ODA Executive Director
2015 Annual Report

Overview
As reflected in the 2015 report of the ODA’s Task Force on the Future of Dentistry in Ohio, the ODA continues to proactively address the various challenges facing dentistry, including changing dental practice modalities, the growing diversity of the dentist population, changes in patient expectations, etc. The ODA’s advocacy efforts remain strong and we continue to be a strategically-driven organization allowing the ODA to efficiently and effectively meet our members’ expectations.

Advocacy
Over the last few years, the Kellogg Foundation has provided nearly one million dollars to the Universal Health Care Action Network (UHCAN-Ohio) to push for mid-level dental providers in Ohio. The ODA opposes UHCAN-Ohio’s concept of a mid-level dental provider because it would potentially allow under-trained personnel to perform irreversible surgical procedures, require an investment of millions of dollars, divert funds away from other proven approaches such as a fully funded Medicaid dental program, and create statutory and legal challenges that will delay care to Ohioans. While UHCAN-Ohio has not yet been able to convince a legislator to introduce its radical concept as legislation, the ODA continues its long-tradition of proactively pursuing policies that will help provide more access to quality dental care for all Ohioans, including the recent passage of House Bill 463.

House Bill 463
In 2014, Rep. Terry Johnson (R-McDermott) introduced House Bill 463, which included a set of provisions that were recommended by the ODA’s Task Force on Auxiliary Utilization and Access to Care and approved by the ODA House of Delegates. This bill, designed to update Ohio’s dental practice act and improve access to dental care and efficiency, includes, among others, the following provisions:

- Doubling the capacity of the Ohio Dentist Loan Repayment Program,
- Adding dental education to the list of available programs for Choose Ohio First Scholarships,
- Creating an alternative pathway for dental licensure through PGY1,
- Utilizing the current dental team more effectively and efficiently, including strategies to extend preventive services provided by CDAs, EFDAs, and dental hygienists to more Ohioans,
- Creating a study commission to review dental Medicaid fees in Ohio and make recommendations for reform.

On April 9, 2014, Dr. Paul Casamassimo and I each presented testimony on behalf of the ODA in favor of House Bill 463 at a hearing of the Ohio House Health Committee. On May 28, the Committee reported the bill favorably and on June 3, the Ohio House of Representatives passed House Bill 463 by a 95-0 vote. On December 3, 2014, Dr. Paul Casamassimo and I testified in favor of House Bill 463 at a hearing of the Senate Medicaid, Health and Human Services Committee. The bill was unanimously reported favorably out of committee and on December 10, 2014, the Ohio Senate passed House Bill 463 by a 32 – 0 vote. On December 19, 2014, Governor John Kasich signed House Bill 463 into law. The provisions of the bill went into effect on March 23, 2015.

House Bill 95
On March 3, 2015, Rep. Anthony DeVitis (R-Green) introduced House Bill 95, which would prevent dental insurance companies from setting the prices that dentists charge for non-covered services. On March 18, 2015, Dr. Steve Moore and I testified before the Ohio House Health and Aging Committee in favor of House Bill 95. On May 13, 2015, the House Health and Aging Committee favorably passed House Bill 95 out of the committee by a 12 – 7 vote. On June 10, 2015, the Ohio House of Representatives passed House Bill 95 by a 61-33 vote. We expect the Ohio Senate to take up consideration of House Bill 95 in the fall of 2015 and into 2016.
Medicaid
In February 2015, Governor John Kasich introduced his budget proposal for fiscal years 2016-17. On March 18, 2015, I testified before the Ohio House Finance Committee and on May 7, 2015, I testified before the Ohio Senate Medicaid Committee. In both instances, I urged the General Assembly to raise dental Medicaid reimbursements to pay at closer to market rates, noting that states that have done so have experienced a dramatic improvement in access to dental care for the underserved. In response, the General Assembly included funding for a pilot project paying market rates to dental Medicaid providers in certain counties in the budget bill that passed. Governor Kasich, however, exercised his line item veto authority to nix the dental Medicaid pilot project. The final state budget increased the dental Medicaid budget by a total of $4.5 million for fiscal years 2016-17.

Licensure Portability
The ODA has long been an advocate for reform of the dental licensing process. We have supported alternative pathways to licensure, such as PGY1 (i.e., completion of an accredited dental residency program as an alternative to taking a clinical regional exam for licensure). We have also supported licensure portability and freedom of movement for dentists. In fact, Ohio was one of the first states to amend its Dental Practice Act to require the dental board to accept all regional clinical examinations for initial licensure. I have been invited to make a presentation on professional licensure portability at the annual meeting of the American Association of Dental Boards on November 4, 2015, in Washington, D.C. just before the ADA Annual Session.

Publications
In the fall of 2014, two of my articles on the North Carolina State Board of Dental Examiners v. FTC case were published in national journals. My article “Federalism Implications of Applying Federal Antitrust Scrutiny to State Licensing Boards” was published in the law journal Engage: The Journal of the Federalist Society Practice Groups. Engage is distributed to more than 60,000 lawyers, judges and law professors nationwide. The fall 2014 issue of the Journal of the American College of Dentists published my article “Supreme Court Ruling May Determine Future of State-Based Professional Licensing.”

Access to Care and Public Service Programs
The Council on Access to Care and Public Service continues to work to address access to dental care issues across the state in numerous ways. ODA member dentists continue to demonstrate their generosity and compassion by providing care to underserved Ohioans.

Give Kids a Smile
More than 80 GKAS events were held in Ohio in 2015, with thousands of Ohio children receiving screenings, treatment and/or oral health education. Ohio dentists provided more than $718,000 in dental services to Ohio kids through GKAS events in Ohio over the last year.

Dental OPTIONS
Through the Dental OPTIONS program, which matches qualified low-income Ohioans with dentists who are willing to provide donated or discounted services, ODA member dentists have provided more than $1.1 million in services to Ohio’s under-served populations in fiscal year 2014.

Dentist Loan Repayment Program
In 2015, eight dentists are currently practicing in under-served areas taking advantage of the Ohio Dentist Loan Repayment Program. The ODLRP was created when the Ohio General Assembly passed the ODA-backed Dental Care Improvement Act in 2003. With the passage of House Bill 463, the program will double in capacity in the coming years. The program provides loan repayment assistance for dentists who agree to locate in designated dentist shortage areas and treat Medicaid and other low-income Ohioans. Since the program’s inception in 2005, a total of 32 dentists have participated in the program and they have collectively provided more than 180,000 patient visits for under-served Ohioans.
**Membership**
While the economic downturn and demographic trends are cause for concern in the membership recruitment and retention area, the ODA continues to outpace its peers and the national average for membership percentages. At the end of 2013, the ODA's membership percentage was 70.8% of all Ohio dentists, as compared to the national rate of 64.5%. Nationally, in our peer group of the 10 states with the largest population of dentists, the ODA’s membership market share is the third highest. While the ODA’s membership numbers are impressive, the 2014 numbers are down slightly from 2013 and continue the gradual downward trend in active membership that has been seen in recent years across the country. Accordingly, the ODA’s Council on Membership Services will continue to examine trends in association membership and member demographics and devise strategies for the future growth of the ODA, including focusing on demographic and dental practice-related trends. For 2016, ODA members may have the option of paying for membership dues by redeeming points from a popular dental supply company’s rewards program.

**Events**
**Annual Session**
The September 17 – 20, 2015, ODA Annual Session continues to offer high quality continuing education opportunities, an impressive exhibit hall with nearly 240 booths, and other valuable opportunities for professional growth and fellowship. The ODA Annual Session continues to be the region’s strongest dental meeting and the ODA Annual Session Committee continues to explore ways to improve the ODA Annual Session and enhance the attendees’ experience. The Annual Session is also an important source of revenue for the ODA so continued support of the meeting and its exhibitors and vendors is appreciated.

**Leadership Institute**
On March 27-28, 2015, the ODA hosted a successful Leadership Institute in Columbus, which was attended by more than 250 member dentists. The goal of the event is to provide valuable information and skills that can assist member dentists in their personal lives and dental offices, and with their community involvement. This year’s session included keynote presentations by: Dr. Marko Vujicic, chief economist and vice president of the ADA Health Policy institute, who discussed what today’s changing health care environment means for dentistry, Dr. Ted Wymyslo, chief medical officer of the Ohio Association of Community Health Centers, who discussed the concept of the patient-centered medical home and how dentistry fits into this emerging care delivery model, and Chuck Underwood, who discussed generational differences. Attendees also had the opportunity to attend breakout sessions on regulatory compliance, third-party audits, public speaking and parliamentary procedure. According to participant surveys, the Leadership Institute continues to meet its goal of providing valuable information for use in a variety of settings.

**Dental Schools**
The ODA continued to maintain its strong relationships with Ohio’s dental schools. In January 2015, the ODA’s leadership – together with leadership from the ADA and the Greater Cleveland Dental Society – attended a series of meetings at the Case School of Dental Medicine. We met with Dean Kenneth Chance, the School's Administrative Committee, Department Chairs, and members of the Class of 2015. Similarly, in January, the ODA Executive Committee met with OSU College of Dentistry Dean Patrick Lloyd and senior faculty to discuss issues of mutual interest. I was also invited on campus to provide presentations on organized dentistry and legislative activities to OSU dental students on multiple occasions throughout the year.

**Leadership Positions**
**ADPAC Board of Directors**
At the end of 2014, I concluded my 4 year term as the State Executive Director representative on the Board of Directors of the American Dental Association Political Action Committee. It has been my honor and pleasure to serve on the ADPAC Board and I appreciate the rest of the trustees accepting the input from the states related to ADPAC matters. We are most successful when all levels of the tripartite work together.
Ohio Police and Fire Pension Fund Board of Trustees
In January of 2015, I completed my four year term as the state treasurer’s appointee on the Board of Trustees of the Ohio Police and Fire Pension Fund Board of Trustees. It was an honor to serve on the pension board for Ohio’s public safety forces and a good experience.

Ohio Health Care Provider Coalition
This year marks my twelfth consecutive year as chair of the Ohio Health Care Provider Coalition, which is made up of several statewide health care organizations, including the Ohio State Medical Association, Ohio Optometric Association, Ohio Osteopathic Association, Ohio Podiatric Medical Association, Ohio Pharmacists Association, and others. The coalition provides a forum for health care provider organizations to collaborate on areas of interest, including pending legislation and regulations that impact on health care delivery and health insurance issues. I am pleased that the ODA plays a leadership role in the health care provider community and in advocacy on health care issues in Ohio.

Children’s Oral Health Action Team (COHAT)
On behalf of the ODA, I continue to actively participate in the Children’s Oral Health Action Team (COHAT), which is a coalition of health care professionals and organizations well versed in children’s oral health policy and practices. COHAT is working to make comprehensive oral care available to all children in Ohio regardless of family income through advocacy and education initiatives. By participating in coalitions like COHAT, the ODA continues to build partnerships to promote oral health.

Conclusion
I appreciate the opportunity to help lead the ODA and look forward to continuing my service for the dental profession in Ohio in the coming year.

Respectfully submitted,

David J. Owsiany, JD
ODA Executive Director