

Oral Health System: Pandemic Response Working Group
Virtual Meeting
February 17, 2021
4:00-5:30 pm ET

Group Memory

Convenor:

[Michael Monopoli](#), Vice President, Grants Strategy
DentaQuest Partnership for Oral Health Advancement

Facilitator:

[Patrick Finnerty](#), Strategic Advisor
DentaQuest Partnership for Oral Health Advancement

Content Manager:

[Sara Oaklander](#), Interaction Institute for Social Change

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I. Participants

A. Pandemic Response Workgroup

The following Pandemic Response Workgroup participants were present at the meeting.

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Eme Augustini	Executive Director, NADP
Ann Battrell, MDSH	Chief Executive Officer, ADHA
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group
Susan Flores	Senior Policy Coordinator, California Pan-Ethnic Health Network
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, ADA
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, ADA
Ifetayo Johnson, MA	Executive Director, OPEN
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, DQP
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Emily Stewart	Executive Director, Community Catalyst
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Christine Wood	Executive Director, ASTDD
Vicki Young, PhD	COO, South Carolina PHCA and member of NACHC
Robert Zena, DMD	President, American Association of Dental Boards

The following Pandemic Response Workgroup participants were unable to attend today's meeting.

Name	Organization
Pamela Alston, DDS	President, National Dental Association
Stacy Bohlen, CEO	CEO, National Indian Health Board
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
Mitch Goldman, JD, MBA	Executive Committee, ADSO, and CEO, Mid-Atlantic Dental Partners
Hazel Harper, DDS, MPH	Past President, National Dental Association
Casey Long	Public Health Project Associate, National Indian Health Board
Myechia Minter-Jordan, MD, MBA	President and CEO, DQP and Catalyst Institute
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Marko Vujicic, PhD	Chief Economist and VP, ADA

B. Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Dora Hughes, MD, MPH, Associate Research Professor, GWU Milken Institute School of Public Health and former Counselor for Science and Public Health, Department of Health and Human Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Kristin LaRoche, Vice President, Public Relations, DentaQuest Partnership for Oral Health Advancement
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy
- Brenda Cocuzzo, Executive Assistant, DentaQuest Partnership for Oral Health Advancement
- Hannah Cardosi, Administrative Coordinator, DentaQuest Partnership for Oral Health Advancement

II. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the meeting and thanked everyone for being here today.

I want to welcome everyone by lifting up some of the progress we are seeing in the COVID-19 response – from vaccine rollouts, to the response of the vaccines to new variants, to seeing a decrease in the number of infections, hospitalizations, and deaths.

B. Purpose of Effort in 2021

Pat Finnerty presented.

The overall purpose of our work in this phase, so that we can contribute our collective voice and influence in service of making oral health more affordable and accessible to all, is:

- to continue monitoring the impacts of COVID-19 on safety, infection control, and access, and to discuss action steps as necessary; and
- to learn more about the work already underway in each of the prioritized advocacy strategies.

C. Desired Outcomes

Pat reviewed the desired outcomes.

By the end of the meeting, the group is expected to have:

- An awareness of the Biden administration's most recent appointees and health care related actions
- An update on COVID-19: vaccine rollout, dental team involvement, and school-based guidelines
- Agreement on the proposed PRW statement regarding the role of dental professionals in combatting COVID-19

D. Updates from the Biden Administration

Dora Hughes presented.

President Biden and Vice President Harris announced the following individuals to serve as non-federal members of the Biden-Harris COVID-19 Health Equity Task Force, chaired by Dr. Marcella Nunez-Smith. The twelve Task Force members represent a diversity of backgrounds and expertise, a range of racial and ethnic groups, and a number of important populations, including: children and youth; educators and students; health care providers; immigrants; individuals with disabilities; LGBTQ+ individuals; public health experts; rural communities; state, local, territorial, and Tribal governments; and unions.

Biden-Harris COVID-19 Health Equity Task Force

Dr. Marcella Nunez-Smith, Chair, Associate Dean for Health Equity Research and Founding Director of Equity Research and Innovation Center

Mayra Alvarez of San Diego, CA, President of the Children's Partnership

James Hildreth of Nashville, TN, President and CEO of Meharry Medical College

Andrew Imparato of Sacramento, CA, Executive Director of Disability Rights California

Victor Joseph of Tanana, AK, Tanana Chiefs Conference Chief/Chairman

Joneigh Khaldun of Lansing, MI, Chief Medical Executive for the State of Michigan

Octavio Martinez of New Braunfels, TX, Executive Director, Hogg Foundation for Mental Health

Tim Putnam of Batesville, IN, President and CEO of Margaret Mary Health; past President of the National Rural Health Association

Vincent Toranzo of Pembroke Pines, FL, State Secretary of the FL Association of Student Councils

Mary Turner of Plymouth, MN, President of the Minnesota Nurses Union

Homer Venters of Port Washington, NY, former CMO of NYC Correctional Health Services

Bobby Watts of Goodlettsville, TN, CEO of the National Health Care for the Homeless Council

Haeyoung Yoon of New York, NY, Senior Policy Director of the National Domestic Workers Alliance

From the Chat:

From Jane Grover : No dentists on this Task Force?

From Dora Hughes : No dentists.

From Eme Augustini : Just saw this: President Biden picked Chiquita Brooks-LaSure to lead the Centers for Medicare and Medicaid Services, Washington Post reports, citing three people who spoke on the condition of anonymity.

Marcia Brand presented the highlights of a presentation given last week by Dr. Marcella Nunez-Smith at NRHA's excellent Rural Health Policy Institute.

- Equity is at the center of the COVID response.
- The focus is on recovery.
- PPE, vaccine and logistical challenges remain.
- Medicaid expansion is key to the Administration's efforts to get resources to people to address the pandemic; to stabilize providers, especially rural hospitals; and to focus on recovery.
- The Administration's plan is to use a "whole of government" approach.
- Dr. Nunez-Smith also described the American Rescue Plan, which would fund 100,000 public health workers, including community health workers, and bring a "neighbor to neighbor" approach to this effort.

Marcia then reviewed the highlights of the emergency legislative package that's been designed by the Biden administration.

This is the \$1.9 trillion package that the Democrats are working to advance and expect to take up next week. These are the three key elements.

American Rescue Plan – Legislative Package Overview

- **Mount a national vaccination program, contain COVID-19, and safely reopen schools**, including setting up community vaccination sites, scaling up testing and tracing, eliminating supply shortage problems, investing in high-quality treatments, providing paid sick leave to contain spread of the virus, addressing health disparities, and making the necessary investments to meet the President's goal of safely reopening a majority of K-8 schools in the first 100 days.
- **Deliver immediate relief to working families bearing the brunt of the crisis** by sending \$1,400 per-person checks to households across America, providing direct housing and nutrition assistance, expanding access to safe and reliable childcare and affordable healthcare, increasing the minimum wage, extending unemployment insurance, and giving families with kids and childless workers an emergency boost this year.
- **Support communities that are struggling in the wake of COVID-19** by providing support for the hardest-hit small businesses, especially small businesses owned by entrepreneurs of color, and protecting the jobs of the first responders, transit workers, and other essential workers.

Dora Hughes added that we are waiting to hear who the new CMS Administrator and the FDA Commissioner will be.

The good news is that the names we've seen floated are all experienced and would be able to hit the ground running.

While Dora was speaking, an announcement was made that President Biden would nominate Chiquita Brooks-LaSure to lead the Centers for Medicare and Medicaid Services.

In addition to waiting for these announcements, the Chief of Staff released names for the non-agency head positions - number two positions and other junior and mid-level positions - and they are all people we might expect to have been appointed.

Marcia spoke about tele-health and tele-dentistry.

HHS has moved the Office for the Advancement of Telehealth from the Federal Office of Rural Health Policy into the Immediate Office of the HRSA Administrator, reflecting increased support for tele-health. Commander Heather Dimeris has been named. It was my privilege to hire her into HRSA some years back so I think there will be opportunities to interact....

Tim Ricks mentioned that dental hygienist Jessica Scruggs is the newly appointed senior advisor in the Office of the Surgeon General and emphasized that this is the first time in many years we've had a dental professional in that office.

From the Chat:

From RADM Tim Ricks : Jessica Scruggs is newly appointed as a Senior Advisor in the OSG. The past four years she has spent serving as Chief of Staff for Dr. Vivek Murthy, the 19th Surgeon General, as their work focused on the health impacts of loneliness and social connection. Concurrently she also was an adjunct faculty member at Pacific University of Oregon and Eastern Washington University teaching undergraduate courses in dental public health. Jessica is no stranger to OSG, as she was a Lieutenant in the United States Public Health Service Commissioned Corps last serving as special assistant to the Surgeon General. Prior to that, she was stationed with Federal Bureau Prisons in California providing dental services to a female population of more than 1200 and managing the operations of both the dental and medical services units. Jessica holds a B.S. in Dental Science from Pacific University and M.S. in Dental Hygiene from Eastern Washington University, with licenses to practice in Oregon and Hawaii.

From Teresa (Terri) Dolan : The Santa Fe Group invites you to participate in a "Continuum on Health Integration," which will include a progression of webinars, white papers, peer-reviewed editorial content, consolidated web resources, and social media programming. The first streaming event, "Learning from Science: How Oral-Systemic Collaborations Can Advance Research, Policy and Health Outcomes" will be held on March 24th from 4:00–5:15 pm (EST). The session will be moderated by Dr. Martha Somerman, with Dean Laurie McCauley and Dr. Preeti Malani as speakers, and Dr. Chris Fox as a reactor. You can register at <https://santafegroup.org/events> and we hope you will join us!

III. COVID-19 Updates

A. Updates

Dr. Monopoli provided a brief update in a number of areas.

Vaccine Rollout – Over 55 million vaccines have now been administered, at the rate now of 1.0 to 1.5 million/day. This is movement forward in the context of President Biden’s goals for the first 100 days.

The **role of dental teams** in vaccinations continues to be expanded around messaging and safety of the vaccine. Two issues still under discussion are how dental officials can be paid for the vaccine administration fee and issues around liability.

The FDA is taking up the request for emergency approval of the **Johnson & Johnson vaccine** on Feb 26. This single dose option, requiring only basic refrigeration, would allow for an increase in the role dental professionals can play given it is more flexible; however, supply chain issues will be in play.

The **school-based guidelines** are finally available – with guidelines around oral health care within the CDC broader guidelines. We’ve partnered with OSAP on best practices and shared these documents out before today’s meeting:

- An updated version of OSAP's Best Practices for Infection Control in Dental Clinics During COVID-19
- OSAP's Infection Prevention & Control Guide for School Sealant Programs During COVID-19

PREP Act - We’ve been looking at how oral health professionals are identified in the PREP Act and are looking for a way to bring us as professionals into the Act, especially around liability. We will continue to monitor this.

Pat invited participants to share additional updates.

From the Chat:

- From Jane Grover : We have two webinars coming up to promote vaccine safety from dentists to communities and from an ACOG point of view as well
- From Barbie Vartanian : Update on the prioritization of vaccinations for individuals with intellectual/developmental disabilities....it differs state to state and there are currently 7 states that are providing: OR, TN, LA, IA, VA, MO and NY most recently (2/15).

Susan Flores shared that the announcement of oral health professionals having a role in vaccinations has raised some conversation among many stakeholders.

Most sites are drive-up, super sites, creating barriers for those who do not drive. And the portal for appointments is a barrier for those who don’t have access to technology. Vaccinations at hospitals are such that people are creating lines to be seen in case others don’t show up for

their appointments, and it's predominantly young white people who work from home who can stand in those lines. And so further disparities are being created among those receiving the vaccine. If dental professionals could administer the vaccine, communities feel this would be a very positive development as they are local sites, trusted sources, and it would be easier to schedule through those offices. There is some hesitancy on the assumption that dentists can only handle a small volume, making them less desirable; however, we are emphasizing that the issue of equity would be positively addressed with administration through dental professionals.

Alan Morgan shared that he heard publicly available county-level vaccine data will be made available very soon which will make a huge difference in our efforts. He added that he is not sure of the details but expects we'll hear more about this within the next two to three days. And will share the information out when he learns more.

Eme Augustini spoke about the potential for reimbursements for dentists administering vaccines in the dental office. Our dental plan members have to abide by strict anti-trust regulations so cannot discuss the cost components, which makes it difficult to speak to the details. One important thing is for dentists to be able to indicate the administration of a vaccine in the dental record. The Code Maintenance Committee will meet and consider proposals to add a code. If one is adopted, then dentists can use that code in January 2022 – based on the typical schedule for implementation of new codes. Implementation can be accelerated under some circumstances. It's not clear how quickly the vendors involved in the process can get on board with new codes. A code also does not necessarily mean there is reimbursement – **Eme** shared that there are many more elements involved with that decision. Some dentists or oral surgeons may also be able to submit for coverage under medical plans, but this is outside of my purview and knowledge. We're watching this and sharing the information as we learn it with our members.

Dr. Robert Zena spoke as a practicing dentist, and in his formal organizational role with the Association of American Dental Boards, about the typical hurdles of dentists providing the vaccine. I'm thinking about how to administer the vaccine in my own office – will I be cleared by the dental board in my own state? There is a great deal of variation from state to state. The next thing is about liabilities. Will my malpractice carrier cover vaccine administration and is it within the scope of practice, but only if it is administered in my office, or will it be if it is administered at an off-site location? Another thing is cost – it's not about how I bill patients as it's free to them, but how will I bill the government to be paid for the number of vaccines I administer? And what training will I need to administer the vaccine?

Eme responded to affirm that the government is paying for the vaccine itself, but the cost of administering it in the dental office is another matter. **Vicki Young** added that who can give the vaccine varies by state.

Mike Monopoli added that there are issues with folks 75 and older getting to vaccination sites. We're working with dental teams and Community Health Centers in an effort to engage them in the process. Ten of the CHCs that have oral health capacity are functioning and reaching out to

their patients to make appointments directly. We're also working on starting multidisciplinary community sites for the vaccines.

Emily Stewart offered that *Community Catalyst* has been involved in conversations about vaccines, communications, engagement, confidence efforts – including with foundations. As some of these initiatives around community engagement get underway, and trust and access issues are activated, there will be more conversation about how to get the effort out into those communities that are most disenfranchised. There are resources potentially from the CDC and other sources – including private foundations. We're working with many Community-Based Organizations who are quite eager to see oral health professionals included in the COVID response. Many important conversations are happening about equity and trust – who should the providers be to ensure the greatest access possible.

Ife Johnson added that using faith-based organizations has been found to be one of the most effective ways to share information. There is a good amount of trust there, and folks are highly motivated. We are educating pastors through their health ministries, and the pastors become trusted messengers. We're getting good traction with this approach.

Dora Hughes added that *Joshua Peck* will spearhead a federally-funded vaccine hesitancy campaign...and we ought to stay connected to those efforts. He has spoken about faith-based efforts as well.

IV. Collective Action Statement

A. Review and Discussion

Pat Finnerty explained that the group will spend the rest of its time together discussing a proposed collective action statement that was developed by an ad hoc group of our members. He expressed appreciation to the group who worked on this project – *Dr. Cordero, Ife Johnson, Mitch Goldman, Steve Kess, Ann Battrell, Chris Wood, Dr. Zena* – and explained that the statement emerged from the idea expressed about taking collective action – drafting a statement folks could sign on to was the most appealing idea.

- Toward the end of our January meeting, we asked if there was interest in engaging in some kind of action as a group around addressing COVID. A number of you responded with ideas in the chat.
- This small group has met, and, with staff, we've come up with a one-page statement focused on how dental professionals can be more involved in administering COVID vaccines. And understanding that there are barriers to making this happen.

Laurie highlighted the key elements of the statement.

The overall message of the statement is that dental professionals are ready and willing to help with measures to address the COVID pandemic, but there are barriers that need to be addressed. Including testing and vaccinations. We wrote the document in sections, which we

we've tried to call out in each bolded topic sentence as a structure to make the letter easy to scan.

- First paragraph - Background – the impact of the pandemic, with particular attention on the disparities
- Second paragraph - The need to fully engaging all providers in the response to the pandemic, including 420,000 dental providers who for the most part not currently involved.
- Third paragraph - An Offer – Describing the role that dental providers can and are willing to play in pandemic response – as clinical professionals, trusted voices, and conveniently located within communities
- Fourth paragraph - The “Asks” – what needs to happen at federal and/or state levels to make this happen
 - At the federal level – HHS include dental professionals as “qualified persons” under the PREP Act, providing them immunity from liability for administering vaccines or doing testing
 - At the state level – governor’s directives overriding state scope of practice rules to allow both dentists and dental hygienists to administer both testing and the vaccine. We note that some states are already doing this.
- Fifth paragraph – closing with the urgency – these actions need to happen now. There is no time to waste.

There are any number of ways this statement could be used, in whole or in part, both collectively by us or with others who'd like to join the effort, and as individual organizations. Today we'd like to develop those dissemination ideas with you, as well as firm up a plan for gathering signatures to the statement.

Discussion

Many people expressed support for the statement – as is or with specific changes mentioned below in response to the question, “Is there anything you cannot live with, in the statement?”

- Need to be careful re: use of word “dental” where it should be “oral health professional” and vice versa. Ann has sensitivities to appropriate utilization of each – needs to be reviewed for that
- Sticky part – where it relates to protections against malpractice. Understand rationale – but how can we be supportive of a situation that ensures quality and protection for consumers – not a get out of jail free card.

Laurie responded that we could work with the wording but what it means is dentists can rely on their malpractice insurance same as with any other issues. The patient is still protected. We will work on the language.

- Dr. Zena added that the scope of practice and standards of care are still in effect and must be complied with to avoid liability.
- We'd like dental therapists to be included specifically or talk broadly enough as to be general
- Re: language – I got stuck on the first paragraph with specific populations are named. Let's use Africa-Americans and Hispanic-Americans rather than Black and Latino.
- The reference to food insecurity may be true but it is not relevant.

Laurie shared that the goal is to finalize the letter by the end of the week and get it out to the group to gather signatures. There will be a new version based on the concerns raised today.

Dr. Monopoli and Kristin spoke to the sign-on process.

- If today you are ready to sign on, let us know.
- If you want to wait for revisions, let us know your sign-on decision by email by March 4th. We'd like to distribute this on March 5.
- We'll continue to update with additional sign-on's after that. No pressure regarding that deadline. We want to expand the support into the future. There will not be a final deadline unless we agree such a deadline would be useful. We can decide that later.
- If you have partnerships with others, feel free to reach out to them or let us know who they are and we will reach out to them for you, using your name.
- Initially, we'd like to reach out now, but we can continue to build support among folks who need time beyond the March 4 deadline. Please still cultivate those folks.
- Let us know if you are unable to sign on as well.

B. Small Groups

Pat invited folks to break into small groups to address these three questions:

- How can we maximize the impact of this public statement?
- What will it take for your organization to sign on?
- What role can you play in further distribution?

C. Group Reports

Group One – Report Out

- Heated discussion about the first paragraph. The focus should be broadened to other populations that would struggle with access to the vaccine: BIPOC, rural populations, people with disabilities, others...
- It's really important to get this right so as not to lose people.

Group One – Notes from Chat

From Dora Hughes : Group 1 will send suggested edits to the actual letter, but we would like to expand language to include BIPOC, rural populations and people with disabilities. Additionally, drop the final sentence and spell out PREP.

Group Two – Report Out

- There have been a lot of coalition letters like this – we want to be sure we distinguish this one from the others
- Some of us will face challenges in our organizations re: signing on – maybe around scope of practice issues with hygiene colleagues or dentists as vaccinators and others...
- The letter is nearly fully under the PREP Act gives us some leverage to work around some of these other issues with our state level partners
- We need to recognize our end customers and think about what will help the oral health and general health of our population

Group Two – Notes from the Chat

From Chelsea Fosse : GROUP 2:

-There have been a lot of similar coalition letters in the dental community. What will distinguish this from the others?

- There may be organizational policy or current stance concerns around supporting dentists vaccinating in all states where there are state associations and/or hygienist colleagues vaccinating based on scope of practice laws, despite our personal beliefs on this issue.

- Important to remember that the recommendations are under the PREP Act, would supersede all state policy, so it gives us some leverage with our organizations based on challenges with state level arms/branches.

- It's time we recognize our "end customer" and rally together to promote not only the oral health but the overall health of the population.

Group Three – Report Out

- Recommendation that we do a press release around the letter when it is ready
- Engage all members of this group to use their organizational communications channels to spread the letter around
- Deeper conversation around liability
- importance of engaging dental educators in this as well
- Questions about what the ADA thinks; Mike will pursue that to share with others

D. Endorsements/Comments on the Statement (from the Chat)

- From Ann Battrell : I'm going to have to leave the call at 5:00. Fully support the statement.
- From Ife Johnson (She, her) : Oral Health Progress and Equity Network (OPEN)
- From Susan Flores : CA Pan-Ethnic Health Network will sign on
- From Teresa (Terri) Dolan : The Santa Fe Group will need to review with its membership before signing on.
- From Steve.Kess : Agree and will need to view a final draft.

V. Next Steps and Close

Dr. Monopoli thanked everyone for their engagement today and the movement forward we are making.

We will reach out about the signature process, hoping not to bother you too much. Will send out a revised version of the letter soon for your final review and follow up regarding additional signatures and distribution ideas. For now, I look forward to seeing you at our next meeting which is on March 17th at 4:00 pm.