

1 **Minutes of the Michigan Dental Association**
2 **Committee on Access to Care**
3 **Friday, August 12, 2022 - 9:00 a.m.**
4 **MDA Office in Okemos**

5
6 **Attended**

7 Lauren Johnson, DDS, chair
8 Sarah Tomaka, DDS, vice-chair
9 Mert Aksu, DMD, member
10 Maria Manautou, DDS, member
11 Curt Ralstrom, DDS, MS, member (virtual)
12 Prabhjot Singh, DDS, member (virtual)
13 Tamar Shrikian, DDS, consultant
14 Richard Small, JD, consultant
15 Christine Farrell, consultant
16 Bill Sullivan, JD, vice president of advocacy and professional relations
17 April Stopczynski, manager of access and prevention
18 Neema Katibai, JD, manager of insurance and governmental affairs
19 Karn Cornell, Donated Dental coordinator
20 Domanique Brace, Donated Dental coordinator

21
22 **Absent**

23 Deborah Brown, DMD, member
24 Michael Campeau, DDS, member
25 Kloanna Fetolli, student member
26 Ila Sayed, student member
27 Christopher Gorecki, DDS, consultant
28 Gabriel Holdwick, DDS, CGIA liaison
29 Molly Conlon, DMD, ADA Council liaison

30
31 **Call to Order, Introductions and Roll Call**

32 The meeting was called to order by Dr. Johnson at 9:05 a.m. Attendees introduced themselves
33 and staff announced the requirement for a quorum was met.

34
35 **Committee Scope/Operations**

36 The committee was provided with it's scope and basic committee protocols were briefly
37 reviewed. The committee was reminded that the committee operations webinar by Executive
38 Director Burgess is available if anyone would like a more complete review.

39
40 **Advocacy/Government/Insurance Programs**
41 **Medical-Dental Integration/Hospital Dentistry**

42
43 **State Budget Update and Discussion**

44 Mr. Sullivan provided the committee with an update on the status of MDA's state budget
45 priorities.

- 46 • **Adult Dental Medicaid Reform** – the legislature passed an increase of approximately
47 \$47 million in additional funding to increase the adult fee-for-service fee schedule rates.
48 With the federal match that brings the total additional funding to about \$85 million. An
49 additional \$30 million is being held contingent on the legislature receiving a report from

50 MDHHS outlining a plan to reform adult Medicaid dental services, including both fee-for-
51 service and Healthy Michigan Plan. The MDA continues to provide it's policy outlining
52 requirements for a successful Medicaid program to MDHHS, the Medicaid office, and
53 State Budget Office. This report is due to the legislature by November 1 and unless both
54 chambers of the legislature reject the plan, it will go into effect and the funds will be
55 released by December 1.

- 56 • **Hospital Facility Fee** – the MDA was able to get boilerplate introduced to raise
57 reimbursement from approximately \$200 per procedure to \$1,495 for ambulatory
58 surgical centers and \$2,300 for hospitals. With this language, the typical Medicaid
59 reductions will not apply. The MDA is working with stakeholders and MDHHS to track
60 implementation and assist with making sure these entities are aware of the rate
61 increase. The ADA is pursuing a similar change at the federal level but the rate is much
62 lower.
- 63 • **General Anesthesia Reimbursement** – no funding resolution was reached, however,
64 the MDA continues to meet with stakeholders to address this issue. Because of the way
65 ambulatory surgical centers pay their anesthesiologists, the increased facility fee is
66 expected to make some positive impact in the payment to anesthesiologists as well.
67 Once MDA staff is able to confirm the final details of the implementation, information will
68 be distributed to members.
- 69 • **Healthy Kids Dental** – current funding was retained.
- 70 • **Donated Dental Services Funding** – additional funding for Donated Dental was not
71 included in any of the budget proposals or bills that were passed for the FY 2022-2023
72 budget. The MDA will continue to pursue an increase and has received support through
73 the MDHHS Oral Health Division for FY 2023-2024.

74 75 **Legislative Update**

76 Mr. Sullivan also brought a new issue to the attention of the committee.

- 77 • **Implantology** – the committee was informed of a recent lawsuit and settlement
78 agreement between the Michigan Attorney General and a dentist who has been
79 operating as an implantologist in Michigan, even though this is not a recognized
80 specialty. The MDA is meeting with LARA to determine their position on what this
81 means for the future of enforcement of the dental specialty law. The committee held
82 discussion on how this has been handled in other states.

83
84 Mr. Katibai provided the committee with an update on several items.

- 85 • **Administrative rules** – the current revisions to the rules have been put out for public
86 comment through August 22. The MDA has submitted comments. Another revision to
87 the rules covering several items is beginning the process.
- 88 • **Teledentistry** – the MDA is working with the sponsor of the telemedicine bill to see if
89 teledentistry can be included in the bill. Director Farrell informed the committee that
90 MDHHS has received a four year HRSA grant to promote teledentistry in Michigan.
- 91 • **MEWA** – the MDA's bill to revise the required reporting deadline has been introduced.
92 The state Department of Insurance and Financial Services has indicated they will not
93 oppose the bill. The first hearing is scheduled for September.
- 94 • **Network leasing** – a draft of the MDA's proposed network leasing bill is in the final
95 stages.

96
97 Discussion was held on the negative impact of changes made to the Board of Dentistry rules
98 that eliminated language referring to the Board of Dentistry accepting dental assisting programs

99 that are not Commission on Dental Accreditation approved but are Board of Dentistry approved.
100 This has resulted in dental hygiene students who are dually trained as dental assistants at the
101 University of Detroit Mercy being ineligible to sit for the registered dental assistant exam. UDM
102 is working with an attorney to attempt to address this issue.

103

104 **CMS Proposed Rules Changes**

105 The committee was provided with background on the current CMS proposed rules changes.
106 CMS is gathering feedback through public comment on dental conditions associated with
107 medical co-morbidities that would/could fall under the medically necessary category. CMS has
108 stated it's intention is to identify additional dental procedures it should be covering when
109 identified as having a direct negative impact on a patient's other medical conditions. The
110 committee reviewed several examples provided by Donated Dental staff who regularly observe
111 the gap between what CMS says should be covered, and the reality for patients and providers in
112 attempting to access services under this provision. The committee requested data on the types
113 of conditions already covered and how many are being denied that should be covered.
114 Discussion was held on the complexities and failures of the current system. The comment
115 period is open until September and the committee was asked to submit any additional feedback
116 to staff prior to the close of the comment period.

117

118 **Health Literacy/Public Education/Prevention**

119

120 **Oral Health Literacy**

121 The committee reviewed several background pieces on oral health literacy initiatives and
122 priorities including the State Oral Health Plan, Healthy People 2030, ADA and CDC
123 recommendations, and new Michigan Kids Count Data. The committee identified several areas
124 of interest to explore further:

125

- 126 • Culturally relevant content
 - 127 ○ African-American males are underrepresented in dentistry as a profession, are
 - 128 low utilizers of dental services, and are not traditionally Medicaid eligible
 - 129 ○ Refugee populations and resettlement agencies – materials on how to apply for
 - 130 coverage or what coverage they have
 - 131 ○ Foster children – resources for foster families on how to access care and dental
 - 132 insurance
- 133 • Literacy among medical professionals
 - 134 ○ Primary care providers – importance of dental homes, systemic connection, HPV
 - 135 and oral cancer
 - 136 ○ ED providers - where to direct patients who show up in the ED
 - 137 ○ OB/GYN and pediatricians – fluoride, Healthy Kids Dental, age 1 dental visit,
 - 138 HPV and oral cancer addressed during well-visits
 - 139 ○ Medical assistants, nursing – basic dental health introduced into curriculum
- 140 • Public education
 - 141 ○ Ensuring public education materials are available in multiple languages
 - 142 ○ Targeting insured and higher income self-employed with information on dental
 - 143 insurance options and how to access dental care

144

145 MDA staff will review these items to see what can be accomplished under current policy and
146 organize items with additional background for further discussion at the November meeting.

147

148 **Community Water Fluoridation Update**

149 The committee was provided with a brief summary of community water fluoridation issues at
150 both the state and national level. The fluoridation chemical supply chain and equipment
151 replacement needs are disrupting fluoridation in some communities. The ADA and FDA
152 anticipate these issue will take some time to resolve. Mrs. Stopczynski is working with the
153 MDA's marketing team and James + Mathew, MDA's marketing consultant, to review current
154 fluoride marketing assets and develop new ones under the public education campaign. This
155 messaging aligns with the current focus of the marketing plan so additional funds will not be
156 needed. Messaging will focus on additional sources of fluoride and the importance of regular
157 dental checkups.

158

159 **Michigan Donated Dental Services – Quarterly Report and Dentist Participation**

160 The committee reviewed the 3rd quarter report. The committee is aware that dentist capacity
161 issues and staffing shortages continue to impact the access of services for patients in the
162 program as they have impacted capacity for the dental delivery system overall. Problems
163 include:

- 164 • the rate of retirements is exceeding the rate of recruitment
- 165 • dental office staff turnover means new staff are unfamiliar with the benefits of the
166 program and place it low in priority even if the dentist may wish to participate
- 167 • many dentists are experiencing personal and professional challenges including finances
168 and health issues that limit their ability to participate at this time
- 169 • some dentists would like to be listed and promoted as volunteering but do not accept
170 patients when contacted by program staff (some have not taken a new patient for more
171 than 5 years)

172

173 The committee held a brainstorming session and provided many suggestions for staff to
174 investigate further including:

- 175 • an MDA Journal article
- 176 • component visits/study clubs
- 177 • publishing a list of volunteers in the MDA's publications
- 178 • targeted outreach to group practices and dentists who own multiple locations
- 179 • highlighting the flexibility of volunteering with the program (1 patient per year, optional,
180 consultation only first, doctor referred)
- 181 • asking labs to recommend potential volunteer dentists
- 182 • volunteer mentors/champions to make direct asks and to serve as a resource for difficult
183 cases
- 184 • including additional patient demographic information in the quarterly reports/annual
185 reports (racial/ethnic breakdown, medical conditions of patients treated, income)

186

187 ****Executive Session Began at 11:09 a.m.****

188 **(only committee members who are MDA dentist members,**

189 **Dr. Shrikian, and MDA staff were present)**

190

191 **Donated Dental Awards**

192 The committee selected and approved nominations for the Donated Dental Outstanding
193 Volunteer Dentist and Outstanding Volunteer Dental Laboratory awards. Nominations will be
194 sent to the MDA Board of Trustees for review.

195

196 The committee recommended development of a new award for Donated Dental Rising Star
197 Volunteer Dentist. This recommendation will be sent to the MDA Board of Trustees.

198

199

****Executive Session Ended at 11:31 a.m.****

200

201 **Dental Student and Faculty Update**

202 No dental students were in attendance. Dr. Mert Aksu, dean of University of Detroit Mercy
203 (UDM) Dental School, provided the committee with an update. Dean Aksu informed the
204 committee that the University Health Center is moving out of the Detroit Medical Center and
205 further into community based clinic services. He indicated that the dental school continues to
206 struggle with funding and requested that the committee consider a motion to formally support
207 the University of Detroit Mercy and work with the Michigan Oral Health Coalition and others to
208 lobby for funding. The committee was informed this item will be discussed by the Committee on
209 Government and Insurance Affairs. Dr. Aksu will be presenting an update on the activities at
210 UDM to the MDA Board of Trustees in September and updates will be published in the
211 September issue of the MDA Journal.

212

213 **MDHHS Update**

214 Director Farrell provided the committee with a brief review of the MDHHS oral health division
215 and dental schools' participation in the Special Olympics international event. Approximately 250
216 screenings were provided. Dental health education, toothbrushing supplies and fluoride varnish
217 were also provided.

218

219 **ADA Council Liaison Update**

220 The committee received a written report from the July meeting of the ADA Council on Advocacy
221 for Access and Prevention (CAAP).

222

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

224 a. Friday, November 4, 2022

225 b. Friday, February 3, 2023

226

227 **Adjournment**

228 The meeting was adjourned by the chair at 11:50 a.m.