



## **Appropriations Mark-Up Scheduled**

The House Appropriations Committee will begin marking up 10 of the 12 fiscal year 2009 spending bills this week. The primary spending bill that ADEA follows, Labor, Health and Human Services and Education (LHHS), will be marked up on June 19, with full committee action on June 25. The Senate Appropriations Committee will mark up its version of the LHHS bill on June 24. House Majority Leader **Steny H. Hoyer** (D-MD) has said he intends to bring the first spending bills to the chamber's floor the week preceding the July Fourth recess.

On June 4, the Senate passed the fiscal year 2009 budget resolution by a vote along party lines, 48 to 45. Senators **Pete Domenici** (R-NM) and **John Warner** (R-VA) abstained, instead voting present due to the absences of Senators **Ted Kennedy** (D-MA) and **Robert Byrd** (D-WV). Both Senators Kennedy and Byrd missed the vote for health reasons. A day later, on June 5, the House of Representatives passed the budget resolution by a vote of 214 to 210, with 14 Democrats joining 196 Republicans in opposition.

The spending limit established by the House Appropriations Committee for the Labor, Health and Human Services and Education bill is \$153.1 billion, about \$8 billion more than the \$145.3 billion recommended by President Bush. It is expected that the Senate Appropriations Committee will establish its spending limits for all 12 appropriations bills on June 19.

## **Dental Community Supports Oral Health Initiative**

In an effort to combat dental disease and improve access to oral health care across the nation, Senators **Benjamin L. Cardin** (D-MD) and **Susan M. Collins** (R-ME) on May 23 introduced the Oral Health Initiative Act of 2008 (S. 3064). The bill would establish a new committee that would make recommendations to the Secretary of Health and Human Services and Congress. Drawing from the resources across the U.S. Department of Health and Human Services (HHS), the new Oral Health Initiative (OHI) committee would seek to:

- Maximize the impact of existing oral health programs and policies
- Identify duplicative or overlapping programs
- Evaluate the adequacy of federal support for state-run programs
- Identify opportunities for new programs
- Make recommendations for spending related to oral health care
- Identify prevention and treatment of dental disease in low-income, high-risk populations

The committee, selected by the HHS Secretary, would be composed of representatives from Maternal and Child Health (MCH) Bureau, Centers for Medicare and Medicaid Services (CMS), HRSA's Bureau of Primary Care and Bureau of Health Professions, Centers for Disease Control (CDC), National Institute of Dental and Craniofacial Research, National Institutes of Health (NIH) HIV AIDS Bureau, and the Indian Health Service. In addition, the committee is to be composed of individuals appointed by the Secretary, including a dentist, a pediatric dentist, a dental educator, an allied dental practitioner, a state dental officer, a dental insurer, a dentist who practices at a federally qualified community health center, a dental director of a state Medicaid or State Children's Health Insurance Program and any other appropriate entity designated by the Secretary.

Groups endorsing the OHI include ADEA, American Academy of Pediatric Dentistry, American Dental Association, Academy of General Dentistry, Association of State and Territorial Dental Directors, Children's Dental Health Project, and Medicaid/SCHIP Dental Association.

### **NHSC Scholarship Application Cycle Now Open**

The National Health Service Corps (NHSC) Scholarship Program is mandated by Congress to supply the NHSC with health care professionals trained in those disciplines and specialties most needed to deliver quality primary health care services in health professional shortage areas (HPSAs) throughout the United States, as designated by the Secretary of Health and Human Services. The NHSC Scholarship Program is not a general financial assistance program for students of health-related disciplines; rather, it provides the NHSC with the committed health professionals it needs to carry out its mission of providing primary health care to populations in areas of greatest need in health professional shortage areas. The NHSC Scholarship Program application for the 2008-09 academic year has just become available. Dental students are eligible and are encouraged to apply. NHSC scholarship awards cover tuition and fees and provide a monthly stipend. The application deadline is July 11, 2008. For further information and to apply online, go to <http://nhsc.bhpr.hrsa.gov/applications/scholarship/default.htm>.

### **Healthy People 2020 Discussed in National Meeting**

The HHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 held its third meeting June 5-6 to discuss "Framework and Areas of New Focus for Healthy People 2020" (HP 2020). The draft elements of HP 2020 include a shift in the framework from the disease-specific categories used in HP 2010 to a "two-pronged" approach of risk factors and determinants, in addition to disease-specific categories. Specific objectives, accompanied by strategies for achieving them, will be launched in 2010.

Speaking on behalf of eleven dental organizations including the American Dental Education Association, **Robert "Skip" Collins**, D.M.D., M.P.H., Division Chief, Community Oral Health, University of Pennsylvania and the ADEA Volunteer Advocacy Coordinator (VAC) at the University of Pennsylvania, testified that "Since the very first national health objectives were set in 1980 and included a single dental objective (water fluoridation), the Healthy People process has provided a rallying point for the oral health community and highlighted the importance of addressing dental needs as an integral part of overall health efforts." Dr. Collins also spoke to the importance of maintaining oral health objectives in HP 2020.

The significance of oral health in systemic health efforts was echoed by **Janet E. Leigh**, B.D.S., D.M.D., the 2008-09 ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellow. Dr. Leigh emphasized the significance of oral disease in HIV infected individuals. "Over the past 20 years I have witnessed the impact of poor oral health, whether painful oral infections or advanced caries and periodontal disease, on the delivery of necessary medical care," she said.

The report from the Environment/Determinants subcommittee, whose focus is to determine how to communicate about underlying social, economic, physical, and cultural environments, included a draft example of a multi-level table on dimension of intervention. The table, which was well received by the Advisory Committee, was developed by **Lewis Lampris**, D.D.S., M.P.H., Director of the Council on Access, Prevention and Interprofessional Relations at the American Dental Association (ADA). The table is an example of how to address factors such as promoting information, education, and awareness and reducing health disparities at personal, organizational, and community levels.

A total of 18 focus area and objective-specific comments concerning oral health have been made at five regional meetings held between March and May 2008. The public has been encouraged to submit comments online as well. To view the list of Advisory Committee members, read the public comments submitted thus far, and learn more about HP 2020, visit <http://www.healthypeople.gov/HP2020/default.asp>.

## **NIH Peer Review System Enhancements Announced**

After a year-long examination of peer review at the National Institutes of Health (NIH), a new implementation plan was unveiled by **Elias A. Zerhouni**, M.D., NIH Director, at the June 6 meeting of the Director's Advisory Committee to the Director (ACD). The initiatives and framework will be implemented over the next 18 months.

The process was undertaken to determine how to improve peer review for both the reviewers and the applicants. Thousands of researchers, institutions, and associations submitted comments, including ADEA and the American Association for Dental Research. Each one contributed recommendations to enhance the process, making it more flexible and less burdensome, and suggested how the system could stimulate new innovation and promote transformative research.

In the NIH news release on the changes to the NIH peer review system, Dr. Zerhouni said, "As we contemplated possible changes, we were guided by several fundamental principles. First, while improving the system, do no harm. That is, ensure that any changes to the peer review system bring significant value and outweigh costs. Second, continue to maximize the freedom of scientists to pursue high-risk, high-impact research. Moreover, we want to cultivate a sense that we continuously re-evaluate the peer review system to ensure that it is the best that it can be."

### **Four Priorities of the Implementation Plan**

- **Priority 1: Engage the Best Reviewers:** Increase flexibility of service, formally acknowledge reviewer efforts, further compensate time and effort, and enhance and standardize training
- **Priority 2: Improve Quality and Transparency of Reviews:** Shorten and redesign applications to highlight impact and to allow alignment of the application, review and summary statement with five explicit review criteria, and modify the rating system
- **Priority 3: Ensure Balanced and Fair Reviews Across Scientific Fields and Career Stages:** Support a minimum number of early stage investigators and investigators new to NIH and emphasize retrospective accomplishments of experienced investigators by:
  - Encouraging and expanding the Transformative Research Pathway
  - Creating a new investigator-initiated Transformative R01 Award program funded within the NIH Roadmap, with an intended commitment of a minimum of \$250 million over five years
  - Continue the commitment of and possibly expand the use of the Pioneer, EUREKA, and New Innovator Awards. NIH will invest at least \$750 million in these three programs over the next five years.
  - Reduce the burden of multiple rounds of resubmission for the same application, especially for highly meritorious applications
- **Priority 4: Develop a Permanent Process for Continuous Review of Peer Review**

In June 2007, Dr. Zerhouni established two working groups to examine the NIH peer review process: The Advisory Committee to the Director Working Group, co-chaired by **Lawrence Tabak**, D.D.S., Ph.D., Director of the National Institute of Dental and Craniofacial Research (NIDCR), and **Keith Yamamoto**, Ph.D., of the University of California, San Francisco; and the Steering Committee Working Group, co-chaired by Dr. Tabak and Dr. **Jeremy Berg**, Ph.D., Director of the NIH National Institute of General Medical Sciences (NIGMS). For more information about enhancing peer review at NIH, to read the final draft report, and to learn about the implementation plan, please visit <http://enhancing-peer-review.nih.gov>.

## **Access to Care: Not Just a Problem for Uninsured**

Looming on the horizon and weighing on the minds of lawmakers on Capitol Hill is what to do about the 70 million "Baby Boomers" who will move into retirement over the next 20 years, in combination with the 47 million Americans who lack medical insurance. What is less talked about but what is sure to gain increasing attention is a new demographic, the numbers of "insured but poorly protected."

A new study released by the Commonwealth Fund, a private foundation that researches health policy, says underinsured Americans has increased 60 percent since 2003, from 16 million to a

more than 25 million people in 2007. The health care choices of the underinsured mirror those of the uninsured. While 68 percent of those without insurance reported foregoing “needed” care because of cost, 53 percent of those insufficiently insured did so as well. Among Americans deemed appropriately covered by the study, 31 percent demonstrated this type of behavior.

The study is likely to get traction among policymakers on Capitol Hill in the next session of Congress, when it is expected that a robust discussion on health care reform will commence. During the 110<sup>th</sup> Congress lawmakers began seriously examining the sustainability of publicly financed programs like Medicare and Medicaid and the State Children’s Health Insurance Program. Congress will continue this examination next session, when it is expected they will also engage in a robust discussion on health care reform. One thing is certain about the nation’s healthcare system – change is coming. To learn more about the study, visit <http://www.commonwealthfund.org>.

### **Ideas Sought for NIH Roadmap for Medical Research**

The National Institutes of Health (NIH) is seeking input and ideas about major cross-cutting challenges and possible solutions for the NIH Roadmap for Medical Research for fiscal year 2011. The Roadmap is funded via the NIH Common Fund and seeks to transform the way health research is conducted so that treatment, diagnosis, prevention, or understanding of human disease may be accelerated. Roadmap programs accept a high degree of risk to approach complex problems in new ways, to develop transformative tools and technologies, or to address fundamental knowledge gaps that impede progress in many disease areas. Each program cuts across the missions of NIH Institutes and Centers as well across diseases and is expected to accelerate research on many diseases and conditions.

The NIH recently released a request for information (RFI) that provides an opportunity for respondents to submit their own ideas. The NIH expects to spend \$30-\$50 million per year from within the currently projected Roadmap budget for new five-year initiatives. The RFI is available online at <http://grants.nih.gov/grants/guide/notice-files/NOT-RM-08-014.html>.

### **Final Rule Issued on Ryan White HIV/AIDS Waiver**

During the last reauthorization of the Ryan White HIV/AIDS programs, ADEA was successful in ensuring that oral health care was included as a “core medical service.” Now the law requires that 75 percent of Parts A, B, and C grant funds be spent on core medical services. Oral health care ranks number four out of 12 core medical services.

Shortly after the legislation was signed into law, the Health Resources and Services Administration (HRSA) began permitting grantees to seek waivers from the requirement. On June 11, HRSA published the final notice of “Uniform Standard for Waiver of Core Medical Services Requirements for Grantees Under Parts A, B, and C for the Ryan White HIV/AIDS Program.” Any grantee seeking a waiver must have no waiting lists for AIDS Drug Assistance Program (ADAP) services and ensure that core medical services are available within the relevant service area to all individuals with HIV/AIDS identified and eligible under the program.

A grantee must submit a waiver request with the grant application containing the certifications and documentation that will be used by HRSA in determining whether to grant a waiver:

1. Certification from the Part B State grantee that there are no current or anticipated ADAP services waiting lists in the State for the year in which such waiver request is made
2. Certification that all core medical services, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available within 30 days for all identified and eligible individuals with HIV/AIDS in the service area
3. Evidence that a public process was conducted to seek public input on availability of core medical services

4. Evidence that receipt of the core medical services waiver is consistent with the grantee's Ryan White HIV/AIDS Program application

To read HRSA's full guidance on seeking a waiver published in the June 11, 2008, Federal Register, visit <http://edocket.access.gpo.gov/2008/E8-13102.htm>.

### **Health Care Reform: A Top Priority for State and Local Leaders**

State legislatures and governors in nearly two dozen states are considering significantly changing their approaches to how people obtain health care coverage and how care is delivered. Few of these reforms have focused on the problem of health care inequality. By expanding health insurance coverage and addressing issues of access, quality, and cost, state-level health care reforms have the potential to achieve equity in health care.

The Opportunity Agenda and Families USA recently released a new report, *Identifying and Evaluating Equity Provisions in State Health Care Reform*, which can be accessed at <http://www.familiesusa.org/assets/pdfs/identifying-and-evaluating-equity-provisions-in-state-health-care-reform.pdf>. The report seeks to identify state-level policies that promote equitable health care access and quality for all populations and evaluate existing laws, regulations, or reform proposals in five states: Massachusetts, Washington, California, Illinois, and Pennsylvania.

### **Medicare and Medicaid Spending by State**

The Centers for Medicare and Medicaid Services (CMS) Office of the Actuary on Medicare has made data on both Medicare and Medicaid spending estimates by state of residence for 1995 through 2004 available for all states. Medicare spending estimates from 1995 to 2004 are available at <http://cme.kff.org/Key=14240.2w.D.C.DSdC11>, while Medicaid spending estimates by state of residence for 1995 through 2004 are available at <http://cme.kff.org/Key=14240.2w.F.C.DJdKGw>.

### **Congress Approves Sixth Temporary Extension of HEA**

Last month Congress passed S. 3035, giving itself until June 30 to complete its work on reauthorization of the Higher Education Act (HEA). Both chambers passed legislation, the College Opportunity and Affordability Act of 2007 (H.R. 4137) and the Higher Education Amendments of 2007 (S. 1642), which have hundreds of differences between them. ADEA anticipates that Congress will need to pass another short-term extension through July. Congress has not completed a full reauthorization of HEA since 1998.

### **Interest Rate on Student Loans**

Each year on July 1, the variable interest rates on federal subsidized and unsubsidized Stafford Loans are reset. Loans that have not been consolidated and that were disbursed prior to July 1, 2006, are affected. This July 1 the Stafford Loan interest rates will drop from 6.62 percent to 3.61 percent (for loans in in-school/grace/deferment periods) and from 7.22 percent to 4.21 percent (for loans in forbearance/repayment periods). The rate drop does not affect private student loans or fixed rate federal loans such as consolidation loans, GradPLUS Loans, and recent Stafford Loans. Students and residents considering consolidation should contact their lender or servicer to learn if and how the rate change will affect their student loan portfolio.

### **MCH Bureau Awards Grant for National Oral Health Policy Center**

A three-year grant establishing the National Oral Health Policy Center has been awarded to the Children's Dental Health Project (CDHP). Funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, the grant will support the publication of policy trend reports, train policymakers on how to address oral health, and expand the audience engaged in promoting children's oral health. Joining the CDHP in the collaboration are the National Association of State Health Policy, the Association of Maternal and Child Health Programs, the Association of State and Territorial Dental Directors, and the Medicaid/SCHIP Dental Association.

## Funding Opportunities Update

### www.GRANTS.gov

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

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

### HIV/AIDS Bureau

- **2007 HIV/AIDS Program Dental Reimbursement Program** (DRP) recipients were mailed the 2008 Dental Services Report (DSR) annual mailing on April 17, 2008. It was addressed to the Program Contact reported in item #4 of the 2007 DSR. The mailing includes the DSR form and instructions, the Database Utility, and supporting materials. Additional copies of the application and materials are available at <http://hab.hrsa.gov/tools.htm>. To download these materials, see *2008 Dental Services Report* in the 'Grantee Reports' section. The DSR submission must be received by **Monday, June 23, 2008**. If you did not receive the mailing by the end of April or if you have DSR-related questions, contact the Ryan White HIV/AIDS Program Data Support at [RWdatasupport.wrma@csrincorporated.com](mailto:RWdatasupport.wrma@csrincorporated.com) or 1-888-640-9356 from 9:00 a.m. to 5:30 p.m. Monday through Friday.

### National Institutes of Health

- **Biomarkers of Infection-Associated Cancers** (R01) (PA-08-156), National Institute of Dental and Craniofacial Research and the National Cancer Institute, <http://grants.nih.gov/grants/guide/pa-files/PA-08-156.html>
- **Biomarkers of Infection-Associated Cancers** (R21)(PA-08-157), National Institute of Dental and Craniofacial Research and the National Cancer Institute, <http://grants.nih.gov/grants/guide/pa-files/PA-08-157.html>
- **Limited Competition: Renewal of Centers of Biomedical Research Excellence (COBRE)[P20](RFA-RR-08-007)**, National Center for Research Resources, Application Receipt Date: October 22, 2008, <http://grants.nih.gov/grants/guide/rfa-files/RFA-RR-08-007.html>

### Upcoming Meetings and Conferences

- **June 23, 2008, National Advisory Dental and Craniofacial Research Council** at the NIH in Bethesda, MD. For the agenda, members, and other information, visit [www.nidcr.nih.gov/AboutNIDCR/CouncilAndCommittees/NADCRC/default.htm](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 [www.ryanwhite2008.com](http://www.ryanwhite2008.com).

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

- **Accounting for Sources of Projected Growth in Federal Spending on Medicare and Medicaid**, an issue brief by the Congressional Budget Office released on May 28, says skyrocketing costs of medical care will drive Medicare and Medicaid spending more in the coming decades than the aging population. By 2082 between 53% and 60% of the accumulated growth is attributable solely to per capita cost growth, between 14% and 17% is attributable solely to aging, and between 26% and 32% is attributable to the interaction of those two factors as costs grow and the population ages at the same time. Access the report at: [http://www.cbo.gov/ftpdocs/93xx/doc9316/05-29-SourcesHealthCostGrowth\\_Brief.pdf](http://www.cbo.gov/ftpdocs/93xx/doc9316/05-29-SourcesHealthCostGrowth_Brief.pdf)
- **New Paradigms for Physician Training for Improving Access to Health Care**, the 18th Report of the Council on Graduate Medical Education (COGME), recommends new models of training, enlargement of federal loan programs, incentives for clinical practice in underserved areas, establishment of a national medical school, and increased physician training in areas of limited medical access. Available online at: <http://cogme.gov/pubs.htm>
- **Enhancing Flexibility in Graduate Medical Education**, the 19th report of COGME, recommends 15% more funded GME positions, innovative training models, broader training venues, fewer regulatory barriers, and making the public's health the driving force for GME. Available online at: <http://cogme.gov/pubs.htm>
- **Retooling for an Aging America: Building the Health Care Workforce**, a report of the Institute of Medicine, says the nation's health care workforce is "too small and woefully unprepared" to provide care for the growing ranks of the elderly. The report calls for expanded education and training in the basics of geriatric care for all health professionals and increased reimbursements from Medicare, Medicaid, and other health plans to boost recruitment and retention of geriatric specialists. Available online at: [http://www.nap.edu/catalog.php?record\\_id=12089](http://www.nap.edu/catalog.php?record_id=12089)
- **Collective Foresight: The Leadership Challenges for Higher Education's Future**, published by the American Council on Education, explores the trends most likely to shape higher education over the next 20 years or so. It also outlines actions that campus leaders may consider to position their institutions. Order online from ACE, Product #311744: <http://store.acenet.edu/home.aspx?session=490B59D37DA846CEBC24D0D20A530ECD>

### **Quotable**

““Forgive your enemies, but never forget their names.”

***John F. Kennedy***

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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## ADEA ISSUE BRIEF #8

### UPDATE ON AFFIRMATIVE ACTION

The update below was prepared by the Leadership Conference on Civil Rights (LCCR)/Americans for a Fair Chance (AFC) Affirmative Action Steering Committee to keep allies apprised of the status of conservative activist **Ward Connerly's** anti-affirmative action initiatives in various states.

#### STATE UPDATE

**Arizona:** Protect Arizona's Freedom Coalition is a coalition that is coming together to form the countereffort to Connerly's initiative. Protect Arizona's Freedom is focused on building their coalition and running a public education campaign focused on Connerly's deceptive practices and declining to sign his initiative petitions. The Connerly campaign has not yet submitted the requisite number of signatures (nearly 231,000) and has until July 3 to turn them in. ***Please encourage your local affiliates/members to become involved with the coalition by contacting State Representative Kyrsten Sinema ([ksinema@cox.net](mailto:ksinema@cox.net)) or Anjali Thakur, LCCR/LCCREF ([thakur@civilrights.org](mailto:thakur@civilrights.org)).***

**Colorado:** In Colorado, a number of strategies are under way to challenge the Connerly initiative (Initiative 46). First, allies in the state have launched a "No on 46" campaign, which began last month when a challenge was launched against the validity of approximately 69,000 signatures turned in by Connerly's campaign. The required number of valid signatures for ballot initiatives to qualify is about 76,000, and our opponents submitted about 120,000. While it is unlikely that we will know the result of the challenge before July, the media coverage of alleged signature fraud and questionable tactics used by our opponents to circulate petitions has created a hostile environment for Connerly.

Secondly, efforts are under way through a related proactive campaign, Coloradans for Equal Opportunity, to qualify a counterinitiative for the November ballot. After the state's Title Board rejected an initiative proposed by our allies, Amendment 61, colleagues in the state opted to appeal the ruling to the Colorado Supreme Court, and also rewrite and submit for consideration a second draft of the counter initiative. On May 16, the Colorado Supreme Court remanded the decision and opined that the Board should reverse its decision and set the title. This is a significant victory in that the Colorado Supreme Court ruled in favor of our allies on the grounds that the counterinitiative is clear and a single subject. Additionally, a title was set for the second proposed counterinitiative (Initiative 82) on May 7. Opponents will likely appeal. Consideration is being made regarding which initiative to pursue.

Finally, the Colorado Unity Coalition and public education efforts are building out on their efforts to create local coalitions; include organizers targeting business, faith based communities, and students; and provide a communications training component to allies in the state. ***Please encourage your local affiliates/members to become involved with the coalition by contacting Anjali Thakur, LCCR/LCCREF ([thakur@civilrights.org](mailto:thakur@civilrights.org)).***

**Oklahoma:** While we are still awaiting a final order from the Oklahoma Supreme Court, which would officially end Connerly's efforts to qualify an anti-affirmative action initiative in the state, we expect to be victorious. As you know, on April 4 Ward Connerly and his local allies filed a motion to withdraw the initiative from the Oklahoma ballot, indicating they failed to collect the requisite number of valid signatures (138,970) to qualify the initiative for the ballot. Connerly's filing to withdraw his initiative from Oklahoma followed a law suit filed by the NAACP Legal Defense Fund (NAACP LDF) and the ACLU challenging the proposal, the signature-gathering process, and the constitutionality of the ballot petition itself.

**Nebraska:** Nebraskans United is a coalition that is coming together to form the countereffort to Connerly's initiative. Nebraskans United is focused on building their coalition and running a public education campaign focused on Connerly's deceptive practices and declining to sign his initiative petitions. As you may recall, Connerly filed the Nebraska Civil Rights Initiative in August 2007. The Connerly campaign has not yet submitted the requisite number of signatures (115,000) and has until July 4 to turn them in. ***Please encourage your local affiliates/members to become involved with the coalition by contacting Chair Tieree Smith, NAACP, at [ne.united.lincoln@gmail.com](mailto:ne.united.lincoln@gmail.com) or Nebraskans United Field Director Danielle Nantkes at [d\\_nantkes@yahoo.com](mailto:d_nantkes@yahoo.com).***

**Texas:** As we previously reported, on April 7 a complaint was filed in federal court against the University of Texas at Austin (UT-Austin) alleging that the University's admissions policy violates the Equal Protection Clause. The plaintiff (Abigail Fisher), who is white, argued that UT Austin failed to consider race-neutral criteria for admitting non-Top 10% students, resulting in less-qualified minority students being admitted outside of the Top 10% Plan on account of their race. This past Monday, there was a preliminary injunction hearing before U.S. District Judge Sam Sparks, who was also the judge in the Hopwood case. See the following link for more information: <http://fairchance.org/remote-page.jsp?itemID=34143663>. ***If you have questions about the case, contact David Hinojosa, MALDEF ([dhinojosa@maldef.org](mailto:dhinojosa@maldef.org)), or Anurima Bhargava, NAACP LDF ([abhargava@naacpldf.org](mailto:abhargava@naacpldf.org)).***

### **Affirmative Action IMPACTS & STRATEGIES Webinar Series**

ADEA members are encouraged to participate in the last of a three-part webinar series that is particularly relevant to ADEA members because it addresses the impact anti-affirmative action ballot initiatives have on higher education. **This event will occur on Friday, June 20.** The series is sponsored by the Fulfilling the Dream Fund, the IMPACT 209 Coalition, and the Leadership Conference on Civil Rights Education Fund. **If you want to participate in the final webinar, contact Isaac Leamer at [ileamer@publicinterestprojects.org](mailto:ileamer@publicinterestprojects.org) and R.S.V.P. for the event.** Audiotapes of all three webinars will be available at a later date. Below are the topics for each of the three webinars and a description of speakers featured in these events.

- **Higher education:** June 20, 2:00 - 4:00 p.m. Eastern time, 11:00 a.m. – 1:00 p.m. Pacific time
- **Ballot pre-qualification strategies:** June 11
- **Contracting and employment:** June 5

**Monique W. Morris**, Director of Research, Senior Research Fellow at the Thelton E. Henderson Center for Social Justice. She is the author of *A Vision Fulfilled? The Impact of Proposition 209 on Equal Opportunity for Women Business Enterprises* and *Free to Compete? Measuring the Impact of Proposition 209 on Minority Business Enterprises*.

**Michael D. Sumner**, Research Manager of the Thelton E. Henderson Center for Social Justice. Sumner is the co-author of *A Vision Fulfilled? The Impact of Proposition 209 on Equal Opportunity for Women Business Enterprises* and *Free to Compete? Measuring the Impact of Proposition 209 on Minority Business Enterprises*.

**Lee Cokorinos**, the former Executive Director of the Capacity Development Group, a consulting group committed to advancing progressive change by assisting nongovernmental organizations in strategic planning and organizational development. Cokorinos is the author of *The Assault on Diversity: An Organized Challenge to Racial and Gender Justice*.

**Kristina Wilfore**, Executive Director of the Ballot Initiative Strategy Center (BISC). Under Kristina's leadership, BISC has served as the central convener within the progressive community around the strategic use of ballot initiatives. BISC has helped pass laws to increase the minimum wage in four states since 1998 and to guard clean election and civil rights laws, among other victories.

**Bob Laird** worked in admissions and outreach at the University of California-Berkeley for 22 years, serving as Director of Undergraduate Admission from 1993 until his retirement in 1999. He is a frequent presenter at the National Forum of the College Board and is the author of *The Case for Affirmative Action in University Admissions*. Since his retirement from Berkeley, Laird has consulted on higher education admissions policy and written extensively on admissions and equity issues.

**Tim Lohrentz**, Program Manager of the Inclusive Business Initiative, Insight Center for Community Economic Development. He is the author of the studies "The Impact of State Affirmative Procurement Policies on Minority- and Women-Owned Businesses in Five States" and "State Policies and Programs for Minority- and Women-Owned Business Development" and co-author of "A Minority Business Development Framework for The Cleveland Foundation."

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#### **Health Professions for Diversity Coalition Issue Brief**

**Attached to this Washington Update is an issue brief titled "Civil Rights Initiatives: Compromising Health and Diversity,"** prepared by the Health Professionals for Diversity Coalition, of which ADEA is a member. The coalition is working to educate the public about the consequences of anti-affirmative action initiatives and the impact they have on the health of our nation.