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**Minutes of the Michigan Dental Association
Committee on Governmental and Insurance Affairs
January 29, 2021 – 9:00 a.m.
Zoom Video Conference**

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Attended

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Connie Verhagen, DDS, MS, chair
Gabe Holdwick, DDS, member
Elizabeth Ralstrom, DDS, member
James Cantwil, DDS, member
Irene Tseng, DDS, member
Jason Mashni, DDS, member
Debra Peters, DDS, member
Sarah Tomaka, DDS, member
Chris Smiley, DDS, consultant/MDA board liaison (for a portion)
Mark Johnston, DDS, ADA liaison
Michael Maihoffer, DDS, MDA president-elect
Bill Sullivan, JD, MDA vice president of advocacy and professional relations
April Stopczynski, MDA manager of access and prevention
Josh Kluzak, MDA manager of government and insurance affairs
Kesha Dixon, MDA government and insurance affairs/access assistant
Lynn Aronoff, MDA grassroots coordinator
Peter Ruddell, consultant

Absent

Malika Malik, student member
William Mathers, student member

Call to order and roll call

The meeting was called to order at 9:03 a.m. A quorum was present.

Approval of the agenda

The CGIA unanimously approved the agenda.

MDA legislative priorities

In an effort to improve the effectiveness of the MDA's legislative messaging to members and MDA leaders, the MDA is developing a shortlist of legislative priorities. These priorities will be relatively short-term, one or two years, and be in addition to the MDA's regular legislative priorities, such as advocating for funding of existing dental programs (i.e. Healthy Kids Dental, Donated Dental Services, and Healthy Michigan Plan).

Using existing MDA policies, the CGIA identified the following legislative issues that should be MDA priorities. Factors in deciding included the likelihood of success and member enthusiasm. The five issues are:

- **COVID-19 Relief:** The MDA recognizes that heightened infection control requirements and rising costs of personal protective equipment have increased

49 the cost of providing dental care. The MDA is working with state and federal
50 governments to help dental offices get through the pandemic and relieve some
51 of these rising costs.

- 52
- 53 • **Network Leasing Transparency:** “Network leasing” is when a dental benefit
54 company sells or leases its network of dentists to another dental benefit
55 company. Typically, the network dentist is not aware of the transaction. This
56 causes confusion and frustration between the patient and dentist, because
57 many times a patient’s coverage status and reimbursement fees are unknown
58 until after care is provided. The MDA’s goal is to add transparency to the
59 practice of network leasing.
- 60
- 61 • **Recognizing Dental Specialties:** Michigan only licenses seven of the 12 ADA-
62 recognized dental specialties. Licensing a specialty allows a specialist to hold
63 themselves out to the public as such allowing the public and referring dentists to
64 find the appropriate and most qualified dental provider. The MDA is asking the
65 Legislature to pass legislation that licenses these additional dental specialties in
66 Michigan. This was nearly passed in the last session, and prospects are good for
67 success this year.
- 68
- 69 • **Student Debt Relief:** Dentists are graduating with staggering amounts of student
70 debt. This debt burden impacts where new dentists choose to practice, the
71 patient population dentists are able to treat, and the overall cost of dental care.
72 Student debt relief will help curb rising health care costs and increase access to
73 dental care.
- 74
- 75 • **Hospital and Ambulatory Surgical Center Access:** Many of Michigan’s most
76 vulnerable citizens require general anesthesia in a hospital or ambulatory
77 surgical center for basic and complex dental treatment. Unfortunately, mostly
78 due to low Medicaid reimbursement rates, hospitals around Michigan are
79 eliminating operating room time for dentists, creating significant barriers for
80 Michigan’s vulnerable populations to receive the dental care they need.
81 Improving state Medicaid funding for general anesthesia and facility services is
82 desperately needed to solve this access issue.
- 83
- 84 • **Teledentistry Regulations:** The COVID-19 pandemic has accelerated the
85 emergence of telehealth, including in the dental field (teledentistry). In order for
86 teledentistry to be successful, it is critical that regulations are put into place that
87 assure patient safety and maintain a standard of care. The MDA has developed
88 an outline to achieve these results and will be advocating for these principles to
89 be implemented into state laws and administrative rules.

90

91 It is anticipated that these priorities will be the focus of key messages going out to
92 members this year.

93

94 **MDA advocacy accomplishments**

95 For the past few years, the MDA has published an index card size list of recent legislative
96 accomplishments. These cards are intended to help MDA leaders and staff answer the
97 frequent member question, "what has the MDA done for me lately?"
98

99 MDA staff is in the process of updating the card and requested the CGIA's input. The
100 CGIA endorsed the list of accomplishments below to be included on the card:

- 101 • Successfully advocated for the reopening of dental practices after the
102 government shutdown by showing dentistry is an essential health service and is
103 as safe as possible for patients.
- 104 • Worked collaboratively with several state departments to ensure that guidelines
105 developed for reopening dental practices were safe and practical.
- 106 • Kept members up-to-date and provided analysis on all of the executive orders
107 and emergency orders issued by the state.
- 108 • Together with partners such as Blue Cross and the State of Michigan procured
109 and helped distribute 242,480 masks, 29,980 face shields, 69,440 gowns and
110 347,000 bouffant caps.
- 111 • Successfully advocated for dentists and their teams to be included in Priority
112 Group 1A for COVID-19 vaccinations.
- 113 • Successfully advocated to exempt dentistry from the surprise medical billing law.
- 114 • Maintained funding for Healthy Kids Dental and Donated Dental Services.
- 115 • Successfully advocated to preserve a dentist's ability to bill for nitrous oxide
116 analgesia under the Healthy Kids program.
- 117 • Worked against anti-fluoridationists around the state to maintain community
118 water fluoridation.

119 **Student debt relief proposal**

121 In response to the growing student debt crisis among dental school graduates, the
122 MDA Board of Trustees has requested the CGIA develop a legislative proposal based
123 on the MDA's student debt policy. The MDA's student debt policy states:
124

125 *Resolved, that the MDA recognizes the student debt crisis and its effect on*
126 *Michigan dentists. The MDA is committed to alleviating this burden on member*
127 *dentists and dental students by focusing on these areas:*

- 128 • *Reducing the cost of dental school tuition.*
- 129 • *Supporting favorable financial policies, such as refinancing*
130 *opportunities, reducing interest rates, and tax incentives.*
- 131 • *Supporting policies and opportunities that provide loan forgiveness*
132 *and/or repayment, scholarships and grants.*
- 133 • *Supporting economic policies that will continue to encourage*
134 *underrepresented minority dental student recruitment and enrollment*
135 *in dental programs.*

136
137 Currently, Michigan's primary tool to help alleviate student debt is the [Michigan State](#)
138 [Loan Repayment Program](#) (MSLRP). This program provides certain health care
139 providers, including dentists, who commit to practicing in underserved communities
140 over a period of up to eight years, up to \$200,000 in tax-free funds to repay their
141 educational debt. Unfortunately, limited state and federal funding for the program only
142 allows a small amount of health providers to be admitted into the program each year.

143
144 The CGIA reviewed recent data on the MSLRP that showed eight dentists applied and
145 three dentists qualified for the program in 2020. According to MSLRP staff, these are
146 typical results for dentists. The staff indicated that dentists have trouble qualifying for the
147 program because they must work in a non-profit setting and there are not many non-
148 profit opportunities for dentists. Therefore, the CGIA decided that the MSLRP is not a
149 solution to the student debt crisis because of the difficulty to secure state funding and
150 the limited amount of dentists who are able to utilize the program.

151
152 Upon researching what other state legislatures have done to address this crisis, it
153 appears that most states are similar to Michigan. Most states have their own version of
154 the loan repayment program for providers practicing in Health Professional Shortage
155 Areas, some having dentist-specific programs.

156
157 In order to look deeper into potential solutions, the CGIA decided to reconvene the
158 Student Debt Workgroup. The details of who will serve on the workgroup are still being
159 worked out, but it will be chaired by Dr. Gabe Holdwick.

160
161 **Vaccine administration**

162 In order to increase capacity in the COVID-19 vaccine roll-out, many states are
163 considering allowing dentists to administer vaccines. Some are issuing temporary
164 emergency orders to allow dentists to administer the COVID-19 vaccine, and others are
165 considering legislation to allow dentists to administer all vaccines. There are a few states
166 that currently have laws allowing dentists to administer vaccines.

167
168 Currently, Michigan state law prohibits dentists from administering vaccines. Since the
169 MDA is already advocating to Governor Whitmer to allow dentists to administer the
170 COVID-19 vaccine through an emergency order, the CGIA discussed whether or not
171 the MDA should pursue legislation to allow dentists to administer all vaccines.

172
173 In making its recommendation, the CGIA reviewed the MDA member survey from last
174 fall. The survey indicated 34.1% of respondents strongly agree, and 15.7% somewhat
175 agree, that the MDA should be advocating for dentists to have the ability to administer
176 vaccines. The Committee felt that this is not a significant demand from members, so the
177 CGIA did not recommend that this be a legislative priority this year. However, the CGIA
178 did agree that dentists, with the appropriate training, are qualified to administer
179 vaccines and should have the ability to do so. Therefore, the CGIA recommends that
180 the MDA adopt the ADA policy on administering vaccines:

181
182 *Resolved, that it is the position of the American Dental Association that dentists with the*
183 *requisite knowledge and skills should be allowed to administer critical vaccines to*
184 *prevent life or health-threatening conditions and protect the life and health of patients*
185 *and staff at the point of care.*

186
187 **Resolved, that it is the position of Michigan Dental Association that dentists with**
188 **the requisite knowledge and skills should be allowed to administer critical**
189 **vaccines to prevent life or health-threatening conditions and protect the life and**
190 **health of patients and staff at the point of care.**

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ADA teledentistry statement update

Last fall, the ADA House of Delegates updated their statement on teledentistry. Currently, the MDA policy manual contains the previous version of the statement. In addition to the statement, the MDA also has a teledentistry legislative proposal. The revised ADA statement does not conflict with the MDAs legislative proposal.

The CGIA reviewed the revised statement and decided to replace the old version in MDA policy with the revised version.

Resolved, that the MDA replace the ADA statement on teledentistry with the revised version.

Legislative and insurance update

Legislative update – The CGIA was informed that the 2021-2022 state budget is forecasted to have a significant surplus. Also, the Michigan Department of Health and Human Services has a new director, Elizabeth Hertel.

Registered Dental Assistants – The CGIA received a recap of the MDA RDA marketing campaign and an update on Washtenaw Community College’s dental assisting program. The CGIA discussed strategies to increase the RDA workforce.

Grassroots program – The MDA grassroots program is busy organizing meetings with new legislators and setting up component legislative events.

Access to Care Committee update

The Access to Care Committee is working on issues with access to hospital dentistry. Many stakeholders are involved in the effort, including the Michigan Oral Health Coalition. The Committee is also working on a campaign to encourage dental treatment for pregnant women.

ADA liaison reports

The ADA Council on Dental Benefits is looking into a universal dental benefit portal where offices can check patient’s benefit eligibility. The ADA Council on Ethics, Bylaws and Judicial Affairs is working on a vaccination white paper.

Dental student reports

Both dental school representatives were absent from the meeting.

Adjournment

The meeting was adjourned by the chair at 11:46 a.m.