

**Oral Health System: Pandemic Response Working Group**  
**Virtual Meeting**  
**September 15, 2021**  
**4:00-5:30 pm ET**

**Group Memory**

**Convenor:**

[Michael Monopoli](#), Vice President, Grants Strategy  
CareQuest Institute for Oral Health

**Facilitator:**

[Patrick Finnerty](#), Strategic Advisor  
CareQuest Institute for Oral Health

**Content Manager:**

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

# Table of Contents

I. Participants .....	3
A. Pandemic Response Workgroup .....	3
B. Strategic Advisors and Staff .....	4
C. Guests .....	4
II. Start-Ups .....	4
A. Welcome .....	4
B. Desired Outcomes .....	5
III. COVID-19 Updates and Response from the Oral Health System .....	5
A. COVID-19 Updates .....	5
B. Response from the Oral Health System .....	6
IV. Oral Health in America Report .....	8
A. Presentation on the Report .....	8
B. Discussion re: Distribution of the Report .....	9
V. Dental Benefits in Medicare .....	10
A. Outcomes of the Pandemic Response Workgroup effort .....	10
B. Update on the Political Process .....	10
C. OPEN’s Advocacy Efforts .....	11
D. Discussion .....	12
VI. Biden Administration Updates .....	13
VII. Closing .....	14

## **I. Participants**

### **A. Pandemic Response Workgroup**

*The following Pandemic Response Workgroup members were present at the meeting.*

<b>Name</b>	<b>Organization</b>
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, American Dental Association Health Policy Institute
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, American Dental Association
Ifetayo Johnson, MA	Executive Director, Oral Health Progress and Equity Network
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Myechia Minter-Jordan, MD, MBA	President and CEO, CareQuest Institute for Oral Health
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, CareQuest Institute for Oral Health
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Colin Reusch	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Emmet Scott	President, Association of Dental Service Organizations
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Brett Weber	Public Health Policy & Programs Manager, National Indian Health Board
Christine Wood	Executive Director, Association of State and Territorial Dental Directors
Vicki Young, PhD	COO, South Carolina PHCA and member of National Association of Community Health Clinics

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

<b>Name</b>	<b>Organization</b>
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Pamela Alston, DDS	President, National Dental Association
Eme Augustini	Executive Director, National Association of Dental Plans
Ann Battrell, MDSH	Chief Executive Officer, American Dental Hygienist Association
Stacy Bohlen	CEO, National Indian Health Board
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association

Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group
Mitch Goldman, JD, MBA	Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners
Hazel Harper, DDS, MPH	Past President, National Dental Association
LaVette Henderson	Executive Director, National Dental Association
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Emily Stewart	Executive Director, Community Catalyst
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Carolina Valle	Policy Director, California Pan-Ethnic Health Network
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Robert Zena, DMD	President, American Association of Dental Boards

**B. Strategic Advisors and Staff**

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Kim Octavius-Delus, Administrative Coordinator, CareQuest Institute for Oral Health
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Kristin LaRoche, Vice President, Public Relations, CareQuest Institute for Oral Health
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Bianca Rogers, PRW Working Teams Coordinator and Medicare Policy Advisor, CareQuest Institute for Oral Health
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy

**C. Guests**

- Liesl Sheehan, Tremont Strategies Group (guest speaker)

**II. Start-Ups**

**A. Welcome**

*Mike Monopoli opened the meeting by welcoming everyone and thanking them for being here today.*

A lot has happened since we met last, as always.

- Things seemed like they were going well last time we met, in July; however, now the Delta variant has been worse than anticipated. We're thankful the vaccines are working as well as they are.
- We will focus today on COVID and see where the issues are, and also on the work that is going on in support of the Medicare dental benefit.

## **B. Desired Outcomes**

*Pat welcomed Chelsea Fosse back from maternity leave and then reviewed the desired outcomes.*

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

- An update on COVID-19, including the delta variant, boosters, etc.
- A shared understanding of the role of the oral health system in addressing the most pressing issues regarding vaccination rates, equitable access to vaccines, and more
- An awareness of the status of the Oral Health in America report and next steps, including distribution
- An update on progress on dental benefits in Medicare, the collective action letter, and next steps in advocacy and mobilization
- An update on Biden Administration news
- Agreement on next steps

## **III. COVID-19 Updates and Response from the Oral Health System**

### **A. COVID-19 Updates**

*Mike Monopoli presented.*

An **update of the numbers** includes the following:

- The total number of COVID cases in the US now is just over 41m.
- We're at the point now, as we were at the beginning of summer, with about 160,000 new cases each day
- There have been about 665,000 deaths in US; and over 4.5m deaths worldwide
- About 175m people are fully vaccinated in the U.S., leaving 80m not vaccinated. We are still waiting to hear from the FDA about the ability to vaccinate young children.

The President just released a [new White House COVID-19 Action Plan](#). Specifics include six major areas.

1. [Vaccinating the unvaccinated](#)
2. [Further protecting the vaccinated](#)
3. [Keeping schools safely open](#)
4. [Increasing testing and requiring masking](#)

5. [Protecting our economic recovery](#)
6. [Improving care for those with COVID-19](#)

Mike shared some of the details that can be found fully explicated in [Path out of the Pandemic: President Biden's COVID-19 Action Plan](#).

This plan exists because of how the Delta variant has taken over as the dominant strain in the US, and it is twice as infectious and 60% more transmissible than the original strain. Even with vaccination, there is still a chance to be infected, albeit likely less severely.

Other variants are being watched – one first noticed in Colombia with a cluster of mutations that may avoid vaccine efficacy, and another - Lambda variant - with increased transmissibility and a profile of increased severity of disease. It's a precarious situation and we need to get people vaccinated and treated as best as possible.

### **Additional Updates and Resources**

- [Joint Statement Supporting COVID-19 Vaccine Mandates for All Oral Health Care Workers](#) (September 2021)
- Updated guidelines from OSAP based on CDC guidance: [Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic](#) (Revised July 2021)
- The aerosol issue in oral health settings was a concern but transmission in these settings has been minimal. [Correspondence from the Lancet on dental procedures and aerosols and COVID-19](#)
- [American Academy of Developmental Medicine and Dentistry – Updated Recommendations regarding COVID-19 spread, vaccines, and variants](#) (September 2021)
- [ADEA statement calling for COVID-19 vaccination requirements for dental schools and programs](#)

## **B. Response from the Oral Health System**

*Pat invited participants to gather in small groups and address the following question:*

What is the role of the oral health system in addressing the most pressing issues regarding vaccination rates, equitable access to vaccines, mandates, etc.?

### **Group Notes and Reports**

#### **Group One: Report Out**

- Vaccines: Talked about education – This fits well within medical/dental integration given how many visits to dental professionals happen each year. Five A's like with tobacco – ask, advise, assess, assist, arrange. Train all staff to review these points with all patients.
- Equitable access: Pull together stakeholders to discuss outreach to underserved populations. Every small town has dentists who are leaders in those communities, and they can help spearhead these efforts. And maximizing the workforce - beyond the

dentist and hygienists – the whole team can be involved with connecting patients to vaccinations.

### **Group One: Notes**

#### Vaccine Rates

- Care Settings/Dental providers can be trusted source of information/education.
  - Need to equip the dental team with information, continuing education on benefits of vaccine
- Connectors - collaborative agreements with FQHCs or [sic]
- Speaks to importance of integration - there are 10s of millions of people who visit the dentist each year and not primary care
  - Like smoking, this can be a part of every medical history
- Something right now that we recommend across all practices - have you been vaccinated and if not, are you willing.
- 2 components
  - Having trained oral health providers in how to administer the vaccine
  - Every provider asks about tobacco, how can we ensure the same re: vaccinations
- 5As employed here Ask, advise, assess (are you ready), assist (connect with resources), arrange

#### Equitable Access

- Pulling together stakeholders in communities - health care providers, community orgs, etc. -- to help get the word out. SC example in rural communities. Created regional care panels to do this and provide recommendations to states. Started as a state dept of health effort around testing and vaccine access.
  - Specifically connecting oral health teams with other community resources/orgs.
- Maximize the full range of existing workforce. Ex: Leverage dental health aid therapist (DHATs) - alternative workforce - already in the schools, in the community, in the nursing facilities
- Can private practice dentists access vaccine inventory?

### **Group Two: Report Out**

Workforce vaccination was our focus – there is inconsistent messaging within the oral health community. Being more united would be beneficial in support of vaccinations and mandatory vaccination. Important to combat misinformation in our communities. Talked about the politicization of these issues and the challenges therein. Must continually update our education and messaging as the science evolves. Need to accept that there need to be changes within the oral health care world and vaccination should be a given.

### **Group Two: Notes**

What should oral health community be doing?

- Oral health and overall health organizations should proactively, clearly, support vaccination (mandatory in many cases).
- As trusted sources, share information in your community, with your network, to combat misinformation.

#### Challenges:

- The politicization of these issues -- vaccination, masking, etc. -- has undermined our country's collective power to combat this pandemic. Personal liberties are being pitted against public health.
- Poor messaging, and evolving science (as it naturally should be doing), has unfortunately undermined the message.
- This is one of those events -- like the HIV epidemic -- that must change the requirements for our profession. Vaccination should be required/mandatory in oral health care going forward.

#### **Group Three: Report Out and Notes**

- Need to support providers in having a greater impact on COVID, which includes giving the ability to perform relevant services like testing & vaccines.
- Requires state-level policy change due to licensing/scope of practice authority
- Also need to look at reimbursement & program/plan level changes
- Could also use additional federal support to ensure hygienists & other providers are able to contribute
- Help dentists see themselves more as part of overall health care system – definitely an under-utilized touchpoint
- Oral health professionals should be able to play a role in issuing boosters – still many people who aren't seeing a physician but may be keeping up with their dental appointments
- Long-term an opportunity to coordinate care for other chronic conditions like diabetes
- Need to create demand among public for better integration of care
- Also, an opportunity to think more seriously about integration of medical & dental records systems

### ***IV. Oral Health in America Report***

#### **A. Presentation on the Report**

*Admiral Tim Ricks presented. Key elements of his comments included:*

- The report is 690 pages and going under review now by various agencies within DHHS which is the final clearance.
- There won't be a public comment period. This review takes the place of that.
- NIDCR will adjudicate all comments and then publish it and we don't know when – depends on how many comments.
- Will be published online.

- Pre-comm roll out – a monograph will be published in The Lancet and in The New England Journal of Medicine, and the Surgeon General will co-write the article that goes into one or both of those.
- There will be an opportunity for us to amplify the messaging of the report. A communications plan will be made public after the report is released – with key messaging.
- Many things not in the 2000 report are in this one.

*Mike added that our role is to maximize the impact of the report by broadening the audience from a scientific piece to making it more accessible and maximize the visibility of the report.*

**From Admiral Ricks in chat:**

*Parts of Oral Health in America: Advances and Challenges*

- Section 1: Effect of Oral Health on the Community, Overall Well-Being, and the Economy
- Section 2A: Oral Health Across the Lifespan: Children
- Section 2B: Oral Health Across the Lifespan: Adolescents
- Section 3A: Oral Health Across the Lifespan: Working-Age Adults
- Section 3B: Oral Health Across the Lifespan: Older Adults
- Section 4: Oral Health Workforce, Education, Practice and Integration
- Section 5: Pain, Mental Illness, Substance Use Disorder, and Oral Health
- Section 6: Emerging Science and Promising Technologies to Transform Oral Health

**B. Discussion re: Distribution of the Report**

*Pat posed the question to the group:*

What can your organizations do to make sure the report has wide distribution?

- Disseminate through our established communication infrastructure with Association members, partners, and other stakeholders.
- Sharing how we are using the info in the report will be just as important as sharing the report itself. For example, we are updating our competencies document and our organizational strategic plan, and we will use the report to inform both of those.
- Would Admiral Ricks present on the report at our midyear conference next year – to help OPEN members understand what’s in it and also how members can help disseminate it further? *Admiral Ricks responded affirmatively.*
- Is there a cliff notes version of the report that we can disseminate? *Yes, there will be a key messaging document.*
- This will be an extraordinary challenge for national associations to get their states to report consistently to the whole country. We’re seeing a lot of polarization based on the state in which folks are operating in, the policies of states with respect to science varies widely. I am hoping for a nationally approved interpretation of the findings of the report and that all organizations that disseminate it leave their own political agendas to the side so the public hears the truth and the facts. There has never been a stronger case for the importance of oral health to overall health than we are seeing now. And yet there is still fragmentation amongst the voices obfuscating that fact. We need to collaborate

and do something together, which is easier said than done. Santa Fe will do everything we can to bring clarity and collaboration to telling the truth.

- This is an opportunity to rise above the fray – the Medicare conversation is ongoing, but this is about the importance of oral health. There is amazing representation here that can push this message forward about the importance of oral health. It will obviously influence the Medicare conversation, but we should separate the two because of the political nature of the Medicare conversation, so that we can focus on pushing the message to all stakeholders and lift up the important components of this report and educate community and business leaders and patients about the importance of oral health and that will allow us to overcome some of the barriers.
- Distribute through the National Conference of State Legislators and the National Governors’ Association to get this to the people who can make a difference.
- Who can we utilize to speak to the report for podcasts and other conferences?
- I would love for us to think about creating a way for patients and community to become aware of the report, like the development of a patient guide to the report...also want to see how we can inform the business community about some of the financial/business impacts of poor oral health
- Infographics we can share would be helpful
- Excited to work to share it with DSO leaders

## ***V. Dental Benefits in Medicare***

### **A. Outcomes of the Pandemic Response Workgroup effort**

*Kristin LaRoche launched this conversation with an overview of what we’ve done and the outcomes of the work of the Pandemic Response Workgroup. Highlights of her remarks included:*

- The PRW Medicaid & Medicare Working Team created a collective action letter which many of you signed onto and we submitted that.
- The letter prompted a productive conversation with the Senate Finance Committee. We learned a lot from them about their process and thinking and they gave us good feedback re: how we could be supportive with data and other information.
- We were collectively seen as a thought leadership group with important expertise relative to the topic and many of us have been included in media coverage since then.
- We have ongoing conversations with Senate and House staff. Some bill language has come out; the timeline is getting pushed back.

### **B. Update on the Political Process**

*Liesl Sheehan ([sheehan@tremontstrategies.com](mailto:sheehan@tremontstrategies.com)) provided additional information.*

- Today was the initial deadline from the Senate to present committee pieces for the Reconciliation Bill ... but they are recessing. There are working on various drafts and

they're working through the specifics of what can be included in Medicare expansion for dental, as well as vision and hearing.

- Where they land will be determined by sources of revenue. How the costs of expanding Medicare can be offset.
- The House Energy and Commerce and Ways & Means Committees are moving their pieces for reconciliation through. There was a major hiccup on Energy and Commerce with three moderates voting against the drug pricing reform proposal...but the House will go back into the package as the full reconciliation piece moves to the Rules Committee.
- Then when it goes to the Senate will they be able to move the same drug pricing reform?
- Waiting now to see if the House can get this package through with the drug pricing reform (can't lose more than three votes) and waiting to see what the Senate Finance Committee comes out with.

### C. OPEN's Advocacy Efforts

*Ife Johnson and Colin Reusch presented.*

- What matters most is that we remain focused on where we're heading. Our shared vision that oral health is integrated into overall health, and health care is equitable, accessible, and affordable for all.
- Experiencing a groundswell of support like we've never seen before. Broad support for increasing access to dental care for older adults among OPEN members, provider community, patients, and the public.
- OPEN has been working on this for years. Medicare dental coverage has been a key "ask" in OPEN's in-person and virtual Hill days since 2019. We've done letter writing campaigns and endorsement letters and more.
- The political will is growing, and we are working with OPEN members to prepare them.
- OPEN has hosted multiple "[Take 20](#)" webinars to support members in collective advocacy on Medicare dental.
- Now is the moment we can collectively advance change and Congress needs to hear from all of us.

### **Resources and Opportunities for Action**

- OPEN Medicare Dental Toolkit: <https://openoralhealth.org/medicare-dental/>
  - Fact sheets, email & social media templates, and story sharing
  - Updated OPEN Toolkit will be live next week. We will email it out once available.
- [OPEN Congressional Engagement Tool](#)
- Direct outreach pages:
  - **NEW** - for oral health providers:  
<https://secure.everyaction.com/aQGVcaacA066FHfYFsMVyQg>
  - For all constituents:  
[https://secure.everyaction.com/Y\\_24qhnE5UqSSbWlfouz2](https://secure.everyaction.com/Y_24qhnE5UqSSbWlfouz2)

- [Medicare Dental Fact Sheet](#) (Justice in Aging, Families USA, Center for Medicare Advocacy)
- Upcoming: sign-on letter to thank Congress and ensure affordability of coverage

### **More from the Chat**

From Bianca:

Email Template for Providers: <https://secure.everyaction.com/aQGVcaacA066FHYFsMVyQg2>

Email Template for all Constituents:

[https://secure.everyaction.com/Y\\_24qhnE5UqSSbWlfouznw2](https://secure.everyaction.com/Y_24qhnE5UqSSbWlfouznw2)

### **D. Discussion**

*Mike Monopoli added that we have a chief dental officer at CMS that is in the Office of the Administrator which is a great opportunity.*

And we understand there is not unanimity on progress toward the Medicare dental benefit. We hope this is a comfortable place to share our various points of view.

*Admiral Ricks posted in the chat about a stakeholder meeting on Friday: The CMS National Stakeholder Call - September 17th, 12:30 - 1:00 ET.*

You are all invited to attend that. I've reached out to find out if Dr. Chalmers will be speaking and will let you know. You can also submit questions in advance.

*Question for Liesl:* Do you have info on a general timeline for what we expect over the coming weeks or months and when we might know how this will come out?

- Everyone would have a different answer to this!
- Senate will introduce their markup after recess. Not every committee will do a markup and that will be helpful.
- House has to pass the hard infrastructure bill by September 27 and move the reconciliation package prior to that. They are working hard to do that.
- Then over to the Senate for those markups and their package – not sure how much they can preconference.
- I think by the end of the year we'll have something.

## ***VI. Biden Administration Updates***

*Marcia Brand presented.*

### **CMS Chief Dental Officer – Dr. Natalia Chalmers**

- Dr. Natalia Chalmers - First ever CDO in the Office of the Administrator, Chiquita Brooks-LaSure
- The announcement describes her role as CMS's chief dental officer, to advance the Biden-Harris Administration's **commitment to care for the whole person, a key to reducing health disparities and advancing health equity.**
- Dr. Natalie Chalmers will guide CMS in advancing oral health in Medicaid, the Children's Health Insurance Program (CHIP), Marketplace and Medicare – and location in Office of the Administrator positions her to work across the Agency in policy, regulatory and legislative activities.
- Dr. Chalmers is a board-certified pediatric dentist, oral health policy expert, and public health advocate – she brings more than 20 years of clinical, research, industry, and regulatory experience to CMS.
- Previously, Dr. Chalmers served as a Dental Officer at the US Food and Drug Administration.

### **CMS “Centers”**

- Center for Medicare (CM)
- Center for Medicaid and CHIP Services (CMCS)
- Center for Medicare and Medicaid Innovation (CMMI) – makes grants to test innovative approaches to payment
- Center for Program Integrity (CPI) – conducts provider audits and fraud investigations
- Center for Clinical Standards and Quality (CCSQ) - led by CMS's CMO; handles all quality, clinical and medical science issues
- Center for Consumer Information and Insurance Oversight (CCIIO) – ACA Marketplace

### **Other Updates**

- The Biden-Harris Administration to **require COVID-19 vaccination of staff within all Medicare and Medicaid certified facilities** – CMS with CDC announced that emergency regulations requiring vaccinations for nursing home workers will be expanded to include hospitals, ambulatory care settings, home health agencies, etc.
- HHS releases **proposal to lower prescription drug costs** – The Drug Pricing Plan is guided by the Administration's principles for equitable drug pricing reform through price negotiation, improved competition and innovation
- The new federal **Office of Climate Change and Health Equity (OCCHE)** seeks to address the effects of climate change on public health, use regulatory and statutory measures of HHS to address matters affecting disadvantaged communities and people on the frontline of the climate crisis
- **FY 2022 Appropriations...?** Probably a Continuing Resolution

**From the chat:**

*(Laurie Norris)* HHS has announced a new round of funding from the Provider Relief Fund. This funding includes \$8.5 billion in American Rescue Plan (ARP) resources for providers who serve rural Medicaid, Children's Health Insurance Program (CHIP), or Medicare patients, and an additional \$17 billion for Provider Relief Fund (PRF) Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic. The application portal will open on September 29.

**VII. Closing**

*Dr. Jordan shared some closing comments. Highlights included:*

- I am thinking about the power of this group and this moment to lift up the importance of oral health in the national discourse.
- We cannot allow our health system to continue to function as it has underserving patients and producing poor outcomes for our patients and moving forward with systems based on old hierarchical thinking and inequities.
- I appreciate that this group has energy, commitment, and courage to stand up and say we must do things differently.
- We're caught in a political nightmare, if you will, and it's easy to lose sight of what's best for our patients, but we can rise above that and leverage our organizations and stand together and advocate for patients while holding equity at the core, thinking about how things can be done differently.
- We need to stay the course and not be dissuaded by the political discourse.
- Thank you. I am grateful. I want to keep us energized.
- I look forward to how we leverage the report and push this to a national discourse and make sure we are empowering community and patients to do the same.

*Pat closed the meeting with this final reminder:*

- Our next meeting was scheduled for October 20, but OPEN's Annual Meeting is being held that day and we want to be sure everyone has an opportunity to attend. We will move our meeting to October 27th.... and we will be focusing on the Integration of Oral Health into Overall Health.