IN THIS ISSUE

- Fiscal Cliff Update
- Internal Revenue Service Issues Final Rule on Medical Device Tax
- ADEA Submits Comments on Proposed Rules for Essential Health Benefits
- President Obama Signs Legislation to Reduce Regulatory Burdens on Clinical Laboratories
- ADEA Urges Members of Congress to Show Restraint in Making Cuts to Medicaid
- Congress Reauthorizes Children's Hospital Graduate Medical Education Program
- U.S. Department of Health and Human Services Announces New Investment in School-Based Health Centers
- U.S. Department of Defense Releases Revised Tuition Assistance Memorandum of Understanding
- U.S. Department of Education Makes Pay As You Earn Loan Repayment Program Available to Eligible Borrowers
- Consumer Financial Protection Bureau Unveils Examination Procedures for Private Student Loan Lenders
- U.S. Department of Education Makes PLUS Credit Checks Now Valid for 180 Days
- U.S. Representative Petri Introduces Legislation to Overhaul Federal Direct Loan Program
- Interprofessional Education Collaborative Faculty Development Institute Focuses on Quality Improvement and Patient Safety
- The Patient-Centered Outcomes Research Institute Awards First Research Projects
- Howard Hughes Medical Institute Offers Research Opportunities for Dental Students
- Call for Abstracts and Save the Date: 2013 Integrating Quality of Patient Care Meeting
- ADEA/Sunstar Americas, Inc./Jack Bresch Legislative Internship
- ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship
- Congressional Resources
- Funding Opportunities
Fiscal Cliff Update

As of this writing, no deal has been reached to avoid the fiscal cliff. The fiscal cliff involves $607 billion in deficit reduction starting December 31, 2012. The Budget Control Act of 2011 mandates will go into effect on January 2, 2013, which will amount to $109 billion in cuts in 2013 as part of a $1.2 trillion spending reduction between 2013 and 2022—including some cuts from the Affordable Care Act (ACA). Last week the U.S. House of Representatives passed H.R. 6684, “Spending Reduction Act of 2012,” that proposes to repeal funding for several ACA provisions, which President Obama has said he would veto.

Yet to be voted on are actual cuts to effectuate the savings. Congress is expected to reconvene after the Christmas holidays to debate and vote on how to address the fiscal cliff. For additional information on the fiscal cliff, please see CBO report, “Economic Effects of Policies Contributing to Fiscal Tightening in 2013.”

Below is a chart, extrapolated from the above-referenced report, which summarizes the projected reductions under the Budget Control Act.

<table>
<thead>
<tr>
<th>Estimated Increase in the Deficit from Eliminating Various Components of Fiscal Tightening Scheduled for Fiscal Years 2013 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Billions of dollars)</td>
</tr>
<tr>
<td>2013</td>
</tr>
<tr>
<td>Eliminate the Automatic Reductions in Defense Spending Specified in the Budget Control Act*</td>
</tr>
<tr>
<td>Eliminate the Automatic Reductions in Nondefense Spending Specified in the Budget Control Act and the Scheduled Reductions in Medicare’s Payment Rates for Physicians*</td>
</tr>
<tr>
<td>Extend Most Expiring Tax Provisions and Index the AMT for Inflation*</td>
</tr>
<tr>
<td>Extend Most Expiring Tax Provisions—Except for the Lower Tax Rates on Income Above Certain Thresholds— and Index the AMT for Inflation*</td>
</tr>
<tr>
<td>Extend the Reduction in Employers’ Portion of the Payroll Tax and Extend Emergency Unemployment Benefits</td>
</tr>
<tr>
<td>Implement the Policies Assumed in the Alternative Fiscal Scenario*</td>
</tr>
<tr>
<td>Implement the Policies Assumed in the Alternative Fiscal Scenario and Extend the Reduction in Employers’ Portion of the Payroll Tax and Emergency Unemployment Benefits</td>
</tr>
</tbody>
</table>

Source: Congressional Budget Office.

ADEA will keep everyone updated as to how Congress and the White House decide to resolve the fiscal cliff.

Internal Revenue Service Issues Final Rule on Medical Device Tax

On December 5, 2012, the Internal Revenue Service (IRS) issued its Final Regulations (“regulations”) (T.D. 9604) related to the 2.3 % medical device excise tax under tax code
Section 4194, as enacted by the Patient Protection and Affordable Care Act ("ACA"). Section 4194 applies to sales of taxable medical devices after December 31, 2012. The regulations were released along with frequently asked questions and Notice 2012-77, which provides interim guidance on the tax and requests comments.

The regulations made relatively few changes to the regulations that were proposed in February 2012. The final regulations include additional guidance on the retail exemption and include 15 examples (including eight new ones) showing how the retail exemption rules apply.

The regulations are only interim guidance, and the IRS is requesting comments for the issues addressed before the guidance is finalized. Therefore, there is still time to provide feedback to the IRS on issues related to the medical device excise tax regulations. Comments should be submitted by March 29, 2013. In the interim, the first semimonthly deposit of the device tax, covering the first 15 days of January is due by January 29, 2013. The IRS has indicated that it will not impose penalties for the first three calendar quarters of 2013 on taxpayers who make a good faith attempt to comply with their tax-filing requirements.

Due to the complexity of these regulations, please consult with your general and/or tax counsel to determine applicability to your institution or programs. ADEA will continue to update everyone as further guidance is issued.

ADEA Submits Comments on Proposed Rules for Essential Health Benefits

ADEA joined other dental and health profession organizations in submitting comments to the U.S. Department of Health and Human Services (HHS) on the Affordable Care Act’s (ACA) “Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation.” Specifically, the comments expressed concern about the treatment of stand-alone dental plans in the proposed rule. The rule positions dental care as secondary to medical care and runs the risk of undermining the law’s intent by creating additional barriers to coverage, especially with regard to consumer affordability. Millions of families across the country live in areas with few or no dental providers and while exchanges are now required to ensure that health and dental plans have adequate networks, no network of adequacy standards have been established for the purpose of dental coverage in the exchanges.

Also, the comments emphasized the importance of access to affordable dental coverage as essential to addressing the national epidemic of childhood tooth decay. Members of Congress, many of whom sat on the committees that drafted the Affordable Care Act, sent a letter to HHS expressing that children who receive pediatric services from a stand-alone dental plan should have the same level of consumer protections as those children who get coverage through a qualified health plan. ACA’s intent was not to maintain a separation between oral health services and other child health benefits, but rather to move towards a more integrated approach to coverage as a means of achieving better health through higher quality care at lower costs.

ADEA will continue to work with the Obama Administration during the implementation of the ACA to ensure that consumers receive equitable dental services regardless of how they purchase their pediatric essential health benefits.
President Obama Signs Legislation to Reduce Regulatory Burdens on Clinical Laboratories

On December 4, 2012, President Barack Obama signed into law the Taking Essential Steps for Testing (TEST) Act of 2012 (H.R. 6118). This legislation will give greater regulatory flexibility to clinical labs. The act is supported by the American Clinical Laboratory Association (ACLA), which asserts that the Centers for Medicare & Medicaid Services (CMS) faced difficulties because of inflexible rules on sanctioning labs that send test samples to other labs for analysis.

Under current law, the Public Health Service Act requires CMS to revoke, for one year, certification of any laboratory that “intentionally refers” proficiency testing samples to another lab for analysis. The law also provides for penalties. In several recent cases, laboratories' CLIA certificates were revoked because they referred proficiency test specimens for HIV tests. Referral of HIV tests to another laboratory for confirmation is standard procedure for such tests, ACLA stated, because they require both a screening test and a confirmation.

In light of these challenges, the TEST Act will ensure that laboratories are not unfairly punished when they follow the usual practice and refer a specimen to another laboratory. It will also permit CMS to impose alternative sanctions prior to revoking a laboratory's CLIA certificate in cases where a proficiency-testing sample was referred to another laboratory for confirmatory testing or because the laboratory does not offer a specific test.

ADEA Urges Members of Congress to Show Restraint in Making Cuts to Medicaid

ADEA joined organizations, representing a variety of stakeholders including providers and consumers, in a letter urging Members of Congress to refrain from making harmful cuts to Medicaid or changing the structure of the program as part of a deficit reduction agreement. Under the Affordable Care Act (ACA), Medicaid coverage has been expanded to provide oral health care for all children. In addition, Medicaid makes essential health care services available to seniors, people with disabilities, and low-income men and women.

The letter points out that more than 96% of federal Medicaid spending goes to pay for health care and long-term care for program enrollees, not overhead. It also states that Medicaid must be off the table during the deficit reduction negotiations because it is a program that has little room to cut. Payment rates for providers in Medicaid are already lower than rates for Medicare and private insurance. Cutting funding further could mean that more providers would be unwilling to participate in the program. For the aforementioned reasons, ADEA will continue to advocate on behalf of maintaining adequate funding for the Medicaid program.

Congress Reauthorizes Children's Hospital Graduate Medical Education Program

By voice vote, the U.S. House of Representatives approved the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early Reauthorization Act (S. 1440), legislation reauthorizing the Children's Hospital Graduate Medical Education program.

The legislation will provide funds to train pediatric medical residents, and allow the National Institutes of Health to fund pediatric research networks made up of a consortium of cooperating institutions to strengthen research efforts on conditions and diseases that affect children. Also, the legislation reauthorizes funding for the prevention of preterm birth, one of the leading causes
of neonatal death and disability. The legislation will be sent to President Obama for his consideration.

**U.S. Department of Health and Human Services Announces New Investment in School-Based Health Centers**

U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced awards of more than $80 million to 197 School-Based Health Centers across the country. The Affordable Care Act (ACA) provides $200 million in funding from fiscal years 2010 to 2013 for the School-Based Health Center Capital Program (SBHCCP), which provides a combination of primary care, mental health care, substance abuse counseling, case management, dental services, nutrition education, health education and health promotion activities. These grants are the third in the series of awards that have been made available to school-based health centers.

According to the most recent National Assembly on School-Based Health Care census, nearly 2,000 school-based health centers are operating nationwide. This funding will enable school-based health centers to serve an additional 384,000 students and to continue the expansion of preventive and primary health care services. Further, the grants awarded will help ensure that these centers remain open while school is in session to meet students’ needs for a full range of age-appropriate health care services, including oral health care.

**U.S. Department of Defense Releases Revised Tuition Assistance Memorandum of Understanding**

The U.S. Department of Defense (DOD) released a revised Tuition Assistance Memorandum of Understanding (MOU) that includes input from universities and reflects many of President Barack Obama’s “Principles of Excellence.” The policy requires that all institutions providing high school completion and post-secondary education programs through the DOD Tuition Assistance (TA) Program agree to the new MOU and have a signed copy on-file with DOD prior to service members receiving TA approval to matriculate into their institutions.

The revised policy takes effect on March 1, 2013; after March 1, 2013, schools without a signed MOU will not be able to enroll service members under the tuition assistance program until they have signed the document. Institutions with a currently signed MOU can compare both versions and select to retain the original MOU or sign the revised MOU.

During FY 2011, approximately 549,000 service members participated in voluntary education programs, which included tuition assistance, adult-based education, and counseling. DOD's voluntary education program consists of 245 education sites worldwide. The revised MOU can be viewed at [http://www.dodmou.com](http://www.dodmou.com).

**U.S. Department of Education Makes Pay As You Earn Loan Repayment Program Available to Eligible Borrowers**

In efforts to help borrowers better manage their loan portfolios; the U.S. Department of Education (“Department”) has launched the “Pay As You Earn” (PAYE) Income-Based Loan Repayment Program. Beginning on December 21, 2012, eligible borrowers can apply for this enhanced income-based repayment program, which will allow them to pay an affordable monthly payment based on a percentage of their debt-to-income ratio. PAYE takes effect for new borrowers beginning July 1, 2014, and provides for both a lower income-based payment
(10% of discretionary income rather than 15%) and a shorter time for full forgiveness (20 years rather than 25 years).

The PAYE program, announced by President Barack Obama in October 2011 and fleshed out in final regulations published November 1, 2012, offers an acceleration of the enhanced Income-Based Repayment Program (IBR) enacted by the Student Aid and Fiscal Responsibility (SAFRA) Act. PAYE may be a manageable repayment option for eligible dental school students who intend to commence repayment as soon as possible following graduation, but who may find other repayment options such as the Standard Ten-Year, Graduated, and even the Extended plans more of a challenge. PAYE may be especially applicable to dental school graduates with relatively high debt who decide to practice in underserved communities.

PAYE will be made available to an estimated 1.6 million students who were new borrowers on or after October 1, 2007, with a loan disbursement made on or after October 1, 2011. ADEA will continue to submit comments on proposed rules and guidance during the program’s implementation stages. Additional information can be found by clicking here.

**Consumer Financial Protection Bureau Unveils Examination Procedures for Private Student Loan Lenders**

The Consumer Financial Protection Bureau (CFPB) released the criteria it will use in examining private student loan lenders. This is an extension of the Bureau’s General Supervision and Examination Manual, which will be used as a field guide by CFPB examiners to ensure that private student lenders comply with federal consumer financial laws. CFPB has the authority to supervise banks that award private student loans pursuant to the Dodd–Frank Wall Street Reform and Consumer Protection Act; signed into federal law by President Obama on July 21, 2010, to significantly change the nation’s financial services industry.

According to the CFPB, examiners will be assessing whether student lenders have the appropriate processes in place to prevent harm to borrowers and will be looking to verify that lenders are complying with requirements of federal consumer financial law, including:

- Using accurate, nondiscriminatory advertising or marketing;
- Making appropriate and clear disclosures;
- Providing borrowers with accurate account information; and
- Handling borrower inquiries and complaints.

CFPB’s examination will be an ongoing process of pre-examination, scoping and review of information, data analysis, onsite examinations, and regular communication with supervised entities, as well as follow-up monitoring. When necessary, examiners will coordinate and work closely with the CFPB’s enforcement staff to take appropriate enforcement actions to address harm to consumers. For additional information, please click: The Student Lending Examination Procedures.

**U.S. Department of Education Makes PLUS Credit Checks Now Valid for 180 Days**

The U.S. Department of Education ("Department") recently extended the time frame that a Direct PLUS Loan ("PLUS") credit check will be accepted from 90 to 180 days. PLUS loans are
federal loans that graduate or professional degree students and parents of dependent undergraduate students can use to help pay education expenses. This change was implemented to assist PLUS applicants who were impacted by changes to the PLUS approval process implemented in the fall of 2011.

The Department makes PLUS Loans to eligible borrowers through schools participating in the PLUS Program. In order to qualify, the borrower must meet the stated requirements, which includes not having an adverse credit history. Under this new timeframe, any applicant who has a credit report that is less than 180 days old will not need to have another credit check run prior to the loan origination. If an applicant has had two credit checks run within the last 180 day period the most recent credit decision will be analyzed. Further, this extension will apply to anyone applying for a PLUS Loan before February 1, 2013.

U.S. Representative Petri Introduces Legislation to Overhaul Federal Direct Loan Program

Rep. Thomas Petri (R-WI) introduced the *Earnings Contingent Education Loans Act*, which would replace the *Federal Direct Stafford Loan Program* with an Income Dependent Education Assistance (IDEA) Loan Program.

Under the proposal, borrowers’ monthly payments would be capped at 15% of their discretionary income, and the money would be withdrawn directly from their paychecks until their loan was paid off. The interest that accrues on a loan would be capped at 50% of its original balance. The proposal would also end most of the government’s current loan-forgiveness programs and eliminate the subsidy that pays the interest on federal loans to undergraduates while they are still in school.

The *National Association of Student Financial Aid Administrators* (NASFAA) has been working with Rep. Petri’s staff on this bill for several months. Rep. Petri introduced this legislation as what is called a “marker bill”—meaning that it was introduced to float the concept and ideally gather support for its reintroduction next year. The bill will have to be introduced in the new 113th Congress, and could be debated as part of the next reauthorization of the *Higher Education Act*.

Interprofessional Education Collaborative Faculty Development Institute Focuses on Quality Improvement and Patient Safety

ADEA is a founding member of the *Interprofessional Education Collaborative* (IPEC), and is pleased to announce the third IPEC Faculty Development Institute, which will be held May 20–22, 2013, at the Hyatt Dulles Hotel, Herndon, Virginia. This Institute will gather faculty from across the health disciplines to discuss how to improve quality and patient safety, create faculty champions who can enhance interprofessional curricula and learning experiences, and develop learning assessments in quality improvement and patient safety at the point of care.

Registration and hotel information will be available January 28, 2013. Direct requests for e-mail notification when the registration link is active can be sent to Alexis Ruffin, the Association of American Medical Colleges (AAMC) Director of Medical Education at alruffin@aamc.org.

The Patient-Centered Outcomes Research Institute Awards First Research Projects

The Patient-Centered Outcomes Research Institute (PCORI) has approved its first primary research projects. PCORI announced the approval of 25 awards, totaling $40.7 million over
three years, to fund patient-centered comparative clinical effectiveness research projects under the first four areas of its National Priorities for Research and Research Agenda.

Projects approved include those that study ways to improve care for people with such health problems as bacterial and viral infections, cardiovascular disease and stroke, certain cancers, as well as cross-cutting proposals investigating how to improve care for people with multiple conditions. Other projects seek ways to improve patient-clinician communication, reduce selected health disparities, and improve the way health care systems operate.

Information on the awards, including the project name, primary investigator, and research institution can be found on the PCORI website, www.pcori.org.

Howard Hughes Medical Institute Offers Research Opportunities for Dental Students

In order to encourage more dental, medical, and veterinary students to pursue academic and research careers, the Howard Hughes Medical Institute (HHMI) is offering “year-out” and summer research training programs for students enrolled in U.S. schools. HHMI and the National Institute of Dental and Craniofacial Research (NIDCR) are seeking to increase the number of dental students applying for the following programs:

**HHMI Medical Research Fellows Program:** Enables dental, medical, and veterinary students at schools located in the U.S. to spend a year conducting basic, translational, or applied biomedical research at any school or nonprofit research institution in the United States, except at the NIH in Bethesda, MD. HHMI will award 66 fellowships in 2013. The Competition System is now open, and the application deadline is January 11, 2013.

**HHMI Summer Medical Fellows Program:** Fellows will work in HHMI laboratories (with HHMI investigators, early career scientists or at the Janelia Farm Research Campus), for a minimum of eight consecutive weeks (10 weeks preferred). Students must be in good standing at a dental, medical, or veterinary school located in the U.S. Those who are enrolled in a combined professional degree/Ph.D. program or who have already received a one-year award from any “year-out” research training program are not eligible to apply. The program is primarily aimed at those students who wish to explore the summer research experience with the intent of applying for the year-long program. The Competition System opened on November 1, 2012, and the application deadline is February 15, 2013.

For additional information, please visit http://www.hhmi.org/grants/individuals/medical-fellows/.

**Call for Abstracts and Save the Date: 2013 Integrating Quality of Patient Care Meeting**

ADEA, along with a partnership of other health profession associations, have planned an Integrating Quality Meeting that will be held June 6-7, 2013, at the Intercontinental Chicago O’Hare Hotel in Rosemont, Illinois. This meeting was developed to be a highly interactive, interprofessional program that brings together health care leaders, faculty, educators, trainees, and students from teaching hospitals, health profession schools, and other health care organizations to share strategies for enhancing the culture of quality in clinical care and health professions education. Teams that lead these efforts are encouraged to attend together.

Abstracts for poster presentations, interactive workshops, and presentations are sought in the following areas:

- Innovative Approaches to Improving Value and Educating for Quality;
• Aligning Your Organization’s Quality Strategy for Health Reform and Changes in the Regulatory Environment;

• Team-Based and Interprofessional Approaches to Quality Improvement;

• Student and Trainee Initiatives in Quality Improvement and Patient Safety; and

• Faculty Development and Scholarly Careers in Quality Improvement & Implementation Science.

The deadline for submitting an abstract is **Friday, January 18, 2013**. Registration will be available online in March. For additional program details and instructions for submitting an abstract online, please visit [www.aamc.org/meetings](http://www.aamc.org/meetings).

**ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship**

The **ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship** is a six-week, stipend-supported internship in the Advocacy and Governmental Relations portfolio of the ADEA Policy Center (ADEA AGR) in Washington, D.C. This student legislative internship provides a unique learning experience for predoctoral, allied, and advanced dental students, residents, and fellows. It is designed to encourage students to learn about and eventually—as dental professionals—to become involved in the federal legislative process and the formulation of public policy as it relates to academic dentistry. It is open to any predoctoral, allied, or advanced dental student resident, or fellow who is interested in learning about and contributing to the formulation of federal public policy with regard to dental education, dental research, and the oral health of the nation. Funded through the generous support of Sunstar Americas, Inc., the student intern will be a member of the ADEA AGR staff and will participate in congressional meetings on Capitol Hill, coalition meetings, and policy discussions among the ADEA Legislative Advisory Committee (ADEA LAC) and ADEA AGR staff.

An applicant must be a full-time predoctoral, allied, or advanced dental student resident, or fellow whose institution is willing to work with the student to identify an appropriate time, consisting of six weeks, during the school year to pursue the internship. **For additional information, please email Yvonne Knight, J.D., ADEA Senior Vice President for Advocacy and Governmental Relations, at KnightY@ADEA.org. Applications are accepted on a year-round basis.**

**ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship**

Dental school faculty members or administrators who want to interface with members of Congress on issues of importance to oral health are encouraged to apply for the **ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship**. The fellow selected spends three months in Washington, D.C., working on issues and policies that could make a difference in the life of every American.

This public policy fellowship coincides with congressional consideration of the federal budget and other legislative and regulatory activities important to dental education and research. The fellow functions as an ADEA Policy Center staff member who works within the AGR portfolio on ADEA’s specific legislative priorities. The fellow’s responsibilities may include drafting policy, legislative language, position papers, and testimony; educating members of Congress and other...
decision makers on matters of importance to dental education; and participating in gatherings of various national coalitions. The fellow receives a taxable stipend of $15,000 to cover travel and expenses for approximately three months (cumulative) in Washington, D.C. (ADEA is flexible in the arrangement of time away from the fellow’s institution.) The fellow’s institution continues to provide salary support for the duration of the experience. Since its inception in 1985, the ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship has been generously underwritten by Sunstar Americas, Inc. Interested candidates should apply as soon as possible.

Congressional Resources

For those interested in following the congressional proceedings, please access the U.S. House or Senate by way of the following links:

U.S. House of Representatives: House Website

U.S. Senate: Senate Website

Funding Opportunities

Below are selected funding opportunities that might be of interest; you may search for additional federal government funding opportunities at grants.gov.

Department of Health and Human Services

Imaging Diagnostics of Dental Diseases and Conditions (Caries, Periodontal Disease, Cracked Teeth, and Pulp Vitality)
Grant Information

Pathophysiology and Clinical Studies of Osteonecrosis of the Jaw
Grant Information

National Institutes of Health

National Institute of Dental and Craniofacial Research Grants for Research on Epigenomics of Virus-Associated Oral Diseases
Grant Information

Administrative Supplements for Collaborative Science: Opportunities for Existing NIDCR Grants and Cooperative Agreements
Grant Information

Omnibus Solicitation of the NIH, CDC, FDA and ACF for Small Business Innovation Research Grant Applications
Grant Information

Notice of Intent to Publish a Funding Opportunity Announcement for Opportunities for Collaborative Research at the NIH Clinical Center
Grant Information
Research Supplements to Promote Diversity in Health-Related Research

Grant Information

Quotable

“Daring ideas are like chessmen moved forward. They may be beaten, but they may start a winning game.”

Johann Wolfgang von Goethe

The ADEA Washington Update is published by the ADEA Policy Center 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.

© 2012 American Dental Education Association
1400 K Street, NW, Suite 1100, Washington, DC 20005
Telephone: 202-289-7201, Website: www.ADEA.org

Yvonne Knight, J.D.
ADEA Senior Vice President for Advocacy and Governmental Relations
(KnightY@ADEA.org)

Jennifer Thompson Brown, J.D.
ADEA Director of State Relations
(BrownJT@ADEA.org)

Amirah Salaam, J.D.
ADEA Director of Outreach and Advocacy
(SalaamA@ADEA.org)