



ASDA District #2 Advocacy - From Classroom to Capitol

Empowering Dental Advocates



NYS Representative Robert Smullen – District 118



SPEAKERS











ADVOCACY

Advocacy and how does it work
ADA's role and fed legislation
NYSDA's role
NYSDA legislation and why it matters

- Private dental insurance
- Workforce
- Medicaid

NYC fluoride update How to get involved Q&A



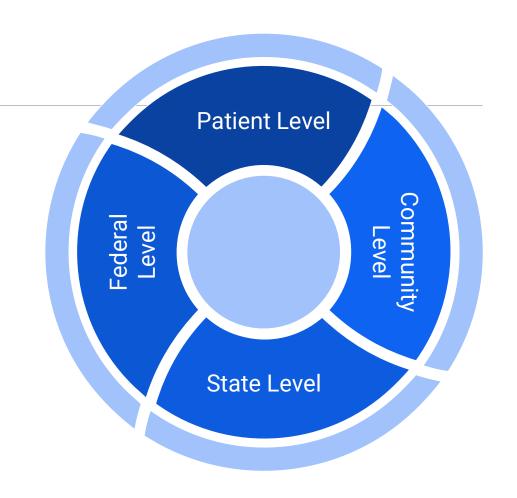


ADVOCACY & HOW IT WORKS

DR. KATHRYN ROTHAS

Advocacy

Any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others

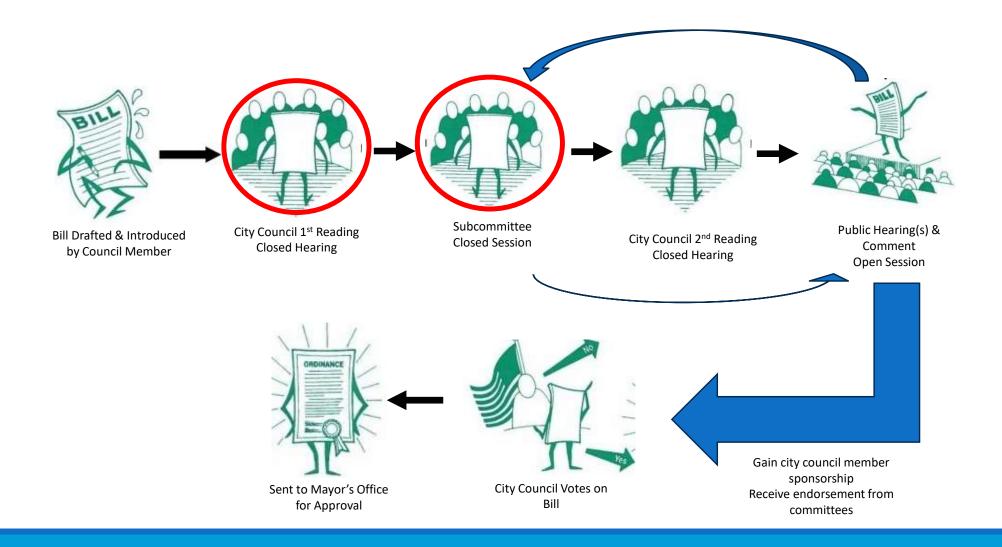


Community-Level

Aim to address a barrier to care or barrier to optimal overall health through:

- Lobbying city council members
- Organizing grassroot advocacy campaigns at local level
- Organizing a petition
- Raising public awareness
- Developing a community program that addresses a barrier to optimal oral health or total health
- Organizing events or services to address the needs of a specific population





State-Level

Educating state lawmakers and emphasizing the need to change state-level health policies to improve access to healthcare services and other ways to create healthier, safer communities by:

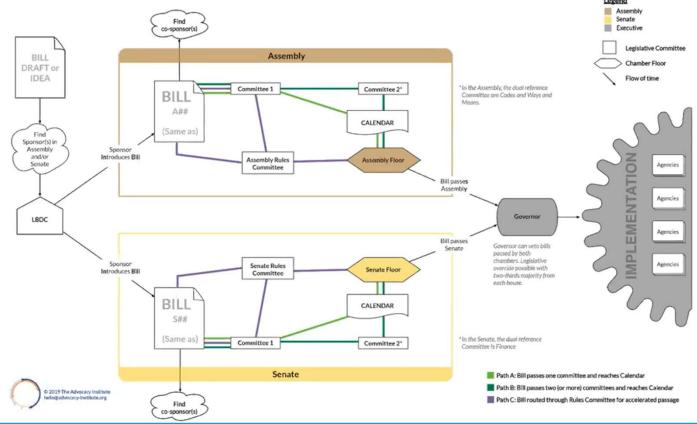
- Lobbying state lawmakers
- Organizing grassroot advocacy campaigns to state-level policy



Introduce bill

Move through Floor Governor committees vote approves

Implementation





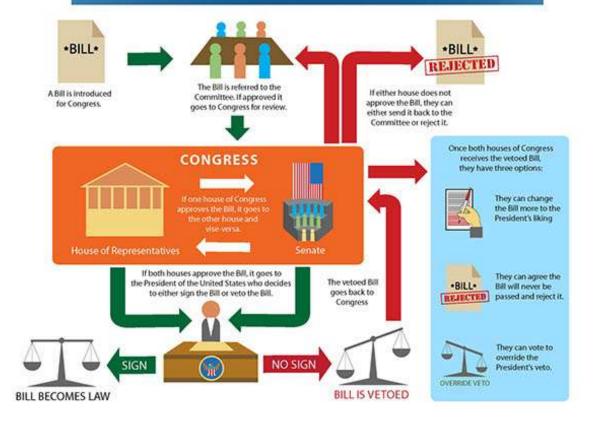
National Level

Influencing the policy process, government decisions & regulatory processes at the country level, aiming to effect change in laws, policies and practices through:

- Contacting federal policymakers
- Lobbying & engaging in public campaigns
- Submitting amendments to CODA for standards changes



How a Bill Becomes a Law

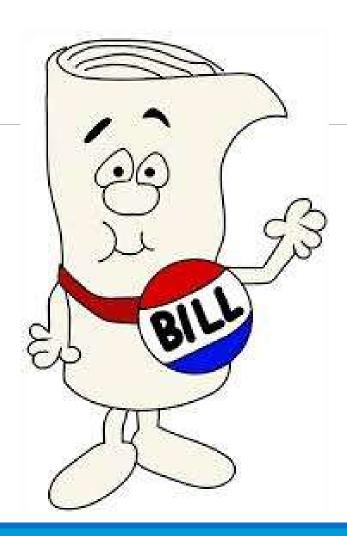


Nuances to Note

Each local municipality & state has slight variations in their legislative process

Each local & state governments have different congressional session duration & frequencies

At the end of a congressional session, if a bill is not sent to the Mayor, Governor or President, it has to be reintroduced (sometimes new sponsor), renumbered & restart the journey from introduction \rightarrow committee \rightarrow governing body vote \rightarrow executive approval



NYS Medicaid

NYS Medicaid reimbursement rates have not increased in 10+ yrs

Overhead costs have increased threefold

Billing processes are laborious and nuanced

Great variation among managed care plans vs. straight Medicaid

Insurance companies inflating their enrolled provider lists

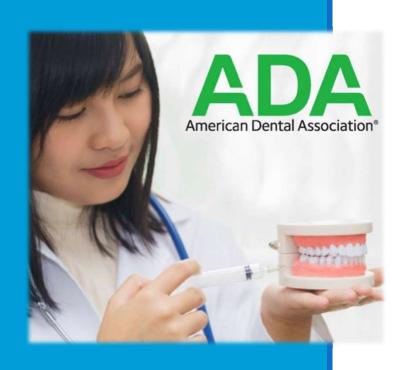
Even with diversified payor mix, accepting Medicaid not financially sustainable in private offices





ADA'S ROLE & FEDERAL LEGISLATION

DR. VERA TANG



159,000-member organization .

160 years — leading voice of dentistry

Research & Policy Centers

- Forsyth Institute (AFI)
- Health Policy Institute (HPI)



https://youtu.be/wisEOJk4kK0

Federal Advocacy

IMPROVING THE ORAL HEALTH WORKFORCE

- Advanced Action for Dental Health Legislation out of the House of Representatives, which addresses workforce development and
 the dental health needs of underserved populations.
- Worked in a Coalition to develop the Bipartisan Primary Care and Health Workforce Act, which would improve access to quality of primary health care that would also expand the oral health care workforce.

REFORMING COMMERCIAL INSURANCE

- Introduced the Dentist and Optometric Care (DOC) Access Act which prohibits dental and vision plans from setting the network doctors may charge for services not covered by the insurers. To date, 43 states have adopted laws addressing state marketolace.
- · Issued Amicus Brief to end the overreach of ERISA Preemption and bring parity to the dental insurance market.
- Provided input for a hearing led by the House Committee on Education & Workforce focused on ERISA preemption and remedy lack of oversight and accountability to better serve patients.

STUDENT LOAN REFORM

- · Introduced the REDI Act to help dental residents with accumulated interest.
- · Lead a coalition of dental and medical organizations to push for bipartisan legislation that would ease the burden of den
- Secured long-sought reforms to the Public Service Loan Forgiveness program and the Indian Health Service Loan Repair program.

TRANSFORMING VETERANS ORAL HEALTH

- Secured a requirement for TRICARE Dental Program enrollment, eligibility and premium payment processing to be hand third-party administrator, and ensured beneficiaries have three dental insurance enrollment options from several carrie
- Obtained a commitment from Congress to study premium-free TRICARE dental coverage for Reserve Component serv
- Advocated for Congress to Increase resources for VA Dentistry, protect funding dedicated to VA Dentistry, and to restrict authority to VA Dentistry leadership.
- Advocated for and supported the enactment of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Bene improvement Act, which offers increased and improved access to VA Dental benefits for veterans and further increase support for VA dentists and the Veterans Community Care Program.

PUBLIC INSURANCE REFORM

- Advocated for adults to have mandatory access to dental care and supports the Medicaid Dental Benefit Act (\$ 570/H.
 the Strengthening Medicaid Incentive for Licensees Enrolled in Dental (SMILED) Act (H.R. 1422).
- Urged the Senate Health, Education, Labor and Pensions (HELP) Committee to establish a dental loss ratio requirement independent dental plans being sold on the Affordable Care Act (ACA) Health Insurance Marketplace exchange.
- Ensured that dental treatment services associated with certain systemic health issues are being compensated for eligib disease management.

APPROPRIATIONS

 Protected and maintained funding for Title VII dental residency program, Action for Dental Health, Indian Health Servio National institute of Dental and Craniofacial Research (NUICR) through March 2025. Extended funding for Community Centers, National Health Service Corps, and Teaching Health Centers through March 2025.

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STUDENT LOAN REFORM

- Introduced the REDI Act to help dental residents with accumulated interest.
- Lead a coalition of dental and medical organizations to push for bipartisan legislation that would ease the burden of dental school debt.
- Secured long-sought reforms to the Public Service Loan Forgiveness program and the Indian Health Service Loan Repayment program.

ADA American Dental Association®



78% dental graduates with \$312,000 debt



Interest rates 9.5 – 10.5% interact rates on federal Direct Unsubsidized Stafford and Grad PLUS Loans



Majority dental students rely on federal loans to finance their education

Student Loans

What Do I Owe?

Below is your total outstanding balance, which is made up of the principal amount of your loan, plus any interest you've accrued. We'll explain how your interest rate is used to calculate the amount of interest you owe a little later. You can always access up-to-date information about your loans in Aid Summary.







REDI ActS942/HR2028

Resident Education Deferred Interest Act
Bipartisan Legislation Sen. Rosen (D-NV),
Sen Boozman (R-AR) and Rep. Babin
Dental & medical students to defer interest
and payments while in their residency
programs.



NYSDA LEGISLATION



COMMERCIAL DENTAL INSURANCE

DR. RADHA SADCHEVA MUNK



WORKFORCE

DR. DOUGLAS SCHILDHAUS



MEDICAID

DR. KATHRYN ROTHAS

Dental is 1 % of the Medicaid budget

Early March DOGE tried to eliminate dental by folding it into medical

- What does that mean to you?
- Access to Care
- Hospital overload



FLUORIDE IN NYC

DR. VERA TANG

NYSDA Opposes Proposed NYC Fluoridation Ban

Sep 23, 2025

The Second District Dental Society (SDDS) and New York State Dental Association (NYSDA) has been closely monitoring the ongoing public discourse surrounding Int. No. 1379, a bill that proposes removing fluoride from New York City's municipal drinking water and dismantling one of the most significant public health achievements of the past century.

Last week, several news outlets reported on a new bill proposing the removal of fluoride from New York City's drinking water. This bill was co-sponsored by Queens Council Member James Gennaro (D) and Staten Island City Council Member Frank Morano (R).

Dr. Valerie Venterina, our President-Elect and Chair of Government Affairs, has been working closely with the New York State Dental Association (NYSDA) and meeting with Staten Island City Council Member Frank Morano (R) to advocate for the continued fluoridation of our water supply. Removing fluoride would have a significant negative impact on the oral health of New Yorkers.

To learn more, click below to read a statement from Dr. Maurice Edwards, President of NYSDA, and see the efforts being made to oppose this legislation.



Dr. Valerie Venterina



Take action today.

ADA. Legislative Action Center

Dear Doctor,

In 1965 fluoridation was introduced in New York City to improve oral health. Now, a New York City Council bill recently introduced seeks to ban fluoride from the New York City drinking water supply which serves over 9.5 million people in NY and surrounding areas and is the largest engineered water system in the nation. The two sponsors of the bill called water fluoridation "forced medication" of an entire population. The bill would also require the city to provide free fluoride supplements to anyone who requests them.

This bill threatens to dismantle one of the most effective, equitable, and widely endorsed public health measures ever. The ADA and NYSDA are contacting the bill's sponsors and other members of the Council to advocate for community water fluoridation. You can help support these efforts, too.

Please take action and urge the NYC Council to protect constituents' oral health and oppose the bill prohibiting fluoridation in New York City's water supply.

Take Action Now!

Thank you, Brett

Dr. Brett Kessler President, American Dental Association

Dr. Brett Kessler, ADA President



Re - Opposition to NYC Council Int. No. 1379: Ending Fluoridation of the Municipal Water Supply

On behalf of the New York State Dental Association (NYSDA), we urge the Council to reject Int. No. 1379, which would prohibit fluoridation of New York City's municipal water supply. This bill threatens to dismantle one of the most effective, equitable, and widely endorsed public health measures of the last century.

Fluoridation is Safe, Effective, and Backed by Science

Community water fluoridation at the recommended level of 0.7 mg/L is safe and has been rigorously studied for nearly 80 years. More than 100 respected health organizations—including the American Dental Association (ADA), and the American Academy of Pediatrics, support its continued use. Community water fluoridation has been hailed as one of the ten greatest public health achievements of the 20th century.

Opponents often cite studies outside the U.S. or those based on **fluoride exposures far above U.S.** Ievels. In fact, the National Toxicology Program's 2024 report concluded that evidence of harm at U.S. fluoridation levels is "inconsistent and unclear." Meanwhile, extensive research shows fluoridated water **reduces tooth decay by 25–30%** across all populations, regardless of income or access to care.

Equity and Access

Unlike supplements—which require individuals to opt in, obtain and administer them properly, and keep them consistent over a lifetime—fluoridated water reaches everyone, every day. It is particularly vital for:

- Children, whose developing teeth are most vulnerable to decay.
- . Seniors, who face higher risk of root decay.
- . Low-income families, who often lack reliable access to dental care.

Removing fluoride and replacing it with an "on request" supplement program would **increase** dispartities in oral health. Experience shows that voluntary programs fall to achieve the same reach or impact as systemic fluoridation. The ADA has estimated that the elimination of fluoride from public water supplies in the US would result in nearly \$10 billion in additional dental sending over five years due to the increased prevalence of cavities.

Public Health and Economic Consequences

The ADA and its partners warn that halting water fluoridation would cause an immediate and sustained **rise in dental decay**, leading to:

- · More emergency visits for dental pain and infection.
- Higher demand for surgical and restorative care, beyond what the workforce can manage.



- · Increased school absences for children and lost productivity for adults.
- Greater Medicaid and public health spending, as untreated dental disease disproportionately affects vulnerable populations.

New York City has been a leader in public health innovation. Reversing fluoridation would represent a dangerous step backward, undoing decades of progress and leaving millions at greater risk.

Fluoridation Is Preventive Medicine, Not "Forced Medication"

Fluoride is a naturally occurring mineral, adjusted to optimal levels to **prevent disease**, much like iodine in salt or vitamin D in milk. Labeling fluoridation as "forced medication" misrepresents its role as a community-level safeguard proven to reduce harm and improve well-being.

Conclusion

Ending fluoridation would jeopardize oral and overall health for all New Yorkers, particularly the most vulnerable. It would increase costs for families and the health care system, exacerbate inequities, and dismantle one of the city's most cost-effective preventive health

For the health of every New Yorker, we strongly urge the Council to reject Int. No. 1379 and reaffirm its commitment to community water fluoridation

Maurice L. Edwards, DMD

President New York State Dental Association 30 East 60th Street, Suite 501 New York, NY 10022

Government Affairs Contact: Mr. Lance Plunkett, Esq. lplunkett@nysdental.org



HOW CAN YOU GET INVOLVED?

DR. MINA KIM



Write a Letter

https://www.ada.org/advocacy/grassroots-action-center/nyc-fluoride-action-alert/





Demistifying Advocacy

Tips for Setting Yourself to Get Involved with Advocacy

This session explores key issues affecting the profession and provides an overview of the legislative process. Join the #toothparty and be ready to play a participatory role in ongoing issues.



New York State Dental Association Political Action Committee (NYSDAPAC) is the official Political Action Committee of the New York State Dental Association. We are a non-partisan, member-driven PAC dedicated to advocating for the future of dentistry and public health in New York. nysdental.org/nysdapac



The New York State Dental Association is the leading oral health advocate in our State. NYSDA is constantly on guard to influence public policies affecting the practice of dentistry in NY and the oral health of the American public. Add your voice to the more than 12,000 NYSDA members who make it possible for dentistry to be heard. Get valuable legislative updates at nysdental.org/advocacy

BELOW ARE A FEW TIPS TO GET YOU STARTED:

- Are you interested in advocacy, the political process and becoming an advocacy champion of tomorrow? We often call on members to visit their elected officials in the official's House/Senate district. Reach out to NYSDA to learn how to get involved in visits with elected officials.
- Follow us on Instagram, Twitter, Facebook and LinkedIn to stay up-to-date on legislative happenings that affect you as you build your career.
- ▶ Attend our member engagement events dedicated to advocacy, where you can learn about key issues, share your insights, and collaborate on strategies to strengthen our advocacy efforts. In 2025, we will host five events, including virtual sessions in February and June and three in-person gatherings from March to May.
- Contribute to NYSDAPAC, NYSDA's political action committee. Contributions to NYSDAPAC help elect candidates to state office who understand the importance of dentistry and dentistry's unrelenting commitment to improving oral health care in New York State.

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Join NYSDA as a Student Member

It's free and gives you access to exclusive advocacy tools.



Connect with Your School's **Advocacy Chair**

Get involved in local efforts.



Attend Events

Advocacy Day, webinars, and networking opportunities.



Follow NYSDA on Social Media

Stay in the loop, get updates & share your voice.



What Is a Student Dental Advocate?

A Student Dental Advocate is a dental student who takes an active role in shaping the future of dentistry through policy, leadership, and public engagement. You don't have to wait until graduation to make a difference—your voice matters now.

Your Role as a Student Advocate

- Attend NYSDA Advocacy Day in Albany.
- Meet with lawmakers and share your perspective as a future dentist.
- Participate in grassroots campaigns and letterwriting efforts.
- Stay informed on key issues through NYSDA updates and webinars.
- ☑ Join your school's ASDA/NYSDA advocacy team.

You're Not Just a Student— You're a Leader

Advocacy is how we protect our profession and promote better oral health for all. Start now, and be part of the change.

LEARN MORE & JOIN THE MOVEMENT:



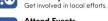
How to Get Started



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Connect with Your School's **Advocacy Chair**





Advocacy Day, webinars, and



Follow NYSDA on Social Media Stay in the loop, get updates & share

Why Should Students Get Involved?

- . Build Your Network: Connect with dentists, legislators, and leaders across New York
- Learn Beyond the Classroom: Understand how laws and policies impact your future practice and patients.
- Become a Leader Early: Advocacy experience sets you apart in residency, interviews, and leadership.
- Protect Your Future: Help shape the laws that will govern your career, from licensure to insurance reform.



























NYSDA Lobby Day











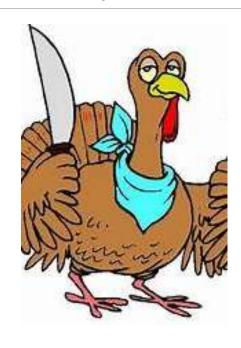
We are all Members of the Tooth Party

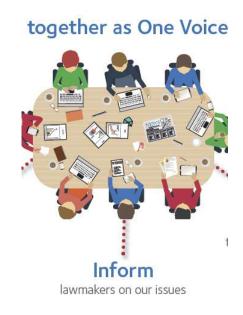
We are a strictly bipartisan organization

We work with all members to advance oral health issues.



If you are not at the table, you are probably on the menu!





Political Engagement

PAC Giving

Giving to Candidates

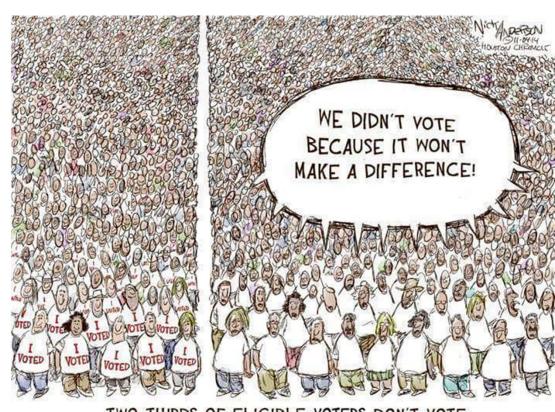
Volunteering for a Campaign

Contacting Elected Officials

Voting

The Scary Truth of Political Engagement

- More people don't vote then do
- Primary participation is in the gutter
- An apathic electorate leads to hyper partisanship



TWO THIRDS OF ELIGIBLE VOTERS DON'T VOTE



thank you!

