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# ADA News<sup>®</sup>

AMERICAN DENTAL ASSOCIATION

MARCH 5, 2001

www.ada.org

VOLUME 32, NO. 5

## BRIEFS

### Public surveyed about dentistry

The ADA is in the process of finalizing results from a major survey that will help direct the Association's future program planning.



The 2000 Public Opinion Survey, conducted by an outside agency, is the combined effort of the Division of Communication's Department of Public Information and the ADA Survey Center.

"The survey was conducted to gauge the population's perception of dentistry and dentists in order to gain information that will help dentists treat patients," said Dr. Kim D. Keisner, chair of the Council on Communications. The ADA contracted with International Communications Research to survey a national sample of about 1,000 adults 18 years and older.

ICR representatives asked survey respondents about visits to the dentist, dental insurance, personal oral hygiene habits, sources of health- and dental-related information, awareness of the ADA Seal of Acceptance and opinions on the importance of maintaining oral health.

A report detailing the survey will be available from the Survey Center this spring. ■

## INSIDE



### Kansas City

There's plenty to do—and learn. **Story, page 22.**

Photo by Anna Ng Delort



**Student testimony:** Tax relief from debt loads would give new dentists the opportunity 'to practice in rural and other areas of Iowa and assist patients who can't always pay for treatment.'

## Give us a break

### Congress hears firsthand how dental school costs affect community access

BY CRAIG PALMER

Washington—Dental student Kimberly Sheppard would like to stay home and set up a small-town practice in Iowa.

"But our (student loan) debt is going to prohibit us from doing that," she told the Senate Finance Committee Feb. 14 in testimony for the American Dental Association.

Tax relief from debt loads soaring to \$100,000 or more could "give me and other dental students the opportunity to practice in rural areas of Iowa and assist patients who can't always pay for treatment," she testified at a hearing chaired by Sen. Charles Grassley (R-Iowa). Mrs. Sheppard, of

**Interview with Mrs. Sheppard, page 12**

Kalona, Iowa, is a fourth-year student at the University of Iowa College of Dentistry.

The Association's first testimony to the 107th Congress addressed one aspect of the tax and education policy debate launched by the Bush administration and picked up immediately by Congress, expansion and simplification of the student loan interest deduction.

Sens. Grassley, who chairs the tax-writing Finance Committee, *See COSTS, page 11*

## It's over

### FTC lets Supreme Court filing date pass, dismisses complaint against CDA

BY CRAIG PALMER

Washington—Bowing to court order and "stale evidence," the Federal Trade Commission Feb. 15 formally dismissed a long-standing suit against the California Dental Association alleging antitrust violations in professional regulation of dental advertising.

In a unanimous 5-0 decision, the Commission dismissed an administrative complaint initiated in July

**Timeline on FTC case, page 16**  
**Text of FTC order, page 17**

1993 that embroiled the antitrust enforcement agency and the dental profession in a legal dispute that reached the U.S. Supreme Court and *See FTC, page 15*

## Upcoming leaders

### Presidents-elect share common goals, concerns



**Dr. Chadwick:** Sees 'unity and purpose' in the conference.

BY KAREN FOX

In 1993, the president-elect of the North Carolina Dental Society made his first visit to the ADA headquarters.

The occasion was the annual President-Elect's Conference, a three-day event coordinated by the Department of Dental Society Services as a forum and idea exchange for those about to become presidents of the ADA's 52 constituent societies.

"I felt a such sense a reassurance coming to the headquarters building. It moved me to see all the Association's resources in place to support

*See LEADERS, page 20*

## Dental lawmakers talk the state of their states

BY MARK BERTHOLD

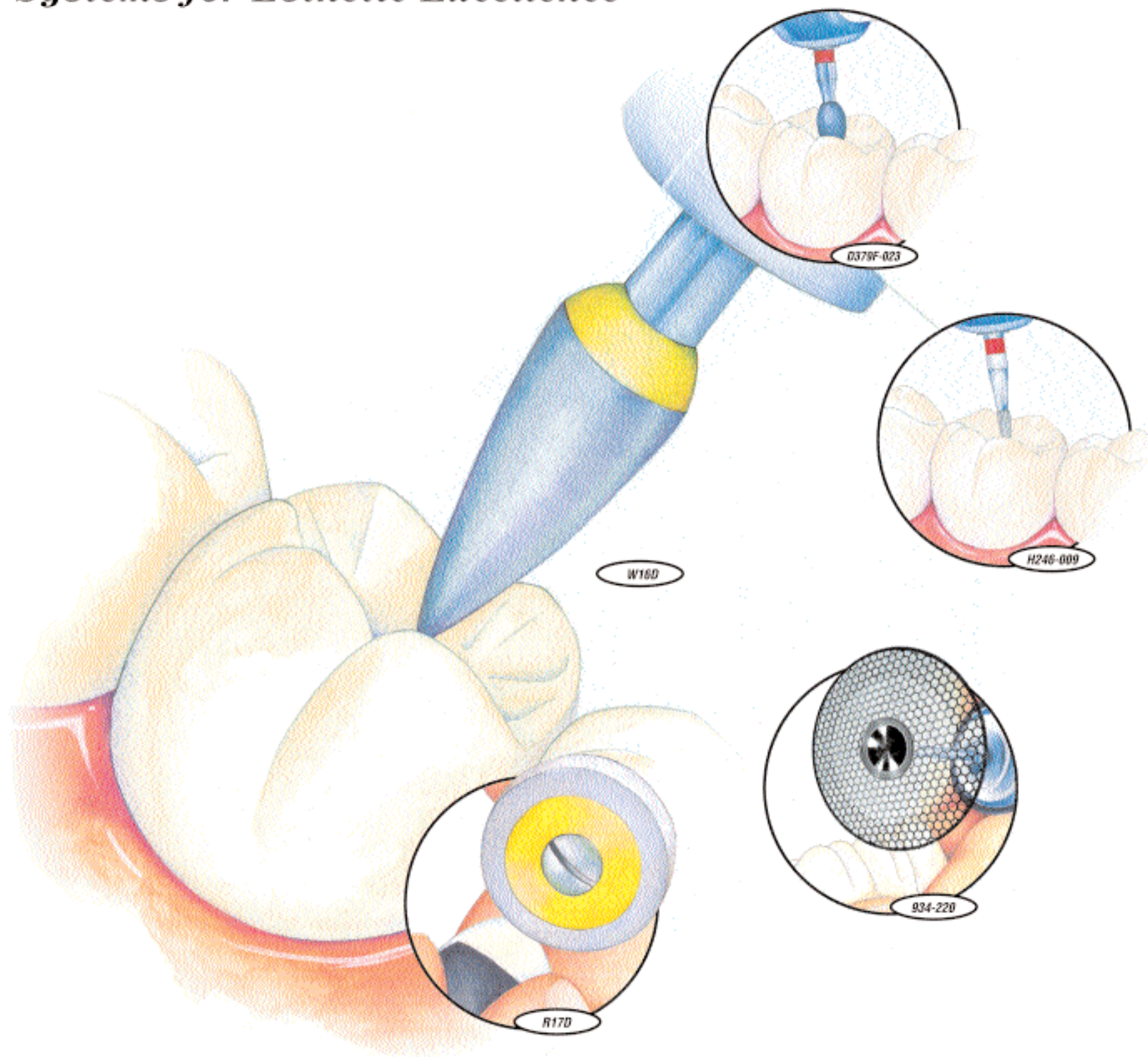
With the elections over and legislators given ample time to survey the landscape, dentists who won or defended their seats in state legislatures talk about the challenges

before them.

In Arkansas, Democrat Dr. Tommy Roebuck's first impression was "a lot of activity, and it's confusing." But after a week, the state *See STATES, page 18*



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# VIEWPOINT

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## MYVIEW

# Changing bytes in dentistry

In the last four decades of my life, I have seen the world transformed by technology and its effect on our ability to collect, process and disseminate information.

The options available to us today as a result of technology and the pursuant confusion is not surprising. It has lead to the creation of an entire industry—an industry that creates more information and more experts—to guide us through the maze.

When will it stop? Moore's Law says that every 18 months the processing capabilities of a chip doubles. You see, the creation of a new silicon chip packed with more transistors and speed in and of itself creates the tool required to create the next generation of chips packed with even more transistors and greater processing speed.



V. Kayron Dube, D.D.S.

This is why the self-perpetuating silicon chip industry has so successfully driven the economy and the Information Age to new heights. It has taken everything in our world and reduced them to tiny bits and bytes of information. In this new digital world of binary ones and zeroes, everything can be represented by bits—anything and everything. Magazines, newspapers and books: that is, words—the most powerful and efficient form of human communication—all reduced to bits.

Words that were in the past communicated by written text on paper, carvings in stone or written in smoke, are today tiny bits of information that can be manipulated, computed, transmitted or stored.

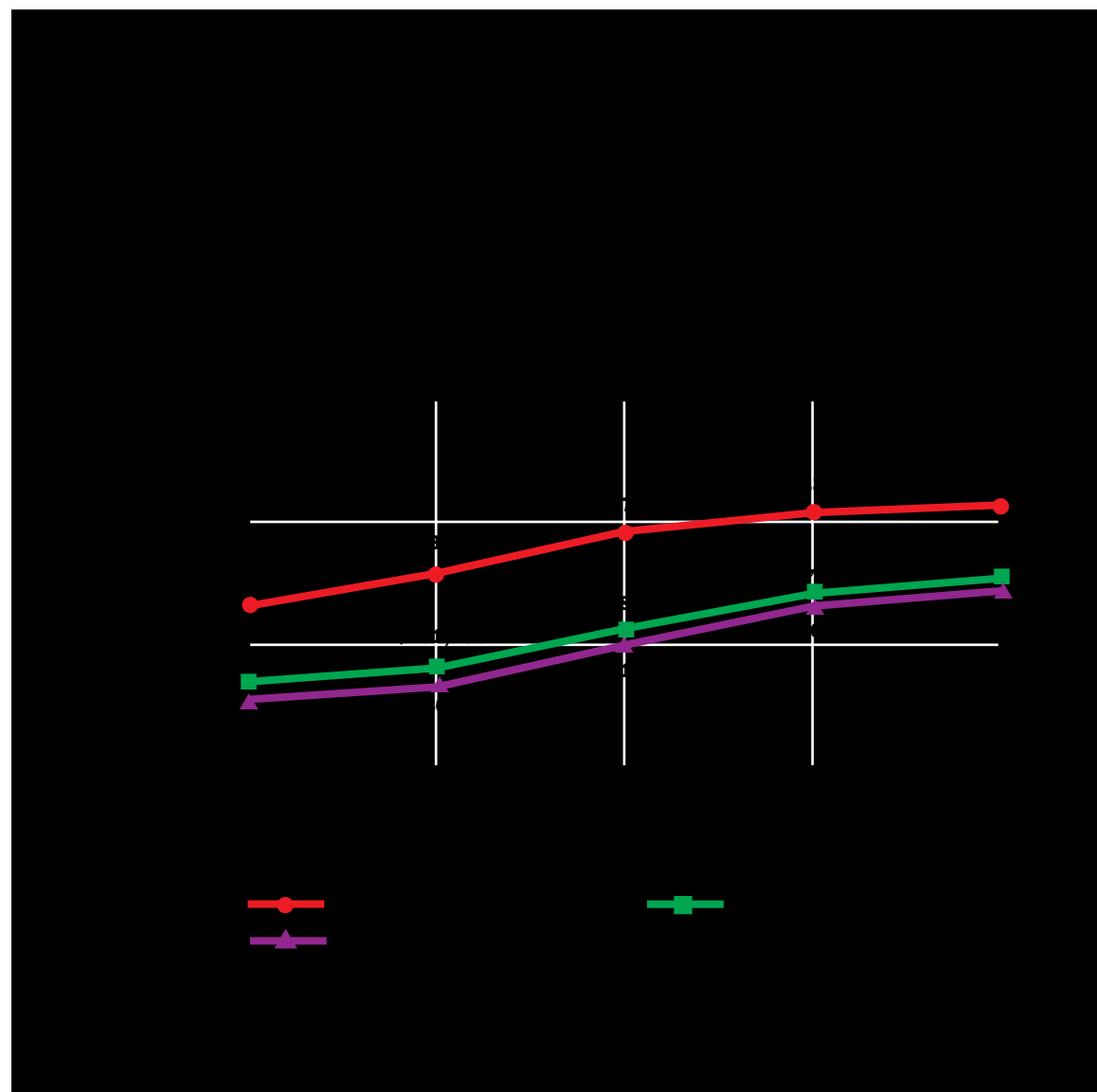
Movies, music, photographs, our genetic code—all reduced to digital bits. Bits have made us dependent upon the creation of ever faster chips. But, chip technology is rapidly approaching critical mass.

According to experts we have squeezed just about as much processing power as we can on a silicon chip. By 2015, the chip will be maxed out.

Moore's Law will be repealed and there are currently no known solutions to the problem. The search for a successor to silicon has become a crusade, a search for the "Holy Grail" of this teeny, bitty world. The race for the next chip replacement has started. Viable entrants appear to be:

- the optical computer—one that uses laser light beams passing through each other making possible three-dimensional microprocessors;
- the DNA computer—one that uses the four nucleic acids as a biological computer tape instead of encoding binary zeroes and ones;

See MY VIEW, page five



## LETTERS

### Dental anesthesia

In response to American Association of Oral and Maxillofacial Surgeons President Francis DiPlacido's denial that AAOMS did not block "dental anesthesia from becoming a specialty in dentistry" (Feb. 5 ADA News), I offer the following published facts as strong evidence to the contrary:

In 1988 the American Dental Society of Anesthesiology created a specialty application to include all of its oral surgeon and dentist anesthesiologist fellows. AAOMS president Gerald Laboda stated in AAOMS' Forum (Vol. 34, Winter 1990, page one), "The 1988 and 1989 [AAOMS] House of Delegates have opposed formation of the specialty and a corresponding certifying board, as have your Board of Trustees and the Committee on Anesthesia. In January, I wrote to each of you outlining our concerns on this issue and requesting that you participate by writing a letter to the ADSA expressing opposition to the proposed specialty in dental anesthesiology and a corresponding certifying board. ... Kindly provide a copy of your letter to AAOMS headquarters as such letters

could prove useful in possible testimony before the American Dental Association and other groups."

The ADSA's application was subsequently blocked by the political pressures of AAOMS and its members and was never submitted. The specialty torch was then taken up by the American Society of Dentist Anesthesiologists.



In 1992, AAOMS' Forum (Vol. 36, No. 1, page four) stated, "While the specialty [of oral surgery] has always promoted extensive, quality anesthesia training, it has steadfastly opposed the formation of a specialty in dental anesthesiology and a corresponding certifying board. ... With the adoption of Resolution 88-ST-14, the 1988 [AAOMS] House of Delegates went on record with its opposition. A second resolution, reiterating the specialty's position, was adopted in 1989."

In 1994 AAOMS President Daniel

Lew stated in the Forum (Vol. 38, No. 2, page eight), "Similarly, your board has taken a strong position against the establishment of a specialty of anesthesia within dentistry. ... We hope that you can support our position by actively opposing the creation of this new specialty utilizing all appropriate measures. The decision will be made by the ADA House of Delegates in October. We need all the help we can get from all our membership."

In the 1994 Forum (Vol. 38, No. 2, page 12), AAOMS' Vice President Edward Parnes stated, "Our Board of Trustees opposes the independent practice of dental anesthesiology and the formation of this specialty for several reasons. ... The Board of Trustees has already developed formalized opposition to this new specialty and is working in conjunction with other dental groups, including specialty organizations. ... The final decision will be made by the House of Delegates at the ADA ... Please contact your own ADA delegation and explain your reasons for asking them to vote against the formation of a specialty in dental anesthesiology."

See LETTERS, page five

### LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".



## LETTERS

*Continued from page four*

Using its massive financial resources and wielding its pervasive political power and influence, every delegate knows that AAOMS was the driving force behind the blockade of the three ASDA specialty applications. This is, of course, an accepted part of the nature of politics. Dr. DiPlacido's denial of AAOMS' blockade of the specialty is in sharp contrast to these and dozens of other published facts too numerous to list here. It clearly places him and his organization in the unenviable position of losing credibility with grassroots oral surgeons and indeed with the entire dental profession.

I now urge AAOMS to support rather than block quality assurance in anesthesiology training programs for general dentists. AAOMS should encourage the ADA Commission on Dental Accreditation to accept ASDA's recent request to create a mechanism to accredit existing anesthesia training programs.

ASDA's two-year training programs should undergo a similar type of rigorous accreditation as have those of the general practice residency-trained dentist, pediatric or periodontal specialist for whom they provide general anesthesia.

Currently CODA has no provision for accrediting any dental anesthesiology program. With increased public awareness of this lapse, organized dentistry may soon have to answer the question of why CODA accredits dental laboratory technician programs but not general

anesthesia programs. Dr. DiPlacido should take the leading role in supporting the development and implementation of accreditation standards in such a critical area as general anesthesiology training for general dentists. Assuring proper anesthesia education and safety in accredited programs is a benefit for the entire dental profession and for the public we serve.

*Joel M. Weaver, D.D.S., Ph.D.*

*Associate Professor*

*Director of Anesthesiology*

*Section of Oral and Maxillofacial Surgery*

*The Ohio State University*

*Columbus, Ohio*

### Specialty recognition

I read the letter from Dr. Francis DiPlacido

(Feb. 5 ADA News), regarding the role of AAOMS as it pertained to dental anesthesiology specialty recognition efforts. Having been an alternate and a delegate to the ADA House during the years mentioned, I can only state that Dr. DiPlacido's letter—in which he dramatically downplayed the role of AAOMS—is at best a thinly veiled effort to mend fences or at worst an attempt to mislead our membership into believing its role was benign.

Throughout the period, AAOMS has been highly active in opposing efforts by dental anesthesiologists to gain specialty status. Arguments put forth by surgeons ranged from lack of public need to the negative effect upon advanced specialty education programs in oral and maxillofacial surgery if dental anesthesiology programs co-existed in hospitals.

When the Committee on Specialty Recognition and the ADA Council on Dental Education and Licensure reviewing the anesthesiology application concluded that specialty status was warranted, a major effort was undertaken by AAOMS to destroy the cogency of that conclusion. I can only guess what the associated financial costs were.

It is simply insulting to read an apparently official communication from AAOMS suggesting that it did not block the effort by anesthesiologists. Quite the contrary, it made every effort to secure the outcome. Reading Dr. DiPlacido's letter left me wondering whether he was actually there.

*Allen Hindin, D.D.S.*

*Danbury, Conn.*

See LETTERS, page six

## MYVIEW

*Continued from page four*

- the molecular and dot computer—one that replaces the silicone chip with single molecules and electrons;

- the quantum computer—one that encodes information by using a laser or radio beam to flip the direction of the axis on which individual atoms spin.

With no apparent end to the ever-increasing power of computers, will a computer one day accomplish a level of intelligence comparable to our own intelligence? Will your PC become smarter than you? Will everything around us be digital? Will plugs and wires linking computers together become a thing of the past? Will informational processing constantly occur in the background of our surrounding digital airwaves? Will nanobots transform our world one atom at a time?


Just what do all these questions have to do with dentistry now and in the future? The answer is everything. It is an opportunity for dentistry to catch the wave and ride to new heights. It is about Nanodentistry.

It is about the creation of software that will allow our profession to reach beyond just identifying and fixing oral conditions, to that of providing continuity of patient care in a smart, fast, efficient and profitable environment.

It is about using technology at the local, state and national levels to link our tripartite informational system in a way to give our organization strength and guidance for the future.

It is about incorporating technology into our infrastructure from the bottom up. It is about the Greater Houston Dental Society's ability to incorporate and use existing technology to run smarter and more efficiently. To use database systems to view emerging trends, target areas of vulnerability and grow our organization with precision and direction based upon evidence and fact. The task will take time but surely, we dentists can learn to control the changing byte.

*Dr. Dube is the president of the Greater Houston Dental Society. Her comments, reprinted here with permission, originally appeared in*




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# LETTERS

Continued from page five

## It's about time

Kudos to Dr. Robert E. Horseman for "Waiting For the Physician" in the Feb. 5 ADA News. His humor is right on target, and it is exceptionally well written. I particularly appreciate his comparison of doctor time to wife time. Having been married to a female physician, I can report that the combined effect on time would befuddle even Einstein. I would love to write more, but I have to rush to my next patient—he's been waiting over five minutes!

Wayne W. Maibaum, D.M.D.  
Yonkers, N.Y.

## Cross-cultural guide for meeting Hispanic patients' needs available

Washington—A new guidebook distributed by the Health Resources and Services Administration can help health care professionals understand and respond more effectively to the unique needs of more than 32 million Hispanics in the United States, HRSA said Feb. 1.

Titled "Quality Health Services for Hispanics: The Cultural Competency Component," the guide emphasizes the central role of cultural competence in providing quality primary and preventive health care to Hispanics.

The authors define cultural competence as the set of behaviors, attitudes, skills and poli-

cies that help organizations and staff work effectively with people of different cultures. Knowledge of the health-related beliefs, attitudes, practices and communication patterns of Hispanic culture can improve services, strengthen programs, increase community participation and close gaps in health status.

A study last year found Hispanic children often experience a disadvantage in access to health care. Copies of the guidebook are available by calling the HRSA Information Center at 1-800-Ask-HRSA or visiting its Web site at "www.ask.hrsa.gov". ■

# ATPRESSTIME

## Dr. Roger Scholle, dental editor, dies at 64

Funeral arrangements were pending at press time for Dr. Roger H. Scholle, a long-time ADA employee, past editor of JADA, past editor of the Illinois Dental Journal and editor of the Chicago Dental Society Review until ill health forced him to resign that post in January.

A board-certified oral pathologist, Dr. Scholle suffered with heart disease for several months before his death Feb. 26. He was 64 years old. He was also this reporter's personal dentist and a close friend.

Dr. Scholle received his dental degree from Chicago's Northwestern University dental school in 1962, later earning a master's in oral pathology from the University of Chicago's

Division of Biological Sciences.

He joined the ADA staff in October 1967, serving as assistant secretary to the former Council on Dental Therapeutics. In April 1978, Dr. Scholle was appointed editor of The Journal of the American Dental



Dr. Scholle

Association, a position he held until December 1986 when he left the Association.

From 1987 to 1993, Dr. Scholle served as editor of the Illinois Dental Journal, a publication of the Illinois State Dental Society. He was named editor of the CDS Review in 1993, stepping down only after his illness turned critical.

Over the years, Dr. Scholle earned a well-deserved reputation for his carefully crafted editorials, which he labored over with the intensity of a novelist.

His last editorial, which appeared in the January/February CDS Review, implored member dentists to attend the just-concluded Chicago Midwinter Meeting.

All through his years in organized dentistry, Dr. Scholle maintained a private dental practice just a block from ADA headquarters. His patient base included many current and former ADA staffers.

Those of us who knew him will remember Dr. Scholle's quick wit and his love of dentistry. He was, by nature, a reserved and private man, but he could tell a joke and liked to laugh.

And he was the best dentist I ever had.

## TV health program to spotlight gum disease

From time to time during the year, WebMD-TV's The Cutting Edge Medical Report will air a segment on gum disease, underwritten by Butler GUM and the March of Dimes.

The segment, titled "Gum Disease: Beyond Tooth Loss," will air Wednesday, May 2, and Sunday, May 13, on WebMD-TV, formerly the Fox Health Network. Check local listings for broadcast times in your area. After the May airings, the dental segment is expected to appear about once a month.

Well-known dental and medical experts will join fitness guru and March of Dimes spokesperson Kathy Smith to encourage public awareness about the effects of healthy teeth and gums, especially for pregnant women.

Dental professionals featured in the segment include Dr. Robert Genco, chair of the Department of Oral Biology, State University of New York, Buffalo; Dr. Marjorie Jeffcoat, chair of the Department of Periodontics, University of Alabama, Birmingham; and Maria Perno, a registered dental hygienist and women's health educator. ■

—Reported by James Berry

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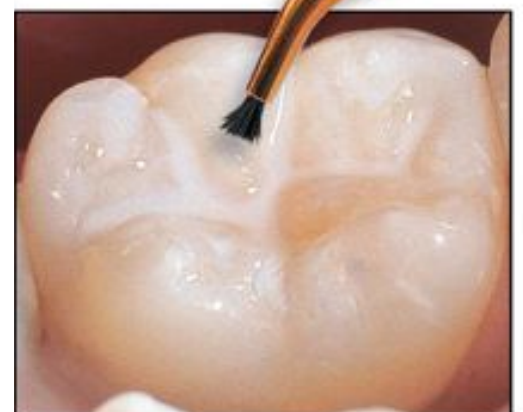
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<sup>1</sup> Reality Ratings, Volume 15, Section 1, 2001, pg 617  
<sup>2</sup> Boksmen L, Carson B. A two year retention and caries rates of UltraSeal XT and Fluorshield light-cured pit and fissure sealants. Gen Dent 1998 March-April; 46(2): 184-187 (Lit # 42)  
<sup>3</sup> Dickinson GL. Microleakage evaluation of UltraSeal XT pit and fissure sealant with PrimaDry drying agent. Department of restorative dentistry. Medical College of Georgia, December, 1992. (Lit # 21)  
<sup>4</sup> UltraSeal XT plus Fluoride Release Studies. Ultradent Products, Inc. 2000 (Lit #65)



## Marketplace

# Software vendor wants input

BY ARLENE FURLONG

PracticeWorks, a dental software company featured here in the Jan. 22 issue of ADA News, will respond directly to customers call-

ing the company with questions about software support or licensing agreements.

Since the account of one dentist's concerns about software support, other ADA members

have contacted ADA News to share their own experiences with various practice management software companies that since December 1999 were acquired by Infocure Corp.

As previously reported, Infocure purchased the businesses of some 19 manufacturers of dental practice management software.

The various software products that Infocure acquired were then grouped under PracticeWorks—the dental division of Infocure. PracticeWorks spun off from Infocure as a separate public company in January.

Although unable to discuss details about the specifics of individual acquisitions, Al Fiore, vice president of business development at PracticeWorks, said any dentist who has a question about a licensing agreement should call PracticeWorks.

"We will honor our commitments," he said. "ADA member dentists who are experiencing problems with their software should contact PracticeWorks directly to try to resolve those problems."

Some of the same dentists who not long ago reported problems recently reported that PracticeWorks had initiated contact to express interest in resolving problems.

According to many reports received by the ADA, dentists had very good relationships with their vendors until new Windows versions of their software were installed shortly before their vendors were purchased by Infocure. Problems dentists reported to the ADA about such software included:

- errors in the software;
- incomplete installation;
- incompatibility with other hardware and software;
- inadequate support.

In addition, some dentists reported that they'd been advised by sales representatives from PracticeWorks that the new company would no longer continue to update many of the software products it acquired. These dentists expressed fear their software would be rendered obsolete if they tried to update other computer software or equipment. Some dentists are wondering if there has been a violation of the terms of their software licensing agreements. ■

### ADA Legal Division says, 'Understand your contract'

The ADA Division of Legal Affairs offers the following advice to dentists considering signing software licensing agreements.

- The law presumes that each party to a contract has read, understood and agreed to its terms prior to signing the agreement. So, once you sign a contract, you become legally bound to the agreement, even if the terms are inequitable.
- The contract is breached only when one party fails to perform any of its obligations as set forth in the contract. Even if one party breaches the contract, the other party is legally required to mitigate its damages.
- If the non-breaching party did not commit a breach of contract, the non-breaching party may be entitled to remedies, including money damages. In contrast, there is no breach if a party fails to perform a function not required by the contract.

For instance, if the contract does not expressly require a party to perform a specific  
See *CONTRACTS*, page 10



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## Government

# Dentistry is ready Administrative reforms welcome

BY ARLENE FURLONG

"They don't seem to get it. It's a final rule."

That's what Bill Braithwaite, senior advisor on health information policy at the U.S. Department

of Health and Human Services, said about the health care industry suggesting extensions for HIPAA standards implementation, without making recommendations for timely compliance.



**Dr. Trapp:** "Payer acceptance of electronic transactions will save me \$387 per week."

More than 30 organizations from a cross section of the health care industry presented verbal testimony about standards issued under the administrative reforms mandated by the 1996 Health Insurance Portability and Accountability Act. The forum was the Feb. 19 and 20 Workgroup for Electronic Data Interchange HIPAA Success Hearings in Chicago.

Mr. Braithwaite's reaction was in response to comments he heard there.

WEDI is an industry-wide organization made up of federal government, provider, payer, vendor, consumer and standards developing organization representatives. The WEDI Board created a HIPAA Success Task Group to identify challenges to timely implementation of the standards issued under HIPAA:

- electronic reporting of standard transactions and codes for health care procedures (issued Aug. 17, 2000);

- privacy of individually identifiable health information (issued Dec. 28, 2000).

"Although HHS can modify standards, changing the compliance date is a very difficult thing to do without an act of Congress," Mr. Braithwaite said after the hearing. However, the Secretary of HHS can by Oct. 16, 2001 publish changes that concern errors or clarification that will enable implementation within the period set by the rule.

The WEDI industry panel will review testimony from the hearings and draft recommendations for review and approval by the WEDI board. The document will then be sent to the HHS secretary.

The task force sought proposals for meeting HIPAA due dates. Yet few testifiers who suggested extending implementation dates made specific recommendations. Mr. Braithwaite later said there was "no obvious mechanism or rationale" for extending the implementation deadline.

"We need a lot better rationale than 'I need more time,'" he said.

Stephen K. Wiggins, CIO, Blue Cross Blue Shield of South Carolina, commented after the hearings that despite a four- to six-month assessment period, he could only talk in generalities about recommendations because the rules are "so broad and complex that we haven't been able to dig down into the specifics."

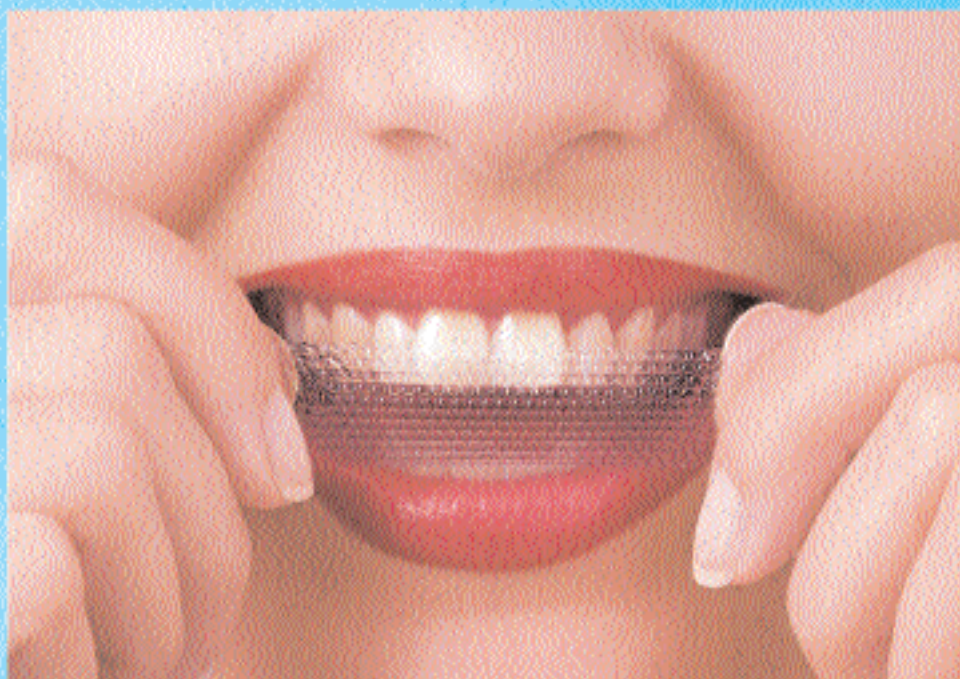
"We can't speak to the specifics because we don't understand the rules well enough to talk about them," he commented. "The industry is just beginning to understand the issues."

Dr. Scott Trapp, a Nebraska dentist who provided testimony at the hearing disagreed.

See STANDARDS, page 14

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## Contracts

Continued from page eight

task—for example, the requirement for a vendor to provide future upgrades to its current software product—then the contract is not breached if the vendor does not provide such upgrades.

- As a general rule, software agreements are drafted to favor the vendor. Dentists should read and fully understand the terms of all documents related to the software purchase, including any separate maintenance or support agreements.

- Don't wait until after signing the contract to learn whether the vendor has a contractual obligation to provide upgrades or correct defects. If any contract provisions are unclear, consult competent legal counsel prior to signing any documents.

- Remember, contracts are not written in stone and some vendors may be willing to make changes.

"If something you want is not in the contract, don't be afraid to negotiate with the software vendor," said ADA General Counsel Peter M. Sfikas. "You may be surprised at your vendor's flexibility." ■



# Way to repay

## NHSC clarifies community service loan repayment plan

BY CRAIG PALMER

Washington—Dentists seeking community service in underserved areas this year will find loan repayment opportunities “extremely competitive,” National Health Service Corps officials told the American Dental Association.

Applications are due April 30.

“We need to work collectively to manage expectations from all participants and community sites,” NHSC officials told the Association.

The ADA and 40 other dental medical and health organizations, and media reports, raised questions about last year’s controversial award cycle.

Some health care providers complained of

unmet promises of community service last year, but NHSC officials insisted it was a misunderstanding based on a shortage of funds.

This time around, Corps officials said in a Jan. 29 letter to the ADA:

- No one can guarantee a loan repayment contract award except the NHSC division of scholarships and loan repayments;

- Incomplete applications will not be considered;

- Eligible but unfunded applications from the controversial fiscal year 2000 award cycle will not be rolled forward to the current cycle;

- Clinicians may accept employment at eligible community sites but employment does not guarantee a loan repayment award;

- The loan repayment program continues to be extremely competitive this year.

The letter co-signed by NHSC division chiefs asked the Association’s help “in disseminating this information” to dentists.

“We want you to know that we have reviewed our administrative policies and procedures and have made the necessary adjustments to assure clarity of expectations and communications about the FY 2001 application and award process for this program,” Corps officials said. “Our goal

is to avoid any misunderstandings by applicants, communities and other interested partners.”

The NHSC awarded 337 new loan repayment contracts last year, including 92 to dentists and one to a dental hygienist among 1,017 applicants across 11 disciplines. Awards this year will be made by Sept. 28. Applications, available through April 16, must be submitted to the NHSC by April 30, according to the letter.

For information, applicants may call toll-free 1-800-221-9393, or by e-mail, query “nhsc@matthewsgroup.com”. Information on the loan repayment program is posted at the NHSC Web site (“www.bphc.hrsa.gov/nhsc”).

For vacancies by discipline, search NHSC Opportunities. Nearly 300 community sites are listed as underserved and seeking dentists, although not all are eligible for NHSC loan repayment awards. ■

Photo by Anna Ng Delort



Sen. Baucus: Cosponsor of S 152.

## Costs

Continued from page one

and Max Baucus (Mont.), ranking Democrat, have introduced legislation, S 152, to make more taxpayers eligible for the deduction and eliminate the 60-month limitation.

Taxpayers under current law can take deductions from up to 60 payments, or five years worth, for interest paid on student loans. Reps. Phil English (R-Pa.) and Kenny Hulshof (R-Mo.) introduced similar legislation, HR 436, setting even higher income phase outs.

Sen. Blanche Lincoln (D-Ark.) complimented Mrs. Sheppard, “who wants to stay home” and practice and said the loss of health and education professionals extends to other states as well, including Arkansas.

Sen. John Kerry (D-Mass.) said the student loan and other education-related testimony represented “an alarm bell, a warning system that these priorities are bipartisan. If you get out of school with loan debt of \$80,000, \$90,000, \$100,000, you really don’t have much choice” on where to practice.

Sen. Olympia Snowe (R-Me.) said practice start-up costs in addition to heavy loan debt suggest the need for higher deductions or even a tax credit. “Any type of tax relief would help,” she said.

President Bush has made education a top priority of the new administration and proposed an across-the-board tax cut but neither proposal would expand the student loan interest deduction.

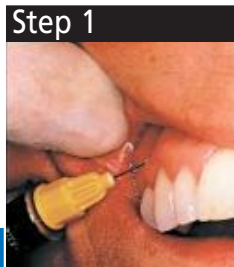
The ADA with more than 30 health care and education organizations, representing 3,000 colleges and universities and 14 million students, offered support for the Grassley-Baucus legislation in a Feb. 5 letter. ■

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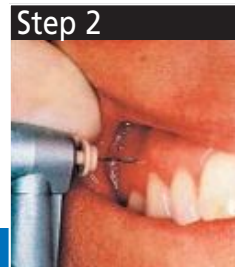
Step 1



Anesthetizing the attached gingiva

Bevel of injection-needle is slid beneath the surface of the attached gingiva at a point mid-way between two adjacent teeth and about 2 mm. apical to the gingival margin. Blanched area appears after one or two drops of anesthetic have been injected

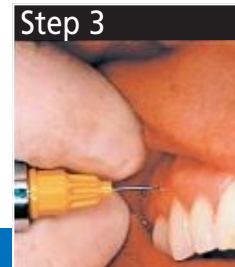
Step 2



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Step 3



Injecting the anesthetic

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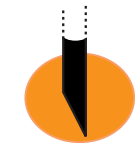
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FFD10-ADA0009-1



# Debt relief

## Dental student represents ADA

BY CRAIG PALMER

Washington—Kimberly Sheppard chose dentistry for “really personal patient care, and I like the idea of having my own business.” She hopes the Senate Finance Committee “listened” when she testified Feb. 14 on the costs of pursuing her dream.

“It was my first experience and I was really nervous,” she said after representing the American Dental Association at the first hearing of the 107th Congress on education-related tax initiatives. “At least I made eye contact. I think it

was a good experience.”

And well she might. Sen. Charles Grassley (R-Iowa), committee chair, was instrumental in her appearing as a witness. He asked her advice on his legislation to expand and simplify the student loan interest deduction available under current tax law. She suggested several improvements and offered specifics. Other senators complimented her testimony or asked her advice on their particular bills.

Headly stuff for a fourth-year dental student at the University of Iowa College of Dentistry who



Photo by Anna Ng Delort

**Advocate:** Sen. Grassley (R-Iowa) asked for Mrs. Sheppard's advice on legislation.

went to Congress to explain a legislative issue in personal terms and made sufficient contact that other senators “came down (from the committee dais) afterward and introduced themselves. I was very surprised.”

**■ “We want to stay in Iowa to be near our families and work in the southeastern Iowa communities that we believe need young professionals like ourselves. However, I fear that our mounting debt will force us to move somewhere we can make more money and thereby prevent us from serving in rural Iowa.”**

No less surprising, perhaps, than hearing from the dental dean on Thursday that you're going to Washington on Tuesday to testify to Congress. “It was short notice,” she said. “Of course I questioned it. He said we needed a representative from our school and based on my personal experience, I was the one to do it. So I flew out on Tuesday.”

The ADA Washington Office, Sen. Grassley's office and the dental school coordinated arrangements for Mrs. Sheppard's testimony.

Seated at the witness table in Room 215, Dirksen Senate Office Building, Kimberly Sheppard of Cedar Rapids, Iowa, told the U.S. senators who will write tax legislation in the 107th Congress:

“If all goes well, my husband and I will both have completed our education by 2004. Then we can look for jobs. Our total combined debt at this time (from loans to finance professional educations) will be \$170,000.

“All else being equal, we want to stay in Iowa to be near our families and work in the southeastern Iowa communities that we believe need young professionals like ourselves. However, I fear that our mounting debt will force us to move somewhere we can make more money and thereby prevent us from serving in rural Iowa.”

Her story is not unlike that of other students who have taken loans to finance professional education, Mrs. Sheppard said in an interview. Life decisions weigh in the balance, like where to practice, where to live, when to start a family.

“I do think it plays a role in where we're going to practice,” she said. “I think it's going to be very

See DEBT, page 14

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## Government

### Debt

*Continued from page 12*  
difficult to stay home.”

Upon graduation June 8, with \$90,000 in personal loan debt, Mrs. Sheppard will enter an advanced degree program in periodontics at the University of Iowa and expects to add another \$30,000 in debt during three years of residency training.

“There are a few points I could have brought out better in the testimony about how that affects me on a personal level, like having to put off having a family. It all hinges on loan debt. I hate to

think of starting a family and worrying about those kind of payments every month,” payments in her case of several thousand dollars a month, she said.

The average debt of a graduate student from a private institution is \$35,000 a year, resulting in interest payments of more than \$2,700 annually. The debt load rises to an average \$100,000 for dental school graduates, with an annual interest payment of \$7,700, the ADA said.

ADA-supported legislation offered by Sens. Grassley and Max Baucus (D-Mont.) to expand tax deductions for interest on student loans represents “one step” toward helping students with heavy loan debt, Mrs. Sheppard said. The Association supports expansion of the current deduction and has been working with the American Dental Education Association, American Student Dental Association and other



Photo by Anna Ng Delort

**Sen. Snowe (R-Me.):** Practice start-up costs and heavy loan debt suggest the need for higher deductions or even a tax credit. ‘Any type of tax relief would help.’

health and education organizations to make it more widely available to young professionals.

“I knew I would accrue a large amount of debt when I pursued this career,” Mrs. Sheppard testified. “But I was not anticipating the debt to dictate where I could practice. It is my sincere wish that Congress help ease the burden of student loan repayment so those professionals, like myself, have the opportunity to provide services in areas other than large cities.”

She financed her dental education and undergraduate degrees in science and biology with a combination of part-time tutorial and health care jobs, research grants, scholarships and loans. ■

## Standards

*Continued from page 10*

“We’ve all been on notice for a long time,” he said to ADA News. “HIPAA will save the American public a lot of money.” He said in his testimony that payer acceptance of electronic transactions would save him \$387 per week, estimating a \$200 per week savings for the typical dentist.

In fact, organized dentistry and dental providers are among the most prepared in health care to meet national standards for administrative reforms.

“The goal of health care administrative simplification espoused by HIPAA and reflected in the published and proposed final regulations are directed toward managing and reducing these costs as a percentage of the health care dollar, thereby reducing the overall cost of care to the patient and the community at large,” offered ADA testimony at the hearings.

Dr. Solomon I. Appavu, director, systems planning, Cook County Hospital and Cook County Bureau of Health Services, after the hearing said, “I don’t think those groups were serious about reviewing or implementing HIPAA from the beginning. Basically, they just want to postpone it.”

Organizations suggesting extensions cited cost, limited time, elimination of local codes, and provider and payer understanding of the rules overall as critical implementation barriers.

“We don’t foresee a successful industry wide implementation under the current timeline,” said Raymond Kahn, senior vice-president and CIO of Blue Cross Blue Shield of Michigan.

HHS’ Mr. Braithwaite later commented that the reason the majority of payers who testified spoke with the same message could be because they were from same company.

But Mr. Wiggins said “the Blues” represented the majority of payers present at the hearings because the association got a head start by reviewing draft rules more than a year ago. ■



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**FTC update:** ADA President Robert M. Anderton (center) listens to a briefing on the FTC vs. CDA at the February meeting of the Board of Trustees. Flanking him are ADA President-elect D. Gregory Chadwick (left) and Executive Director John S. Zapp. The February meeting was Dr. Zapp's last; he will retire as the Association's chief executive officer March 31.



**ADA 11th District Trustee:** Dr. Steven M. Bruce



**ADA First Vice President:** Richard A. Simms

## FTC

*Continued from page one*  
remains contentious. The 9th U.S. Circuit Court of Appeals directed the FTC last September to dismiss the complaint.

"Our decision to support bringing an end to this case should not be taken as an indication of any lessening of our keen interest in the activities of trade or professional associations that harm competition," FTC Chair Robert Pitofsky and Commissioners Sheila F. Anthony and Mozelle W. Thompson said in a separate statement "respecting" the commission's decision against returning to the Supreme Court.

The FTC could have sought further review by the U.S. Supreme Court but that window of opportunity closed Feb. 15. That means the 9th Circuit decision is left standing and may not be further appealed, said ADA Counsel Peter M. Sfikas.

"Through a press release, the FTC chairman and two other commissioners have expressed their displeasure with the 9th Circuit's decision to direct the commission to dismiss the complaint against the CDA," he said. "The 9th Circuit's opinion makes it clear that the FTC does not always properly interpret the antitrust laws." Mr. Sfikas argued the case before the appellate and Supreme courts.

The 9th Circuit opinion, available at the court's Web site ("www.ce9.uscourts.gov") responded to a 1999 Supreme Court order. The high court upheld FTC jurisdiction but said the commission inadequately examined the effect of CDA's advertising rules on competition among dentists. The Supreme Court returned the case for "a more elaborate inquiry as to whether or not CDA's activities violate the antitrust laws."

The 9th Circuit court, in response, "properly took into account the benefits to consumers" and found the CDA advertising rules at issue in the case were "pro-competitive and not anti-competitive," Mr. Sfikas said.


"While discount, quality and dental fee advertising are not prohibited by the CDA, the

*See FTC, page 16*

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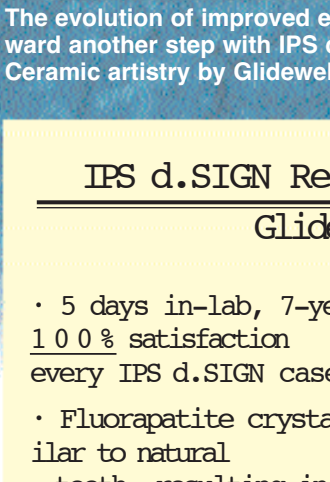


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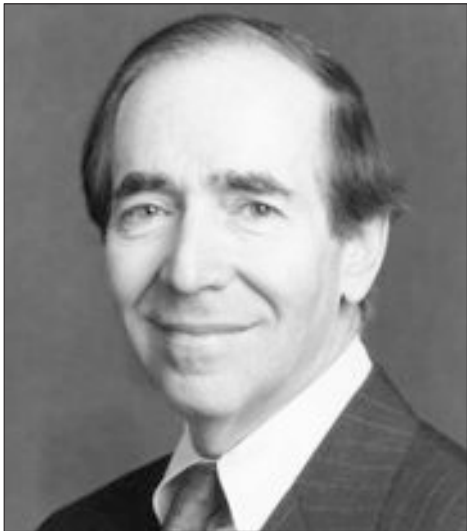
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TIMELINE: Federal Trade Commission vs. California Dental Association						
1985	October 1990	1990	July 1993	July 1995	November 1995	March 1996
Federal Trade Commission Bureau of Competition launches investigation to determine whether California Dental Association "may have illegally sought to restrain truthful advertising by dentists."	FTC staff tells nation's largest state dental association to "cease and desist" enforcing code of ethics and applicable state laws or face complaint charging antitrust violations.	California Dental Association refuses consent agreement with FTC on grounds code of ethics prohibits only advertising "false or misleading in any material respect."	FTC formally charges CDA with "illegally preventing California dentists from informing consumers about the price and quality of service they provide." CDA says charges obsolete or off the mark, professional advertising rules protect consumers from misleading claims.	FTC administrative law judge after San Francisco trial upholds most of FTC complaint, issues order barring CDA from enforcing ad guidelines for member dentists; CDA executive director says decision makes "no sense," promises appeal.	CDA/ADA legal counsel during oral arguments in crowded FTC hearing room urges commissioners to dismiss case. "At a minimum, reverse it and send it back for a whole new trial."	FTC commissioners by 4-1 vote order CDA to stop regulating fee and discount advertising and reinstate disciplined dentists; "We're taking this to the end and we expect a full reversal of the FTC's decision," vows CDA chief executive.



**Mr. Sfikas:** 'The 9th Circuit's opinion makes it clear that the FTC does not always properly interpret the antitrust laws.'

FTC

*Continued from page 15*  
CDA Code requires these ads to disclose specific facts, for example to provide substantiation, to ensure that consumers are not misled," he said.

The three FTC commissioners expressed "serious concerns" about the court's directed dismissal of the case and said the FTC should have been given an "opportunity to address any gaps in the evidentiary record in further administrative proceedings.

"We also recognize certain practical difficulties in proceeding in this manner," they said in a statement posted at FTC's Web site ("www.ftc.gov"). "The commission's decision was made on the basis of a factual record that closed in 1995. CDA has been subject to the commission's order, except for limited provisions stayed pending appeal, since 1996 and, as far as we are aware, has complied with that order by refraining from enforcing the advertising restrictions that were the focus of the commission's proceedings.

"Consequently, any further proceedings before the commission would have to be based on stale evidence."

The California Dental Association Code of Ethics posted in a consumer window at the CDA Web site ("www.cda.org") says certain advertising and other provisions in the Code are suspended and "Association members will be notified when the suspension is lifted."

The California Dental Association, like the ADA and other state dental associations, prohibits advertising that is false and misleading. The FTC began its investigation of the CDA, the nation's largest state dental association, in 1985 and sued the CDA in 1993 alleging that CDA advertising rules effectively barred member advertising. ■



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	May 1996	August 1996	October 1997	September 1998	January 1999	May 1999	September 2000	February 2001
	CDA wins delay from FTC on enforcement of key portions of order pending outcome of CDA appeal to courts.	CDA charges FTC with errors of law, urges federal court to reject FTC antitrust charges "in their entirety."	U.S. Court of Appeals 9th Circuit upholds FTC order in 2-1 decision.	U.S. Supreme Court grants CDA petition, agrees to review profession's long-standing dispute with FTC over professional advertising.	CDA/ADA legal counsel argues CDA case before U.S. Supreme Court, tells justices, "All we asked for was more disclosure and verification in the ads; there is no banning of advertising here."	U.S. Supreme Court upholds FTC jurisdiction but rules 5-4 that appeals court and FTC inadequately reviewed CDA regulations, tells 9th Circuit to re-examine.	9th Circuit rules unanimously that, on balance, professional regulation of dentist advertising benefits consumers and encourages competition.	FTC formally dismisses suit initiated in 1993 against the CDA, lets pass a Feb. 15 deadline for seeking further U.S. Supreme Court review of the case. FTC chair, two commissioners note agency's continuing interest in "activities of trade or professional associations that harm competition."

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MEETING BOOTH 2038

For the  
record  
Text of Feb. 15  
FTC order

UNITED STATES OF AMERICA  
BEFORE FEDERAL TRADE COMMISSION

COMMISSIONERS:  
Robert Pitofsky  
Sheila F. Anthony  
Mozelle W. Thompson  
Orson Swindle  
Thomas B. Leary

In the Matter of  
CALIFORNIA DENTAL ASSOCIATION, a corporation.

ORDER RETURNING MATTER TO  
ADJUDICATION AND DISMISSING  
COMPLAINT

Docket No. 9259

In 1996, the Commission issued a Final Order and an Opinion finding that Respondent California Dental Association ("CDA") had violated Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45(a)(1) (1995). In re California Dental Ass'n, 121 F.T.C. 190, 284 (1996). Last year, after various appellate proceedings, the U.S. Court of Appeals for the Ninth Circuit vacated the Commission's Final Order and remanded to the Commission with instruction to dismiss the case. California Dental Ass'n v. F.T.C., 224 F.3d 942 (9th Cir. 2000).

The Commission has now determined not to seek further review by the United States Supreme Court, but instead to return this matter to adjudication and dismiss the complaint. Therefore,

IT IS ORDERED that this matter be, and it hereby is, returned to adjudication, and

IT IS FURTHER ORDERED that the complaint in this matter be, and it hereby is, dismissed.

By the Commission.  
Donald S. Clark  
Secretary  
Issued: February 15, 2001



## Government States

*Continued from page one*  
representative from Arkadelphia "got into a pattern, identified the legislation I needed to handle and presented my own bills to committee and the full house and senate."

As a first-time legislator, his initial challenge was the huge learning curve. "Familiarizing myself with the sheer number of bills and their effects on economics, banking and any related issue," he notes. "And when I submit my own bill, I have to keep up with it, and always be in the right place at the right time."

Since November, Dr. Roebuck has introduced various dental bills and is considering several more. "The issue of assignment of benefits is getting major opposition from Blue Cross Blue Shield, the state Chamber of Congress and big corporations like Wal-Mart," he says, "So we're deciding whether to submit the bill or order an interim study."

"I get to work with a lot of intelligent and dedicated people, but one thing I've learned, no matter what the legislation, I'll make some people happy and others unhappy, so I have to make some pretty tough decisions," he continues.

Dr. Roebuck concludes, "At day's end, I feel I'm making an impact, and I'd sure pitch other dentists to get involved in the political process. It's certainly good for dentistry."

Dr. Tom Huffman is the new Commissioner of El Paso County, Colo. He describes the job as "basically a business manager for the county; similar to decision-making for projects and



Dr. Edwards



Dr. Huffman



Dr. David Miller



Dr. Joel Miller



Dr. Roebuck



Dr. Rucho

managing people in a dental practice—but with a much larger budget."

An immediate goal of the Republican from Colorado Springs is to obtain direct reimbursement for dental services. "It's a more cost-effective way to provide quality dental care to county employees," he states.

Dr. Huffman notes other correlations between dentistry and public service. "You need a strong work ethic, and because people challenge you from all different directions, integrity means a lot," he says. "Much in the same way, dentists must often convince people to undertake things they may not want."

He'd also like to see more dentists get involved in governmental processes. "Dentists understand health care—the science, the work, the business, the ethics—and we need these people in government," he says. Besides, "it's a lot easier to get things done when you're 'inside the network.'"

"I don't get paid a heck of a lot," he adds. "But then again, it's certainly not as physically hard on me as dental work."

Dr. David E. Miller, a first-time Illinois state representative, says his hands are full with the many committees he joined and bills he introduced.

"I'm still getting my feet wet; the key thing is really learning the process," says the Democrat from Dolton. "Learning how to get things done, push bills through, hone in on issues you want to address, support the bright ideas of other legislators and oppose bills you don't want to become laws."

In his first term, Dr. Miller speaks with the insight and wisdom of a seasoned lawmaker. "It doesn't matter which party is the majority, you need bipartisan support to really get things done—so I know and support people on both sides of the aisle," he relates.

Furthermore, "On any subject, you want to establish agreement without compromising the integrity of what you originally set out to do."

**■ "Dentists understand health care—the science, the work, the business, the ethics—and we need these people in government."**

This leads to the difficulty of staying focused, which Dr. Miller overcomes by sitting on numerous committees that center on his original campaign themes. For example, "I've got two bills, and am supporting others that will help streamline the eligibility process for children to enroll in KidCare—the Illinois program to provide dental services to children of the working poor."

Dr. Miller has also introduced a bill to provide reimbursement for general anesthesia to dentists who see patients in the hospital setting. "Insurance companies that pick up the cost of general anesthesia for other health care treatments can't deny this payment just because it's for dentistry," he states.

Dr. Bill Thomas has focused much of his energy on a glaring issue: access in Montana to dental services.

Although Medicaid reimbursement rates are now 85 percent statewide, "the bottom line is, those who are least able to pay—I mean Medicaid and the Children's Health Initiative Program patients—are the least cared for," the state representative asserts.

"We encourage people to sign up for Medicaid and CHIP, but there's not enough dentists to treat them."

In a state with no dental or dental hygiene school, "we are really hurting for dentists right now," he reiterates. "And for every two dental hygiene students we send out of state, only one returns to Montana to practice."

Dr. Thomas presented a bill to establish a dental hygiene school, and is seeing some payback of his efforts to push it through. "We received a federal grant of \$625,000 to cover capital expenditures of starting a dental hygiene school—and \$119,000 more from state general funds to get it up and running."

He says the school will be a "win-win situation for dentists and dental hygienists," and both groups are "behind us 100 percent."

In New York, re-elected state Assembly member Dr. Joel M. Miller of Poughkeepsie

anticipates legislation this year on Medicaid, managed care and its impact on dentists. He also predicts bills to expand the role of dental hygienists to dispense nitrous oxide to patients.

When these issues come up, Dr. Miller often finds himself in the middle of negotiations. "It's nice to have a dentist in the Assembly to work with the state dental society to ensure the needs and wishes of dentists are taken into account," he says.

"But it's not always easy," he adds. "You can't be completely in step with all dental interests all the time, but you have to try and work with them."

In North Carolina, incumbent Democrat state Rep. Zeno Edwards Jr., of Washington and incumbent Republican state Sen. Bob Rucho of Matthews successfully defended their seats.

Dr. Rucho stresses, "It's very helpful to have dentists in the Senate to help explain the health care ramifications of an issue." Dr. Edwards adds, "Being a dental watchdog is especially important when our statewide budget forecast is not very bright due to recent natural disasters."

A current project of Drs. Edwards and Rucho is licensure by credentials. Dr. Rucho is working with the North Carolina Dental Society toward legislation to grant portability of licensure to military dentists who want to practice in the state. Dr. Edwards adds, "This [bill] involves the issue of charging a large enough fee so the [dental] board can order an out-of-state background investigation," he notes.

Dr. Rucho is also working on Health Maintenance Organization legislation "similar to the federal patient rights movement—but our bill is already in place," he says. "It will help ensure that patients get the very best health care from HMOs, not the cheapest."

He's also concentrating on Medicaid-provided dental care, especially for the children.

"There's a lot of barriers but also much legislative support to help dentists take on more Medicaid patients," he continues. "We've made progress and are moving along." ■



Dr. Thomas

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## Star of North meeting in April

*Saint Paul, Minn.*—The Star of the North meeting and 118th scientific session will convene April 21-23 at the Touchstone Energy Place at RiverCentre; 16 pre-session seminars are planned for April 20.

The meeting also features over 60 lectures and workshops, 100 table top demonstrations, over 250 exhibits, the "Art of Dentistry" photo exhibition and numerous social events.

For more information, contact Dianne Blake at the Minnesota Dental Association by phone at 1-651-646-7454 or by e-mail at "info@mndental.org". ■



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# Leaders

*Continued from page one*  
our constituent society," said North Carolina's president-elect. "At the time, that visit was the moment I was most impressed with organized dentistry."

Seven years later, he became president-elect of the American Dental Association.

For Dr. D. Gregory Chadwick, the 1993 conference and the insight it gave him obviously had a meaningful impact on his career in organized dentistry.

Dr. Chadwick had the opportunity to share that experience with 51 constituent society presidents-elect Jan. 28-30 as he hosted this year's President-Elect's Conference.

The conference is designed to stimulate discussion on issues facing the dental profession and tripartite organized dentistry, with a special focus on the ADA Strategic Plan and current events. Presidents-elect attending also had the opportunity to meet ADA staff and become familiar with Association resources.

Perhaps most importantly, the meeting demonstrated that the ADA's constituent societies are basically working toward shared goals.

"With this conference, there just seemed to be a lot of unity and purpose," said Dr. Chadwick. "I think everybody felt like there weren't two sides at this meeting. We're all just trying to make the tripartite—the constituents, the components and the ADA—a better organization. I was pleased to know that our professional association is in good hands."

A pre-conference survey of presidents-elect identified topics that would form the meeting's agenda. Topics included access to dental care, auxiliary shortages, legislative affairs, education

and licensure, the Future of Dentistry Project and more.

Even though the survey did not generate many surprises, Dr. Chadwick said it reinforced that access to care and auxiliary shortage issues are the most prominent concerns to the constituent societies. He added that the topics singled out by the presidents-elect are reflective of the ADA's Strategic Plan, too, which indicates to the leadership that "we are addressing what are perceived to be the important issues."

Said Dr. Chadwick: "When you have a House of Delegates and a Board of Trustees that make the big decisions and an agreed-upon strategic plan, you don't digress from that plan very often. We are going to be looking at the same issues next year that we're looking at this year: access, education and membership are just a few examples. Those issues tend to be the ones of concern to the constituents, too."

From the pre-conference surveys, Dr. Chadwick and ADA staff assembled presentations that included staff and panels of presidents-elect who discussed with their colleagues their individual experiences.

"We added more presidents-elect to the panel discussions, too, and we actually ended up with about 20 speakers. The presidents-elect seemed to appreciate the conversational and informal nature of the presentations. I think it created an atmosphere where people felt like they could speak out," he said.

Dr. Chadwick said he also believes that presi-



**Presidents in 2001-02:** At left, Dr. William J. Tonne, Illinois State Dental Society, and Dr. Jeanne M. Nicolette, Ohio Dental Association.



**Dr. Denny Homer:** Washington State Dental Association president-elect.

dents-elect left the conference with a clearer understanding of initiatives undertaken by ADA leadership.

Tours of the ADA headquarters, for example, further justified the recent House of Delegates approval of a six-year \$30 special dues assessment to cover renovation. "Many had already toured the ADA, perhaps during annual session last fall or as council members, but a significant number had never been here. They were astounded by the differences between the renovated floors and other ADA-occupied floors in need of renovation. They obviously saw the rationale for the dues increase to renovate the headquarters building," he explained.

With all but one constituent society represented, there were ample opportunities for those attending to socialize with colleagues from across the country, which Dr. Chadwick says is one of the conference's goals.

"There is much to be gained from the interactions between constituent presidents-elect," he said. "This is kind of the presidents-elect 'Class of 2001.' Some of the people I met during the 1993 President-Elect's Conference are still people who I keep in touch with; you find yourselves moving through the organization together. I think that camaraderie and networking are extremely important to the future success of the tripartite."

By meeting at ADA headquarters before they become constituent presidents, Dr. Chadwick hopes these leaders will enter their terms recognizing the ADA resources that support them, just as he did eight years ago.

Reflecting on the conference he attended as president-elect of the North Carolina Dental Society, he recalls the fixation on the nation's health care system in 1993.

"Back then, Clinton health care reform really worried the dental profession. When you're in one of the constituents like I was, you're wondering what could happen to the dentists in your state. It was a scary situation. You have your dental society staff at the state and local levels taking care of you at home, but then you worry that you might get swept into something on a national level.

"It's comforting to come to the ADA and see that we have a staff of 400 and another 20 in Washington, D.C.," The ADA president-elect concluded. "They are a wonderful resource and very familiar with what's going on in the national scene. That visit really helped put my mind to rest." ■

# Tales from the constituents

BY KAREN FOX

With a full agenda that covered nine areas of interest and an open forum, the 2001 President-Elect's Conference encouraged the free exchange of ideas.

The 51 constituent society presidents-elect in attendance Jan. 28-30 commented on issues affecting the dental profession, offered suggestions and voiced their success stories and frustrations.

"They discussed some ideas that have been successful on a state-by-state basis, but to me, when we walk away from the conference it's the melding of ideas that's important," said ADA President-Elect D. Gregory Chadwick, who hosted the conference.

Dr. Richard LoGuercio, the Massachusetts Dental Society's president-elect, said he left the conference with "copious notes" that included many helpful ideas suggested by other presidents-elect.

As a panelist, Dr. LoGuercio brought some ideas to share as well. He joined Dr. Donald I. Cadle Jr., the Florida Dental Association's president-elect, and Dr. James E. Springborn, the Wisconsin Dental Association's president-elect, on the panel discussion about membership and tripartite collaboration.



**Dr. LoGuercio:** Explains Massachusetts Dental Society's 'Ambassador Program.'

"One of the programs I discussed was our newest membership initiative, the 'Ambassador Program,' which is a practice management support and advice program targeted to new members," said the MDS' president-elect. With the program, the dental society matches ambassadors, or current members established in practice, with protégés—the new members.

The program is too new to measure its success; however, what was both surprising and pleasing to MDS was the response it generated from members. Dr. LoGuercio said more than 300 members immediately signed up to be ambassadors. "It was a phenomenal reaction, and all we did was tell members about it and request volunteers," he said.

Staff from the Massachusetts Dental Society, said Dr. LoGuercio, have already received phone inquiries on the Ambassador Program from constituent societies that learned of it through their presidents-elect.

"[Presidents-elect] had the chance to network with each other at the conference and hear each others' stories," said Dr. LoGuercio. "There were ideas that I garnered from other states, too. Basically we all have the same issues, but everybody approaches them maybe a little bit different." ■

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BY CLAYTON LUZ

*Kansas City, Mo.*—Panel discussions featuring leading clinicians will explore dentistry's hottest issues at this year's annual session.

The panels will cover topics such as dental esthetics, amalgam vs. composite materials and dental practice essentials. Learn scientific background and clinical applications from the experts to increase your confidence and your ability to communicate appropriate clinical choices to your patients.

The 142nd ADA annual session will convene Oct. 13-17, with pre-session starting Oct. 12.

The panel, "Amalgam vs. Composite: Which Material is Better?" (RC6), scheduled Oct. 13 from 1:45-4:15 p.m., will examine current and upcoming aspects of the topic.

Dr. Alan Boghosian, panel moderator, says the discussion promises an "exciting look at the issues concerning classic dental material, amalgam vs. the esthetics and bonded benefits of direct composite placed restorations.

"We will be reviewing the safety aspects and the environmental issues that mercury in amalgam raises in dentistry," explains Dr.

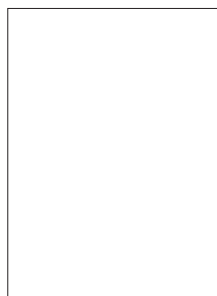
Boghosian. "We'll also discuss the estrogenicity claims that affect resin-based restorative materials. Additionally, the panel will delve into the future of restorative dentistry, where someday biomimetic materials may replace today's currently used dental materials."

Dr. Dushanka Kleinman, deputy director of the National Institute of Dental and Craniofacial Research, is a panel participant. She will present current amalgam and composite research highlights as well as provide insight about future approaches for managing oral diseases.

"We will also take a look at the future [potential for] repair and restoration of teeth at earlier stages than [what is possible] now," Dr. Kleinman explains. "We'll explore the evolution of biomaterials, how they may be provided to practitioners and how they will benefit our patients."

With Drs. Boghosian and Kleinman on the panel are Drs. Gordon Christensen and John Kanca III. Tickets are \$50 (\$60 on-site). Recommended for dentists, dental assistants and dental hygienists.

Other panels include:



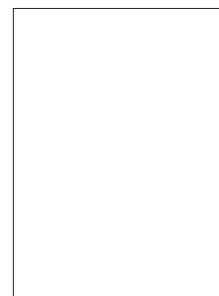
Dr. Boghosian



Dr. Christensen



Dr. Goldstein



Dr. Kanca

• "The Essentials of a Successful Dental Practice" (RC5), Oct. 13, 9:45 a.m.-12:15 p.m.—Drs. Gordon Christensen, Lloyd L. Miller, James Pride and Richard Simonsen will discuss the essential components of a successful dental practice, from materials and clinical techniques to ethics and financial health. Tickets are \$50 (\$60 on-site). New dentist: \$25 (\$30 on-site). Recommended for dentists and dental laboratory technicians;

• "Dental Esthetics—Facing the New Millennium" (RC14), Oct. 15, 9-11:30 a.m., continues 1:30-4 p.m.—Drs. Ronald E. Goldstein, David A. Garber, Henry Salama and Maurice A. Salama will examine the 12 essen-

tial steps in smile design, and the dentist's need to select from the plethora of restorative materials and ceramic systems to satisfy the patient's growing need for enhanced esthetics. Tickets are \$75 (\$95 on-site). Recommended for dentists, dental assistants and dental hygienists.

For more information contact the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Regular updates on annual session events will also be posted on ADA.org, the Association's Web site, at "www.ada.org/session". ■

## Kansas City reveals its attractions Top cuisine, easy access

*Editor's note: this is the first of a continuing series of personal impressions by ADA News Senior Editor Clayton Luz that will explore Kansas City, Mo., site of the 142nd Annual Session of the American Dental Association.*

BY CLAYTON LUZ

*Kansas City, Mo.*—Until last month, all I knew about Kansas City, Mo., was that Harry S. Truman ran a haberdashery in nearby Independence, that George Brett and pine tar didn't get along, and that jazzman Charlie "Bird" Parker's hometown was the other Kansas City—in Kansas.

In other words, I didn't know much.

I knew, however, that next Oct. 13-17, Kansas City will host the Association's annual session.

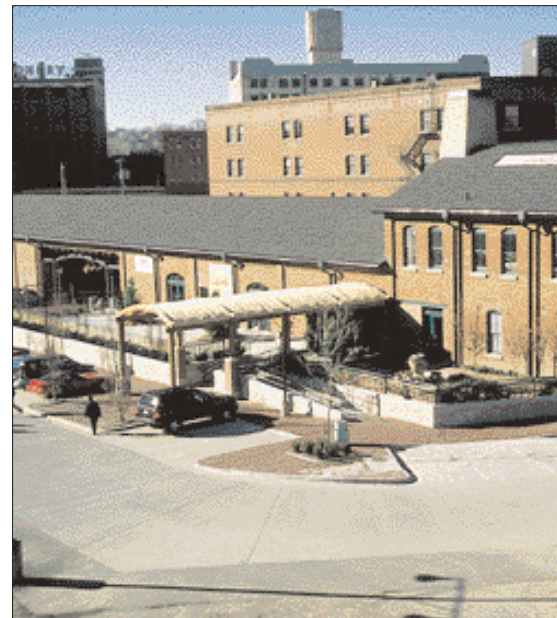
That in mind, the good folks aboard the Council on ADA Sessions and International Programs suggested I nose around the city while they conducted their preliminary "walk-through" of the Kansas City Convention Center and other session-related venues.

I was met at Kansas City International Airport by Brandon Billings, public relations assistant with the Kansas City Convention and Visitors Bureau of Greater Kansas City (try getting that on a business card).

Mr. Billings and the KCCVBGKC (Russian for the word "acronym") would roll out the red-carpet for me during our day together.

Voted the "Most People-Friendly Airport" by the majority of its 11 million annual visitors, the KCI is refreshingly congestion-free, easily accessible and sophisticated—much like Kansas City itself, as I would come to learn.

My camera bag, computer case and carry-on in tow, I followed Mr. Billings outdoors to



**All aboard:** Lidia's opened in 1998 in a rehabbed freight house building, continuing the district's renaissance into a trendy spot for artists and urban enthusiasts.

short-term parking lot B. Soon, we were tooling southbound on I-29, toward Kansas City.

Our first stop: lunch at Lidia's Kansas City, a restaurant co-owned by Lidia Matticchio Bastianich, the "First Lady" of Italian cuisine whose talents can be seen weekly on public television.

Located a capellini strand north of Kansas City's historic Union Station, Lidia's Kansas City evokes the feel of an Italian farmhouse. The menu features a daily tasting of three homemade pastas or entrees such as roasted veal shank, riccio of Montasio cheese with a variety of fillings or grilled salmon served over braised lentils with a chive-mustard sauce.

After a repast of the calamari fritti and grilled salmon, I understood why Lidia in 1999 was named American Express Best Chef by the James Beard Foundation. If she doesn't receive the award again this year, check for too many cooks in the kitchen.

Stay tuned for future installments, when Mr. Billings and I visit Kansas City's Country Club Plaza and Westport District. Plan now to attend the ADA annual session—Oct. 13-17, Pre-sessions, Oct. 12. ■

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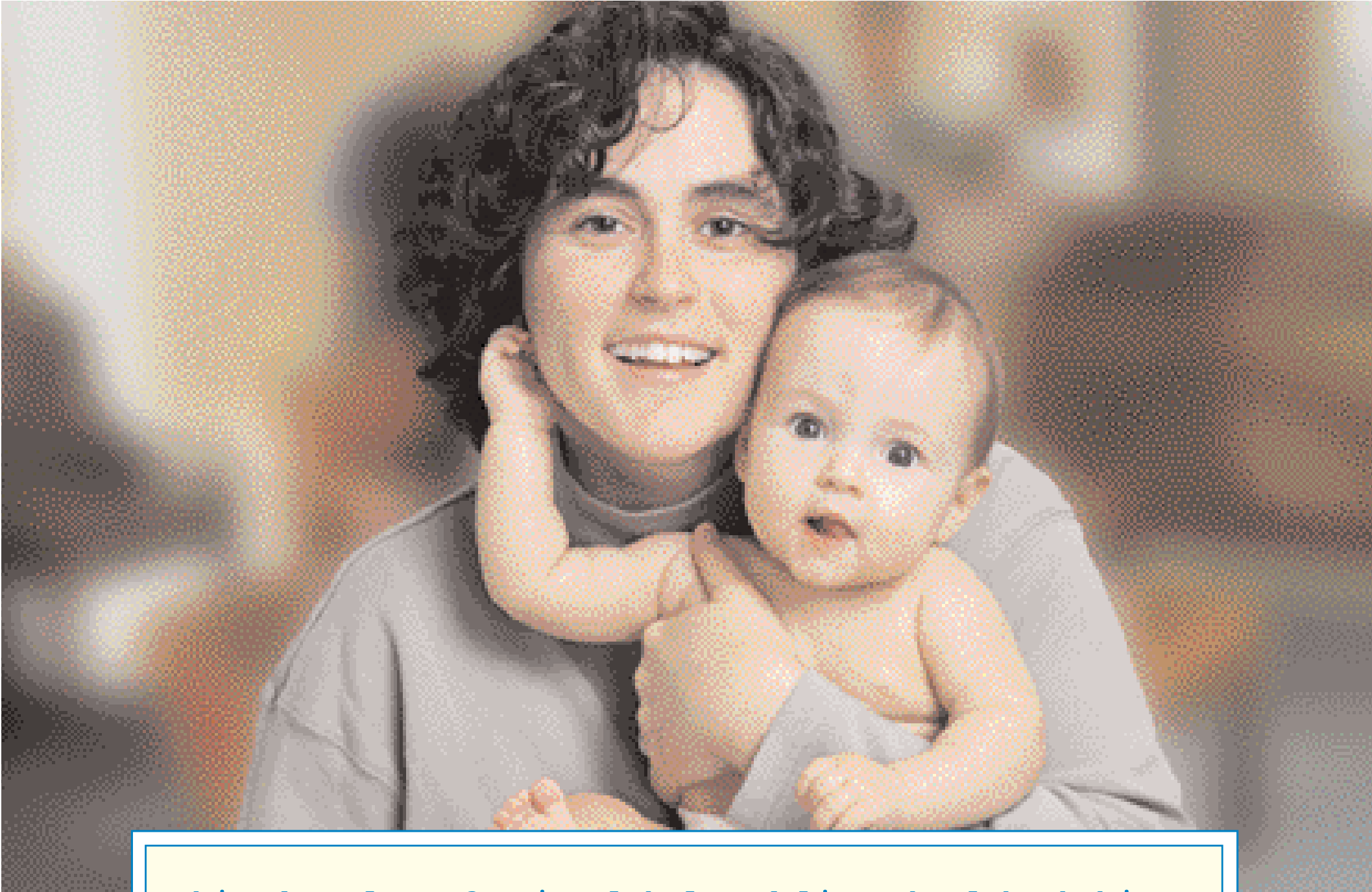


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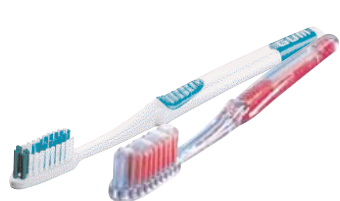


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