update* is published by the ADEA Center for Public Policy and Advocacy (ADEA CPPA) monthly when Congress is in session. Its purpose is to keep ADEA members abreast of federal issues and events of interest to the academic dental and research communities.

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