Prop. 56: Defeating Big Tobacco and What It Means for Oral Health
Overview

• Origins
• Long-term coalition building
• Beating Big Tobacco
• Results for Oral Health
• Key Takeaways
Why does CDA care?

CDA is committed to the success of our members in service to their patients and the public
2008 CDA House of Delegates

Directed CDA to analyze lack of access to oral health care and consider solutions
Phased Strategies for Reducing the Barriers to Dental Care in California

California Dental Association
Access Report

Strategic Approach

California Dental Association: Phased Strategies for Reducing Barriers to Dental Care in California

| Phase 1: Establishing State Oral Health Leadership and Optimize Existing Resources (Years 1-3) |
|---|---|---|
| Objective | Strategy |ationale |
| 1. State oral health infrastructure | a. Assess the state to define state oral health vision and priorities for developing, funding, and maintaining oral health services. The state director and technical staff will be responsible for achieving the following: 
   - Developing a comprehensive and sustainable state oral health action plan. 
   - Securing funding to support infrastructure and statewide and local programs. 
   - Advocating and promoting the importance of oral health within the administration. 
   - Encouraging private-public collaboration. 
   - Promoting evidence-based approaches to increase oral health literacy. 
   - Establishing a system for surveillance and oral health reporting. | To effectively build and execute statewide oral health strategies, the state director needs to define a vision with public health experience, oral health epidemiology, an administrative assistant, and a program coordinator. Key to the success of this vision is to identify and carry out essential functions of the office, including surveillance, program coordination and fund development. Additionally, major to the strategic placement of the dental director within the state structure, creating the dental director is part of the executive team, significantly involved in the decision making process and able to work across programs to ensure oral health successes. |

2. Expand capacity within dental public health | a. Encourage and support dental professionals to obtain advanced degrees in public health. | Dental public health leaders are needed to plan and implement programs, and advocate for the oral health of Californians. As the dental care system is renewed, non-dental public health leaders will be needed to fill key roles at the state and local level in addition to filling advocacy roles at the federal level. |

b. Support incentives for dentists to establish practices in the public health sector | Dental loan repayment programs have proven to be a successful incentive for dentists to locate their practices in remote locations or dental health shortage areas. Increased dental care to underserved populations. Through the large dollars required for each loan repayment prove effective. Under the auspices of this type of program, such dentists provide essential care to thousands of patients over the loan repayment period. As such, loan repayment incentives continue to play an important role in bringing more dental care to unserved Californians. |
Our First Priority

### Phase 1

**Establishing State Oral Health Leadership and Optimize Existing Resources (Years 1-3)**

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<tr>
<th>Objective</th>
<th>Strategy</th>
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| **1. State oral health infrastructure** | a. Assist the state to hire a state dental director and staff responsible for developing, funding, and coordinating oral health activities. The dental director and his/her staff will be responsible for achieving the following:  
  i. Developing a comprehensive and sustainable state oral health action plan  
  ii. Securing funds to support infrastructure, and statewide and local programs | To effectively build and execute statewide oral health activities, the state needs a dental director, preferably a dentist with public health experience, an oral health epidemiologist, an administrative assistant, an analyst, and a program coordinator. Key to the success of this effort is sufficient staff to carry out essential functions of the office, including surveillance, program coordination and fund development. Additionally crucial is the strategic placement of the dental director within the state structure, ensuring the dental director is part of the executive team, intimately involved in the decision making process, and able to work across programs to ensure oral health inclusion. |

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Medi-Cal expansion with ACA implementation

2017: 1/3 of Californians enrolled
Lack of Medi-Cal providers

CA reimbursement rates compared to other states & commercial average

- Florida: 86%
- New York: 75%
- Texas: 65%
- Commercial: 31%
Tobacco Problem

• Tobacco use: #1 cause of preventable death
  – 40,000 Californians annually

• Significant cost driver in Medi-Cal program

• 90% of smokers start as teens

• For every 10% increase in cost, teen use drops by 7%
Tobacco Problem

- CA State Tax = 87 cents per pack (35th in nation)
  - No increases since 1998
  - Two failed ballot measures to increase tax

- Electronic Cigarettes = Untaxed/Unregulated
Proposal

- Raise tobacco tax
- Reduce tobacco use/address cost driver
- Raise urgently needed Medi-Cal revenue
Coalition Building: Years in the Making
Save Lives California Coalition
Trying the legislative route…

- Package of legislation introduced:
  - $2 per pack tax increase (2/3 vote)
  - Raise minimum purchase age to 21
  - Regulate/tax e-cigarettes
  - Close loopholes on smoking in workplaces
  - Expand tobacco-free school zone requirements
  - Raise licensing fees
  - Allow counties to enact local tobacco taxes

- Test tobacco industry
- Broader cause than reimbursement rates
Nov. 2016 Ballot Measure Campaign
Starting a Ballot Measure Campaign…

• Resources essential

• Seasoned political professionals
  – Campaign manager
  – Political/election lawyers
  – Signature-gathering program
  – Paid media consultants
  – Earned/online media consultants
  – Pollsters
Drafting of Proposition 56

• $2 tax increase per cigarette pack (approx. $1.5 billion per year)
  – Equivalent increase on all tobacco products including e-cigarettes

• 82% of funding dedicated to Medi-Cal provider payments
  – Did not specify specific breakdown

• $30 million annually for State Oral Health Program

• Additional funding for prevention, enforcement, research
Signature Gathering
Getting Dentists Engaged

• Noble fight: Healthcare vs. Tobacco
  – Dentists on frontline of combatting tobacco-related disease

• Improving Medi-Cal/Oral Public Health = Consistent with CDA mission/Access Plan
Getting Dentists Engaged

• Campaign materials/swag
  – Posters/brochures for dental offices

• Message training to prepare dentists/students

• Social media
No on 56 Messaging

STOP the Special Interest Tax Grab
No on 56 Messaging

82% to wealthy special interests
[SOURCE: section 30130.55(a) of Prop 56]
No on 56 Messaging

Only 13% to stop smoking

[SOURCE: section 30130.55(b) of Prop 56]
No on 56 Messaging

“MAJOR FUNDING BY PHILIP MORRIS USA INC. AND RJ REYNOLDS TOBACCO COMPANY”
Our Message to Voters

• Prevents and reduces tobacco use

• Protects youth from the tobacco/e-cig industry

• User fee: If you don’t smoke, you don’t pay

• No on 56 funded entirely by tobacco industry: Who do you trust?
Media: Important Ally

The Mercury News
Editorial: Tobacco tax increase deserves a big yes

The Sacramento Bee
Tobacco companies mislead voters in radio ad

San Francisco Chronicle
Chronicle recommends: Yes on Prop. 56

POLITIFACT
Big Tobacco blowing smoke in claim about California's Prop 56
Online/Social Media

• Website: YesOn56.org
• Twitter: @YesOn56
• Facebook: facebook.com/YesOn56
• Instagram: @yeson56
• YouTube: Yes on 56 - Save Lives CA
Final Results

Yes
64.4%

No
35.6%

$35 million    vs.    $75 million
Budget Fight…

• Jan ‘17: Gov. Brown proposes using Prop. 56 money for general Medi-Cal expenses, not reimbursements

• Campaign continues…
Protect Medi-Cal Advocacy Campaign
Outcome

• 2017-18 budget: $140 million for dental provider payments

• 40% reimbursement increases for hundreds of services (implemented early 2018)

• Full restoration of adult dental benefits

• $30 million for Oral Health Program: Protected funding
Key Takeaways

- Importance of long-term engagement / Pro-active leadership
- Building relationships for coalitions
- Right groups/funders/personnel
- Sustained commitment
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