

Dr. Tabak Tapped to be Principal Deputy Director of the NIH

On Thursday, August 19, National Institutes of Health (NIH) Director **Francis S. Collins**, M.D., Ph.D., announced the appointment of **Lawrence A. Tabak**, D.D.S., Ph.D., as the Principal Deputy Director of the NIH. Dr. Tabak had been the Director of the National Institute of Dental and Craniofacial Research (NIDCR) since September 2000. During his tenure, he was also acting Deputy Director of NIH and acting Director of Division of Program Coordination, Planning, and Strategic Initiative. His leadership was invaluable during the implementation of the American Recovery and Reinvestment Act of 2009 (ARRA), which provided an additional \$100 million dollars to the NIDCR. Before joining the NIDCR, he was the Senior Associate Dean for Research, Director of the Center for Oral Biology, Professor of Dentistry, and Professor of Biochemistry and Biophysics at the School of Medicine and Dentistry at the University of Rochester. Dr. Tabak received his D.D.S. and his Ph.D. from Columbia University and received a certificate of proficiency in endodontics from the University at Buffalo.

ADEA congratulates Dr. Tabak on this singular honor. We are proud to have one of our own in this important position.

Government on Continuing Resolution

On September 30, 2010, President **Barack Obama** signed into law the *Continuing Appropriations Act, 2011*, which will keep the government running until after the November elections. A new fiscal year began on October 1, but Congress did not enact any of its annual funding bills before this deadline. Hence, this short-term funding bill, referred as a Continuing Resolution or "CR," was enacted. It provides funding for most federal agencies and programs at their fiscal year 2010 levels until December 3, 2010. The Office of Management and Budget (OMB) announced funds will not be provided for federal programs that Congress intends to terminate when it enacts FY 2011 spending bills. OMB stated, "If either the House or Senate has reported or passed a bill that provides no funding for an account at the time the CR is enacted, this automatic apportionment does not apply to that account. This restrictive funding action is to ensure that the agency does not impinge on the final funding prerogatives of Congress." Although the Senate bill that funds oral health programs was reported out of the Senate Appropriations Committee, there were no cuts to oral health programs.

Both the House of Representatives and the Senate are scheduled to reconvene on November 15 in a lame duck session.

Congress Extends FMAP for Six Months

On August 10, 2010, President Obama signed legislation that would extend increased payments of the Federal Medical Assistance Percentage (FMAP) for six months in legislation referred to as the *Education Jobs, FMAP Supplemental Appropriations Bill* (H.R. 1586). The FMAP, which is the **federal portion** of Medicaid payments, was enhanced by the *American Recovery and Reinvestment Act* (ARRA), which was signed into law in February 2009. ARRA provided a 6.2% increase in the base rate of the federal portion of Medicaid payments and allowed increased payments to states with higher unemployment rates. The increased rates were set to expire on December 31, 2010.

Congress had been negotiating an extension of the FMAP increase for months. The original cost for a six-month extension had been estimated to be \$24 billion, but was reduced to \$16.1 billion before it was signed into law. The reduction in cost comes from a phase-down in payments to the states. Starting on January 1, 2011, the federal government will pay 3.2% above the base rate and in April the federal portion will be only 1.2% above the base rate. The increased FMAP is set to expire on June 30, 2011.

The Senate voted on the legislation on August 5, and the House voted on the legislation on August 10. The House of Representatives had already left Washington, DC, for its scheduled summer district work period, but members were called back to vote on the legislation.

The enhanced FMAP will go directly to the states, and the states will continue to decide how to best spend the money. ADEA was supportive of the funding because those states that provide adult dental benefits will have an easier time continuing those benefits with additional federal funds.

Also included in the legislation is \$10 billion for funding elementary and secondary education. The bill mandates that any state seeking federal funds must not cut funding to public institutions of higher education. In order to ensure that the cost of the bill would not add to the national debt, the legislation includes rescinding some of the outlays under ARRA, changing international tax laws, and returning food stamp benefits to pre-ARRA levels.

Senate Appropriations Committee Passes Labor-HHS-ED Funding Measure

On July 29, the Senate Appropriations Committee passed S. 3686, the *FY 2011 Labor-HHS-Education Appropriations Bill*, which funds oral health programs. The Committee's funding levels for the next fiscal year include amounts for new programs that were enacted in the Affordable Care Act (ACA) (P.L. 111-148).

In previous years, general and pediatric dental residency programs were part of Section 747 - ***Training in Primary Care Medicine and Dentistry***. However, ACA created Section 748 - ***Training in General, Pediatric, and Public Health Dentistry***. Hence, in addition to reauthorizing funding for general, pediatric, and dental public health residency programs, the ACA authorized predoctoral and dental hygiene programs for Title VII Health Professions Programs funding, as well as new funding for faculty development in primary care and a general and pediatric dental faculty loan repayment program. The Committee recommends funding for all of these programs at \$25.4 million for FY 2011. Of those funds, the Committee states that not less than \$15 million should be used for training programs and no less than \$2 million must be used for dental public health residencies. Additionally, the Committee states that no less than the amount awarded for faculty loan repayment in FY 2010 be utilized for the program in FY 2011 (\$847,632).

The ACA also authorized a number of new oral health programs that are to be administered through the Centers for Disease Control and Prevention (CDC), which include: establishing an oral health care prevention education campaign; awarding demonstration grants for research-based dental caries disease management; and entering into cooperative agreements with states, territories, Indian Tribes, and tribal organizations to establish an oral health infrastructure. The Senate Appropriations Committee recommended \$25 million for oral health within the CDC, an increase of \$10 million over FY 2010.

These funding levels are the Senate Committee's recommendations. The bill has not yet come on the Senate floor for a vote. Additionally, the full House Committee on Appropriations has not yet voted on the bill. (The House Appropriations Subcommittee on Labor-HHS-ED held its mark-up on July 15, 2010. However, the House Committee does not release its report until the full committee has voted on the legislation.) ADEA will keep you updated as the appropriations process progresses.

Other Senate Appropriations Committee funding levels and percentage changes from FY 2010:

- Centers of Excellence: \$24m; 0% change
- Health Careers Opportunity: \$22m; 0% change
- Disadvantaged Faculty Loan Repayment: \$6 million; +395%
- Scholarships for Disadvantaged Students: \$49 million; 0% change
- Area Health Education Centers: \$33 million; 0% change
- State Health Workforce Grants: \$22.5 million; +0.28%
- NIH: \$32 billion; +0.032%
- NIDCR: \$422 billion; +0.021%
- AIDS Dental Services: \$13.5 million; 0% change

Additional Funds Requested for Health Professions Workforce Training

On August 20, 2010, President Obama submitted to Congress an amendment to his FY2011 budget request for the Department of Health and Human Services (HHS). The request, which is offset by reductions in his lower priority programs, asks for an increase of \$250 million for the Health Resources and Services Administration (HRSA) for health workforce training enhancement. The funding is intended to increase the health professions training infrastructure to help address the need for primary care providers and geriatric health professions workforce. Other requested increases include \$30 million for HRSA for states with AIDS Drug Assistance Program waiting lists or other funding issues and \$35 million for the CDC for the Domestic HIV/AIDS Prevention and Research. Offsets include funding from CDC Public Health Emergency Preparedness (PHEP) grants, the Buildings and Facilities (B&F) account at the NIH, and the Patient-Centered Health Research within the Agency for Healthcare Research and Quality (AHRQ).

Stem Cell Research: Injunction Lifted

On September 9, a three-judge panel of the U.S. Court of Appeals for the District of Columbia Circuit lifted a temporary injunction that U.S. District Judge **Royce C. Lamberth** issued on August 23. The injunction would have prohibited the National Institutes of Health (NIH) from funding human embryonic stem cell research. The grounds for the injunction were that using taxpayer dollars to support this research violates federal law. The federal law is referred to as the Dickey-Wicker Amendment, which was first enacted as a rider to the Balanced Budget Downpayment Act (P.L. 104-99) in 1996. The provision prohibits the use of federal funds for “(1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under” applicable federal regulations. Congress has attached the Dickey-Wicker Amendment to every appropriations bill since 1996.

In 1999, a court found that federal funding could be used for research on embryonic stem cell research, because the cells were not an embryo. The issue was again addressed when President George W. Bush announced on August 9, 2001, a policy statement that prohibited federal funding on embryonic stem cells that were created after the date of the policy statement. President Barack Obama overturned the policy statement by executive order on March 9, 2009. In response to President Obama’s executive order, the NIH issued guidelines for embryonic stem cell research that state the eligibility requirements to determine which embryonic stem cell lines could be used in research funded by the NIH. The guidelines say that federal funds cannot be used for the derivation of stem cells from human embryos, which is prohibited by the Dickey-Wicker Amendment.

The injunction stated that since the Dickey-Wicker Amendment states that federal funds cannot be used for “research in which a human embryo or embryos are destroyed,” it prohibits all funding on embryonic stem cell research because an embryo is destroyed when the cells are derived.

In response to the preliminary injunction, NIH announced that it had suspended funding new human embryonic research. They stated that any awards given before August 23, 2010, will go on as planned; however, those projects would not be funded when they came up for renewal. They also stated that all other human embryonic stem cell research activities (including issuance of awards, peer review, and acceptance of information about new lines) had been suspended.

The Obama administration announced that it would appeal the ruling and was investigating “all possible avenues” to continue the research. Indeed, the Obama administration requested a lift on the injunction. Judge Lamberth rejected the request before the Obama administration appealed the decision to the higher court.

Senator **Tom Harkin** (D-IA), Chair of the Senate Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, held a hearing on September 16, 2010, to examine the promise of human embryonic stem cell research. Representative **Diana DeGette** (D-CO), Vice Chair of the House Energy and Commerce Committee, urged lawmakers to codify in law ethical restrictions on stem cells. In 2007, Representative DeGette authored legislation with Representative **Michael Castle** (R-DE) (“Stem Cell Research

Enhancement Act”) that would have codified the restrictions. The legislation was vetoed by President **George W. Bush**.

ADEA Opposed Johanns Amendment to Small Business Jobs and Credit Act

ADEA joined the Coalition for Health Funding in opposing an amendment offered by Senator **Mike Johanns** (R-NE) to the Small Business Jobs and Credit Act (H.R. 5297). The Johanns Amendment sought to eliminate the Prevention and Public Health Fund created by the Affordable Care Act (ACA, P.L. 111-148), using it as an offset for the cost of repealing the IRS 1099 reporting requirement for corporations.

In FY 2010, the Prevention and Public Health Fund was used to fund the Title VII Primary Care Residency Expansion Program, as well as physician assistant, nursing, and public health training programs. In FY 2011, the Prevention and Public Health Fund is slated to be used to fund Prevention Research Centers at universities and a new NIH-like grant program from prevention and public health research, among other programs.

In addition to signing the Coalition for Health Funding letter, ADEA signed onto a HIV/AIDS-specific letter opposing the Johanns amendment that would have defunded the Prevention and Public Health Fund. Thirty million dollars of the fund in FY 2010 is dedicated to HIV prevention. The AIDS community is seeking to maintain the \$15 billion dedicated to prevention and public health through 2017.

The Johanns amendment was defeated by a vote of 46-52 on September 14.

ED Notice of Proposed Rulemaking on Program Integrity

The Department of Education (ED) released a two-part Notice of Proposed Rulemaking (NPRM) this summer. The first part of the rule was titled *Program Integrity Issues; Proposed Rule* and was released on June 18. The second part was titled *Program Integrity: Gainful Employment; Proposed Rule* and was released on July 26. ED’s goal in this NRPM was to improve the integrity of the Title IV funds (federal student loans) and essentially to make sure students receive a quality education for their student loan dollars.

In response to the June 18 NPRM, ADEA signed onto a community letter with the American Council on Education (ACE). We focused on six main issues within the letter: 1) credit-hour definition, 2) state authorization, 3) misrepresentation, 4) incentive compensation, 5) gainful-employment reporting and disclosures, and 6) return of Title IV funds-taking attendance.

- **Credit-Hour Definition:** The Department of Education proposes a federal definition of “credit hour,” and calls on accreditors to review the institutions’ policies on credit hours. The letter asks for the definition of the credit hour to be removed completely and states that accreditors already review the information. The letter argues that the definition is a one-size-fits-all approach that doesn’t work because each discipline has intrinsically different ways to calculate a credit hour. Additionally, the letter argues that the new responsibilities of the accreditors would be confusing because they are supposed to use both the “federal definition of credit hour” and the “commonly accepted practice.”
- **State Authorization:** Under current law, states authorize schools to be eligible for Title IV funds. ED has concluded that some states don’t have rigorous enough overviews, and proposes a set of requirements for authorization. The letter urges the elimination of the requirements because each state currently has its own regulations for authorization. States may have to re-write state laws, and ED has no way to enforce this provision.
- **Misrepresentation:** The letter states that the language in the section is open-ended. It asks for ED to adopt the Federal Trade Commission approach of misrepresentation on a case-by-case basis, rather than trying to explain how something could be a misrepresentation. The letter also asks for clarifying language stating that institutions would only be held responsible for misrepresentation when someone who has the authority to speak on behalf of the institution misrepresents something. Finally, the letter asks for due process when an institution is accused of misrepresentation.

- **Incentive Compensation:** The for-profit schools tend to pay admissions staff based on the number of students they enroll in the school. The practice was supposed to be outlawed in 1992, but the Department of Education in 2002 wrote 12 “safe harbors” rules that opened a door Congress thought had been closed in 1992. ED proposes to eliminate all the safe harbors and make all things done before illegal. The letter indicates that we want to outlaw this practice, but asks for a few safe harbors to remain open. For example, at some institutions, some of our coaches make money based on number of graduates. Some schools use third-party services and are paid by incentives. These should remain.
- **Gainful Employment:** Although it is aimed at for-profit schools, the rule would affect some nonprofit schools that offer certificates. ED addressed most of the gainful employment issues in the July 26, 2010 NPRM, but it did include some issues on gainful employment. The letter first states that all gainful employment issues should be in one NRPM and that certificates that community colleges provide would also be affected. It asks that the burden of regulation be weighed against the benefit of the regulations. The proposal would require reporting of students after they complete gainful employment programs. The letter states that timeframes are needed for the data and that the school should only provide aggregate data to protect privacy. The proposal further requires schools to report the amount of student loan funds per student, and the letter requests that the regulations be changed to state the amount of loans the school believes the student incurred before entering the program and the amount the student incurred while attending the gainful-employment program.
- **Return of Title IV Funds-Taking Attendance:** ED proposes to change the definition of “required to take attendance” to include schools that voluntarily take attendance, to determine the date a student stopped attending class. The letter asks that the provision be removed, because it isn’t required in statute and schools that currently take attendance do so for reasons other than returning Title IV funds (which usually have to do with specific populations for specific programs). Hence, the regulation would add an additional and confusing layer to operating the school. The letter says that reporting attendance at the midpoint of the semester or a later documented date makes more sense.

In the July 26 NPRM, ED wanted certain programs to pass two specific tests to ensure students get a good education for their money (specifically, student loans). The tests would calculate an income-to-debt ratio and a repayment rate for the program. If a program failed these two tests, students would not be able to borrow federal student loans to attend the program. ED intended to pursue for-profit schools, which some have been shown to result in high student-loan debt and few marketable skills. However, the regulations were written in such a way that some dental programs could fall under them.

In response to the July 26 NPRM, ADEA signed on to the ACE letter, but also sent its own letter. ADEA focused on three main issues in its letter: 1) repayment rates of programs; 2) post-baccalaureate certificate programs; and 3) new programs.

- **Repayment Rates:** ED wanted to gain an understanding of which programs resulted in students having large debt loads and small job prospects. ED said that default rates were not conclusive in identifying these programs, because students could consolidate loans and it would appear that the loans had been repaid (even though graduates still have to make payments). ED wanted to calculate repayment rates for specific programs and to introduce a new calculation for repayment rates.

Unfortunately, ED did not include either consolidated loans or income-based repayment (IBR) in its calculation for repayment rates. As a result, some dental schools could look like they had very low repayment rates, because most dental students consolidate undergraduate and dental school loans upon graduation. Additionally, many students who pursue residencies opt into IBR, which could make it look like they were not paying back their student loans. Although low repayment rates under the new calculation would not definitely lead to dental programs falling these requirements, they could result in unfounded beliefs that dental students do not pay back their student loans. ADEA pointed out that the calculation would result in an appearance of low repayment rates.

- **Certificate Programs:** ED found that certificate programs without a general education component exhibited a higher rate of students being unable to pay back their students loans. ED said that any certificate program would fall under new regulations. Many dental residency programs award a “certificate of proficiency,” rather than an M.S. or a Ph.D. ADEA commented that these programs should not be included in the new requirements.
- **New Programs:** ED also had concerns about new programs. It stated that any new program would have to be approved by the Department of Education before students attending the program could be eligible for Title IV student loans. ED would base its decision on the number of projected enrollees in the program in the following five years and validation from the business community and employers that there is a need for these jobs. ADEA explained that there has been an emergence of new oral health workforce models that are being developed by organizations and states. ADEA also noted that funding was authorized in the Affordable Care Act for demonstration projects of new oral health workforce models. ADEA stated that because these are new occupations, the necessary data would not be available. Additionally, it would be inconsistent for federal and state governments to create these occupations and programs, and then create barriers to student loans for participants.

ADEA Staff Member Sits on Health Equity Leadership Commission

On August 16, 2010, Congresswoman **Donna Christensen** (D-VI) convened the inaugural meeting of the Health Equity Leadership Commission, which is a new commission assembled by the Congressional Black Caucus (CBC) Health Braintrust. Ms. **Myla Moss**, ADEA Director of Congressional Relations and Regulatory Affairs in the ADEA Center for Public Policy and Advocacy, was appointed to the Commission. The Commission was established to ensure that pertinent health care reform information is communicated to those in and serving racial and ethnic minority communities. Additionally, the Commission will monitor and serve as an expert resource on health equity and health disparity elimination to the Obama administration as various provisions in the Affordable Care Act (ACA) are planned, announced, implemented, and evaluated.

Members of the Commission have substantive expertise in public health, health policy, or health equity. The Commission’s purpose is to ensure that provisions that serve to eliminate health disparities and foster health equity are implemented to the fullest extent.

Schools Awarded Grants Authorized in Health Care Reform

On September 17, HRSA announced the grantees for the new Title VII programs authorized in the Affordable Care Act (ACA). The new grants are for postdoctoral training in general, pediatric and public health dentistry; predoctoral training in general, pediatric and public health dentistry and in dental hygiene; dental faculty loan repayment for general, pediatric, and public health dentists who serve as full-time faculty; faculty development; and equipment.

The funds for these grants were from the FY 2010 annual Labor, HHS, and Education appropriations bill and from the American Recovery and Reinvestment Act (ARRA).

ARRA: Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (D84) for FY 2010		
University of Florida	Gainesville, FL	\$ 1,284,837
Tufts University	Boston, MA	\$ 649,955
The University of Texas Health Science Center at Houston	Houston, TX	\$ 1,265,463
University of Texas Health Science Center at San Antonio	San Antonio, TX	\$ 2,849,971

ARRA: Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (D83) for FY 2010		
American Association of Public Health Dentistry	Springfield, IL	\$625,023

Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (D88) for FY 2010		
University of California, Los Angeles	Los Angeles, CA	\$495,563
University of Southern California	Los Angeles, CA	\$333,195
University of Connecticut	Farmington, CT	\$385,556
Yale New Haven Health System	New Haven, CT	\$398,706
Howard University	Washington, DC	\$941,006
Nova Southeastern University	Fort Lauderdale, FL	\$375,914
University of Florida	Gainesville, FL	\$157,570
Variety Children's Hospital DBA Miami Children's Hospital	Doral, FL	\$350,105
Children's Hospital	Boston, MA	\$345,694
Tufts University	Boston, MA	\$172,796
University of Mississippi Medical Center	Jackson, MS	\$50,492
University of Nebraska Medical Center	Omaha, NE	\$261,456
Bronx Lebanon Hospital Center	Bronx, NY	\$625,193
Columbia University	New York, NY	\$344,779
Harlem Hospital Center	New York, NY	\$280,530
Lutheran Medical Center	Brooklyn, NY	\$600,000
Montefiore Medical Center	Bronx, NY	\$269,991
Humility of Mary Health Partners	Youngstown, OH	\$134,382
Temple University of the Commonwealth System of Higher Education	Philadelphia, PA	\$227,091
University of Puerto Rico	San Juan, PR	\$303,207
Medical University of South Carolina	Charleston, SC	\$318,804
Yakima Valley Farmworkers Clinic	Toppenish, WA	\$263,565

Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (D85) for FY 2010		
University of Florida	Gainesville, FL	\$744,946
University of Iowa	Iowa City, IA	\$196,623
Tufts University	Boston, MA	\$139,540
A.T. Still University of Health Sciences	Kirksville, MO	\$295,434
University of Nebraska Medical Center	Omaha, NE	\$438,706

Columbia University	New York, NY	\$281,355
Portland Community College	Portland, OR	\$48,695
Temple University of the Commonwealth System of Higher Education	Philadelphia, PA	\$384,949
Trustees of the University of Pennsylvania	Philadelphia, PA	\$362,017
University of Pittsburgh	Pittsburgh, PA	\$44,810
The Texas A&M University System Health Science Center Research Foundation	College Station, TX	\$138,234
University of Texas Health Science Center	San Antonio, TX	\$316,956

Dental Faculty Loan Repayment (D87) for FY 2010		
Medical College of Georgia	Augusta, GA	\$59,659
University of Mississippi Medical Center	Jackson, MS	\$54,000
Board of Regents, NSHE, OBO, University of Nevada, Las Vegas	Las Vegas, NV	\$91,926
Lutheran Medical Center	Brooklyn, NY	\$570,000
University of Washington	Seattle, WA	\$72,047

Dental Public Health Residency Training Grants (D13) for FY 2010		
University of Iowa College of Dentistry	Iowa City, IA	\$100,000
Trustees of Boston University	Boston, MA	\$100,000
North Carolina Department of Health and Human Services	Raleigh, NC	\$82,910

Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene (D86) for FY 2010		
Bronx Lebanon Hospital Center	Bronx, NY	\$433,705
Lutheran Medical Center	Brooklyn, NY	\$600,000

Residency Training in General, Pediatric, and Public Health Dentistry (D59) for FY 2010		
Nova Southeastern University	Fort Lauderdale, FL	\$306,482.00
Penobscot Community Health Center	Bangor, ME	\$224,084.00
University of Maryland, Baltimore	Baltimore, MD	\$112,931.00
University of New Mexico	Albuquerque, NM	\$327,525.00

ARRA - Equipment to Enhance Training for Health Professionals (D76) for FY 2010		
University of Florida	Gainesville, FL	\$298,500.00
University of Florida	Gainesville, FL	\$300,000.00
Bronx Lebanon Hospital Center	Bronx, NY	\$288,969.00
Bronx Lebanon Hospital Center	Bronx, NY	\$298,320.00
Tufts University	Boston, MA	\$256,854.00

HRSA Announces Grants to States to Support Oral Health Workforce Activities

State	Organization	Amount
Arizona	Arizona Department of Health Services	\$384,092
Arkansas	Arkansas Department of Health	\$225,000
California	California Department of Public Health	\$500,000
	California Department of Public Health	\$700,000
Colorado	Colorado State Department of Public Health & Environment	\$314,767.00
Delaware	Delaware State Department of Health & Social Services	\$1,025,397
Florida	Florida Department of Health	\$498,493
	Florida Department of Health	\$539,237
Georgia	Medical College of Georgia	\$431,426
Iowa	University of Iowa	\$168,329
Kansas	Kansas Department of Health and Environment	\$500,000
	Kansas Department of Health and Environment	\$700,000
Kentucky	Kentucky Cabinet for Health and Family Services	\$319,602
Louisiana	Louisiana State Department of Health & Hospitals	\$189,742
Maine	State of Maine, Department	\$280,000

	of Health and Human Services	
Massachusetts	Massachusetts Department of Public Health	\$867,456
Minnesota	Minnesota Department of Health	\$970,642
Mississippi	Mississippi State Department of Health	\$439,597
Montana	Montana Department of Health and Human Services	\$226,798
Nebraska	Nebraska Department of Health and Human Services	\$492,995
New Mexico	New Mexico Department of Health	\$147,412
New York	Health Research, Inc./New York State Dept. of Health	\$344,588
North Carolina	East Carolina University	\$610,932
North Dakota	North Dakota State Department of Health	\$260,045
Ohio	State of Ohio Department of Health	\$1,000,000
	State of Ohio Department of Health	\$459,054
Oregon	Oregon Department of Human Services, Public Health Division	\$191,000
Puerto Rico	University of Puerto Rico Medical Sciences Campus	\$487,801
Rhode Island	Rhode Island Department of Health	\$361,157
South Dakota	South Dakota Department of Health	\$327,574
Texas	University of Texas Health Science Center at San Antonio	\$515,338
Virginia	Virginia Department of Health	\$1,284,948
Washington	Washington State Department of Health	\$499,999
Wisconsin	Wisconsin Department of Health Services	\$325,000

As reported by HRSA, the following chart summarizes the total dollar amount of recently awarded grants for Title VII Health Professions Programs and grants to states to support oral health activities authorized in the Dental Health Improvement Act. The grants were funded by two revenue streams: 1) the American Recovery and Reinvestment Act (ARRA) for 2010, and 2) fiscal year 2010 federal appropriations.

ARRA FY 2010 Funding

1. \$6,050,226 Postdoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene
2. \$625,023 Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

Total: \$6,675,249

FY 2010 Funding

3. \$7,635,595 Postdoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene
4. \$11,027,869 Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene
5. \$847,632 Dental Faculty Loan Repayment
6. \$282,910 Dental Public Health Residency Training Grants
7. \$1,033,705 Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene
8. \$971,022 Residency Training in General, Pediatric, and Public Health Dentistry

Total: \$21,798,733

9. \$16,263,421 Grants to States to Support Oral Health Workforce Activities authorized in the Dental Health Improvement Act

Total: \$38,062,154

Grand Total: \$44,737,493

Special JPHD Issue on Dental Workforce

A special issue of the *Journal of Public Health Dentistry (JPHD)* entitled "Improving Oral Health Care Delivery Systems Through Workforce Innovations" is available for free online! For subscribers to *JPHD*, this special issue was bundled with the regular issue. To access the special issue online, visit <http://www3.interscience.wiley.com/journal/118502703/home>.

"The purpose of the special issue is to further develop ideas presented at the 2009 Institute of Medicine (IOM) workshop, The Sufficiency of the U.S. Oral Health Workforce in the Coming Decade," says the abstract. "Using the IOM discussions as their starting point, the authors evaluate oral health care delivery system performance for specific populations' needs and explore the roles that the workforce can play in

improving the care delivery model. The contributing articles provide a broad framework for stimulating and evaluating innovation and change in the oral health care delivery system. The articles in this special issue point to many deficits in the current oral health care delivery system and provide compelling arguments and proposals for improvements." The authors are Elizabeth A. Mertz and Len Finocchio.

Funding Opportunities

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 Director's Early Independence Awards (DP5)**, (RFA-RM-10-019), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-10-019.html>
- **NIMH Research Education Programs for HIV/AIDS Research (R25)**, (PAR-11-002), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-11-002.html>
- **Research on Malignancies in the Context of HIV/AIDS (R01)**, (PA-10-290), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-290.html>
- **Research on Malignancies in the Context of HIV/AIDS (R21)**, (PA-10-291), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-291.html>
- **Training in Computational Neuroscience: From Biology to Model and Back Again (T90/R90)**, (RFA-DA-11-005), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-11-005.html>
- **Limited Competition for the Global Research Initiative Program, Basic/Biomedical Sciences (R01)**, (PAR-10-278), National Institutes of Health, <http://grants.nih.gov/grants/guide/pa-files/PA-10-278.html>
- **Program Projects for Collaborative Research on the Basic Biology of Pluripotency and Reprogramming (P01)**, (RFA-GM-11-005), National Institutes of Health, <http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-11-005.html>
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Quotable

"An investment in knowledge pays the best interest."

Benjamin Franklin

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