

1 **Minutes of the Michigan Dental Association**  
2 **Committee on Access to Care**  
3 **Friday, July 23, 2021 - 9:00 a.m.**  
4 **via Zoom Video Conference**

5  
6 **Attended**

7 Lauren Johnson, DDS, vice-chair  
8 Michael Campeau, DDS, member  
9 Prabhjot Singh, DDS, member  
10 Maria Manautou, DDS, member  
11 Sarah Tomaka, DDS, member  
12 Mert Aksu, DMD, member  
13 Jenna Vander Velden, student member (portion)  
14 Christine Farrell, consultant  
15 Richard Small, JD, consultant  
16 Christopher Gorecki, DDS, liaison trustee  
17 Jehan Wakeem, DDS, ADA Council liaison  
18 Ellen Sugrue Hyman, JD, Michigan Oral Health Coalition, guest  
19 April Stopczynski, manager of access and prevention  
20 Bill Sullivan, JD, vice president of advocacy and professional relations  
21 Josh Kluzak, manager of insurance and governmental affairs  
22 Karn Cornell, Donated Dental coordinator  
23 Domonique Brace, Donated Dental coordinator

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25 **Absent**

26 Curt Ralstrom, DDS, MS, vice-chair  
27 Deborah Brown, DMD, member  
28 Ila Sayed, student member  
29 Gabriel Holdwick, DDS, CGIA liaison

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31 **Call to Order, Introductions and Roll Call**

32 The meeting was called to order by Dr. Johnson at 9:07 a.m. Attendees introduced themselves  
33 and staff announced the requirement for a quorum was met.

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35 **Health Literacy/Public Education/Prevention**

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37 **Michigan's New State Oral Health Plan**

38 Ms. Ellen Sugrue Hyman, executive director of the Michigan Oral Health Coalition (MOHC),  
39 provided an overview of the new 2025 State Oral Health Plan for Michigan. She reviewed the  
40 development process and composition of the workgroups and committees involved.

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42 While the goals for the new plan are the same ones from the 2020 plan, they were reviewed  
43 through the lenses of diversity, equity and inclusion. The workgroup was also careful to  
44 evaluate whether the individual recommendations under each goal were realistic, achievable,  
45 had buy in from stakeholders, and had built-in accountability.

46  
47 The previous plans were developed by the Michigan Department of Health and Human Services  
48 (MDHHS) with funding from the Centers for Disease Control (CDC) which was not available this

49 time. This plan was developed by the MOHC in partnership with MDHHS and with funding from  
50 the Care Quest Institute so is intended to be a broader partnership with MOHC stakeholders.

51  
52 The plan calls for a new MOHC committee on economic development to engage funding  
53 sources for projects and focus on infrastructure improvements to the oral health delivery  
54 system. This committee is anticipated to begin meeting in September and is expected to  
55 consist of approximately 20 members from diverse backgrounds. Committee members with an  
56 interest on serving on any of the MOHC committees should contact Mrs. Stopczynski.

57  
58 The committee will review the specific recommendations as compared with MDA policies and  
59 the United Voice recommendations at the September meeting.

60

### 61 **Infrastructure Ideas to Promote Oral Health in Michigan**

62 The committee was asked to review and provide feedback on a list from the MOHC of possible  
63 oral health infrastructure improvements that could be proposed to use the American Rescue  
64 Plan funds.

65

66 The proposed ideas are:

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- 68 1. Statewide broadband that could expand the use of teledentistry.
- 69 2. Development of an online tool that people who have Medicaid could use to learn the  
70 covered services of their dental benefit, the insurance provider of their dental benefit,  
71 and find dental professionals in their area who will take their dental insurance.
- 72 3. Development of a model training for Community Health Workers on dental insurance  
73 benefits navigation.
- 74 4. Foundational support for new local coalitions (particularly to support local health  
75 departments to start local oral health coalitions).
- 76 5. Funding for a multi-faceted oral health awareness campaign through which local  
77 coalition leaders and others could share the importance of oral health.
- 78 6. Funding for the latest technology for community water fluoridation (especially where  
79 there is no community water fluoridation).

80

81 The committee agreed that it supports all of the measures listed but particularly feel strongly  
82 about the second and third points. Improvements to navigation of the existing safety net and  
83 resources would also increase dental office productivity through dental office staff and patient  
84 use of these resources. The committee discussed the importance of ease of navigation and  
85 plain language when developing these resources.

86

87 MDA staff also mentioned support for community water fluoridation given the aging  
88 infrastructure in many communities. As economic challenges persist due to the pandemic,  
89 communities may use challenged budgets as a reason to eliminate this public health service.  
90 The new tablet system is much more cost effective and requires minimal handling as compared  
91 with previous systems so providing funding for those who have not yet fluoridated or those who  
92 may see budget challenges and/or need to replace equipment may make a difference on  
93 whether community water fluoridation participation in Michigan remain high.

94

95 The MOHC Policy Committee will be discussing these recommendations and feedback provided  
96 at their next meeting.

97

98 **Medical-Dental Integration/Hospital Dentistry**

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100 **Hospital Operating Room Access**

101 The committee was informed that Medicaid staff is believed to be drafting a policy bulletin that  
102 would implement a rate increase on the facility fee and anesthesiologist fee. By issuing a policy  
103 bulletin, Medicaid is able to implement this increase within their current budget without approval  
104 from the legislature. The policy bulletin would be issued with a comment period. It is unknown  
105 whether it would have immediate effect or a waiting period. MDA staff does not have a  
106 projected timeline or rate amount at this time.

107

108 The MDA staff and MOHC representatives met with representatives from the Michigan Health  
109 and Hospital Association last month. That meeting was not fruitful and MHA staff were focused  
110 on the Medicare rates potentially limiting any increase in Medicaid payments.

111

112 The legislature has passed a bill that allows the independent practice of certified registered  
113 nurse anesthetists (CRNAs) in Michigan. This could allow dental offices to bring in a CRNA to  
114 provide anesthesia services within the private practice setting. It is unknown how many dentists  
115 might be interested in doing so and the details of how this would be billed or reimbursed by  
116 Medicaid or private insurance.

117

118 MDA staff and the MDA's legislative public relations consultant, Robert Raible, spoke with a  
119 reporter from Crain's Business Detroit earlier this week to provide background on this issue.  
120 The reporter has been matched with a local pediatric dentist spokesperson to provide further  
121 insight and appeared to be interested in moving forward with a story. The MDA also continues  
122 to educate legislators and has received interest should there be a need to pursue legislation.

123

124 **Advocacy/Government/Insurance Programs**

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126 **MOHC Fall Conference and Membership**

127 The committee was invited to attend the MOHC fall conference which will be held in-person at  
128 the Kellogg Center in Lansing in early October. Several committee members will be serving as  
129 speakers. The committee was also informed that although the MDA is a partner at a high level,  
130 individuals are also welcome to join membership at a base annual rate of \$75 which provides  
131 discounted rates for the fall conference and other events.

132

133 **Dental Student Update**

134 Ms. Vander Velden provided the committee with an overview of the impact of Covid on the  
135 dental students at the University of Michigan. There continue to be ongoing concerns with  
136 limited treatment patient time, issues with scheduling in the operating room due to staffing  
137 shortages, and reduced community rotation opportunities. Construction at the dental school has  
138 cut clinic space in half which has reduced the number of patients able to be seen as well.  
139 Construction is expected to be completed in January 2022. Graduation for the current class is  
140 expected to take place on time this coming spring.

141

142 **Update on Medicaid Policy Recommendations**

143 The committee had asked staff to communicate with the Medicaid office regarding several  
144 Medicaid policies. Staff provided a brief update on the latest:

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- **Scaling/root planing for pregnant women** – the Medicaid policy specialist and MDHHS oral health staff are meeting internally to review this recommendation. At the

146

147 September CAC meeting, the MDHHS perinatal oral health specialist will provide the  
148 committee with new data related to this item.

- 149 • **Periodontal policy language clarification** – the response from the Medicaid policy  
150 specialist indicated that the Medicaid office’s intent was to be clear that they consider  
151 this therapeutic treatment as they did receive a lot of questions on this. They also  
152 explained that the intent of the CDT code and the intent of the Medicaid Provider Manual  
153 are different so they are not concerned with directly matching CDT code language.
- 154 • **Alveoloplasty** – the Medicaid policy specialist informed the MDA that this policy is one  
155 that nationally is a policy that Medicaid sees a lot of fraud. While they were specific in  
156 the language they chose, they also wanted to be sure that the language was not so  
157 narrow that a reviewer would not be able to approve a claim. Often claims with these  
158 types of codes do not contain enough explanation or additional document to trigger  
159 human review and are automatically denied by computer algorithms. MDA staff will  
160 investigate possible resources for members to help them navigate appropriate  
161 documentation and appeals for these types of claims to increase the success of  
162 payment. A committee member also recommended staff provide the Medicaid policy  
163 specialist with the language from the Molina Provider Manual as that language has the  
164 same meaning but is stating more clearly for the provider.

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#### 166 **Federal Medicaid Bill – Letter of Support**

167 The committee is aware that a federal bill has been introduced that would require all state  
168 Medicaid programs to provide a comprehensive dental benefit for adults and set the minimum  
169 standards for these plans. This would be similar to the mandate for children’s coverage. The  
170 MDA has existing policy that supports improvements to Medicaid and it is a current MDA  
171 legislative priority to pursue a comprehensive adult dental Medicaid benefit. The committee is  
172 aware that a letter of support for the bill is currently circulating. The ADA and the MOHC have  
173 signed this letter. The committee did not provide any feedback.

174

#### 175 **Legislative Update**

176 Mr. Kluzak provided the committee with an update on several items.

- 177 • **State budget** – negotiations in the legislature have been dragged out past the June  
178 deadline and the legislature is now on summer break. Spending the Covid relief money  
179 remains a contested issue. The School Aid budget did pass and did include funding for  
180 pre-kindergarten screening.
- 181 • **CRNA bill** – the bill has passed the legislature. It remains to be seen the effect on  
182 dentistry. The committee was interested in whether the rules would include a  
183 requirement for a collaborative agreement. This is unknown at this time.
- 184 • **PPE tax relief** – this bill was vetoed by the Governor because she thought the funding to  
185 cover it should come from the federal level rather than the state.
- 186 • **Teledentistry bill** – this bill has stalled. The MDA is opposed because it would allow an  
187 out-of-state dentist to provide services. The Michigan Board of Dentistry would likely not  
188 have any jurisdiction to pursue action against a dentist without a Michigan license.
- 189 • **Electronic prescriptions** – this law requires all prescriptions must be submitted  
190 electronically. The mandate takes affect October 1, however, the rules are still being  
191 promulgated. MDA is working with the Michigan Bureau of Licensing and Regulatory  
192 Affairs (LARA) to determine whether enforcement will be delayed due to the non-  
193 existence of rules.
- 194 • **Administrative rules** – the Board of Dentistry completed its updates to the  
195 administrative rules in April. This includes the dental therapy rules, CE requirements on

196 ethics and jurisprudence for all dental health professionals, and delegations of duties.  
197 They are working on the next round of updates which will include the rules for the newly  
198 recognized dental specialties.

- 199 • **Licensure for Canadians** – there was a law that passed last year that required the  
200 Board of Dentistry (and other Michigan licensing boards) to investigate ways to make it  
201 easier for Canadians to obtain a Michigan license in their field. This is intended to  
202 alleviate healthcare shortages.
- 203 • **Implicit bias training** – the rules for implicit bias training are now in effect and the MDA  
204 is developing CE to help members meet that requirement.

### 205 206 **ADA Council Liaison Update**

207 Dr. Wakeem provided the committee with a summary of ADA Council on Advocacy, Access and  
208 Prevention (CAAP) activities from their July meeting. The Council has passed a resolution on  
209 diversity, equity and inclusion that will be presented at the ADA House of Delegates. The  
210 Council has hosted several well-received webinars on health equity and cultural competency.  
211 Activity is building around dentists providing guidance to patients on vaccinations.

212  
213 The ADA continues to promote the Community Dental Health Coordinator (CDHC) with about  
214 700 trained and another 150 currently enrolled. This program can be stacked with dental  
215 hygiene or dental assisting programming, but it is not required as this is navigator training rather  
216 than a provider.

217  
218 A resolution was passed to request that the ADA develop a task force to develop a  
219 comprehensive Medicaid strategy to reduce administrative burden and increase sustainability.  
220 This resolution will go to the House of Delegates in October.

221  
222 The Council also passed a resolution to create a system where a dentist can anonymously  
223 report a mishap or unusual incident with a patient to a resource where other dentists can learn  
224 from it without negative consequences for something that was an accident.

225  
226 The committee was informed that Michigan native and ADA staff and CAAP director Dr. Jane  
227 Grover will attend the September meeting to provide a brief on ADA activities of interest.

### 228 229 **Announcements**

230 The Michigan Donated Dental Services (DDS) program reached the milestone of \$25 million in  
231 donated treatment since the inception of the program in 1995. The committee recognized the  
232 dedication of the coordinators in continuing to ensure the success of the program throughout the  
233 pandemic.

234  
235 The committee thanked Mr. Kluzak for his dedication and wished him a bright future.

### 236 237 **Future Meeting Dates – all via Zoom – 9:00 a.m. – 10:30 a.m.**

- 238 a. Friday, September 17, 2021
- 239 b. Friday, February 4, 2022
- 240 c. Friday, April 8, 2022

### 241 242 **Adjournment**

243 The meeting was adjourned by the chair at 10:46 a.m.