O
n June 14, 2016, ADHA Washington Counsel Karen Sealander kicked off the ADHA Governmental Affairs Division’s annual legislative workshop, this year entitled ADHA Advocacy: Transforming the Profession for the 21st Century. The event marked the final day of ADHA’s Center for Lifelong Learning at the 93rd Annual Session in Pittsburgh, Pennsylvania.

Sealander is a partner at law firm McDermott Will & Emery and focuses her practice exclusively in the health sector. She has more than two decades of experience representing and counseling health care providers, health insurance plans, integrated health care delivery systems, professional associations of health care providers and others in the health sector on legislative, regulatory and legal matters.

Earlier in the week, during the First House of Delegates, Sealander was presented with a presidential citation from then ADHA President Jill Rethman, RDH, BA, in acknowledgment of her 25 years of dedicated service to ADHA. Rethman read the citation aloud, “For ongoing support of ADHA’s advocacy efforts to improve the oral and overall health of the public. Your tireless dedication to our mission and vision has enabled us to make a difference in the lives of countless Americans. Thank you for being our champion!”

Throughout her remarks, Sealander highlighted six tangible successes that ADHA has achieved on behalf of dental hygienists across the country. A central theme among all the achievements is clear evidence that the dental hygiene profession, as a whole, directly benefits from having a strong national voice.

Dental hygienists in one state do not live in a vacuum, removed and separate from all others. In fact, they share common goals and challenges that demonstrate how leading the transformation of the dental hygiene profession to improve the public’s oral and overall health requires local, state and national efforts.

The following excerpts were adapted from Karen Sealander’s prepared remarks on June 14, 2016 at the ADHA Advocacy: Transforming the Profession for the 21st Century legislative workshop presented by the ADHA Governmental Affairs Division. Excerpts have been edited for length and clarity.

1. Forging Strategic Alliances

   The first success I want to highlight is ADHA’s work to build alliances and forge partnerships. This is foundational to ADHA’s advocacy efforts. ADHA Chief Executive Officer Ann Battrrell, MSDH, will be spending an increasing amount of time working externally on your behalf. Illustrating the benefits of that work, I will share with you one very recent example that you may actually have experienced yourself — if you met or heard Bill Head speak here at Annual Session. Bill Head is the vice president of government affairs at the Association of Dental Support Organizations (ADSO). Bill spoke at the Dental Support Organizations (DSOs) Hot Topics and Emerging Trends session on Saturday, and he was in the audience for Ann Battrell’s opening remarks on Sunday morning. DSOs are an increasing aspect of the changing oral health care delivery system, and ADHA needs to understand this shifting landscape and seek to maximize it on behalf of ADHA members and the patients we serve.

2. Cultivating Competition in the Oral Health Marketplace

   The second advocacy success I want to talk about is a federal agency. Guess — I will give you three clues, and you guess the federal agency. This federal agency could also be called: dental hygiene’s big stick, dental hygiene’s best friend or dental hygiene’s most powerful ally.

   Yes, it’s the Federal Trade Commission (FTC).
You pick the descriptor you like best; they are all apt. As most of you likely know, the FTC is a federal agency that seeks to protect consumers and promote competition. ADHA has aggressively sought to educate the FTC about the lack of competition in the oral health arena and how this lack of competition impedes innovation and harms consumers and unduly restricts your work and your opportunities. We have met with FTC attorneys over many years to illustrate — with data supplied by you — how unjustified restrictions on access to qualified oral health providers are impeding the ability of consumers to obtain the oral health services they need to maintain a healthy mouth and body.

I wish each and every one of you could actually see ADHA at work on your behalf in D.C. If you could see Ann Battrell in deep discussion with FTC Chairwoman Edith Ramirez, I know you would feel great pride in your association. Ann has enormous powers of persuasion, and she also is a dental hygienist, so she can speak from a deep and technical perspective. ADHA has actively sought the FTC’s intervention to lift the dental hygiene profession and maximize the opportunities available to you. ADHA is in regular communication with the FTC. As you may recall, FTC attorney Tara Koslov spoke at this very session just two years ago. And this past May, Ann Battrell, ADHA Governmental Affairs Director Ann Lynch and I met with the FTC to continue the discussion about how to realize our vision for the future of dental hygiene, a future in which opportunities abound for dental hygienists. It is vital to maintain and nurture this FTC relationship and all of ADHA’s relationships with federal law and policymakers. ADHA is effective because ADHA understands that advocacy requires a sustained effort. We must continue to push this profession upward, and ADHA is doing just that.

How are we pushing upward? Consider this quote — it’s advice from FTC officials to legislators and regulators:

*Be aware of the competitive consequences of professional regulation. In particular, beware of the self-interested claims of health care providers whose economic and professional sustainability are wedded to the status quo. Legislators and regulators also should carefully scrutinize unsubstantiated health and safety arguments that may mask anticompetitive motives. The nation needs more flexible, more adaptable and less easily manipulated performance and capability-based standards. Only then will we fully unleash the incentives most likely to facilitate the emergence of a health care services market tailored to the needs of the 21st century.*

As I hope you know, the FTC has weighed in time and time again on oral health matters in a manner favorable to the dental hygiene profession. ADHA has forged a very strong partnership with the FTC, and you should take pride in that.

3. Amplifying the Oral-to-Overall Health Connection

The third advocacy success relates to increasing awareness of the importance of oral health to total health. The oral health intelligence of policymakers and the nation continues to improve. As ADHA works to fundamentally reshape the way oral health care is delivered in this country so more Americans can access oral health services and so that dental hygienists have as many professional opportunities as possible, it is integral that we work diligently to educate health policy and opinion makers about the dental access crisis and the role that dental hygiene can play in improving access to vital oral health services. This work helps to create the most receptive environment possible for advancing the profession. I want to share with you two recent signs that the importance of oral health is increasingly being recognized by the media and in government.

Recently, ADHA contributed to a news article discussing oral health and the role of the dental hygienist. This piece was entitled “Five Health Issues Presidential Candidates Aren’t Talking About — But Should Be.” One of these issues is dental care. The reporter noted that research has repeatedly shown that care for the mouth and teeth is inextricably linked to the rest of the body and that too many Americans have trouble getting dental care. These are the very topics that ADHA contributed to the story.

With respect to policymakers, important legislation was introduced in June, HR 5396, by Congressman...
Jim McDermott (D-WA). The legislation is entitled the Medicare Dental, Vision and Hearing Benefit Act, and it would provide the nation’s 55 million Medicare beneficiaries with access to comprehensive dental, vision and hearing services. Rep. McDermott is the senior Democrat on the Ways and Means Health Subcommittee. Cosponsors include Reps. John Conyers and Debbie Dingell of Michigan, our old friend and champion Elijah Cummings of Maryland, Alan Grayson of Florida and Jan Schakowsky from Illinois. Congressman McDermott spoke about the legislation with all of his Ways and Means committee colleagues at a recent public committee meeting that I was proud to attend. More and more, we see an increasing realization of the importance of oral health to total health.

4. Advancing the National Profile of the Dental Hygiene Profession

The fourth tangible advocacy success achieved by ADHA over the past year relates to the U.S. Department of Labor (DOL). When Ann Battrell was ADHA director of education, she spearheaded work that would correct and clarify the role of the dental hygienist within the DOL’s Occupational Outlook Handbook. After many years of input and comments and setting the stage, and — over the last year — numerous exchanges of drafts back and forth and an in-person meeting with the DOL official responsible for the dental hygienist profile in the Occupational Outlook Handbook, ADHA is very pleased to have delivered for its members.

As a result of this advocacy, the 2015-2016 dental hygienist profile well reflects the sustained input of ADHA over many years and is a vastly improved portrayal of the education, expanding scope of practice and direct access capacity of dental hygienists than the previous 2013-2014 dental hygienist profile. Summarized below are key improvements in the 2015-2016 editions as compared to the 2013-2014 profile. I will highlight just three of the ameliorative changes that reflect fierce advocacy on the part of ADHA:

1. Under the heading “How to Become a Dental Hygienist,” a new sentence was added: “Programs typically take 3 years to complete.”

2. Under the heading “Important Qualities,” a new quality was added as the first in the list of five: “Critical thinking. Dental hygienists must use critical thinking skills in order to assess and evaluate patients.” Critical thinking and patient assessment and evaluation were not found in the 2013-2014 editions.

3. Under the heading “Important Qualities,” the quality “Detail oriented” includes the phrase, “Depending on the state in which they work and/or the treatment provided, dental hygienists may work without the direct supervision of a dentist.” In the previous edition, the phrase read: “In rare cases, dental hygienists work without the supervision of a dentist.”

5. Leading the Charge to Add New Dental Benefits to Medicare and Medicaid

The fifth success relates to the increasing recognition of the importance of oral health coverage under Medicare and Medicaid. ADHA has reached out to non-dental groups that care, or should care, about oral health for many years. Groups like Families USA, AARP, American Academy of Pediatrics, American Academy of Nurse Practitioners, American Academy of Family Practitioners and many more. We are so excited that there is now a discernable rumbling in Washington about the importance of setting a foundation to add a dental benefit to Medicare and an adult dental benefit to Medicaid. This is all at the very early stages, but signs are popping up, like the newly introduced legislation I noted earlier. Congressional staff has asked us to come in to brainstorm.

In addition, Pacific Dental Services, a dental support organization, is devoting considerable energy to advancing the inclusion of a dental benefit in Medicare. To further leverage McDermott Will & Emery’s Washington, D.C. reputation and presence on behalf of ADHA, we brought Pacific Dental Services leadership to a reception at the McDermott building celebrating the book launch of Senate Majority Leader Mitch McConnell’s new memoir. Because we are bipartisan in our approach, Ann Lynch and I will also attended a fundraiser for Democratic Congresswoman Kathy Castor, a Democrat from Tampa, Florida who serves on the House committee with jurisdiction over parts of Medicare, Medicaid and health professions education.

6. Advocating for the Advancement of Innovative Workforce Models

The sixth tangible advocacy success I am going to share with you relates to the U.S. Government Accountability Office (GAO). As ADHA seeks to advance its advocacy agenda on behalf of you, ADHA’s members, and the patients you serve, ADHA always seeks to obtain independent confirmation of the efficacy of dental hygienists and dental-hygiene-based mid-level providers. Last fall, U.S. Senator Al Franken from Minnesota, who is also co-chair of the bipartisan Senate Rural Health Caucus, wrote to the GAO requesting a study examining the Minnesota experience with dental therapists and advanced dental therapists. Moreover, he requested a specific focus aimed at evaluating the quality and cost-effectiveness of the care provided and the potential for these new providers to serve underserved populations. Senator Franken also asked that the GAO collect best practices and lessons learned in Minnesota so that other states may benefit. This again is ADHA at work, year in and year out, fighting for you in the trenches of Washington D.C. and states across the country.

Stateline is prepared by the ADHA Division of Governmental Affairs.