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## **ADEA Board Approves Dental Home Statement**

Support for the importance of a dental home is growing, and many associations representing the health professions have embraced the concept. The subject of the next report to Congress from the HRSA Advisory Committee in Primary Care Medicine and Dentistry is dental and medical homes for all patients.

The ADEA Board of Directors, during the Annual Session in Dallas, Texas, approved the following statement:

***“A dental home is the ongoing relationship between a dental team and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home ideally begins no later than 12 months of age and continues throughout life and includes referral to specialists when appropriate.”***

In 2006, the American Academy of Pediatric Dentistry (AAPD) adopted a statement on the dental home for all children. The AAPD’s statement has since been adopted by the American Dental Association (ADA) and the Academy of General Dentistry (AGD).

## **2008-2009 ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellow Named**

**Janet E. Leigh**, B.S.D., D.M.D., was selected by the ADEA Board of Directors as the 2008-09 ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellow during the ADEA Annual Session in Dallas. Dr. Leigh is Professor and Chair of the Department of Oral Medicine and Radiology at the Louisiana State University School of Dentistry (LSUSD), Director of LSUSD Student Research, and Director of the HIV Outpatient Dental Clinic in New Orleans.

Dr. Leigh’s rich experience in collaborating across disciplines led to her appointment to the Louisiana Governor’s Commission on HIV/AIDS. She has successfully applied for more than \$5 million in federal grant awards, including \$2 million for a Ryan White CARE Act Special Project of National Significance and funding for a Community Based Dental Partnership. Also, she has secured a grant to support the General Practice Residency (GPR) program following the loss of clinical facilities in Hurricane Katrina and a COBRE grant from the National Institutes of Health.

Dr. Leigh’s appetite for national politics and federal policy was spurred on when, as a Fellow in the ADEA Leadership Institute (Class of 2006), she took part in the ADEA Legislative Workshop. Since then she has become an active ADEA advocate and a member of the ADEA National Advocacy Network.

She is board certified in oral medicine and earned her B.D.S. from Guy’s Hospital Dental School at the University of London and a D.M.D. from the University of Pennsylvania. She completed a hospital externship at the University of Louvain in Belgium and completed a fellowship in Oral Medicine at the University of Pennsylvania.

**April 22-23, 2008, ADEA-AADR Advocacy Day on Capitol Hill** will be held in Washington, DC, at the Sofitel Lafayette Square Hotel. ADEA members are encouraged to attend. For additional information about the program, contact Monette McKinnon at [mckinnonm@adea.org](mailto:mckinnonm@adea.org) or 202-289-7201, ext. 172. For logistical information, contact Renee Latimer at [latimerr@adea.org](mailto:latimerr@adea.org) or 202-289-7201, ext. 185.

### **ADEA Legislative Advisory Committee Met In Washington**

The ADEA Legislative Advisory Committee (LAC), chaired by **James J. Koelbl**, D.D.S., M.S., M.J., Founding Dean of Western University of Health Sciences College of Dental Medicine, met in Washington at the ADEA Central Office on March 13 to discuss a variety of issues and be briefed on pressing Association and legislative issues. Among the discussion items were health care reform, the dental home, and dental GME.

The LAC received leadership reports from **James Q. Swift**, D.D.S., now ADEA Immediate Past President, and **Richard W. Valachovic**, D.M.D., M.P.H., ADEA Executive Director. Reports were delivered by **Jeanne C. Sinkford**, D.D.S., Ph.D., Associate Executive Director and Director of the ADEA Center for Equity and Diversity, and **Eugene L. Anderson**, Ph.D., Associate Executive Director and Director of the ADEA Center for Educational Policy and Research.

**Laura E. Loeb**, J.D., of the law firm of King & Spalding, Washington, DC, provided an update on the Hindin lawsuit and the many challenges that continue to face academic dental institutions seeking GME funding. She emphasized to the committee that GME funding for brand new non-hospital-based dental programs that receive hospital funding from the inception of the program is still available.

**Dr. Koelbl** led a lengthy discussion with committee members about health care reform and what role, if any, dental educators should play in the national debate on transforming the U.S. health care system. The LAC considered draft statements outlining a set of principles to guide the discussion and a policy statement that would define ADEA's perspective and position on the issue. Over the next months the LAC will refine these statements and circulate them among ADEA members for review and input. Ultimately, the committee expects to send them to the ADEA Board of Directors.

The major action taken by the LAC was a recommendation to the ADEA Board of Directors to adopt the above-noted dental home statement.

In addition to Dr. Koelbl, members of the ADEA Legislative Advisory Committee include:

- **Charles N. Bertolami**, D.D.S., D.Med.Sc., ADEA President and Dean, New York University
- **Ronald J. Hunt**, D.D.S., M.S., ADEA President-elect and Dean, Virginia Commonwealth University
- **Caswell A. Evans, Jr.**, D.D.S., M.P.H., Associate Dean for Prevention & Public Health Sciences, University of Illinois at Chicago
- **Jay Alan Gershen**, D.D.S., Ph.D., Executive Vice Chancellor, University of Colorado Denver
- **M. Elaine Neenan**, D.D.S., M.P.H., Associate Dean for External Affairs, University of Texas Health Science Center at San Antonio
- **Shannon Penberthy**, Associate Director, Global Government Relations, The Procter & Gamble Company
- **Arnold H. Rosenheck**, D.M.D., Associate Professor, Oral and Maxillofacial Surgery, University of Medicine and Dentistry of New Jersey
- **Martha J. Somerman**, D.D.S., Ph.D., Dean, University of Washington
- **Sharon P. Turner**, D.D.S., J.D., Dean, University of Kentucky
- **Richard W. Valachovic**, D.M.D., M.P.H., ADEA Executive Director

The Committee's responsibilities include objectively prioritizing issues to advance the needs of dental education, dental research, and the oral health of the public; advising the ADEA Board of Directors on federal public policy and legislative issues; and promoting, building, and mobilizing the ADEA National Advocacy Network.

### **UMDNJ Dean Named to NIH Council of Councils**

**Cecile Feldman**, D.M.D., M.B.A., Professor and Dean, University of Medicine and Dentistry of New Jersey, has been appointed to the Council of Councils at the National Institutes of Health (NIH). The Council is made up of 27 members selected from the NIH Institute and Center (IC) advisory councils and advisory committees to the NIH Office of the Director.

The Council advises NIH Director **Elias A. Zerhouni**, M.D., on cutting-edge trans-NIH priorities and matters related to the policies and activities of the Division of Program Coordination, Planning, and Strategic Initiatives and the Office of Portfolio Analysis and Strategic Initiatives (OPASI). The Council also is an external advisory panel to the IC Directors during the concept approval stage of the review process for trans-NIH initiatives.

“My charge to the Council is to be bold and define experiments that engage the community that NIH can do and fund reasonably,” said Dr. Zerhouni, “The Council should foster incubation of new ideas and build resources as needed, all driven by analysis of the science.” During the first meeting he further exhorted the Council members to see themselves not as representing a separate institute but as serving the NIH as a whole.

The Council met for the first time March 31-April 1, 2008, on the NIH campus. The Council was briefed on activities of the OPASI’s three divisions, including an initiative within the Division of Resource Development and Analysis to measure the economic and other burdens of various diseases in the U.S. population and map “the multiple dimensions of public health need against the NIH portfolio.” Council of Councils meetings are open to the public with agendas available on the Council’s website, <http://opasi.nih.gov/council>.

The Council of Councils and the Common Fund to support trans-NIH initiatives were authorized by the NIH Reform Act of 2006 (P.L. 109-842), signed into law by the President in January 2007. This act was the first omnibus reauthorization of NIH in 14 years. A major element of the reauthorization was the new authority it gave to the NIH Director to improve program coordination, assemble accurate data, implement strategic plans based on IC-determined priorities, ensure resources are properly allocated, and further maximize investigator-initiated research.

### **Does Raising Medicaid Reimbursement Rates Have on Access to Dental Care?**

In 2006, only one in three children in Medicaid received a dental service. To improve this abysmal statistic it is imperative to increase the number of dentists participating in state Medicaid programs. Among the barriers that dentists say preclude their involvement in the program are low reimbursement rates, burdensome administrative requirements, and problematic patient behaviors. Several states “heard” the cries of dentists, and in the last several years Alabama, Michigan, South Carolina, Tennessee, Virginia, and Washington took steps to improve access to dental care in the Medicaid program. Some of their tactics were raising reimbursement rates, revamping administrative structures and processes, and conducting outreach and education to both providers and patients.

The National Academy of State Health Policy (NASHP) examined the six states’ approaches and compared them with California. The NASHP’s key findings were released in a study sponsored by the California HealthCare Foundation. They include:

- Rate increases are necessary—but not sufficient on their own—to improve access to dental care. Easing administrative processes and involving state dental societies and individual dentists as active partners in program improvement are critical. Administrative streamlining and working closely with dentists can help maximize the benefit of smaller rate increases, and mitigate potential damage when state budgets contract.

- Rates need to at least cover the cost of providing service, which is estimated to be 60 to 65 percent of dentists' charges.
- Working with patients and their families about how to use dental services is a core element of reforms. States have successfully used case management, educational brochures, and patient support provided by contractors to reduce barriers and address one of dentists' chief complaints.
- In the six states examined provider participation increased by at least one third, and sometimes more than doubled, following rate increases. Not only did the number of enrolled providers rise, but so did the number of patients treated. Patients' access to care, as measured by the number of enrollees using dental services, also increased after rates rose.
- Despite meaningful gains in provider participation and access achieved by these six states, the portion of children receiving services remains far below the experience of privately insured children. Data from 2004 show that 58 percent of privately insured children received dental services, while in these six states 32 to 43 percent of children covered under Medicaid received dental care.

The full report is available online at [http://www.nashp.org/Files/CHCF\\_dental\\_rates.pdf](http://www.nashp.org/Files/CHCF_dental_rates.pdf).

### **Lack of Insurance Among Korean Americans, Native Hawaiians, and Pacific Islanders**

A new report, *Health Coverage and Access to Care for Asian Americans, Native Hawaiians and Pacific Islanders*, reveals substantial differences in the health care experiences of about a dozen subgroups of the nation's estimated 13 million Asian Americans and more than half million Native Hawaiians and Pacific Islanders. Among the findings included in the report are:

- The proportion of nonelderly who are uninsured varies widely, ranging from 31 percent of Koreans, 24 percent of Native Hawaiian and Pacific Islanders, and 21 percent of Vietnamese to 12 percent of Japanese and Asian Indians and 14 percent of Filipinos. In comparison, 12 percent of nonelderly non-Hispanic whites are uninsured.
- Nonelderly Koreans are the subgroup least likely to have employer-sponsored health coverage (49 percent), while Asian Indians have the highest rate of employer-sponsored coverage (77 percent).
- Vietnamese adults are twice as likely to report being in fair or poor health (15 percent) as the healthiest subgroup, Japanese adults (8 percent).

The report, published by the Kaiser Family Foundation and the Asian & Pacific Islander American Health Forum, is available online at <http://www.kff.org/minorityhealth/7745.cfm>.

### **GAO Examines TMJD Research Funded by NIH**

The National Institutes of Health (NIH) supports a wide range of temporomandibular joint and muscle disorders (TMJD) related research. From fiscal year 2002 through fiscal year 2006, the Government Accountability Office (GAO) identified 170 TMJD-related projects supported by NIH. The GAO summarizes the TMJD research in a letter to Senator **Edward M. Kennedy** (D-MA).

TMJD projects varied in the types of research activities involved, the institutes and centers that supported them, and the questions the research was designed to investigate. Among the research questions addressed were the prevalence of TMJD signs and symptoms, predisposing and precipitating conditions, gender differences in TMJDs, pain, and biomechanics. Most of the

projects were supported by NIH's National Institute of Dental and Craniofacial Research (NIDCR); nine other institutes and centers and the Office of the Director also supported TMJD-related projects.

NIH plans to support future research on TMJDs. Several targeted funding announcements issued from December 2005 through December 2007 focused directly on TMJDs or addressed research areas, such as pain, that could include TMJDs. NIH signaled interest in receiving applications in one area of research that directly focused on TMJDs—the co-occurrence of TMJDs with other chronic conditions, such as chronic fatigue syndrome. NIH also signaled interest in receiving applications addressing 15 other areas of research that identified TMJDs as a possible focus, but did not require investigators to include TMJDs as a focus of their research proposal. NIH may issue additional targeted funding announcements to encourage future research on specific aspects of TMJDs.

The entire text of the 36-page GAO letter dated April 4, 2008, to Senator Kennedy is available at <http://www.gao.gov/cgi-bin/getrpt?GAO-08-454R>.

### **University of Kentucky College of Dentistry is Awardee and National Finalist**

The University of Kentucky College of Dentistry (UKCD) has been selected as a recipient of the 2008 Outreach Scholarship W.K. Kellogg Foundation Engagement Award presented by the National Association of State Universities and Land-Grant Colleges (NASULGC). The announcement, made April 2, also identified community outreach initiatives at Arizona State, Ohio State, Penn State, and Tennessee State as award recipients. All five institutions are national finalists for the 2008 C. Peter Magrath University Community Engagement Award, which will be awarded in October 2008.

“These five projects exemplify the broad principles of outreach and engagement with the community and surrounding region embraced today by the public university community,” said **Peter McPherson**, president of NASULGC. “We salute these outstanding initiatives that stand as model engagement programs for colleges and universities nationwide.”

The South award was presented to the UKCD for CenteringPregnancy Smiles™. With nearly 20 percent of pregnancies in rural Kentucky resulting in preterm births and low birth-weight babies, the UK College of Dentistry, Trover Health System and the Hopkins County Health Department collaborated to implement a new prenatal care model, adding oral health education and dental care to existing group prenatal care. The new care protocol significantly reduced preterm and low birth-weight births for participating women, significantly improving the infant's health while saving an estimated \$1.5 million in health care costs for premature infants in the test group. The effort is led by **Robert E. Kovarik**, D.M.D.

“The College is extremely proud of the work done by Dr. Kovarik and his peers. We have demonstrated that oral health's importance is paramount to total body health—even before a person is born! We have worked hard to integrate with our colleagues in medicine and it has paid off handsomely for our patients,” said **Sharon P. Turner**, D.D.S., J.D., Dean of UKCD, “This is what real engagement in real community problems can accomplish when a university sets its resources to bear on community problems. This work was made possible via a federal earmark made possible through the efforts of Senator **Mitch McConnell**.”

Established in 2006, the Outreach Scholarship and Magrath University Community Engagement Awards recognize four-year public universities that have redesigned their learning, discovery, and engagement functions to become sympathetically and productively involved with their communities.

Winners of the Outreach Scholarship Awards receive a prize of \$6,000 and move on to compete for the C. Peter Magrath University Community Engagement Award. The C. Peter Magrath University Community Engagement Award, made possible by a grant from the W.K. Kellogg Foundation, includes \$20,000 and a trophy. The award is named for C. Peter Magrath, president of NASULGC from 1992 to 2005 and a leading advocate for public universities embracing the concept of outreach and community engagement. The announcement of the winner will be made during the NASULGC annual meeting, November 9-11, 2008, in Chicago, Illinois.

### **AHRQ Reports Highlights Dental Caries Among Low-Income Children**

Approximately 31 percent of low-income children ages 2 to 5 have dental cavities that go untreated by a dentist, while about 6 percent of higher-income children have untreated cavities. This finding is included in the Agency for Healthcare Research and Quality (AHRQ) reports, the *National Healthcare Quality Report* (NHQR), and the *National Healthcare Disparities Report* (NHDR). These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care. The *National Healthcare Quality Report* tracks the health care system through quality measures, such as the percentage of heart attack patients who received recommended care when they reached the hospital or the percentage of children who received recommended vaccinations. The *National Healthcare Disparities Report* summarizes health care quality and access among various racial, ethnic, and income groups and other priority populations, such as children and older adults. The AHRQ reports are available online at <http://www.ahrq.gov/qual/qdr07.htm>.

### **NAICU Survey Finds C&Us Would Increase Institutional Aid**

The National Association of Independent Colleges and Universities surveyed colleges and universities to ask what they would do if lenders were no longer available to some or all of their students to meet their financial needs. Among 228 schools responding and also participating in private loans:

- 20 percent would offer budget counseling
- 15 percent would increase institutional funding for loans
- 15 percent would direct students to outside scholarships or alternative loans
- 12 percent would increase institutional funding for grants or work study
- 11 percent would increase PLUS loans
- 6 percent would offer tuition payment plans

### **Funding Opportunities Update**

#### **www.GRANTS.gov**

You must use [www.GRANTS.gov](http://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](http://www.Grants.gov) help desk at [support@grants.gov](mailto:support@grants.gov) and at 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)
- Obtain a username and password from the Grants.gov Credential Provider

### Health Resources and Services Administration

- **Grants to States to Support Oral Health Workforce Activities Program** HRSA-08-134 (CDA 93.236). The application deadline for the fiscal year 2008 grant is May 1, 2008. The application is now available online at [www.GRANTS.gov](http://www.GRANTS.gov). While the average award is expected to be approximately \$200,000, a total of \$2.7 million is available for the one-year grant cycle. It is anticipated that grants will be awarded by September 1, 2008. States must use the grant to improve the accessibility of the oral health workforce for underserved geographic areas and populations. Grantees must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40 percent of the federal funding support of the project. Matching funds may be a combination of in-kind contributions, fairly valued, and any other funding from State, local, community, or other organization sources. As a condition of the award, grantees must include in the narrative the amount and type of matching funds proposed for their project. Failure to do so will be considered nonresponsive to this grant announcement. HRSA contact: General information: Jamie King, Division of Grants Management Operations, 301-443-1123, [jamie.king@hrsa.hhs.gov](mailto:jamie.king@hrsa.hhs.gov). Technical assistance: Jerald Katzoff, Operations Research Analyst, Division of Medicine and Dentistry, BHP-08-134, 301-443-4443, [jkatzoff@hrsa.gov](mailto:jkatzoff@hrsa.gov).

### National Institutes of Health

- **NIDCR Conduct, Reporting, and Oversight of Clinical Research and Clinical Trials** (NOT-DE-08-001), <http://grants.nih.gov/grants/guide/notice-files/NOT-DE-08-001.html>
- **NIDCR Individual NRSA Predoctoral Dental Scientist Fellowship** (F30) (PAR-08-119), <http://grants.nih.gov/grants/guide/pa-files/PA-08-119.html>
- **Interdisciplinary Research on Oral Manifestations of HIV/AIDS in Vulnerable Populations** (P01)(PAR-08-117), <http://grants.nih.gov/grants/guide/pa-files/PA-08-117.html>
- **Probes and Instrumentation for Monitoring and Manipulating Nervous System Plasticity** (R01)(RFA-MH-09-030), <http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-09-030.html>
- **Tumor Stem Cells in Cancer Biology, Prevention, and Therapy** (P01) (RFA-CA-08-020), <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-020.html>
- **Cancer Education Grants Program** (R25) (PAR-08-120), <http://grants.nih.gov/grants/guide/pa-files/PA-08-120.html>
- **Genome-Wide Association Analysis of Existing Data Sets for Arthritis and Musculoskeletal and Skin Diseases** (R01) (PAR-08-123), <http://grants.nih.gov/grants/guide/pa-files/PA-08-123.html>
- **Symptom Interactions in Cancer and Immune Disorders** (R01) (PA-08-121), <http://grants.nih.gov/grants/guide/pa-files/PA-08-121.html>
- **Symptom Interactions in Cancer and Immune Disorders** (R21) (PA-08-122), <http://grants.nih.gov/grants/guide/pa-files/PA-08-122.html>
- **Minority Access to Research Careers (MARC) Ancillary Training Activities** (T36) (PAR-08-118), <http://grants.nih.gov/grants/guide/pa-files/PA-08-118.html>
- **RFI: NIH Public Access Policy** (NOT-OD-08-060), <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-060.html>

### • Upcoming Meetings and Conferences

- **June 23, 2008, National Advisory Dental and Craniofacial Research Council**, NIH Campus, Building 31, 6C10, Bethesda, MD. For the agenda, members, and other information, visit <http://www.nidcr.nih.gov/AboutNIDCR/CouncilAndCommittees/NADCRC/default.htm>.
- **August 25-28, 2008, "New Era, New Act," Ryan White HIV/AIDS Program Meeting** in Washington, DC. The Grantee Meeting sponsored by the HHS HIV/AIDS Bureau and the 11th Annual Clinical Update sponsored by the International AIDS Society-USA will take place simultaneously. The theme reflects a focus on implementing the 2006 Ryan White

legislation as well as ongoing efforts to seek ever better ways to deliver HIV care. For the agenda, registration, and hotel information, visit <http://www.ryanwhite2008.com>.

### **Resources, Recent Reports, and Items of Note**

- **NIH Director Steers Agency Through Tough Times**, by Neil Munro, *National Journal*, March 18, 2008, has been reprinted in its entirety in *Government Executive*, [http://www.govexec.com/story\\_page\\_pf.cfm?articleid=39548&printerfriendlyvers=1](http://www.govexec.com/story_page_pf.cfm?articleid=39548&printerfriendlyvers=1).
- **NIH Extramural Nexus**, March 2008, provides a concise and timely update on the NIH's peer review process and public access policy. Available online at <http://nexus.od.nih.gov/nexus/nexus.aspx?Month=3&Year=2008>.
- **Inside HRSA**, March 2008, gives a snapshot of current news and events at the Agency. Access online at <http://newsroom.hrsa.gov/insidehrsa/mar2008/default.htm>.
- **HIV/AIDS Bureau Email** is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance. To subscribe or unsubscribe, contact [pjones1@hrsa.gov](mailto:pjones1@hrsa.gov).
- **Haves and Have-Nots: A Look at Children's Use of Dental Care in California** found that uninsured children were least likely to have had a recent dental visit and most likely to have never visited a dentist. Denti-Cal beneficiaries were least likely to have ever seen a dentist compared to those with other types of insurance. The report suggests a number of public health initiatives to help these children get the dental care they need, such as increasing oral health outreach and education. The report is available online at <http://www.chcf.org/documents/insurance/DentalDisparitiesSnapshot07.pdf>.
- **Denti-Cal Facts and Figures, A Look at California's Medicaid Dental Program**, <http://www.chcf.org/documents/policy/DentiCalFactsAndFigures.pdf>
- **Can Tax Credits Be a Linchpin for Health Reform?** A panel discusses the use of federal income tax credits to cover the uninsured. Sponsored by the Urban Institute. Podcast available at <http://www.kaisernetwork.org/healthcast/urbaninstitute/01apr08>.

### **Quotable**

"A man's feet must be planted in his country, but his eyes should survey the world."

**George Santayana**

Philosopher, poet, literary and cultural critic

The *Washington Update* is published by the ADEA Center for Public Policy and Advocacy (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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1400 K Street, NW, Suite 1100, Washington, DC 20005

Telephone: 202-289-7201, Website: [www.ADEA.org](http://www.ADEA.org)

Jack E. Bresch, Associate Executive Director and ADEA CPPA Director ([BreschJ@ADEA.org](mailto:BreschJ@ADEA.org))

Gina G. Luke, Director of Legislative Policy Development ([Luke@ADEA.org](mailto:Luke@ADEA.org))

Monette D. McKinnon, Director of Grassroots Advocacy and State Issues ([McKinnonM@ADEA.org](mailto:McKinnonM@ADEA.org))

Myla J. Moss, Director of Congressional Relations and Regulatory Affairs ([MossM@ADEA.org](mailto:MossM@ADEA.org))

Janet E. Leigh, B.S.D., D.M.D., 2008-2009 ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellow