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The Effect of Averting the Fiscal Cliff on States

On January 1, 2013, Congress passed the American Taxpayer Relief Act H.R. 8 to avert the “fiscal cliff.” The bill delays, by two months, the sequester, automatic cuts in federal spending that would have taken effect January 2, 2013, and would have reduced the budgets of most agencies and programs by approximately 8%.

By delaying the $1.2 trillion in across-the-board spending cuts, Congress left states with little information about how much their share of federal revenue will diminish this year. Federal education funding could be cut by more than $1 billion under spending cuts still scheduled for later this year, and cuts to federal grant programs for food and health care for women, infants, and children would leave states filling the gap in services for their most vulnerable populations.

State Legislatures are Back in Session

The majority of states will convene for their 2013 regular legislative session in January 2013. State legislatures will address issues such as health care reform, alternative health care workforce models, implementation of the Affordable Care Act (ACA), Medicaid costs, higher education policy and financing issues, and state budgets. To find out when your state legislature will convene, click here.

U.S. Department of Health and Human Services Certifies Several States for Exchanges

On December 7, the U.S. Department of Health and Human Services (HHS) began conditionally approving state-based exchanges for states that have made significant progress setting up their marketplaces. Specifically, the following states have received conditional approval to operate a state-based exchange: California, Colorado, Connecticut, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, and Washington. The District of Columbia also has been conditionally approved to operate a state-based exchange.

Additionally, HHS has issued conditional approval for Delaware and Arkansas to operate state partnership exchanges.

To learn more about the conditional approvals issued by HHS, click here.

U.S. Department of Health and Human Services Issues Guidance on State Partnership Exchanges

On January 3, the U.S. Department of Health and Human Services (HHS) issued a guidance document on state partnership exchanges. The document provides a framework for states considering a state partnership exchange. Additionally, in the guidance document HHS outlines how the agency will work with states independent of the state partnership exchange. States electing to operate a state partnership exchange must submit declaration letters and applications to HHS by February 15.

23 States Receive Performance Bonuses for Enrolling Children in Health Coverage

The U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) is awarding nearly $306 million in fiscal year (FY) 2012 performance bonuses to 23 states for improving access to children’s health coverage and successfully enrolling children.

The performance bonuses are authorized under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). States qualify for a bonus by implementing procedures to simplify enrollment and renewal to ensure that all eligible children have easier access to coverage under Medicaid and the Children’s Health Insurance Program (CHIP). They must also exceed targets for enrolling the lowest income children.
The 23 states awarded performance bonuses include: Alabama, Alaska, Colorado, Connecticut, Georgia, Idaho, Illinois, Iowa, Kansas, Maryland, Michigan, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Utah, Virginia, Washington, and Wisconsin. Of the 23 states receiving FY 2012 performance bonuses, 22 received awards in FY 2011; Utah is receiving a performance bonus for the first time.

**U.S. Department of Health and Human Services Issues Letter and Frequently Asked Questions Guidance Document Regarding the Affordable Care Act**

On December 10, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius sent a [letter](#) to state governors along with a frequently asked questions [FAQs](#) document on exchanges, market reforms, and Medicaid, in an effort to aid state leaders as they make policy decisions with respect to implementation of the Affordable Care Act (ACA).

According to FAQ #26, HHS has determined that states cannot partially expand their Medicaid programs. Specifically, HHS notes, “Congress directed that the enhanced matching rate be used to expand coverage to 133% of the federal poverty level. The law does not provide for a phased-in or partial expansion. As such, HHS will not consider partial expansions for populations eligible for the 100% matching rate in 2014 through 2016.”

**Kansas Board of Regents Waits on Legislature to Decide on Mid-Level Providers**

The Kansas Board of Regents (the Board) will not consider a proposal from Fort Hays State University to create a new training program for mid-level dental practitioners until the Kansas Legislature decides whether it wants to authorize licensing for the new category of dental worker, according to Andy Tompkins, chief executive of the state’s higher education governing board. In Kansas, new degree programs require approval by the state legislature and the Board.

Legislation (S.B. 192 and H.B. 2280) which failed passage out of committee during the 2011-2012 legislative session would have created a new category of providers: registered dental practitioners (RDPs). According to the bills, these professionals would be dental hygienists who obtain advanced education and training. RDPs would provide routine and preventive care, as well as other functions such as some extractions, the re-cementing of permanent crowns, simple repairs and adjustments for patients with removable prosthetic appliances, suture removal, and brush biopsies. Additionally, RDPs would work in safety-net clinics and community settings, such as nursing homes. RDPs would work under the general supervision of a dentist.

The Oral Health Task Force, appointed by the Kansas Board of Regents in October 2011, released a report in June 2012 recommending that the state begin long-term planning to have its own dental school that includes clinical sites in underserved areas, and that it immediately secure additional seats for Kansas students in the dental schools of surrounding states, where many Kansas dentists currently receive training. At the moment, Kansas does not have a dental school. However, the Board failed to include funding in its spending plans for the recommendations made by the Oral Health Task Force. Instead, it recommended adding $1.2 million for the Advanced Education Program in General Dentistry (AEGD) at Wichita State University’s (WSU) College of Health Professions. The AEGD is a one-year postdoctoral education program which offers dentists the opportunity for advanced comprehensive clinical experience in a variety of clinical settings. With the additional funding, the WSU program would be expanded from one to two years.

**Massachusetts Governor Asks for a Dental Insurance Study**

Governor Deval Patrick (D-MA) is calling for a special commission to study and recommend possible reforms in dental insurance coverage.
The governor announced his intention to seek creation of the special commission in a letter to the Legislature in which he told lawmakers that he would not sign H.B. 4265, a bill passed in the final days of last year’s legislative session.

The bill would have banned health plans from contractually setting the fees that dentists charge to patients who receive services that are not reimbursable under their own dental insurance plans. The governor noted in his letter that dental insurance coverage is in need of reform, but he was concerned that the bill might actually have the unintended effect of increasing costs for patients.

Maryland Aims to Reduce Health Disparities with Health Enterprise Zones

On April 10, 2012, Governor Martin O’Malley (D-MD) approved the Health Disparities and Reduction Act of 2012, which required the Secretary of the Maryland Department of Health and Mental Hygiene to designate certain areas as Health Enterprise Zones (HEZs). Maryland will soon announce the location of four HEZs. The pilot program is being carried out by Lieutenant Governor Anthony Brown (D-MD) and the Maryland Department of Health and Mental Hygiene. The goal of the program is to reduce health disparities among the economically disadvantaged.

In order to qualify for the pilot program, coalitions comprised of health care providers, government agencies, nonprofits, and local businesses must identify the population they want to help (which must be at least 5,000 people), the health disparities they want to reduce, their plan for expanding primary-care access, and the community resources they have to do it. A total of 19 groups initially applied to the state health department for funding in September. The applicants have been narrowed down to 10, and four will eventually be chosen, according to Lieutenant Governor Brown.

The Maryland Legislature has allocated $12 million over three years ($4 million per year, for an average of $1 million per zone per year) for the pilot.

New Policy Links State Funding for Higher Education to Graduation Rates, Not Enrollment

The Higher Education Funding Study Commission created by Governor Nathan Deal (R-GA) via executive order, approved a new formula that links the amount of state funding allotted to colleges with student success rates and the number of awarded degrees or certificates. The plan, which would not go into effect for several years, represents a shift from the current system that focuses on enrollment and how many credits students take.

The new formula is one of a series of steps Georgia is taking that acknowledges that the state’s economic future depends upon colleges producing a more skilled workforce, which will attract and keep employers. Colleges would earn money based on, for example, how many students accumulate 30, 60, and 90 credit hours, as well as those who successfully transfer to another college. The bulk of the formula emphasizes completion by counting the number of students who earn degrees or certificates. According to Governor Deal, in 2011, Georgia spent approximately 11% of the state budget and approximately two-thirds of lottery funds on providing access to college. The governor expects that by 2018, more than 60% of job openings in Georgia will require some form of postsecondary education.

Ohio may be next. Governor John Kasich (R-OH) may propose a redesigned funding formula for colleges and universities in the two-year budget he will unveil in February. The plan will borrow from the findings by a commission led by The Ohio State University President E. Gordon Gee, which recommended that half of the state aid to universities be tied to whether their students graduate. To read the report by the Ohio Higher Education Funding Commission click here.

Approval of For-Profit Colleges May Depend on Student Outcomes in Wisconsin

The Education Approval Board (EAB), the state agency in Wisconsin that oversees for-profit colleges, is considering a proposal that would require those institutions to meet certain performance standards in
order to be allowed to operate in the state. Specifically, under the proposed rule (see tab 6, section on proposed performance standards beginning on pdf page 114) all EAB-approved schools would be required to maintain a 60% completion rate and a 60% graduate employment rate for each program. Due to statistical validity constraints, programs with less than 10 students would not be subject to those benchmarks. The rule would apply to all institutions under the jurisdiction of the Wisconsin EAB: all for-profit colleges with a physical presence in the state and online distance-education programs offered to Wisconsin residents by any out-of-state institution.

Community Water Fluoridation Up Again for a Vote in Portland

The Portland, Oregon City Council met September 12 and approved an ordinance to add fluoride to its drinking water. The city council approved the proposed measure by a vote of 5-0. However, opponents of community water fluoridation gathered enough signatures within 30-days of the City Council’s vote to stop implementation of the ordinance and require a public referendum on the issue at the next regularly scheduled primary election in May 2014. However, according to city code, the council can set an earlier date if the "public interest in a prompt resolution of the question outweighs the costs associated with a special election." As a result, prior to retiring December 31, City Council Commissioner Randy Leonard, offered a resolution to move the referendum from 2014 to 2013. On December 20, the Portland City Council (see agenda item 1521) voted 3-1 to move the date of Portland's public referendum on community water fluoridation from May 2014 to May 2013. To view the timeline of events click here.

Local California Rule Demands Drug Companies Ensure Prescription Drugs Are Properly Disposed

In July 2012, the Alameda County Safe Drug Disposal Ordinance was adopted by the Alameda County Board of Supervisors. This is a unique ordinance in that it requires producers of pharmaceuticals to share in the responsibility and costs to safely dispose of unused medications from the public. Specifically, the ordinance requires producers of prescription and nonprescription drugs to develop product stewardship program(s) to collect and dispose of unwanted medications from residential consumers.

State Policy Updates

- Michigan

Governor Rick Snyder (R-MI) vetoed S.B. 59 on December 18. The legislation had successfully passed both the House and Senate. The bill would have amended the Handgun Licensure Act to allow licensees and applicants who meet certain requirements to apply for exemptions to carry concealed pistols in most no-carry zones. No-carry zones include dormitories or classrooms of a community college, college, or university.

- New Mexico

House of Representatives Member Dennis J. Roch (R-NM) has filed H.B. 17. The bill establishes the role of a dental therapist in New Mexico. Additionally, the bill amends sections of the Allied Health Student Loan for Service Act and the Health Service Corps Act by adding dental therapy as an eligible health profession. The bill has been referred to the House Health, Government & Indian Affairs Committee for consideration.

- Texas

State Senator Jane Nelson (R-TX) has filed S.B. 151. The bill would require dental service organizations (DSOs) to register with the State Board of Dental Examiners (the board), and it would allow the board to impose administrative penalties and disciplinary actions against DSOs that
violate the Texas Dental Practice Act. Currently, DSOs in Texas are not subject to any state regulation, according to Senator Nelson.

Additionally, the bill would require dentists to inform parents or guardians before treating a child and that the parent or guardian to be present for treatments. Also, the proposal provides that the dentist cannot bar the parent or guardian from accompanying the child during treatment.

Dental Schools in the News

• California

Second-year Doctor of Dental Surgery (DDS) and International Dental Studies (IDS) students at the University of the Pacific, Arthur A. Dugoni School of Dentistry provided complete denture prosthodontic services for 30 underserved individuals. The program called Denture Block began in 2010. Patients participating in Denture Block receive an oral clinical screening examination and a panoramic radiograph, and they attend an orientation group session to prepare them for participation in the program. The complete Denture Block experience includes five consecutive Friday morning and afternoon appointments involving groups of five students and one adjunct volunteer faculty mentor for each appointment. Program faculty includes Bay Area prosthodontists and department staff from preclinical courses.

Reports of Interest

The Pew Center on the States published a report analyzing which states had school-based dental sealant programs and grading them accordingly. According to the report, 40% of all states earned a grade of D or F based on Pew's benchmarks.

The Congressional Research Service released a report finding that state prescription drug monitoring programs (PDMPs) reduce prescription drug abuse. The report provides an overview of PDMPs, including their operation, enforcement mechanisms, costs, and financing. The report also examines the effectiveness of PDMPs and outlines federal grants supporting them. Additionally, it discusses relevant considerations for policymakers, such as interstate data sharing, interoperability, and the protection of health information.

The State Budget Crisis Task Force, which focuses on the fiscal challenges confronting state and local governments, has partnered with experts in California, Illinois, Texas, New Jersey, New York, and Virginia, and has produced individual state reports finding that Medicaid spending growth is crowding out other needs in each state.

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 student 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 lives 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.