March Madness: Congressional Hearings and ADEA/ASDA Dental Student Lobby Day

The buzz each year during the month of March is usually caused by the NCAA basketball tournaments. However, this year dentistry had its own March madness on March 26-27 when two Congressional hearings on oral health and the ADEA/ASDA National Dental Student Lobby Day coincided resulting in championship-like performances for both.

ADEA President Dr. James Q. Swift testified on March 27 on behalf of ADEA and the American Association for Dental Research (AADR) before the U.S. House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies delivering our FY 2008 funding requests for academic dentistry.

“Oral health is an important, vital part of health throughout life, and through dental research and education, we can enhance the quality and scope of oral health,” said Dr. Swift, who highlighted the need to address disparities in the oral health of underserved and high-risk communities. “Research is needed to identify the factors that determine disparities in oral health and disease,” he added. “These disparities in combination with the current shortage of dental school faculty, the scarcity of underrepresented minority dentists, and the need for targeted incentives to draw dentists to practice in rural and underserved communities make our FY 2008 funding recommendations critically important.”

Topping AADR-ADEA’s budget recommendations were:

- $425 million for the National Institute of Dental and Craniofacial Research (NIDCR);
- $31.3 billion for the National Institutes of Health (NIH);
- $10 million for the General and Pediatric Dentistry grant program;
- $10 million for the Dental Health Improvement Act;
- $15.6 million for the Centers for Disease Control and Prevention’s (CDC’s) Oral Health Programs, and;
- $19 million for the dental programs in the Ryan White CARE Act.

At the same time, Dr. Nicholas G. Mosca, was testifying also on behalf of ADEA and AADR at a hearing before the House Energy and Commerce Committee entitled: “Insuring Bright Futures: Improving Access to Dental Care and Providing a Healthy Start for Children,”.

Dr. Mosca, a member of the AADR-ADEA National Oral Health Advocacy Committee (NOHAC), Clinical Professor of Pediatric and Public Health Dentistry at the University of Mississippi School of Dentistry, and Dental Director for the state of Mississippi, discussed the importance of access to dental care and the role that academic dental institutions play in providing care and educating the future dental workforce to meet the growing need and demand for oral health care in the United States.

“Academic dental institutions are dental homes for a broad array of racially and ethnically diverse patients including individuals who have low-incomes; are migrant workers; mentally, medically or physically disabled individuals; institutionalized and homebound individuals; as well as HIV/AIDS patients; poor children and families and uninsured individuals,” Dr. Mosca stated. He highlighted the need to address disparities in the oral health of underserved and high-risk communities, adding that, “As major providers of services to underserved populations, academic dental institutions play a major role in enhancing private sector initiatives that support expanded access to dental care.”
Dr. Mosca urged Congress to enhance the State Children’s Health Insurance Program (SCHIP) which would result in greater access to vital preventive and restorative oral health care services by adopting the following recommendations:

1. Establish a federal guarantee for dental coverage in SCHIP;
2. Develop a dental wrap-around benefit in SCHIP;
3. Facilitate ongoing outreach efforts to enroll all eligible children in SCHIP and Medicaid; and
4. Ensure reliable data reporting on dental care in SCHIP and Medicaid.

Meanwhile, on March 26-27, 247 dental students representing 49 dental schools were in Washington for the annual ADEA/ASDA National Dental Student Lobby Day, organized by ADEA and the American Student Dental Association (ASDA). The students spent the first day in a legislative training session on the issues for which they would advocate, namely, 1) the reauthorization of the State Children’s Health Insurance Program (SCHIP), 2) the regulation of tobacco products by the Food and Drug Administration, and 3) student loan interest deduction. The following day the students visited Capitol Hill to meet with members of Congress and attend the hearings at which Drs. Swift and Mosca testified.

The ADEA/ASDA National Student Lobby Day training session began with Dr. Ronald Rupp, Senior Manager of Professional Relations for GlaxoSmithKline (GSK) and ADEA Vice President for the Corporate Council. Dr. Rupp discussed GSK’s commitment to oral health care and education and stressed the important role today’s dental students play in shaping the future of dentistry. The students then received an orientation to congressional policies and procedures from Ms. Judy Schneider of the Congressional Research Service. Students were briefed on legislative issues by Ms. Monette McKinnon, Director of ADEA Grassroots Advocacy and State Issues; Ms. Judy Sherman, Senior Lobbyist at the American Dental Association; and Ms. Gina Luke, ADEA Director of Legislative Policy Development. They also had a special opportunity to hear from Dr. Guy Clifton, a neurosurgeon and a Robert Wood Johnson Health Policy Fellow in the office of Senator Orrin Hatch (R-UT), about the role healthcare professionals play on Capitol Hill.

This year’s event was made possible with generous corporate sponsorship from GlaxoSmithKline (GSK) and other funding partners that included the American Association for Dental Research, the Academy of General Dentistry, Education Direct, ASDA and ADEA.

Dental School Deans Endorse Legislation
Forty-five deans of U.S. dental schools have endorsed The Children’s Dental Health Improvement Act of 2007 (S.739 and H.R. 1781) in letters to the bill’s sponsors, Senator Jeff Bingaman (D-NM) and Representative John Dingell (D-MI). The dental deans applauded the sustained leadership and commitment of the two sponsors in addressing access to oral health care for the nation’s vulnerable children.

“Today, four to five million children in America suffer from dental disease that limits their ability to eat, sleep, play and learn,” said Congressman Dingell. “More than 850,000 school days are missed each year by children who are affected by dental pain. We must work to aggressively address dental disease the same way we have worked to wipe out other common childhood diseases.”

The Bingaman-Dingell bill would encourage states to improve dental care within their Medicaid and State Children’s Health Insurance Program (SCHIP) programs and seeks to increase access for children presently outside a system of care. It would provide incentives to states for demonstration projects that foster innovative programs that expand access to oral health services and improve dental care for low-income children. These incentives would help ensure that
vulnerable children receive needed oral health care. In addition, the proposed legislation creates a Chief Dental Officer post to lead a dental health initiative within the Department of Health and Human Services (HHS) for Medicaid and SCHIP.

At the present time the following Senators have co-sponsored S. 739: Maria Cantwell (D-WA), Ben Cardin (D-MD), Thad Cochran (R-MS), John Kerry (D-MA), Blanche Lincoln (D-AR), and Barbara Mikulski (D-MD). Currently, 14 Representatives have co-sponsored H.R. 1781: Thomas Allen (D-ME), Lois Capps (D-CA), Elijah Cummings (D-MD), Eliot Engel (D-NY), Anna Eshoo (D-CA), Steny Hoyer (D-MD), Frank Pallone (D-NJ), Mike Simpson (R-ID), Henry Waxman (D-CA), Albert Wynn (D-MD), Rep. Diana DeGette (D-CO), Edolphus Towns (D-NY), Mike Ross (D-AR), and Janice Schakowsky (D-IL).

**HRSA Responds to ADEA and AAPD Recommendations**

In response to a letter from ADEA and the American Academy of Pediatric Dentistry (AAPD) to U.S. Secretary of Health and Human Services Michael Leavitt and Dr. Elizabeth Duke, Administrator of the Health Resources and Services Administration, HRSA announced that the application deadline for the General Dentistry (GD) and Pediatric Dentistry (PD) grant program has been extended to May 1, 2007. A total of $10 million is available for grant awards ($5 million for General Dentistry and $5 million for Pediatric Dentistry) in FY 2007.

The average amount for grants awarded in FY 2005 was $228,772 for year one of the project proposal (range of $70,248 to $563,204 for year one in FY 2005). The full amount of the grant award is determined by the scope of the project and the number of objectives, and the length of time for the proposed activities. Funding can be requested by the applicant up to a maximum of three years.

The grant program helps to meet the costs of planning, developing, or operating programs and to provide financial assistance to residents in such programs as general dentistry or pediatric dentistry in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

In a joint March 8 letter ADEA and AAPD urged HRSA to give preference to grantees that were defunded in FY 2006 in both the initial award cycle and in a second grant cycle, and schedule a second grant cycle for the Title VII GD and PD program if all $10 million in appropriated funds for FY 2007 was not awarded in an initial grant competition.

HRSA responded on April 2 with a notice to applicants who applied by the original deadline. HRSA stated that applicants could increase their budget request or alter their applications by reapplying if they so desired by May 1. HRSA also opened the grant cycle to any others who wish to compete for a GD/PD grant.

ADEA and AAPD preferred that HRSA have a second grant cycle if all $10 million could not be awarded to the initial applicants. We believed that those applicants who had applied initially should not have to compete against a larger pool of applicants that did not meet the original deadline. Also, we advocated that the review of the initial applications not be delayed so that awards could be made in a timely fashion.

In our view there are three categories of applicants, namely, those that:

- **Filed their applications by the original deadline of February 12 and do not wish to make changes of any kind.** They need do nothing. Their applications will be reviewed with all others submitted by May 1.
• **Filed their applications by February 12 and now wish to increase their budget requests or amend their applications in some other fashion.** They must resubmit their applications as new applications. No amendments will be accepted. The new applications will simply replace the original applications. New vs. old applications will not be compared nor will they be viewed unfavorably. Resubmitted applications must clearly state that "this is a resubmission to application tracking numbers" (provide the grants.gov tracking number of the original submission). The resubmissions must be done electronically via www.Grants.gov by 8 PM ET on May 1, 2007. Application guidance and instructions for submitting an application are available at the HRSA website http://www.hrsa.gov.

• **Did not submit applications by February 12 and now wish to compete for a FY 2007 $5 million for Residency Training in GD or PD grant.** Their applications must be filed by May 1. The applications must be submitted electronically via www.Grants.gov by 8 PM ET on May 1, 2007. Application guidance and instructions for submitting an application are available at the HRSA website http://www.hrsa.gov.

For more information on the grant contact Brenda L. Williamson, Primary Care Medical Education Branch, 301-443-1467 or 301-443-6821 or bwilliamson@hrsa.gov. For financial questions contact Denis Nikiema, 301-443-8007 or dnikiema@hrsa.gov.

**ADEA-AADR Endorse Medical Education Affordability Act**

Senator Christopher Dodd (D-CT), on March 29, introduced the Medical Education Affordability Act (S. 1066) which has been endorsed by ADEA, AADR and the Association of American Medical Colleges (AAMC).

“As the cost of higher education tuition rises, far too many students are incurring significant and often unmanageable debt as they struggle to finance the long residencies required by medical and dental degree programs,” the Connecticut Democrat said. “This important legislation will help ensure that students are able to pursue a career in medicine without taking on debilitating debt.”

S. 1066 will assist dental and medical residents to manage their student loan debt while in residency training. Limiting education debt and developing a diverse oral health care workforce and bringing new dental practices including dental specialty practices to communities throughout the United States is vital in addressing the problem of disparities in access to dental care.

At the present time S. 1066 has three cosponsors: Senators Richard Durbin (D-IL), Russell Feingold (D-WI) and John Kerry (D-MA).

**ADEA Bruce Fellow Selected**

Joan E. Kowolik, B.S.D., L.D.S.R.C.S. Edin., Dip. Clin. Hyp., was selected as the 2007-2008 ADEA/Sunstar Americas Inc/Harry W. Bruce, Jr. Legislative Fellow during the ADEA 2007 Annual Session and Exposition in New Orleans. She first caught "Potomac Fever" while taking part in the ADEA Leadership Institute, the year-long program designed to develop promising individuals at academic dental institutions become future leaders in dental and higher education. Dr. Kowolik is also a former Primary Health Care Policy Fellow of the U.S. Department of Health and Human Services.

Born in Scotland and a graduate of the University of Edinburgh, she pursued a career in Community and Pediatric Academic Dentistry in Edinburgh and Leeds, treating children and teaching predoctoral and graduate students. Her interest in non-pharmacological behavioral management led to her being the first dentist to obtain a Diploma in Clinical Hypnotherapy from the Department of Psychiatry, University of Sheffield. Since arriving in Indiana she has taken a leadership role in the Problem Based Learning program at Indiana University School of Dentistry,
where she is currently an Assistant Professor in the Pediatric Dentistry Division. She has been chair of the Case Writing Panel since 2000, and a major role in faculty development has followed. In 2002, Dr. Kowolik was one of six people invited to join a University wide Faculty Learning Community focusing on “The Impact of Instructional Technology.” She is active both nationally and internationally in the field of Assessment in Higher Education.

**Technical Assistance Available at the Dental Hygiene Program Directors Meeting**

A technical assistance program has been included on the schedule at the upcoming Dental Hygiene Directors Meeting on June 9, 2007, 4:15-5:15 p.m. The session, Dental Hygiene Programs, Oral Health Care and the Ryan White Treatment Modernization Act, will provide an overview of the federal grant programs encompassed under the Ryan White Treatment Modernization (RWMT) ACT that provide funding to extend access to health care and support services for people with HIV disease. With a $2 billion annual appropriation, RWMT Act programs mandate that recipients of funds under Parts A, B, and C must spend at least 75 percent of grant funds on "core medical services", which include oral health care. This session will seek to increase the knowledge of dental hygiene program directors about the RWMT Act and impart experience-based practical advice about how to maximize opportunities to plan and provide oral health care to HIV positive individuals, provide technical assistance for funding, and give examples of interdisciplinary learning and financial partnerships that improve oral health service delivery.

Leading the review of the Ryan White Grant Programs is **Barry H. Waterman**, D.M.D., Chief Dental Officer, HIV/AIDS BUREAU, Health Resources and Services Administration, and providing insight and practical guidance on how to successfully compete for RWMT grants is **Janet E. Leigh**, B.D.S., D.M.D., Chairman of Oral Medicine and Radiology at Louisiana State University Health Sciences Center. Moderating the session is **Jack E. Bresch**, ADEA Associate Executive Director and Director of the ADEA Center for Public Policy and Advocacy.

**Salivary Diagnostic Device – IMPOD Shows Promise**

Researchers supported by the National Institute of Dental and Craniofacial Research (NIDCR) have engineered a portable, phone-sized test that in minutes measures proteins in saliva that may indicate a developing disease in the mouth or possibly elsewhere in the body. Although developed for saliva, Integrated Microfluidic Platform for Oral Diagnostics (IMPOD) could be used to test other diagnostic fluids such as blood and urine.

IMPOD is described in the March 27 issue of the "Proceedings of the National Academy of Sciences." In the report the scientists offer the results of proof of principle experiments in which IMPOD reliably measured the concentrations of MMP-8, an enzyme associated with chronic inflammation of the gums called periodontitis.

The point-of-care test, one of several saliva-based diagnostic devices now under development with NIDCR support, could become in the future a common sight in the dentist's office. As envisioned by the researchers, a dentist would collect a small saliva sample with a patient's consent, load it into the diagnostic cartridge, start the assay, and have a read out waiting after a cleaning or a dental procedure has been completed.

The process begins with a series of microwells, each as distinct as fingers on a hand. One well holds the saliva sample, while the other wells contain cleansing buffering solution and antibodies that are preprogrammed to bind the specific protein of interest in saliva. The antibodies are tagged with a fluorescent dye that can be illuminated and measured at the end of the assay.

With the punch of a button, the contents of the wells are released and merge into a single channel about 40 microns wide, or roughly the width of a human hair. As the mixture flows in these tight
quarters, the antibodies readily find the proteins of interest, tag them, and continue forward to be trapped on a porous gel membrane that serves as a filter.

The researchers collaborating on IMPOD include Dr. Anup K. Singh, Dr. Amy E. Herr, Dr. Anson V. Hatch, Dr. Daniel J. Throckmorton, Dr. Huu M. Tran, Dr. James S. Brennan, all from the Sandia National Laboratories in Livermore, California and Dr. William V. Giannobile from the University of Michigan, School of Dentistry in Ann Arbor. Access the full article on PubMed at [http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17374724](http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17374724) or to read the full press release from NIDCR visit: [http://www.nih.gov/news/pr/apr2007/nidcr-11.htm](http://www.nih.gov/news/pr/apr2007/nidcr-11.htm)

**Facing the Future--The State of NIDCR**

NIDCR Director Lawrence Tabak's presentation at the International Association for Dental Research annual meeting in New Orleans in March is available online. The presentation includes an overview of the NIDCR and how Institute priorities are reached. In addition, it highlights current national and international funding opportunities. To view the presentation, go to: [http://events.streamlogics.net/avwtelav/iadr/apr03-07/index.asp](http://events.streamlogics.net/avwtelav/iadr/apr03-07/index.asp)

**Congress Continues to Pursue NIH Conflict of Interest**

Federal health investigators are undertaking a broad review of conflict-of-interest policies at the National Institutes of Health, with potentially wide ramifications involving the agency's oversight of nonfederal scientists who conduct research with government money, the Associated Press reported. According to the HHS' investigative branch, the review "will determine the extent to which the NIH oversees grantee institutions' financial conflict-of-interest issues." Conflict-of-interest rules for NIH, the nation's premier medical research institution, do not extend to grantees outside the agency. The outside institutions are to enforce their own ethics policies and report to NIH on conflicts of interest.

**Hearing Set on Bisphenol A**

The National Institute of Environmental Health Sciences (NIEHS), the National Toxicology Program (Ntp) and the Center for the Evaluation of Risks to Human Reproduction (CERHR) has announced a second meeting on Bisphenol A and the release of the draft report on the chemical which is being evaluated because of high production volume, widespread human exposure, evidence of reproductive toxicity in laboratory animal studies, and public concern. Some polymers used in dental sealants and tooth coatings contain bisphenol A.

An interim draft expert panel report which will show all edits to date will be posted on the CERHR website ([http://cerhr.niehs.nih.gov](http://cerhr.niehs.nih.gov)) by April 20 and serve as the starting point for the panel's discussions at its May meeting. Written public comments on the interim draft report must be received by May 14.

An expert panel meeting will be held on May 21-23, 2007, at a location not yet announced. The expert panel will continue its review, finalize sections 1-4 of the draft report, reach conclusions regarding whether exposure to bisphenol A is a hazard to human reproduction or development, and write Section 5 Summary, Conclusions, and Critical Data Needs.

Bisphenol A is a high production volume chemical used in the production of epoxy resins, polyester resins, polysulfone resins, polyacrylate resins, polycarbonate plastics, and flame retardants. Polycarbonate plastics are used in food and drink packaging; resins are used as lacquers to coat metal products such as food cans, bottle tops, and water supply pipes. Exposure to the general population can occur through direct contact to bisphenol A or by exposure to food or drink that has been in contact with a material containing bisphenol A.

CERHR convened the first expert panel meeting on March 5-7, 2007 to assess the potential reproductive and developmental hazards of Bisphenol A. The panel discussed the scientific
evidence and made revisions to the draft expert panel report. A summary of the March 5-7 meeting is available on the web at: http://cerhr.niehs.nih.gov/chemicals/bisphenol/bisphenol.html.

**Funding Opportunities Update**

**www.GRANTS.gov**

You must use www.GRANTS.gov to apply for federal grant programs. The registration process can take up to one month. Assistance is available from www.Grants.gov help desk at support@grants.gov or by phone at 800.518.4726. To successfully register in www.GRANTS.gov,

**Health Resources and Services Administration (HRSA)**

- Pressure from Capitol Hill and the advocacy community, including ADEA as part of the National Council for Diversity in the Health Professions, caused HRSA to offer Health Careers Opportunity Programs (HCOPs) grantees no-cost extensions through September 2007. HCOP grants that were terminated in February 2007. Federal funding for the programs was eliminated in FY 2006 and was not restored in FY 2007. Grantees with unexpended funds may request an extension by submitting a detailed explanation of the program budget and activities to HRSA by April 20.

**National Institutes of Health**

- **Updated FY 2007 Extramural Funding Plan.** Review the National Institute of Dental and Craniofacial Research’s (NIDCR) updated funding plan at: http://www.nidcr.nih.gov/Funding/FY2007ExtramuralFundingPlan.htm

- **Centers for Research to Reduce Disparities in Oral Health.** The NIDCR will issue an RFA in the spring of 2007 for Centers for Research to Reduce Disparities in Oral Health. This is a competitive renewal and is open to current centers as well as to new applicants. Letters of intent will be due July 13, 2007; applications are due by November 15, 2007. For more information visit: http://grants2.nih.gov/grants/guide/notice-files/NOT-DE-07-003.html


Program Announcements and Notices - Agency for Health Research and Quality


Recent Reports and Other Resources

• Health Care Coverage in America: Understanding the Issues and Proposed Solutions. This guide, updated for Cover the Uninsured Week 2007, provides an overview to how Americans get health coverage, why so many don’t have coverage and what can be done to ease the problem. Includes graphs and links to sources of additional information. Access at www.allhealth.org/publications/Uninsured/Health_Care_Coverage_in_America_2007_54.pdf

• NIH Grants for Indirect Costs of Academic Research Hold Steady. A recent report issued by the Government Accountability Office (GAO) found that the proportion of grant dollars that the National Institutes of Health (NIH) awarded to universities to reimburse their indirect costs has held steady at 28.5% annually from 2003-2005. The rates were stable because there was little change in the administrative component, the largest piece of the indirect-cost rate for academic research. The report includes an overview of the NIH’s audits of universities. Access the report at: http://www.gao.gov/new.items/d07294r.pdf.


• Earmark Reforms Needed. In February the Office of Management and Budget (OMB) instructed federal agencies to ignore earmarks in all prior-year committee reports or conference statements, as most earmarks are in non-binding reports. These instructions build on language contained in the FY07 Continuing Resolution that prohibited funding for most earmarks in statutory text of the FY 2006 bills. Access the report at: http://www.cagw.org/site/DocServer/All_About_Pork_2007_Final.pdf?docID=2022

Upcoming Meetings and Conferences

• Second Annual NIH Pain Consortium Second Annual Symposium, May 1, 2007. The NIH Pain Consortium will take place May 1, 2007 on the NIH campus in Bethesda, MD. The symposium will present advances in pain research and pain management. Topics include mechanisms and management of neuropathic pain, visceral pain, inflammatory pain, and treatment-induced pain. Registration for the symposium is free. For additional details and to

- **Cover the Uninsured Week will be April 23 - 29.** For more information, go to www.covertheuninsured.org

**Quotable**

“Politics is not an exact science.”

*Otto Von Bismarck*