

1 **MDA Dental PAC Meeting**
2 **November 7, 2014 – 9:00 a.m.**
3 **Minutes**

4
5 **Attended**

6 Kerry Kayserrian, DDS, chair
7 Sherill Behnke, DDS, member
8 John Carter, DDS, member
9 George Goodis, DDS, MS, member
10 Thomas Goodsell, DDS, member
11 Steven Gustafson, DDS, member
12 William Metz, DDS, member
13 Charles Palumbo, DDS, member
14 Brian Rathke, DDS, member
15 Clayton Shunk, DDS, member
16 R. Graham Greenland, student member

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18 CGIA Representatives

19 Curt Ralstrom, DDS, MS
20 Mark Connelly, DDS
21 Shelly Jones, DDS
22 Lisandra Soto, DDS

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24 LEAD Participants

25 Samuel Blanchard, DDS
26 Naila Farooq, DDS, DDS
27 Jason Golnick, DDS
28 Veronica Hamilton, DDS
29 Gregory Heintschel, DDS
30 Litsa Karaouzas, DDS
31 Vincent Lizzio, DDS
32 Jason Mashni, DDS
33 Catherine Nelson, DDS
34 Vaijanthi Oza, DDS
35 Elizabeth Ralstrom, DDS
36 Rosolino Sclafani, DDS
37 Basam Shamo, DDS
38 Constance Smith, DDS
39 Michael Towler, DDS
40 Yu-Ju Yang, DDS

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42 MDA Staff/Contract Support

43 Bill Sullivan, director of governmental and insurance affairs
44 Josh Kluzak, manager of governmental and insurance affairs
45 April Stopczynski, manager of access and prevention
46 Kesha Dixon, governmental/insurance affairs assistant/access assistant
47 Peter Ruddell, RWC Advocacy
48 Lynn Aronoff, MDA grassroots coordinator

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51 **PAC Members Absent**

52 Steven Dater, DDS, vice chairperson
53 John Buchheister, DDS, treasurer
54 Patricia Boyle, DDS, member
55 James Cantwil, DDS, member
56 Gary Jeffers, DMD, MS, member

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58 The MDA Dental PAC meeting was held in joint session with the Committee on Governmental and
59 Insurance Affairs with the LEAD Program members as guests. CGIA was called to order by Dr. Curt
60 Ralstrom at 9:05 a.m. and roll was called. The Dental PAC was then called to order by Dr. Kerry
61 Kayserrian at 9:06, roll was called and introductions were made. Dr. Curt Ralstrom asked Josh Lord to
62 introduce the members of the LEAD Program.

63
64 **INFORMATIONAL REPORTS**

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66 **Special Committee on Access to Care Update**

67 The meeting participants were informed that the MDA Special Committee on Access to Care (SpCAC)
68 has completed a review and update of all MDA access to care policies. The SpCAC is currently
69 evaluating GIS mapping as a possible way to geographically compare Michigan's dental needs with
70 available resources.

71
72 Three workgroups have been formed to develop CE course outlines. One will focus on business models
73 that include low income patients, and the second will focus on understanding barriers and decision-
74 making by low income patients so that members are able to more successfully incorporate these patients
75 into their practices. A third workgroup will develop recommendations on elder care. At its December
76 meeting, the committee will take a closer look at veterans' access to oral health care.

77
78 On the fluoride front, SpCAC reported that voters in both Boyne City and Bronson chose by a margin of
79 more than 2-1 to continue to fluoridate their community water supplies. Bronson voters were asked to
80 reaffirm the city's longstanding policy on fluoridating. The only anti-fluoride activity was a single
81 interview with a city council member that aired the night before the election. 63% of Bronson voters
82 approved continuing to fluoridate.

83
84 This issue has been a hot topic all year for Boyne City following a vote by city commissioners in May to
85 discontinue fluoridation. A local group of concerned citizens and health professionals successfully
86 petitioned to place the issue on the November ballot, formed a registered ballot committee, and launched
87 a positive grassroots campaign to educate voters. With financial support from the ADA and Delta Dental,
88 the campaign included mailers, newspaper ads, and social media. The anti-fluoridation activists were very
89 aggressive with opposition efforts. Media coverage on both sides of the issue was extensive throughout
90 the summer and fall. The MDA worked closely with the local ballot committee to provide resources,
91 guidance, and information sharing. 68% of Boyne City voters approved the ballot proposal. Following
92 the election, the MDA issued a statewide press release commending local voters in both communities.

93
94 While the MDA is thrilled with these wins, we know there is an increase in anti-fluoridation activity in
95 Michigan and across the nation, and expect additional anti-fluoride activity in several communities in the
96 upcoming year. Therefore the MDA is continuing to develop long-term strategies.

97
98 **Legislative and Insurance Update**

99 The meeting participants were informed that the current legislative term is coming to an end in December
100 and all current bills that are not passed and signed into law before the end of the year will die. The
101 legislature has been inactive recently because of the elections but will pick-up drastically in November

102 and December due to the upcoming lame duck session. The State House of Representatives and State
103 Senate recently held their leadership elections and Representative Kevin Cotter will be the new Speaker
104 of the House and Senator Arlan Meekhof will be the new Senate Majority Leader.

105
106 A potential lame duck issue that will affect dentists is the integration of the Health Kids Dental program
107 into health plans similar to the Healthy Michigan Plan. The MDA just found out about the potential
108 integration a day before the meeting and not much is known at this time. It was suggested, and widely
109 supported by the committee, that the MDA be prepared with a letter from MDA Executive Director Karen
110 Burgess supporting a stand-alone approach. It is speculated that this change would lead to lower
111 reimbursement rates, more focus on integrated care, and less state dollars toward patient care due to more
112 administration costs.

113
114 The Michigan Oral Health Council (MOHC) was contacted by Child Protective Services regarding
115 difficulties in getting appointments for neglected children. The MOHC reached out to the MDA for
116 suggestions on how to get dental offices to accept these patients. The committee discussed lack of access
117 as a problem, referring to three month wait times in some cases. It was suggested that the MDA provide a
118 list of practitioners willing to see Medicaid children, and have the CPS worker and dentist develop a
119 relationship or direct means of communication. Communication between CPS workers and dental offices
120 before and after an appointment is critical, especially in the case of a no-show.

121
122 The ADA recently passed a resolution opposing CIGNA's proposed rating system and the MDA will be
123 working with them on an advocacy plan and potential legislation.

124
125 Michigan's current amalgam separator law should be mostly compliant with the EPAs proposed amalgam
126 separator rule. Reporting requirements under the proposed EPA rule may be the only effect on Michigan
127 dentists. The proposed rule is currently in the comment period and the ADA is analyzing.

128 129 **Election Update**

130 The Republicans won just about everything and the pollsters were slightly off. Ultimately voter turnout
131 was low and Governor Snyder won reelection despite receiving fewer votes than Dick Devos in 2006,
132 who lost to then-Gov. Granholm. Republicans won the state House and State Senate, and out of the ten
133 races that everyone was watching, Republicans won nine of them. Democrat Gary Peters won the U.S.
134 Senate race against Republican Terri Lynn Land.

135
136 Governor Snyder's win is good for dentistry because he has made oral health a priority during his tenure,
137 although several of his staff are turning over which could affect his legislative priorities. The results in the
138 state legislature aren't as clear as to what it could mean for dentistry, but the MDA has invested in key
139 leadership positions.

140
141 This election was unprecedented because of the amount of split ticket voters. While Republicans won
142 most statewide elections, they lost in the U.S. Senate race and the State Board of Education races. This
143 shows that most people split their ballot between democrats and republicans.

144 145 **Grassroots Update**

146 Every year the MDA has more and more dentists participating in grassroots events, and 2014 was no
147 different. In 2014 we had 287 dentists participate and 33% of them were first time participants. We could
148 have easily gone over 300 dentists but we limited the number of dentists at some meetings because of our
149 lobbying efforts for mobile dentistry. The success of mobile dentistry had a lot to do with the grassroots
150 contacts.

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152

153 **ADA Council Liaison Reports**

154 The ADPAC helped to get three dentists elected to the U.S. Congress. 28 of the 30 Senate candidates that
155 ADPAC supported won their election along with 283 of the 300 U.S. House candidates supported. As
156 part of the Medicaid Provider Advisory Council and RAC Audit subcommittee, the ADA is assisting
157 CMS in developing dental quality measures.

158

159 **Dental Student Reports**

160 The American Student Dental Association is getting more involved nationally through the program
161 Engage, especially at a chapter level. The students are currently working with the ADA to better utilize
162 the technology of Engage. ASDA is also getting more involved with pre-dental students in an attempt to
163 get them involved long-term.

164

165 The students have been working with Josh Lord on the upcoming student job fair and student lobby day.

166

167 The University of Detroit Mercy is in the process of finding a new CGIA member; there are currently a
168 few candidates.

169

170 **Review of Donations Made in 2014**

171 The meeting participants reviewed 2014 donations of PAC funds in support of candidates. The PAC
172 supports candidates that can further the dental professions' policies and objectives, which is the reason the
173 PAC gives to both Democrats and Republicans. MDA members give the PAC money with the intent that
174 we are going to spend it. The PAC prefers not to let the balance go below \$50,000. Currently, the PAC is
175 in good standing with a balance of \$80,000. 95% of the candidates the PAC contributed to won their
176 election, (65% of them being republican and 35% democrats.) The majority of the money went to
177 Republicans because they control all of the key positions; there were a few Democrats who received PAC
178 donations, including Joanne VanRaaphorst, who is the wife of a periodontist that is a member. While she
179 ran in a majority Republican district, it was important to show support for our members.

180

181 **ACTION ITEMS**

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183 All action items were the purview of the MDA PAC and only MDA PAC board members voted.

184

185 **Donation Guidelines for 2015**

186 The PAC board is being asked to increase the cap on the total amount of donations to the caucuses by a
187 total of \$15,000. The majority caucus contribution would go from \$15,000 to \$20,000 and the minority
188 caucus contribution would go from \$7500 to \$10,000. The PAC's balance allows for an increase and the
189 increased amount would allow the MDA to participate in even more caucus events. Caucuses are
190 becoming more important as they give to the candidates that need it the most. This will help raise the
191 MDA's profile with legislators, as they do remember who donates.

192 The board approved the following resolution unanimously.

193 **Resolved, that the guidelines for 2015 are as follows:**

- 194
- 195 • **The MDA Staff is authorized to determine and distribute any donation of \$500 or less.**
 - 196 • **The MDA Staff must get the authorization of the PAC Chair for any donation over \$500.**
 - 197 • **The MDA Staff is authorized to make contributions of up to \$20,000 for each majority**
 - 198 **caucus in the state legislature and up to \$10,000 for each minority caucus in the state**
 - 199 **legislature.**
 - 200 • **MDA PAC funds should be distributed as follows:**

201 **Up to \$60,000 to caucuses**
202 **Up to \$80,000 to individuals**

203
204 **Dental PAC 2016 Dues Statement Donation Amount – Action**

205 The board was asked to decide what the MDA’s optional contributions amount should be for 2016 dues
206 statement. It has been more than five years since the PAC has raised its optional contribution from \$45 to
207 \$60 on the dues statement. Back when the contribution level was \$45 it was added into the dues amount
208 and the member had to opt out of this contribution on their dues statement. Over the past five years this
209 has changed to where the member has had to opt in by checking a box on the due statement. In addition,
210 ADPAC has an optional contribution on the dues statement of \$50. The change from opting out to opting
211 in caused a 30-20% decrease in contribution levels. The board decided to keep the dues amount the same,
212 and approved the following unanimously.

213
214 **Resolved, that the MDA PAC’s optional contribution amount remain \$60 on the 2016 dues**
215 **statement.**

216
217 **2015 Action Campaign Donation Levels**

218 The PAC board was asked to consider keeping the contribution levels and campaign the same as last
219 year’s Action Campaign. The flyer will be included in the MDA *Journal*, Annual Session pre-registration
220 packets, and available at the MDA Dental PAC table at Annual Session. The 2014 Action Campaign
221 brought in \$18,050. At the Presidents Club \$500 contribution level, the donor receives a group dinner
222 with the MDA president and a special guest. This year the special guest will be Sen Arlan Meekhof, the
223 new senate majority leader. The board approved the following resolution with a unanimous vote.

224
225 **Resolved, the 2015 Action Campaign levels will be as follows:**

- 226
227 • **\$500 – Presidents Club**
228 • **\$250 – Gold Level**
229 • **\$100 – Silver Level**
230 • **\$60 – Bronze Level**
231 • **\$5 – Student Level**

232
233 **ADPAC State PAC Conference**

234 Dr. Carter gave background on the ADPAC State PAC Conference. Last year the board voted to cover the
235 cost (minus the ADPAC payment) of sending Michigan’s ADPAC representative and the Dental PAC
236 chair to the ADA State PAC Conference. Dr. Carter requested the board consider adding an MDA staff
237 person, such as Bill Sullivan or executive director Karen Burgess, to attend the ADA State PAC
238 Conference. The board supports this event but is uncomfortable with allocating a specific amount at this
239 time since the next ADA State PAC Conference is two years out. The PAC Board approved the
240 following resolution unanimously.

241
242 **Resolved, that the PAC Board supports up to three representatives to attend the ADPAC**
243 **State PAC Conference.**

244
245 **2015 Dental PAC Board appointments**

246 The board was informed that the 2015 Dental PAC Board appointments will go to the MDA Board of
247 Trustee’s December meeting for approval. The Dental PAC Board of Governors appointees are selected
248 based on MDA Board of Trustee regions but this may be changing. Next year, the Board may need to
249 revisit the PAC bylaws.

250

251 **Adjournment**

252 The Dental PAC and CGIA meeting were adjourned at 12:13 pm by Dr. Kerry Kayserrian and Dr. Curt
253 Ralstrom.