

1 *Submitted by April Stopczynski on behalf of the MDA Committee on Access to Care*
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3 At its previous meeting, the Michigan Dental Association (MDA) Board of Trustees heard a presentation
4 by Dr. Jane Grover at the American Dental Association (ADA) about the ADA's activities on oral health
5 equity. The MDA Committee on Access to Care (CAC) would like to provide the following update on
6 MDA's access to care initiatives over the past three committee terms.
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8 *Health Equity, Access to Care, and Other Buzz Phrases*
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10 When it comes to addressing access to care, many phrases have evolved to describe groups of factors
11 that may affect access and utilization. These factors are not mutually exclusive of each other, but rather
12 a piece of a whole puzzle of interlocking and overlapping pieces that may impact a person's ability to
13 access a treatment setting, obtain a needed treatment, or receive appropriate treatment. Addressing
14 barriers to care, including health inequities, is rarely a straight path forward with an end point. More
15 often, multi-faceted short-term and long-term approaches are needed to affect broader social changes.
16 The map above demonstrates just some of the factors and influencers that may be involved in an
17 individual's ability to have an improved oral health outcome, which is the goal of all these efforts.
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19 *Who at the MDA is Involved in Access*
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21 The MDA's Committee on Access to Care (CAC) and Manager of Access and Prevention monitor trends
22 and changes at the local, state, and national level to provide feedback, interact with stakeholders,
23 identify barriers, and advance solutions. In addition, many other areas within the MDA, including the
24 Committee on Government and Insurance Affairs (CGIA) and associated staff, Diversity Equity and
25 Inclusion Committee (DEI), marketing department, communications department, and Board of Trustees
26 may act on overlapping issues such as Medicaid and Medicare policies, public education, and workforce.
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28 *Composition of the Committee on Access to Care (CAC)*
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30 The MDA Committee on Access to Care (CAC) is currently comprised of diverse members with
31 backgrounds that include pediatric dentistry, public health dentistry, general practice, private practice,
32 general practice residency, veterans, inner city clinic settings, rural clinic settings, VA clinics, dental
33 school faculty, dental students, and more. Current members come from the counties of Macomb,
34 Ingham, Newaygo, Wayne, Muskegon, Saginaw, Oakland and Kent and represent racial and gender
35 diversity as well. This committee is unusual among MDA committees in that it includes two long-time,
36 non-dentist consultants: the State Oral Health Director who is a registered dental hygienist and legal
37 counsel to the Council of Michigan Dental Specialties. These consultants add valuable input to
38 discussions but do not vote on resolutions and the committee may enter executive session or hold
39 member-only meetings when discussing sensitive matters. The committee also has a Board liaison, ADA
40 Council liaison, and Committee on Government and Insurance Affairs liaison. The committee's primary
41 staff liaison is the Manager of Access and Prevention. Additional staff include the Vice President of
42 Advocacy and Professional Affairs and Manager of Government and Insurance Affairs. The Donated
43 Dental Services Coordinators also attend meetings as needed.

Awareness and Staying Relevant

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46 The CAC regularly reviews both state and national oral health plans, research, and policy documents to
47 stay current with state and national issues and initiatives. For example:

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- [Healthy People 2030](#)

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- [2025 Michigan State Oral Health Plan](#)

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- Data from the ADA Health Policy Institute

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- [Michigan Kids Count Data](#)

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- ADA and Centers for Disease Control (CDC) recommendations

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- Newsletters from other organization and oral health stakeholders

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- Regular updates from the dental schools

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- Media coverage

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58 The Committee also invites presenters on special topics when appropriate. This includes presentations
59 from the state perinatal oral health specialist, executive director of the Michigan Oral Health Coalition,
60 and director of the ADA Council on Advocacy for Access and Prevention.

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62 The CAC reviews MDA policies, ADA resolutions, and ADA policies to identify areas of common support
63 and ensure policies stay relevant. The Committee submitted recommendations for MDA policies on the
64 use of silver diamine fluoride, age 1 dental visit and dental home, supporting interprofessional
65 education and collaboration with other health professionals, safety of treatment of pregnant individuals
66 through all stages of pregnancy, a call to action for members to adopt the current state perinatal oral
67 health guidelines, and MDA's Statement on Access.

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Advocating For Change

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71 The Committee on Access to Care and associated staff work with the Committee on Government and
72 Insurance Affairs, lobbying staff and consultants to ensure the concerns and ideas of MDA members are
73 represented on issues such as Medicaid, Medicare, funding for access programs, administrative rules,
74 scope of practice, community water fluoridation, state budget funding for dental programs, pre-K
75 screening, teledentistry, implicit bias, workforce, student debt, and other public policy issues.

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- MDA successfully advocated for Medicaid to reverse implementation of a policy that would have bundled nitrous oxide analgesia with any other procedure being performed and prohibit a dentist from billing separately. This policy would have applied to all Medicaid programs including Healthy Kids Dental.

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- Both committees regularly review Medicaid policy changes and Centers for Medicare and Medicaid (CMS) grant submission notice bulletins and provide input on questions or concerns. The MDA submits this input through the public comment process for these policies such as the hospital facility fee increase, the state Title V Block Grant application, Healthy Michigan Plan work requirements, and non-emergency medical transportation (NEMT) coverage.

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- The CAC submitted recommendations to Michigan Department of Health and Human Services (MDHHS) to clarify Medicaid policies on alveoloplasty and periodontics.

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- 88 • The Committee and staff advocated for the inclusion of periodontal coverage in Medicaid,
89 especially for pregnant individuals.
- 90 • The MDA signed on to a federal letter of support for mandatory minimum Medicaid dental
91 coverage for adults.
- 92 • The CAC reaffirmed MDA policies and discussed qualities and principals it believes important to
93 addressing in Medicaid reform and adult coverage. MDA worked with the MOHC Medicaid
94 workgroup and other partners to identify common areas of support and strategies.
- 95 • In February, Governor Whitmer made an historic proposal to significantly increase adult dental
96 Medicaid funding and reform the program. The MDA met with legislators to lobby for adoption
97 of the proposal based on MDA's policies. Ultimately, the legislature passed an additional \$85
98 million to increase the adult fee-for-service Medicaid fee schedule and reform the program to
99 address administrative issues brought forward by the MDA. The MDHHS report released on
100 November 1 was largely based on the recommendations MDA provided. The legislature has
101 until November 30 for both chambers to vote no on the plan or the plan will take effect.
- 102 • The MDA provided statements in support of community water fluoridation to local city councils
103 in Marysville, Linden, and Alpena.
- 104 • The CAC discussed and provided feedback on CMS proposed rules changes to increase coverage
105 for dental conditions associated with medical co-morbidities that would/could fall under the
106 medically necessary category. The MDA submitted these comments to CMS.
- 107 • Covid-19 advocacy efforts included PPE tax relief, reopening, guidelines for reopening,
108 vaccinations, availability of PPE, and dental benefits.
- 109 • MDA staff and key dentists, including the MDA president provide testimony to key legislative
110 committees and the Board of Dentistry as appropriate.
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112 *Helping Members Succeed*

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114 The Committee and staff provide direct resources for members to assist with questions about
115 participating with Medicaid and Medicare programs, continuing education, current guidelines, the
116 Covid-19 pandemic, and more.

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- 118 • The Committee hosted the MDA's first cultural competency training session, "Bridges Out of
119 Poverty," for approximately 40 component leaders and staff in June 2019.
- 120 • The Committee recommended the addition of HPV prevention continuing education courses to
121 the Committee on Continuing Education. The MDA promoted resources from the "We're In!"
122 HPV prevention resources campaign to members via social media.
- 123 • MDA staff works with the marketing/communications and publishing departments to promote
124 interprofessional and collaborative models to members via MDA communications.
- 125 • The Committee and staff provided input on the development of new state guidelines for
126 hypertension screening by oral health professionals. These guidelines are available on the [MDA](#)
127 [website](#) and have been promoted in MDA publications.
- 128 • The Committee and staff obtained an \$8,000 grant from MDA IFG to produce a [video](#) call-to-
129 action for members to adopt the current state perinatal oral health guidelines to increase the
130 number of dentists treating pregnant individuals. A [landing page](#) of additional resources was
131 created for the MDA website and includes information on current dental benefits through
132 Medicaid that provides coverage until 1 year post-partum.

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- The CAC provided input and monitored the Covid-19 pandemic from the beginning. Staff provides direct support to members interpreting the executive orders and guidelines, answering OSHA-related questions, providing language for patient interactions, providing templates, and assisting with staff issues.
 - MDA staff alerted dentists about local community water fluoridation challenges in Linden, Marysville, and Alpena, and provided talking points, sample emails and meeting information.
 - The federal Covid-19 state of emergency is currently extended until January 11, 2023 and may be extended until April of 2023. Once this expires, states will be required to verify eligibility of all Medicaid enrollees. This has not been done since the beginning of the pandemic. Approximately 1/3 of current enrollees are expected to lose coverage. MDA will publish resources for members to help them prepare for encountering patients who are no longer covered and for encouraging patients who may need to verify eligibility to do so before they lose coverage.

147 *Awareness of the Public*

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149 The Committee and staff work with the MDA’s marketing and public education team to provide direct

150 public oral health education on topics like community water fluoridation, and the importance of dental

151 treatment for pregnant women.

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- Throughout 2019 and 2020, the CAC and staff worked to develop and implement a marketing plan to celebrate the 75th anniversary of community water fluoridation. The MDA led regular meetings of national, state and local stakeholders for a coordinated effort.
 - A celebration event for 150 attendees hosted by the MDA at the Steel Water monument in Grand Rapids during the MDA Annual Session was planned. Approximately \$14,000 in sponsorships were secured to cover costs. Ultimately, the pandemic required cancellation of this event.
 - A special anniversary logo was developed and promoted for use by the MDA, component societies and members throughout the year.
 - The MDA launched a historical fluoridation [microsite](#).
 - Anniversary week activities included signing of a proclamation by the Governor, and a Twitter storm co-hosted by the MDA, American Academy of Pediatrics Campaign for Dental Health, and the American Fluoridation Society.
 - MDA staff continued to host regular virtual meetings with national and in-state fluoridation stakeholders throughout 2019, 2020, and 2021.
 - MDA staff worked with the MDA marketing department and consultants to design a new fluoride public education [video](#) and [web page](#). MDA staff identified target communities for social media outreach. This campaign has been launched as part of the MDA’s public education campaign at no additional cost.

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MDA as the Authority

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176 The MDA is represented by MDA staff, consultants, or key committee members with many groups
177 working on access initiatives. This includes:

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- Michigan Oral Health Coalition – MDA is a member and a \$10,000 partner organization. MDA members and staff serve on the MOHC board, committees and workgroups. MDA works closely with the MOHC on issues including Medicaid and hospital/general anesthesia access. MDA sponsored ADA Health Policy Institute Medicaid expert Chelsea Fosse as a keynote speaker in May 2022.
- Michigan Medical Care Advisory Council – MDA staff serves on this state advisory council providing direct feedback to Medicaid staff.
- Michigan Department of Health and Human Services Stakeholder – MDA staff regularly participates in stakeholder meetings on a variety of topics important to dentistry and public health to provide input on behalf of dentists and dental patients.
- Medicaid Media Roundtable – CAC members spoke as topic experts and staff provided talking points for a media roundtable on Medicaid reform during budget negotiations.

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Identifying Needs and Barriers for Specific Populations

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- The Michigan Donated Dental Services (DDS) program has provided over \$25 million in donated treatment to patients through its network of more than 750 volunteer dentists and 190 dental labs since 1995.
 - To celebrate the \$25 million milestone, a promotional plan was implemented including a special logo used on promotional materials and as staff email signatures, stickers, buttons, blankets and tote bags provided to top donating dentists and labs, Annual Session giveaways, and an annual report [video](#) which was played at the House of Delegates and promoted online.
 - The CAC annually recommends award nominees for Outstanding Volunteer Dentist and Outstanding Volunteer Lab to the Board of Trustees. Awards are presented at Annual Session and winners are featured in the MDA Journal. CAC has recommended a new “Rising Star” award be created to recognize exceptional contributions by newer volunteers.
 - The Committee and MDHHS are seeking an increase of the state grant funding for the program from \$150,000 to \$200,000. The program has not received an increase since 2008. The increase would support rising staff costs, advertising in a statewide senior publication and materials to reach marginalized populations.
 - The CAC brainstormed solutions to increase volunteer participation and case acceptance. As a result, MDA staff made a presentation to the component leaders, a slideshow and talking points were shared with components, staff is conducting outreach to DSOs, the volunteer recruitment flyer was revised, dentists in the Mentor program have agreed to serve as DDS mentors, a presentation was made to the DEI Committee,

216 an article was run in the West Michigan Bulletin, a handout for dental office staff was
217 developed, and an MDA Journal article is in development.

- 218 • The Committee and staff alerted local dental societies to a need for dental care during
219 resettlement efforts for nearly 2,000 Afghan refugees. The MDA provided a list of dentists who
220 speak the most common Afghan languages, distributed information to local component
221 societies to inform them of the needs and connect them with the resettlement agencies, and
222 provided information on Medicaid coverage.
- 223 • Access to general anesthesia in hospitals and ambulatory surgical centers for special populations
224 is an issue the CAC and staff have worked on for years. As a legislative initiative was identified,
225 the Committee on Government and Insurance Affairs also made this a priority legislative issue
226 for 2022.
 - 227 ○ MDA participated in several workgroups, met with legislators, state officials,
228 stakeholders and media to identify and advance solutions.
 - 229 ○ Reimbursement for the hospital facility fee code (CPT 41899) for hospitals and
230 ambulatory surgical centers was identified as a primary issue. The target identified goal
231 was \$2,300 for hospitals and \$1,495 for ASCs which puts rates in line with commercial
232 rates for other procedures that require similar time. MDA successfully lobbied for an
233 increase in this fee. This was implemented on October 1, 2022 with CMS approval
234 pending. MDHHS bulletin was issued October 20. MDA continues to work with the
235 Michigan Health & Hospital Association and Michigan Ambulatory Surgery Association
236 to ensure implementation improves access.
 - 237 ○ Reimbursement amounts for anesthesiologists was another identified issue. The
238 increased facility fee may allow ASCs who contract with anesthesiologists at a flat rate
239 to enhance pay. MDA educated legislators and met with the House and Senate Fiscal
240 Agencies to discuss ways to impact the payment system. MDA has recently met with the
241 Michigan Society of Anesthesiologists to determine next steps to address payment
242 solutions for other settings.
 - 243 ○ Medicaid policy does not pay for general anesthesia outside of a hospital setting. CGIA
244 and MDA Board approved a resolution to support payment to anesthesiologists &
245 certified registered nurse anesthetists who provide general anesthesia for dental
246 procedures provided in settings outside of hospitals and ambulatory surgical centers, as
247 well as to pursue a change in Medicaid policy to provide reimbursement in these
248 situations. If approved, this change would allow for greater access for those who need
249 general anesthesia but are lower risk by increasing the number of places these services
250 could be provided.
 - 251 ○ Another barrier is that the lack of recognition of dental anesthesiologists as a specialty
252 prohibited dental insurance companies for paying a specialty rate. The MDA successfully
253 pursued recognition of dental anesthesiology as a licensed specialty in Michigan.
254 Administrative rules are being developed by the state Board of Dentistry. Once the
255 rules process is complete, dental offices could hire dental anesthesiologists to provide
256 general sedation in their offices so long as all required equipment needs were met. As
257 mentioned above, Medicaid policy currently prohibits Medicaid plans from paying for
258 this and as mentioned, MDA has policy to pursue changes to that policy.
 - 259 ○ CRNAs pursued independent practice which would allow a dentist to hire a CRNA to
260 provide general anesthesia in a dental office so long as all required equipment needs
261 were met. The administrative rules are being developed.

- 262 ○ The committee discussed a directory of dentists with hospital access or past hospital
263 experience with various populations such as special needs adults who could connect
264 more easily on individual cases. MDA staff is investigating feasibility.
265 ○ Solutions for patients that may be candidates for treatments in other settings continue
266 to be discussed. The committee discussed gaps in training and comfort level in treating
267 this population between general dentists and specialists. All parties have agreed that
268 the priority at this time is to focus on those acute cases that require treatment in a
269 hospital setting. An article was run in the MDA Journal outlining rationale in decision-
270 making on the best type of sedation and treatment settings for patients requiring
271 sedation.
272 ○ An update was provided to Michigan Academy of Pediatric Dentistry (MAPD), Wolverine
273 Dental Society, and others who have been involved in this issue. MDA is developing
274 communications to the broader membership to inform them of the progress made on
275 this issue and the complexities involved.
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277 *A Special Focus – Oral Health Literacy*

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279 The committee reviewed background on oral health literacy initiatives and priorities including the State
280 Oral Health Plan, Healthy People 2030, ADA and CDC recommendations, and new Michigan Kids Count
281 Data. The committee recently identified several areas of interest to explore further:
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283 **Culturally Relevant Content**

- 284 ● African-American males are underrepresented in dentistry as a profession, are low utilizers of
285 dental services, and are not traditionally Medicaid eligible. The CAC discussed previous
286 outreach efforts in high schools and middle schools and will investigate existing programs. The
287 Committee also discussed the need to ensure that resources are provided in settings frequented
288 by African-American males such as providing hypertension screenings at barber shops.
289 Materials explaining how sliding fees work and other key information may be needed. This
290 population may also be eligible for coverage under Healthy Michigan Plan and there may be
291 opportunity through the Healthy Michigan Plan rebid and contract process.
292 ● Refugee populations and resettlement agencies – there is a need for materials on how to apply
293 for coverage and how to access care under the coverage they have. The CAC recommended
294 broad promotion of the MDA’s [online directory](#) of assistance programs.
295 ● Foster children – there is a need for resources for foster families on how to access care and how
296 to enroll foster children in dental insurance. The CAC recommended direct outreach to agencies
297 to ensure families and caseworkers are aware of the online directory of assistance programs.
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299 **Literacy Among Medical Professionals**

- 300 ● Primary care providers – it is critical that primary care providers understand the importance of
301 oral health topics such as dental homes, oral-systemic connections, HPV and oral cancer. The
302 Committee recommended providing a webinar for medical professionals on how to perform a
303 basic screening and how to provide a referral, as well as development of a generic referral form.
304 ● Emergency department providers – there is a need to increase awareness on where to direct
305 patients who show up in the emergency department for dental needs. Related to the items
306 above, the Committee recommended greater promotion of the online directory of assistance
307 programs and MDA’s Find A Dentist tool.

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- OB/GYN and pediatricians – to increase utilization of services among pregnant persons and young children, it is important that treating physicians understand population-specific topics like fluoride, Healthy Kids Dental, age 1 dental visit, HPV and oral cancer addressed during well-visits.
 - Medical assistants, nursing – it is important to ensure basic dental health is introduced into curriculum for medical providers at all levels. The Committee discussed the [Smiles for Life](#) curriculum and whether there may be gaps between this basic knowledge and moving to implement screenings and referrals.

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317 **Public Education**

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- Ensuring public education materials are available in multiple languages.
 - Targeting insured and higher income self-employed with information on dental insurance options and how to access dental care.

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A Circle Not a Straight Line

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324 The Committee on Access to Care appreciates the Board’s commitment to addressing barriers to care

325 and improving oral health access for all Michigan residents. The issues are complicated and there are no

326 one-size-fits-all solutions. Influencing change across systems, addressing inequities, removing barriers,

327 opening dialogue, collaboration and more are needed at all levels to improve oral health outcomes.