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American Dental Association, Publishing Division

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Dentists are leading source of information on oral health

Findings from ADA's Public Opinion Survey

By James Berry

Dentists themselves are the leading source of patient information on oral health, surpassing all other sources, including the news media and the Internet.

Almost 44 percent of adults surveyed last year counted their dentist as the primary source of information on dental health issues and problems.

Lagging well behind the dentist as sources of oral health knowledge were consumer magazines (10 percent), the Internet (6.2 percent), television (4.4 percent) and family members (4.2 percent).

The figures are from a just-released 2000 Public Opinion Survey conducted for the Association's Division of Communications with help from the ADA Survey Center.

An independent survey firm, International Communications Research, posed questions on a wide range of dental topics to a nationally representative sample of 1,011 adults who identified themselves as heads of households, aged 18 years and older. The telephone surveys were conducted from Nov. 16-30, 2000.

Clay Mickel, the ADA's director of communications, said findings from the survey will help shape current and future Association programs targeted to the public, such as National Children's Dental Health Month and the Adult Oral Health Awareness Campaign.

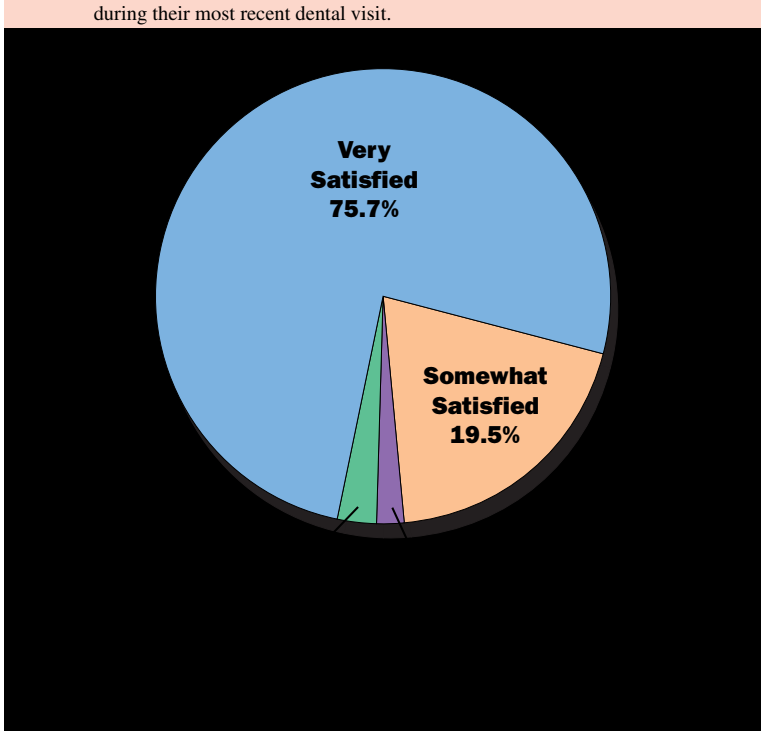
"The ADA is an organization based on science, and that applies to all the things we do," said Mr. Mickel of the rationale behind the survey. "Without research of this kind, we would be making unsubstantiated assumptions about what the public wants or needs."

What follows are selected findings

See OPINION, page 14

Satisfied with care?

Most respondents said they were satisfied with the care received during their most recent dental visit.



2002 budget

Proposal stays within 1 percent of 2001 projected expenses

By Judy Jakush

With an eye on holding the line on expenses while meeting the needs of the membership, the ADA Board of Trustees last month gave the initial go-ahead on a 2002 budget that calls for $70,192,300 in revenues and $71,846,950 in expenses.

The resulting deficit is underwritten by 2000 surplus monies, reserve funds and a $5-dues increase to balance the budget. The figures reflect a net dues increase of $5. They are subject to change at the August Board meeting and again during the deliberations of the House of Delegates at annual session in Kansas City, Mo., this October.

Dr. Mark J. Feldman, who is serving his first term as ADA treasurer, heads the Board's Administrative Review Committee, which develops the budget. "We looked at the most recent prior year actual expenses—in this case, year 2000 actuals—and projected what a reasonable increase would be based on inflation. That figure gave us a point of reference from which to develop a 2002 budget."

The treasurer said the expenses in the proposed budget are within 1 percent of budgeted expenses for 2001.

Because the Board is trying to rebuild reserve funds, he said, the group strove to keep spending in line with the inflation-adjusted expenses for 2000. "In spite of that, we have a very fine budget to present to the membership, a budget that satisfies

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■ **Proposal to suspend rules at House, page 25**
■ **Interview with ADA treasurer, page 22**

On track: The 2002 budget aligns more closely than ever with the ADA Strategic Plan, said ADA President Robert Anderton (foreground), shown at the June Board of Trustees meeting in Chicago with President-elect D. Gregory Chadwick.

BRIEFS

JADA full-text now posted on Internet

By Joe Hoyle

Visitors to ADA.org can now read the complete text of The Journal of the American Dental Association online ("www.ada.org/prof/pubs/jada/index.asp").

Through an alliance with ingenta inc., the full text and graphics of JADA cover stories, clinical practice and research articles, commentaries, letters to the editor and other features are avail-

able online, dating from January 1998 to the present.

"We're providing this new online service in response to feedback from our Web-savvy viewers," said Laura A. Kosden, publisher and chief operating officer of ADA Publishing, a division of

See JADA, page 31

INSIDE

Kid's Camp

Bring the family to Kansas City. **Story, page 29.**

Dental leader dies

Laramie, Wyo.—Dr. Charles Stebner, 92, a Wyoming native known as a pioneer in developing and using gold foil, rubber dams and gold inlays, died May 20.

He received the ADA Distinguished Service Award in 1987 from another Wyoming dentist, Dr. Joseph A. Devine, who was president at the time.

According to the Laramie Daily Boomerang, Dr. Stebner's father died in a coal mine accident in Hanna, Wyo., and his mother was determined that her son go to college and not the coal mines. She sold pies to make money, opening a boarding house and later, the Hanna Hotel.

Her determination paid off and he graduated from Creighton University dental school in 1932.

Dr. Stebner served in the Navy during World War II and he and his wife Mary raised three children in Laramie.

He was a past-president and charter member of the American Academy of Gold Foil Operators and was a well-known lecturer and teacher of general dentistry procedures.

Dr. Stebner was also a past president of the Wyoming Dental Association. He is the author of a dental version of the Oath of Hippocrates—the Oath of Dentistry—that has been published worldwide. He is survived by his wife, Mary, his children and three grandchildren.

In a letter to the ADA about Dr. Stebner, Dr. John H. Mosteller, editor emeritus of the Alabama Dental Association, describes him as one of the most respected men in operative dentistry.

"Although he did not hold an academic appointment with any university, he served as a mentor to numerous recognized dental authorities," writes Dr. Mosteller. "Dr. Stebner credited much of his technical excellence to an early association with the Woodbury Study Club and he fostered this hands-on operative discipline as a charter member of the American Academy of Gold Foil Operators."

As noted in the Laramie Daily Boomerang: "He will be sorely missed by his family and friends, but would tolerate no mourning at his passing, only celebration."

Memorial contributions in his name may be made to the Eppson Center for Seniors, 1560 N. Third St., Laramie, Wyo. 82072. ■

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ONLINE EXTRA

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AtPressTime

Ortho manufacturer seeks dentist athletes for hall of fame

Leslie Horvath was college football's Heisman Trophy winner in 1944. Elizabieta Krzinska took the Gold Medal in the broad jump in the 1964 Olympics. Jim Lonborg pitched his way to a Cy Young Award in 1967, and Terry Dischinger was the NBA's rookie of the year in 1970.

Apart from their obvious athletic skills, these four (and about 100 others) have something else in common. In fact, they have something in common with you: each of them was or is a practicing dentist.

They're part of a growing list of dentist athletes who may be eligible for a newly formed Dentist Athletes Hall of Fame, founded by Denver-based Rocky Mountain Orthodontics, a manufacturer of orthodontic appliances.

"When we started this, we assumed there might be 10 or 15 athletes worthy of induction in the new hall," said RMO spokesman Dick Elfenbein.

It wasn't long before Mr. Elfenbein discovered how wrong he was.

Tapping various sources, RMO put together an expanding list of dentist athletes from around the world. The list includes men and women who made names for themselves in 30 different sports ranging from professional football, baseball and golf to auto racing, figure skating and rugby.

To check out the full list, go to the Rocky Mountain Orthodontics Web site, "www.rmortho.com".

The search for dentist athletes continues, said Mr. Elfenbein, who confides that it hasn't been easy.

"I've been searching existing halls of fame, but most amateur athletic unions don't list their members' occupations," he noted.

The RMO spokesman said he's been using the ADA Membership Directory to confirm that a particular athlete was also a dentist. He said, too, that he hopes to come to Chicago soon to plow through back issues of the directory.

Once the list is reasonably complete—sometime in early 2002, most likely—the new hall of fame will enlist a panel of sports journalists to decide who among the dentist athletes is worthy of induction.

Qualifications include a dental degree and a record of excellence in a professional or amateur sport sanctioned by the International Olympic Committee, the National College Athletic Union, the American Athletic Union or similar organizations worldwide.

If you know someone who might be eligible, contact the RMO Dentist Athletes Hall of Fame at P.O. Box 17085, Denver, Colo. 80217, or use the Web site.

Unlike Cooperstown, site of baseball's hall of fame, dentistry's hall is not a physical place. "It exists only in cyberspace," said Mr. Elfenbein.

Dr. Lamacki named CDS review editor

Dr. Walter F. Lamacki, a past ADA trustee and a well-known leader in organized dentistry, has been named editor of the CDS Review, the Chicago Dental Society's monthly journal.

A 1961 graduate of Chicago's Loyola University dental school, Dr. Lamacki was CDS president in 1985 and represented Illinois (the Eighth District) as a member of the ADA Board of Trustees from 1990 to 1994.

He's also been vice president of the ADA Health Foundation since 1998 and is a past trustee of the ADA political action committee, ADPAC.

Dr. Lamacki succeeds Dr. Roger H. Scholle, CDS Review editor from 1993 until he succumbed to heart disease in February 2001. ■

—Reported by James Berry

Shoebiz: Dr. Charles L. Siroky enjoys a friendly shoeshine to raise funds for the Texas Dental Political Action Committee fund raiser. His classmates from the ADA Trustee class of 1999 (from left), ADA President Dr. Robert M. Anderton, Dr. Ronald M. Chaput and Dr. Ross J. DeNicola Jr. enjoy polishing tips from Dr. James T. Fanno, speaker of the ADA House of Delegates. The event was held May 4 during the annual meeting of the Texas Dental Association.

ViewPoint

Snapshots of American Dentistry

Laura A. Kosden, *Publisher* Dr. Lawrence H. Meskin, *Editor*

James H. Berry, *Associate Publisher, Editorial* Judy Jakush, *ADA News Editor*

MyView

Pondering the ins and outs of referrals

I'm into another manhole.

Things are going well. The tooth is not too tough and the patient is pleasant. As my fingers think about the apex and canal terminus, my mind is thinking about the referral process. How did this patient make it to me?

What processes are in place that start the motion of moving a patient from the "uncomfortable" chair (who says they love any dental visit?) of their dentist to an even more uncomfortable chair of an unknown dentist? Fortunately, most specialists I know have staff members who make that transition easy and pleasant. What makes a dentist choose one specialist to refer to over another? The answer to that multifaceted question has led to a multimillion-dollar industry of consultants in the dental and medical field. Certainly as the recipient of referrals, my office has to be sensitive to the needs we are meeting (that lead to the referrals) and the needs we are not meeting (that lead to the referral going somewhere else).

Edward H. Carlson, D.D.S.

Most consultants tell us that referral patterns are established and remain in place or are changed based on a wide gamut of reasons. For instance, orthodontic and periodontic referral patterns seem to be more constant and loyal than referral patterns to oral surgeons and endodontists. This seems to be that the former are non-emergency referrals where long-term patient-doctor relationships are established, whereas the latter seems to be more a matter of convenience and one-visit appointments. That's the generality, but not always the rule.

A part of our office employee policy states: "We believe patients and referring doctors are doing us a favor by coming to our office. We are indebted to them for letting us help." If we state that but don't demonstrate it, we make it more difficult for dentists to send, and for patients to come, to us.

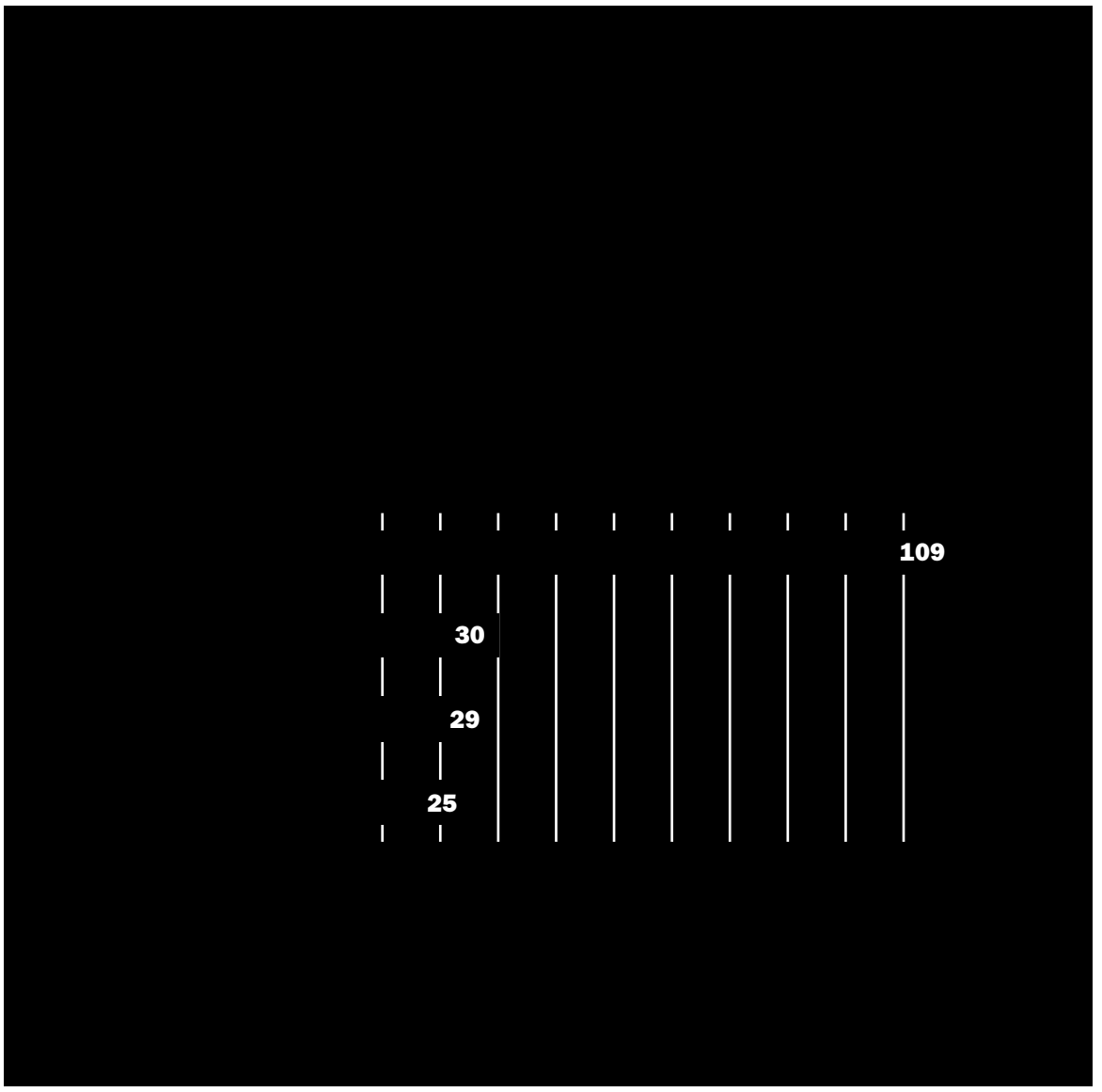
The deeper question regarding referrals to specialists may require more introspection and even a question of ethics. I actually had a general dentist tell me that if he needed a root canal he would come to me, but he sends his patients to another endodontist because they have a joint financial relationship.

An oral surgeon I know was told he wasn't the selected oral surgeon for most referrals because another oral surgeon took him to lunch at a nicer place. How sad.

See MY VIEW, 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

Candy culprit?

It was with more than passing interest that I read the letter from Dr. Laurence Reich in the May 21 ADA News. He talks about the dangers of hyper-acid candy, and I would like to expand on his letter.

I recently constructed a night guard for a 44-year-old male due to the wear on the occlusal surfaces of most teeth. My diagnosis was that it was due to bruxism.

Although there were other factors, I must now consider that the cause of the excessive wear was due to Jolly Rancher candy rather than clenching and grinding, and that I may have misdiagnosed the problem.

The patient is a mountain biker and has been in the habit of sucking on these candies while engaging in this sport. It minimizes the thirst sensation. He further informed me that these candies are used by many other bikers and that there is a bowl full at his health club—free for the taking.

The point of this letter is that we must look beyond the dangers to the children and include the adults. We must also question whether it is clenching or candy that is the cause of severe occlusal damage.

Stephen Bender, D.D.S.
Princeton, N.J.

Legal battles

Every now and again it is necessary to read letters to the editor, if only to see where fuzzy logic and a distinct lack of credulity lead. Dr. Ted Spence's letter in the June 4 ADA News is a shining example.

When I got to the paragraph: "Legal battles are not always the best way to ascertain justice, but they do get at the truth," I had to stop.

Courts of law, especially the civil kind, do not find "truth" or determine "justice." They are a forum for attorneys to present their clients' cases in the most favorable light. Judges or juries might or might not be interested in this so-called truth or justice, and in fact might have their own agenda to pursue.

When it comes to issues of scientific fact finding, the best place to look for information that approaches truth is in peer-reviewed journals. Here one finds the overwhelming body of information that indicates mercury exposure due to amalgam restorations poses no risk to the population studied.

If courts find "truth," then O.J. is innocent; Bendectin is bad; silicone implants cause 10,000 different ailments; and who knows what about the tobacco companies.

The courts are probably the worst place for intelligent scientific inquiry. And with this, I rest my case.

Ronald G. Heiber, D.D.S.
Lancaster, Ohio

Where taxes go

The degree of economic ignorance and political naiveté in the letters of Drs. Mark Waltzer (April 2 ADA News) and Gary Coatoam (May 7 ADA News), questioning the ADA's favoring of tax cuts is mind-boggling.

Tax cuts do not have to be justi-

See LETTERS, page five

My View

Continued from page four

I feel badly for any dentist who feels he or she is not giving his or her patients the best quality of care available.

If any dentist makes a referral to another dentist based solely on a financial agreement or on the hope of a significant gift or "payback" from that office, serious reflection should be given to motive and standard of care.

A dentist should expect that any patient referred to a specialist would be treated in a kind and gentle manner; that their patients will be seen when they need to be seen, regardless of the inconvenience to the specialty office.

The specialist should support the referring dentist in the ethical treatment plan for the patient, and should communicate with the referring dentist any problems or concerns the specialist has with the patient or the treatment. The dentist should also be able to expect the patient will be sent back to the office that referred him or her in the first place.

Patients should feel they have been treated honestly in all aspects of their treatment. They should be seen when they are in pain. They should be charged a fair price for the services provided.

They should be able to have help with their insurance forms and be able to make financial arrangements that allow them to have their needed dental work completed.

Certainly, all patients should be treated in a kind and gentle manner and have all their questions answered regarding their treatment and financial arrangements.

Many things enter into the decision of when and where to send a patient for any kind of dental specialty work. It starts with the dentist, continues with assistants and hygienists, and culminates with the front desk communicating with the intended office.

Each step should consider the best interest of the patient in treatment, including quality and timeliness of care. Is this patient being given the same treatment options we would give to our own spouse or parent or to ourselves?

Well, it looks like the canals are cleaned and dry. Time to lay rubber. Time to cover-up another manhole.

Editor's note: The ADA Legal Division reports that Dr. Carlson's comments regarding referrals serve as a reminder to ADA members to keep in mind laws and ethical considerations that apply, such as with respect to "paybacks," conflicts of interest, fee splitting, "anti-kickback" provisions, liability for negligent referral and more.

Dentists may wish to consult the ADA Principles of Ethics and Code of Professional Conduct for more information: "www.ada.org/prof/prac/law/code/opin04.html".

Dr. Carlson—an endodontist—is a contributor to Inscriptions, the journal of the Arizona Dental Association. His comments, reprinted here with permission, originally appeared in the June issue of that publication.

Letters

Continued from page four

fied. Government spending has to be justified.

Government doesn't create wealth. Individuals do, through work and ingenuity. Then government takes it by force and gives it to someone else after skimming off a large handling charge.

How could anyone believe, as the writers suggest, that the same vacillating, self-serving, weak-kneed and spendthrift politicians who helped create the national debt are now miraculously reducing it with the treasury surplus?

When government cuts taxes, it merely abstains from its producers. The liberal demagoguery about how much tax cuts will "give" to the rich is sheer balderdash. It "gives" nothing to anyone. But we've become so mired in welfare-state thinking and class warfare that the burden of proof has shifted from the politicians who confiscate our wealth to the people who produce it.

The issue becomes not only how we can restore the proper moral perspective, but how we can continue to encourage the ADA to get the government's hand out of our pockets and its nose out of our profession.

Robert D. Helmholdt, D.D.S.
Fort Lauderdale, Fla.

TMJ theories

On May 30, I saw Dr. Joseph Marbach, M.D., on the Today Show proclaiming the uselessness of mouth splints for temporomandibular joint disorder (TMJ).

What I saw him espouse was a grave disservice to the public and dentistry.

Granted, Dr. Marbach has been "often published" on the psychosocial-psychotic-gender-and-personality aspects of TMJ. But he should limit his broad conclusions to the aspects and principles related to those patients he cannot help.

There are thousands of patients with jaw joint(s) dysfunction who have been helped by hundreds of skilled and knowledgeable dentists. These unique "neuromuscular-anatomy-and-physiology"-based dentists understand that the teeth, their position and their functional alignment affect the jaw joints and surrounding tissues.

To put it simply, this happens much the same way as shoes can chronically affect a whole body if the heels don't match. Likewise once the heels are balanced, chronic pain can be relieved.

May those who claim to believe in evidence-based-medicine one day realize the world is not flat. But in order to do so, they must sail the oceans and gain clinical experience that will show them that. They don't know what they don't know.

David C. Page, D.D.S.
Baltimore
See LETTERS, page six

Letters

Continued from page five

Restricted mobility

For the past few months the issue of credentialing has surfaced in the letters sections of several major dental publications, including ADA News.

Arguments from both those who would remove all barriers and those who would restrict our practice have been given roughly equal opportunity.

What I find interesting is that no one is willing to speak about the real reasons that certain states make it implausible if not impossible for a dentist to relocate—money and greed.

Make no mistake, it is money that is the underlying motivation behind these restrictive policies.

It is no coincidence that the states with the most restrictive policies (that is, don't expect to pass their boards) are the very states that are underserved by dentists, thus ensuring an unlimited supply of patients and profits to their existing dentists.

The tendered argument that this policy is enacted to prevent "unqualified" dentists from practicing in these states is not merely ridiculous; it is embarrassingly ridiculous.

One could just as easily argue that, in an environment where there is little to no competition, there is no pressure on their own "unqualified" dentists to raise the bar.

We all know that quality has nothing to do with state board scores or credentials and everything to do with the ethics of each individual man or woman who has chosen our profession.

I submit that if tomorrow our profession was to become socialized and all dentists were paid equal salaries by the government we would see a quick end to these restrictive policies. After all, there would no longer be any economic benefit to the dentists in these states.

In fact, when these dentists realized how much harder they were working than their colleagues in other states, they would certainly petition their own state boards to enact a policy to attract additional "qualified" dentists to their states.

Kenneth J. Rawlinson, D.D.S.
East Providence, R.I.

Limited licensure

I was interested to hear that certain dental boards are considering licensure by credentials for "underserved areas" only.

Certainly it could not be the boards' intentions to allow substandard practitioners to treat poor, minority, underserved populations.

On the other hand, I could never think that boards are acting to restrain trade by limiting dentists in wealthier, well-served populations. I am confused.

Peter Samuels, D.D.S.
Gettysburg, Pa.

Fight for mobility

I read Dr. Richard McCann's letter ("Reciprocity Needed," June 18 ADA News).

He's right on target for fulfilling Arizona's and Nevada's needs for more dentists. Establishing reciprocity or licensure by credentials would be a simple, inexpensive solution.

For over 25 years, I've battled for freedom of movement for dentists through organized dentistry and in the ADA House of Delegates. The core of the opposition has always been the sunshine states.

I encourage you to write to Arizona and Nevada legislators and inform them of this easy solution vs. building and supporting new dental schools. Urge them to follow the KISS principle.

L. Don Shumaker, D.D.S.
Cleveland

New dialogue?

The worm turns. Maybe we are at the threshold of some new beginning on the subject of licensure.

This has not been due to the diligence of our elected leaders in the ADA, the Committee on Licensure or the many forward-thinking members of the dental associations who still maintain that they are protecting the public from incompetent dentists from below-average dental schools.

It is revealing that the dentists in control of the Nevada state board would consent to provisional licensure to dentists willing to practice in the rural and indigent areas of Nevada, but these dentists were not good enough for the posh downtown Las Vegas and Reno practices that control the show.

Competition still controls the show and turf battles will still decide who runs the financial war deciding who makes the big bucks.

Elected leaders are more interested in being elected than confronting an issue that would probably cost any potential candidate from California, Florida or Arizona an election by saying that universal reciprocity is good for the profession and its membership.

It's easier to say: "It's a state's rights issue and we can't deal with this."

The argument has always been that we have to keep the public protected from those incompetent graduates who choose to request licensure in my state and who choose to compete with me.

This has even extended to board-certified specialists who have been forced to take a general dental board to prove that they are competent in general dentistry only to practice a specialty that has nothing to do with testing by the board.

This has does nothing to do with protecting the public. It is just a hassle to keep out the competition.

It is ironic that the maids, bartenders, waitresses and maintenance people with the Nevada Gaming Association would have the voice in turning around this issue, while the Nevada Dental Association keeps its head in the sand and continues to protect its turf.

The times they are a-changing.

Ray D. Berringer, D.D.S.
Enterprise, Ala.

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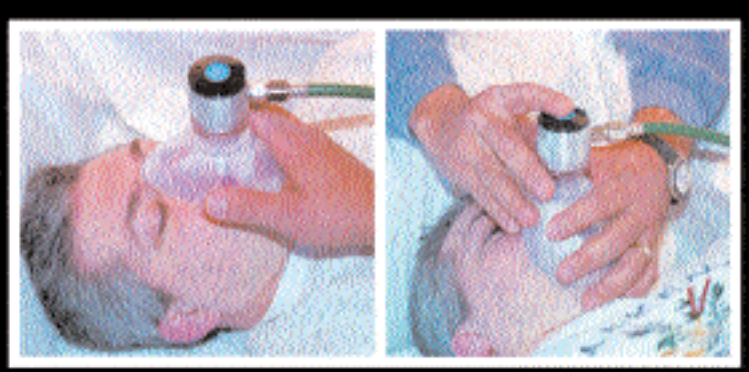

DEMAND VALVE (LEFT) Patient activates valve with breathing. RESUSCITATOR (rt.) The non-rebreathing valve permits it to be used as a resuscitator in combination with a manually operated button easily located on top of the valve.

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Government

Tobacco reports remain 'critical'

ADA urges FTC to monitor tobacco sales, marketing, advertising

By Craig Palmer

Washington—The ADA and anti-tobacco organizations urged the administration to continue collecting tobacco industry data and reporting to the public on the sales, advertising and promotion of cigarettes and smokeless tobacco.

"These reports are critical and they must continue," 11 national health and education groups said in letters to the new Federal Trade Commission chair Timothy Muris. The FTC says it has the authority to discontinue reports required by law and intended to inform the public about industry promotional practices."This is virtually the only information available on the marketing, sales and promotional spending patterns of the cigarette and smokeless tobacco industries collected by the federal government with the exception of Securities and Exchange Commission filings," the organizations said. "Without this information, the public health community would be working completely in the dark."

> "Without this information, the public health community would be working completely in the dark."

The organizations said they generally use the FTC reports to educate and inform policy makers, elected officials and the general public about industry spending of advertising dollars. The groups also cited advocacy, research, communications and other uses of the FTC data.

The American Dental Association uses the information in communicating with the public and profession about the dangers of tobacco use, opposing tobacco advertising and promoting tobacco education, research and cessation programs, said ADA President Robert M. Anderton. "The ADA believes the FTC cigarette and smokeless tobacco reports play an important role in protecting public health and should be continued."

The American Cancer Society, American Heart Association, American Lung Association and American Public Health Association joined the coalition appeal to the administration to retain and expand the collection of information on industry promotional practices.

The FTC has been reporting to Congress on domestic sales and advertising and promotion expenditures for cigarettes and smokeless tobacco products as required by the Federal Cigarette Labeling and Advertising Act and the Comprehensive Smokeless Tobacco Health Education Act. But the commission in a regulatory notice issued April 10 questioned whether the reports are useful or even of interest to the public.

"While the reports are a critical source of information to our organizations (individually and collectively), they can be improved by reasonably expanding the scope of information the FTC provides in these important publications," said the coalition letter.

The reports would be even more useful if the FTC provided detailed rather than aggregate data, the organizations said. "The reality is that tobacco control—like tobacco marketing, advertising and promotions—is largely a local activity," they said.

Other organizations urging the government to continue collecting industry promotional data include the Alliance for Lung Cancer Advocacy, Support and Education, American College of Chest Physicians, Campaign for Tobacco Free Kids, National Association of Local Boards of Health, National Association of School Nurses and the Partnership for Prevention. ■

ADA backs Medicare reform

Seeks changes to address dental 'inconsistencies'

By Craig Palmer

Washington—The American Dental Association urged Congress and the administration June 28 to reform and modernize Medicare to "reduce burdens placed on dentists and many of their patients."

"Medicare does not cover most dental services," the Association told the House Energy and Commerce Committee. "But the program affects thousands of small-employer dentists and their Medicare-covered patients."

Congress convened hearings on possible legislative reforms of the government health insurance program created in 1965. Medicare covers 40 million elderly and disabled persons and processes nearly a billion claims annually from physicians and other health care providers, including some dentists who provide medically necessary services to Medicare-covered patients.

Government

Because Medicare does not reimburse for most dental services, the majority of dentists do not participate in the program, the Association said. But "contradictory, outdated" regulations require some dentists to file claims for non-covered services while imposing administrative burdens on others who provide covered services to Medicare patients, said the ADA.

The Association in a statement for the hearing record proposed legislative and administrative changes to address the dental "inconsistencies." ■

Senate OKs ADA-supported patients' rights bill; House vote looms

Under the threat of a presidential veto, the U.S. Senate June 29 voted 59-36 to approve an ADA-backed bill that would expand patients' rights in dealing with their health insurers.

Among other provisions, the measure now in the House of Representatives would allow patients to sue their health insurance carriers in state and federal courts.

The House's Republican majority reportedly favors an alternative bill that would limit the circumstances under which patients could sue their health insurers and the damages they could seek.

During two weeks of often-contentious debate, the Senate-approved McCain-Edwards Patients' Bill of Rights (S1052) was amended several times in an effort to placate President George W. Bush who has threatened to veto the bill.

A House vote on patients' rights is imminent, though a final version of the legislation may not emerge from Congress for months. A House-Senate conference committee would have to reconcile differences between the Senate bill and the GOP-backed House measure, HR 2315, introduced by Rep. Ernie Fletcher (R-Ky.).

■ "Congratulations and thanks to all the ADA members and staff who have worked so hard over the years to bring us this far," wrote the ADA leaders. "Now it's on to the House of Representatives and, we hope, the president's desk. We're one step closer to winning this one."

In a letter to the membership posted July 3 on the ADA's Web site, ADA President Robert M. Anderton and Executive Director James B. Bramson hailed the Senate vote as a victory in the protracted battle over patients' rights.

"Congratulations and thanks to all the ADA members and staff who have worked so hard over the years to bring us this far," wrote the ADA leaders. "Now it's on to the House of Representatives and, we hope, the president's desk."

Later they observed, "We're one step closer to winning this one."

Although the Association favors the broader Senate measure, the ADA leaders said preliminary analysis of the House bill showed that "its key provision would cover dental plans, which is a good start." ■

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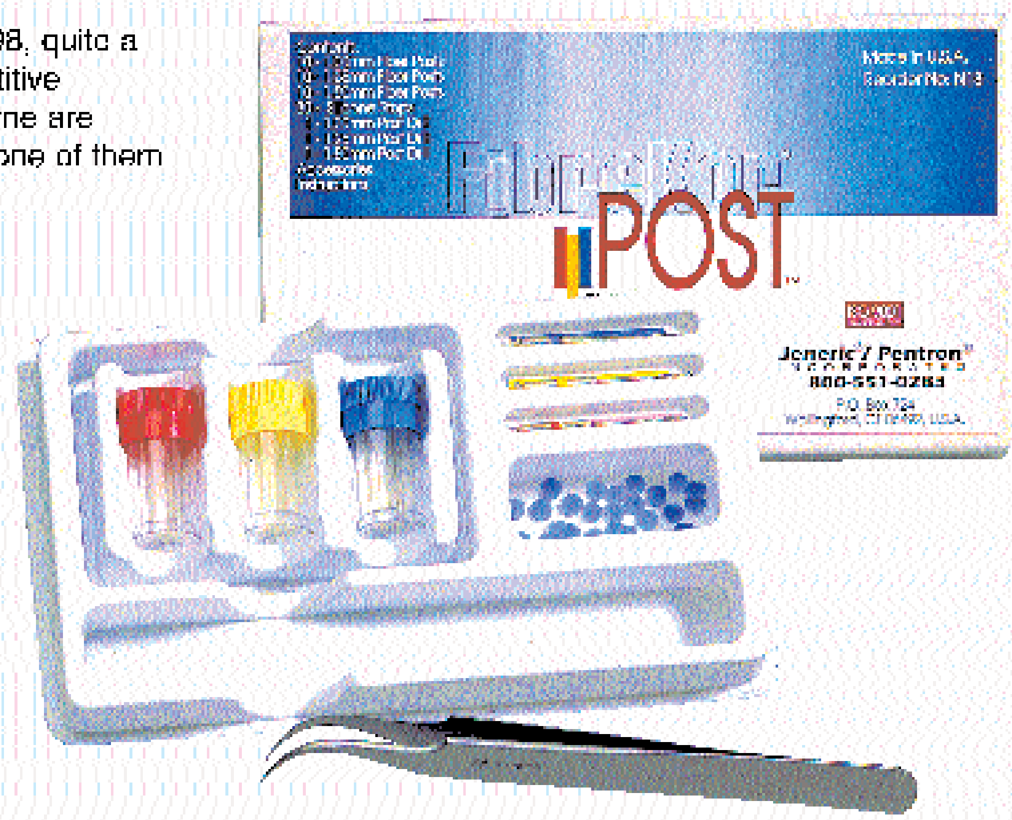

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Health & Science

ADA, CDA to defend in court

Science on safety of amalgam challenged

San Francisco—The American Dental Association and the California Dental Association both view as without merit two lawsuits alleging the associations deceive patients about the presence of mercury in dental amalgams.

The twin suits filed in Los Angeles and then in San Francisco seek injunctive relief that would bar the ADA and CDA from disseminating "false, misleading and inaccurate" information on the existence and toxicity of mercury in amalgam.

The suits also seek monetary restitution from the associations for making representations "deliberately intended to disguise mercury amalgam fillings as silver," for conspiring to "assure that consumers … remain oblivious" to amalgam dangers, and for "continuous efforts to 'gag' any opposition" from dentists so the ADA could continue to "profit" from sales of pro-amalgam literature.

"This litigation appears to be an effort to 'gag' scientific debate," countered ADA president Dr. Robert M. Anderton. "This complaint is without merit, and the ADA and CDA will mount a vigorous defense."

The ADA does not conceal that dental amalgam contains mercury and has long held the view that dentists should offer treatment based on the best scientific evidence—including the scientific fact that mercury in dental amalgam binds with other components to form a hard, stable restorative material.

"Based on studies to date, there is no sound scientific evidence supporting a link between amalgam fillings and systemic diseases or chronic illness," says Peter Sfikas, ADA general counsel. "It simply has not been shown that dental amalgam causes systemic toxicity. This position is shared by all major U.S. public health agencies."

"If the plaintiffs are successful," Dr. Anderton added, "it would establish the precedent that professional associations cannot form scientific opinions and communicate those opinions to the public and the profession without fear of being sued by those who do not share their views."

"Based on studies to date, there is no sound scientific evidence supporting a link between amalgam fillings and systemic diseases or chronic illness," says Peter Sfikas, ADA general counsel. "This position is shared by all major U.S. public health agencies."

The plaintiffs in one of the twin lawsuits are Kids Against Pollution and other anti-amalgam groups; the other seeks class-action status.

Other state legislative activity related to mercury in amalgam includes:

California dental board disbanded?

Sacramento, Calif.—Citing frustration with the state dental board's unresponsiveness in revising a fact sheet on dental materials, including mercury, state Sen. Liz Figueroa wants to pull the board's funding.

"The dental board has blatantly and continually failed to carry out its duties in an effective and efficient manner," Sen. Figueroa (D-Fremont) testified June 26 before the state senate, hoping to convince legislators to "transfer funds from the dental board to the [California] Dept. of Consumer Affairs, for the purpose of performing the board's duties until a new dental board is created on Jan. 1, 2002."

"We are very displeased," added Lynn Morris, director of the state Dept. of Consumer Affairs. "The members of the board do not understand the gravity of this situation."

But according to Dr. Kit Neacy, director of the California dental board, "the very obvious issue is that special interests, namely anti-amalgam people, are in bed with the current administration and has its ear," she counters.

Earlier this year, the board contracted with a dental materials expert to revise the fact sheet, Dr. Neacy explains, but the board found this revision to be incomplete, and the anti-amalgam group Consumers for Dental Choice also had objections.

The fact sheet was then further revised and the board planned to review this version June 14, but canceled the meeting due to lack of a quorum, says Dr. Neacy. This angered amalgam opponents and Sen. Figueroa, who introduced emergency legislation (SB 26) to stop funding and dissolve the board as soon as Gov. Gray Davis can sign it.

"We have a meeting planned for July 19 and will review the fact sheet—if we [as a board] still exist," says Dr. Neacy.

The fact sheet, mandated by law for use by dentists in patient discussions, is "long overdue," the California Dental Association stated in its response to SB 26.

"The CDA is sorry the board has come to this circumstance," says Tim Comstock, executive director of the CDA. "We will work diligently with Sen. Figueroa to build a better dental board—one that will align more clearly the interests of consumers and providers of oral health care."

"It is incumbent upon all communities of interest," Mr. Comstock added, "to help make the new dental board as responsive and as effective as it can be."

Maryland lawsuit charges dental board

Baltimore—Another lawsuit involving dental amalgam was filed May 9 against the Maryland state board of dental examiners.

According to the suit, the board is charged "individually and as a representative of a class of defendants which includes 48 of the 50 state boards of dental examiners" with violating dentists' freedom of speech, civil rights, due process and equal protection.

The suit seeks to "allow" dentists to disclose the "risks of mercury-based dental fillings" and "health warnings which manufacturers of dental amalgam include with their product," the complaint reads.

Due to the pending litigation, the board was not at liberty to comment, but has proposed a regulation that unprofessional conduct includes removing sound or serviceable mercury amalgam restorations without appropriate informed consent from the patient.

Maine passes trio of mercury laws

Augusta, Maine—New laws restrict the sale of mercury-added products, require dentists to store and dispose of it properly and give wastewater treatment facilities authority to limit mercury discharge.

Another law will require dentists who use amalgam to give each patient a brochure—designed by the state Bureau of Health—on the health and environmental advantages and disadvantages of mercury amalgam and its alternatives.

The brochure "may also include other information that contributes to the patient's ability to make an informed decision when choosing between the use of mercury amalgam or an alternative material," the law reads.

Dentists must also display a poster in the public waiting area indicating the brochure is available. "While we certainly hoped that nothing be passed and the bill defeated, this law is much more workable than the original, which was very onerous and which we fought vigorously," says Frances Miliano, executive director of the Maine Dental Association. "We look forward to seeing what [kind of brochure] the Bureau of Health will develop over the next few months." ■

Proven track record

Science shows dental amalgam is safe, effective

By Mark Berthold

"To reach a level of mercury exposure that might cause the slightest subclinical effect in the most sensitive individual, that person's mouth would need to have 450-530 amalgam surfaces," says Dr. Rod Mackert of Medical College of Georgia.

Dr. Mackert

Furthermore, "allergy to mercury or other metals in amalgam is extremely rare and is evidenced by local side effects, such as would be typical of other allergic reactions."

Between food and beverages ingested and air inhaled, the average American absorbs about 5.7 mg of total mercury per day, Dr. Mackert explains. Dental amalgam adds only 1-3 mg to that amount. Therefore, dental amalgam may be the dominant source of inorganic mercury but it is not—contrary to a commonly repeated myth—the major source of all mercury.

"Exposure" also depends on the form of a material. Unlike organic forms of mercury found in seafood or free, volatile elemental mercury in home thermometers, the mercury in dental amalgam exists as intermetallic compounds and is not "bioavailable" to cause adverse health effects, he says. For that reason, to regard amalgams as half mercury and therefore dangerous is not appropriate.

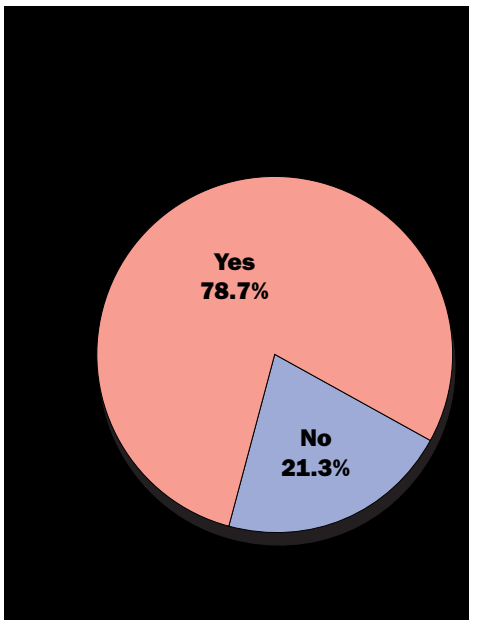
See SCIENCE, page 18

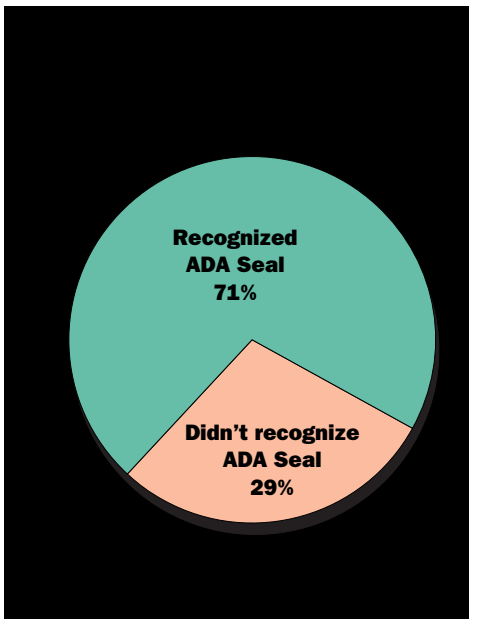
Opinion

Continued from page one
from the survey, presented by subject matter:

Dental care

- More than three-quarters of those surveyed (78.7 percent) said they had a dentist; 82.4 percent of whites reported having a dentist followed by 69.2 percent of Asians, 66.3 percent of African-Americans, 64.5 percent of American Indians and 54.8 percent of Hispanics.
- Curiously, a higher percentage of respondents with household incomes of $75,000 to $100,000 had a dentist than those with incomes of more than $100,000 (96.7 percent vs. 89.8 percent).
- More than half of those surveyed (53.4 percent) had visited a dentist within the past six months; just 21.4 percent had not seen a dentist in more than a year.
- Just 12.8 percent of respondents said their most recent dental visit was an emergency; 87.2 percent said their most recent visit was a routine appointment.
- About nine out of 10 respondents (90.1 percent) said they thought the time it took to arrange a dental appointment was "reasonable"; about two-thirds (66.2 percent) were able to get an appointment within a month, 29.4 percent within a week.
- Most respondents (95.2 percent) said they were either somewhat or very satisfied with the care they received during their most recent dental visit, and nearly the same percentage (93.8 percent) said they were very likely or somewhat likely to recommend their dentist to friends or family.
- Nearly six out of 10 surveyed (59.6 percent) said they were covered by a dental insurance plan.
- The average amount paid for dental services last year was $578 for all respondents, $668 for respondents with insurance and $439 for the uninsured.





Dental information sources

- Judging by findings from this survey, the Internet has not taken hold as a primary source of health information; just 27.8 percent of respondents said they search the Net to find general or oral health information.
- Of those who use the Internet for health information, the highest percentage (40.4 percent) are seeking facts on a specific disease; 27.7 percent are looking for general health information; 14.4 percent seek general dental information; and 8 percent are researching a specific dental procedure.
- Asked which Internet sites they visit for general and oral health information, more than half of those surveyed (50.5 percent) said they didn't know.

ADA Seal of Acceptance

- About seven out of 10 respondents (71 percent) recognized the ADA Seal of Acceptance, more than the percentage who recognized the "Made in the USA" emblem (63 percent) or Underwriters Laboratories' "UL" symbol (57 percent); 79 percent of those surveyed recognized the Good Housekeeping Seal of Approval.
- Those who had visited a dentist within the past year were more likely to recognize the ADA Seal than those who had not (73 percent vs. 63 percent).
- Males and females surveyed were just about even in their recognition of the ADA Seal; recognition of the Seal among men rose from 63 percent in 1993 to 72 percent last year.
- Consumers with household incomes of more than $75,000 a year were more likely to recognize the ADA Seal than those with annual household incomes of less than $30,000 (78 percent vs. 63 percent).
- Respondents with some college education were more likely to recognize the ADA Seal than those who didn't finish high school (82 percent vs. 49 percent).
- Those who recognized the ADA Seal said their major source of information on it was media advertising (61 percent), followed by consumer dental products (57 percent) and dentists (21 percent).
- About eight out of 10 consumers who recognized the ADA Seal (81 percent) said they had purchased an oral hygiene product bearing the Seal.
- More than two-thirds of consumers (68 percent) said the ADA Seal was either very important or somewhat important to them in choosing oral hygiene products; in 1993, 59 percent of consumers said the Seal was either very important or somewhat important in making product choices. ■

ADA Reports

Which plan is an industry leader?

Direct reimbursement: The largest provider network in the United States

By Arlene Furlong

Kids find out early in the summer that catching a wave at just the right time makes a little effort go a long way.

And the ADA Council on Dental Benefit Programs recently learned the time is right for dentists to take advantage of a rising tide in Direct Reimbursement.

New survey results show DR plans rose 22 percent in 2000 to 462, from 378 in 1999. By comparison, there were 328 reported DR plans in 1998 and 212 in 1997.

"Dentistry enthusiastically supports the DR concept and patients should know it," says Dr. Charles Cuttino, CDBP member and chair of the council's Dental Benefit Information Service subcommittee.

The ADA campaign has more than quadrupled the amount of DR spending in the dental marketplace since 1997. Last year alone, DR plan participants generated nearly $95 million in fee-for-service, freedom-of-choice, dentistry.

Dr. Cuttino

"This is a critical time," says Dr. Cuttino. "ADA members can be our most valuable DR resource. When patients complain to their dentists about problems with dental plans, it's an ideal opportunity to share information about DR."

Yet some dentists aren't.

A recent ADA survey of constituent societies participating in the campaign indicated a perception that dentists' lack of awareness is one of the most serious challenges facing DR promoters. Although ADA awareness efforts and sales by brokers and benefits consultants sell the bulk of the plans, Dr. Cuttino believes dentists' contributions are significant.

"Dentists and their staffs can answer questions from the public and refer DR leads," says Dr. Cuttino.

Dr. Gordon Stuart, coordinator of the Missouri Dental Association's Council on Dental Benefits, suggests that dentists and their staffs identify CEOs and human resource managers among their patients. "Zero in on them. Give them brochures. It always piques their interest," he says.

Dr. Stuart says spreading the word is easy because patients quickly understand figures such as 100 percent of $100, 80 percent of $500 and 50 percent of $1,000.

And many employers appreciate that there are no monthly premiums. The company pays only when the employee actually goes to the dentist.

Dr. Paul Levine of Milwaukee picked up bits and pieces about DR from other dentists before he learned enough to promote it to his patients.

After first hearing about DR, he continued learning through:

- contacting his state dental society;
- talking to colleagues;
- continuing education courses.

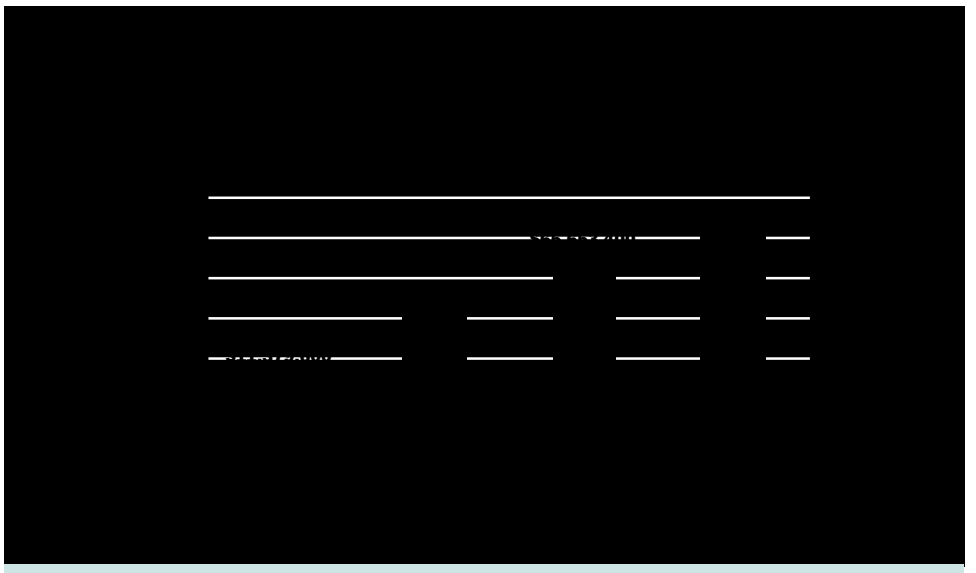
He advises dentists with questions about DR to call their state dental society or the ADA Council on Dental Benefit Programs.

Dr. Dennis Finton of Meadville, Pa., began promoting direct reimbursement back in 1996. He says his practice has grown as a result.

"We do an annual analysis of insurance payers and now collect from about 65 plans. DR has moved up to fifth place among them," he says.

Enlightening employers in his area about DR insurance options increased DR implementation, he says. ADA representatives helped get employers interested and a nearby medical center provided the space to conduct the seminars.

See NETWORK, page 17



Source: American Dental Association, Council on Dental Benefit Programs.

Network

Continued from page 16

"You've got to start locally," advises Dr. Finton.

He tells dentists to:

- promote their state DR marketing plan;
- initiate regular meetings between the state;
- educate association and local business office managers.

"Direct reimbursement is a win-win situation for everyone," he says.

Free resources for educating members about direct reimbursement are available from the ADA.

They include:

- Direct Reimbursement: A Brush-up for the Dental Office—a laminated card for staff in the dental office that explains DR and highlights the benefits to patients, employers and dentists;
- Direct Reimbursement: A Guide for the Dental Office—a short, on-line presentation that explains DR to the dental staff. It can be accessed through the Profession side of ADA.org. Go to "Your Practice." Under "Practice Management and Dental Benefits" click on "Direct Reimbursement";
- Direct Reimbursement: The Dental Plan for Smart Companies—a brochure for dental office waiting rooms that explains the general benefits of DR and includes a detachable business reply card for interested patients to inquire about more information.
- A 35-mm slide show and script available for component society meetings.

■ "This is a critical time," says Dr. Cuttino. "ADA members can be our most valuable DR resource. When patients complain to their dentists about problems with dental plans, it's an ideal opportunity to share information about DR."

The ADA and many constituent dental societies have supplies of these materials for members.

Call your local dental society for more information or call the ADA's Dental Benefit Information Service using the ADA to toll-free number, Ext. 2746. ■

Health & Science

Science

Continued from page 13

To put it another way, consider the elements, sodium and chlorine, which make up table salt, Dr. Mackert poses. "Sodium is a very dangerous reactive metal and chlorine is a poisonous gas," he says. "But to say that salt is half chlorine, that a shaker of salt has enough chlorine to kill 'X' amount of people, is not an appropriate statement."

Instruments are available of sufficient sensitivity to detect small amounts of mercury being released from set amalgam fillings, he adds, but the amounts released are far below what is necessary to cause adverse health effects.

What about the effects of mercury on a patient with Alzheimer's disease and during pregnancy? Anti-amalgam groups point to studies that show adverse effects of dripping mercury salt solutions onto cultures of nerve cells from snails, but for Dr. Mackert, also an ADA spokesperson, those studies are "just not relevant to the real world.

"No studies show adverse health effects on a fetus due to mercury exposure from the mother's fillings," Dr. Mackert continues. "Even in women in a dental environment occupationally exposed to mercury, the preponderance of evidence shows adverse pregnancy outcomes do not occur."

For more information, visit the ADA Guidelines, Positions and Statements page at ADA.org. ■

Organizations, government agencies agree on amalgam safety issues

● Food and Drug Administration (October 1997): "The FDA has responded to petitions [for regulatory action on dental amalgam] stating that the agency does not believe there is scientific justification for discontinuing or curtailing amalgam use."

"On the issue of fetal exposure … no adverse effects were associated with exposures that mimicked those from dental amalgam."

"[Our] analysis did not support claims that individuals with dental amalgam restorations will experience adverse health effects, including neurologic, renal or developmental effects."

Dr. Susan Runner, branch chief of dental devices of the FDA: "We still agree with [our previous] statements and continue to feel there's no reason to recommend discontinuing use of dental amalgam or removal of them," she says. "We continue to look at any scientific information presented to us, but we have not seen any data that would cause us to change our determination about dental amalgam."

● National Institute of Dental and Craniofacial Research (August 1991): "There is no scientific evidence that currently used restorative materials cause significant side effects. Available data do not justify discontinuing the use of any currently available dental restorative material or recommending their replacement."

Dr. Dushanka Kleinman, deputy director of the NIDCR and chief dental officer of the PHS: "As an institute, we have participated in department reviews and there's an ongoing process within the PHS, Centers for Disease Control and Prevention, FDA and NICDR to continue to review the literature and maintain and be current on the emerging literature, in both animal and human studies," she says. "And at this point in time no new evidence has come up to change our view from the mid-1990s."

● Public Health Service (U.S. Department of Health and Human Services) (Sept. 1, 1995): "There is no sound evidence of any harm for millions of Americans who have dental amalgam fillings and no persuasive reason to believe that avoiding amalgams or having existing amalgams replaced will have a beneficial effect on health ... the removal [of dental amalgam] process itself may expose the patient to additional mercury."

● CDC associate director for science, division of oral health Dr. Bill Kohn: "Our primary oral health goal is to preserve healthy, normal functioning teeth, so restoratives are not our main thrust," he says. "However, as part of the PHS, we believe it's inappropriate to stop using or to recommend removing amalgam. There's no current scientific evidence that amalgam poses a risk to human health, except for the exceedingly small number of allergic reactions."

● World Health Organization and World Dental Federation (FDI) consensus statement (September 1997): "No controlled studies have been published demonstrating systemic adverse effects from amalgam restorations. Amalgam restorations are durable and cost-effective; they are, however, not tooth-colored."

● American Association for Dental Research (September 1996): "Minute mercury exposure does not cause verifiable adverse effects on the general health of patients or dental health personnel. Local allergic or other inflammatory reactions are rare side-effects of dental amalgam."

Dr. Robert "Skip" Collins, deputy executive director of the AADR: "This statement remains the AADR's official policy on mercury in dental amalgam," he says. "At this point, we don't see any reason to modify our policy as promulgated in September 1996."

● Consumers Union (Consumer Reports magazine, June 2001): Dr. Irwin Mandel of Columbia dental school: "Every well-conducted study that has looked for a link between amalgam fillings and ill health has come up as empty as this [recent study by Columbia University medical school] did," he writes. "To date, studies have ruled out any link between mercury amalgam and diabetes, heart attack, stroke, cancer, kidney disease, immune and reproductive impairments, cognitive decline and Alzheimer's disease." ■

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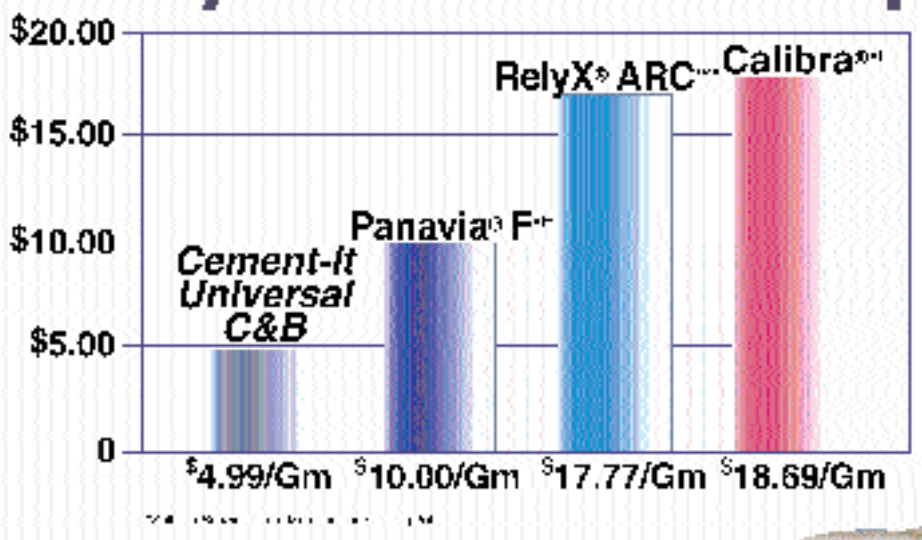

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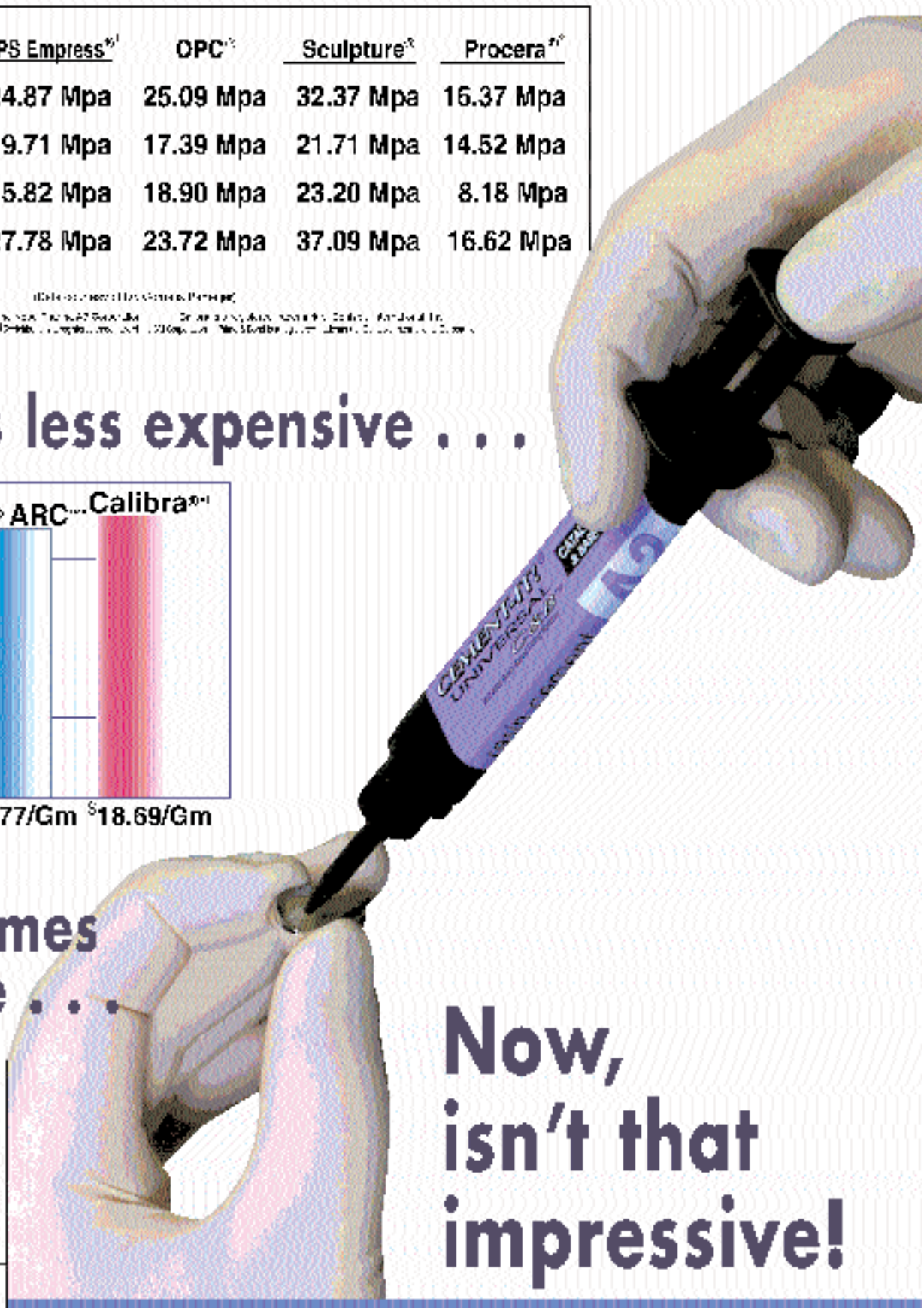

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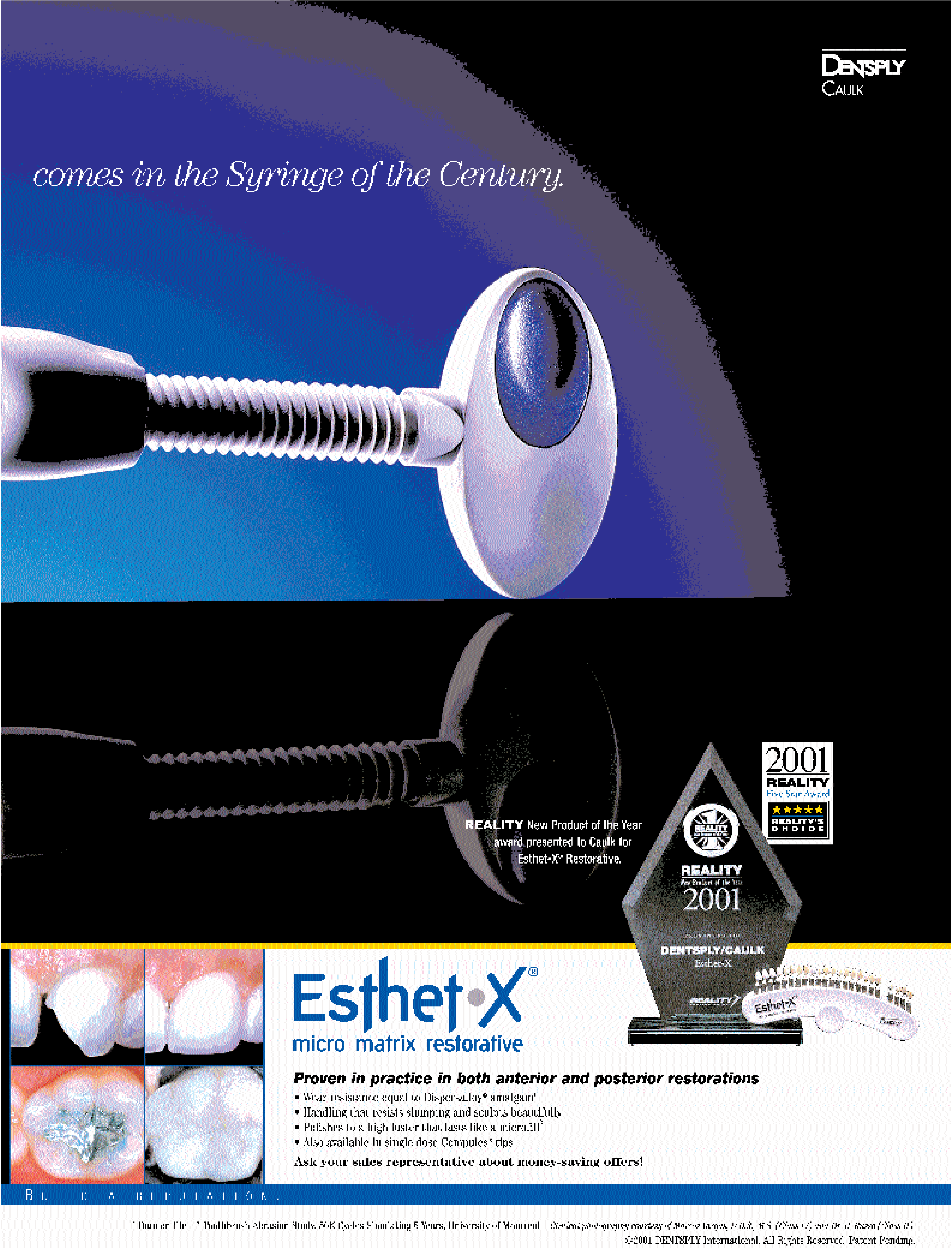
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ADA Reports

Details, details: treasurer's role

Dr. Feldman makes dollars and sense of ADA budget

BY JUDY JAKUSH

When you ask Dr. Mark J. Feldman a simple question, you get a simple answer.

ADA News: *Is the job of treasurer taking more time than you expected?*

Dr. Feldman: *Yes.*

Direct, to the point and most of all, on point with the intricacies of the ADA budgeting process is the ADA's new treasurer, Dr. Feldman. And when a question calls for more than a simple answer, he's ready with the facts in a split second, flinging details in a staccato rhythm.

Before last year, the Board appointed the Association's treasurer. Under a change in the Bylaws the House approved in 1999, delegates took on the role of selecting the treasurer. Last fall the House elected Dr. Feldman to that job and this October he will have the duty of explaining the proposed 2002 budget to delegates. (See story, page one.)

Dr. Feldman chairs the Board's Administrative Review Committee, which oversees the budget process.

For a closer insight into his first year as treasurer, the ADA News interviewed Dr. Feldman during his June 29 trip to ADA Headquarters.

Money man: Dr. Feldman addresses the House during his candidacy for treasurer in October 2000.

ADA News: When you ran for treasurer last year, you probably had an idea of what this job would entail. Has it turned out to be what you expected or something different?

Dr. Feldman: The job has turned out to be what I expected it to be: a rewarding, challenging situation that includes responding to the desires of the members to feel part of the process. I've been communicating with representatives of the trustee delegations over the course of the year and providing them with periodic reports as to what's going on with the financial matters of the Association. It's my hope that when they come to annual session in Kansas City, they will be better prepared with an understanding of the financial condition of the organization.

I have a background in association finances going back a long way. I was secretary-treasurer for the New York State Dental Association for five years and chaired the NYSDA's finance, budget and audit committee for four years before that. I was involved in the ADA from a business standpoint on the Council on Insurance for four years, serving as chair last year. I have chaired the Budget and Business Matters Reference Committee for the ADA as well, and chaired the NYSDA insurance council. And I still practice endodontics.

ADA News: How would you evaluate the budget process as a whole?

Dr. Feldman: I found the processes used for our audit and budget to be good ones. The Board is on top of everything. In my role as an adviser to them, I found they are very knowledgeable and understand the issues well. In general, I feel the Association is managed very properly.

I believe the election of the treasurer by the House is a good change. It allows for input from the House and I feel a commitment to be responsible to the House as the group that elected me and asked me to do this job.

ADA News: How does the annual budget of the ADA come to be?

Dr. Feldman: We start by looking at prior year actual expenses, and we used 2000 actuals because that is the most recent complete year with actual expenses. We can't use 2001 figures because we're still in the middle of the year. We considered the impact of inflation and adjusted the figures.

In February, all the divisions presented their budgets to the Board's Administrative Review Committee and we found ourselves facing a net deficit of $8.5 million. If we had done nothing more at this point, that would have translated to an $85-dues increase. However, the Administrative Review Committee worked with the various ADA divisions and together identified projects that we agreed had a lower priority. After several meetings we presented the budget to the Board in June and now ultimately plan on presenting to the House in October a budget that calls for a $917,650 deficit.

ADA News: How did the committee decide what to keep or reject?

Dr. Feldman: In an ideal world, you could say that it's worth paying the money to offer all these programs to increase the value of membership. But we were faced with real-world choices. We gave a lot of consideration to creating programs that provided the most value for the membership dues.

This year we did something different by inviting the council chairs to come in and have a face-to-face meeting with the committee. We used to do it by telephone. We had more opportunity for direct interaction with council chairs when we were discussing the projects in their budgets. This enabled us to know what their main concerns were but it also enabled them to understand what our problems were. We were able to convey to them that we had to make some decisions as to reducing costs. And they understood. It was part of the entire attempt to make this process more open and accessible to the volunteer members that run this organization.

"We had more opportunity for direct interaction with council chairs when we were discussing the projects in their budgets. This enabled us to know what their main concerns were but it also enabled them to understand what our problems were."

We also looked for ways to increase non-dues revenue. Some of the areas in which we called for more revenue were annual session, certain conferences, and accreditation and testing fees.

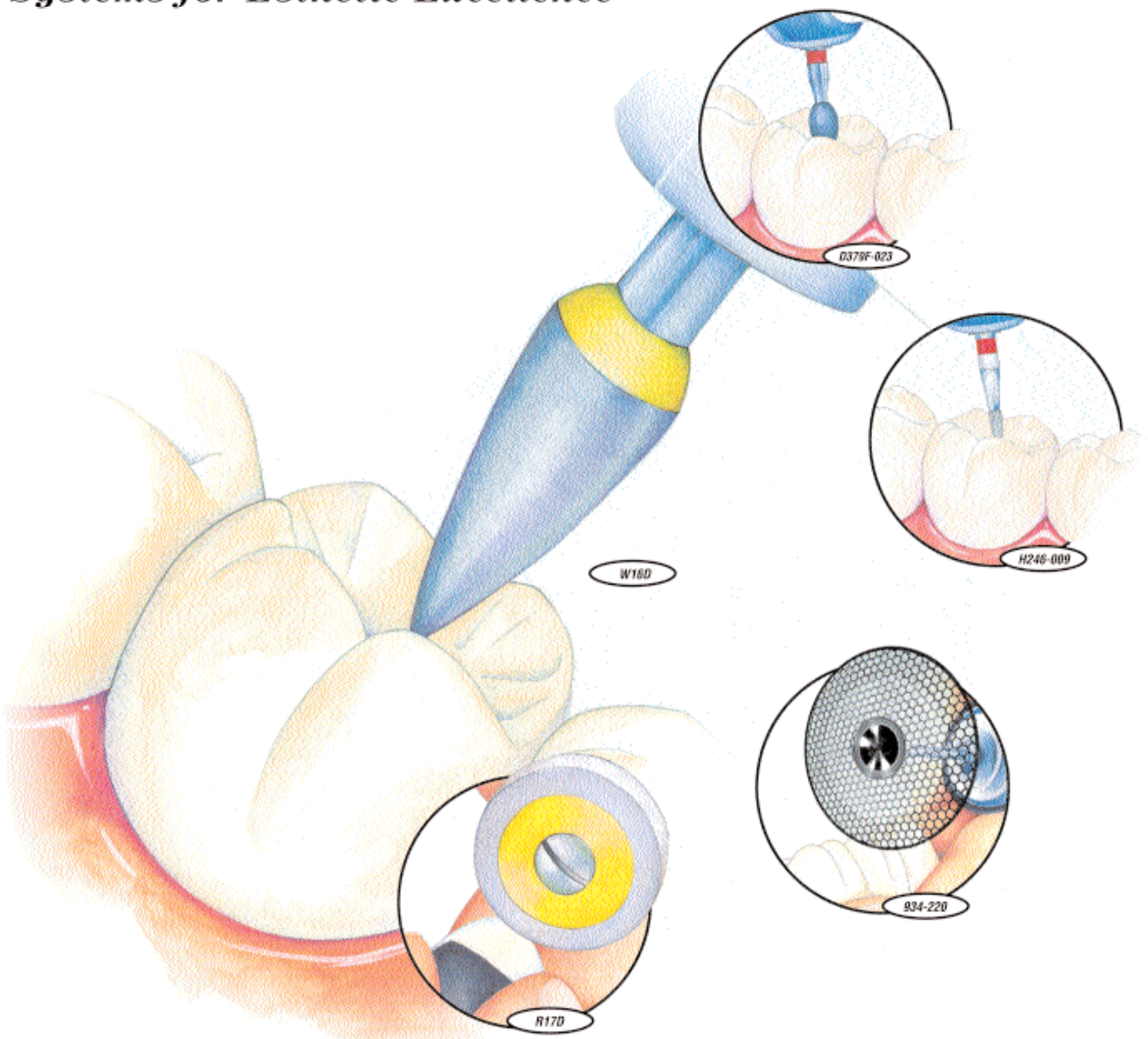
In the end we really stayed within our benchmark—expenses in the 2002 proposed budget are within 1 percent of budget expenses for 2001.

ADA News: As currently proposed, the 2002 budget calls for a dues increase of $9, which will be offset by $4 from a rollback in one-time projects from 2001, lowering the proposed increase to $5 more than the members are paying this year for a total of $406 in 2002 (and subject to change by the cost of any programs added to the budget by the House in October). In addition, members in 2002 will be paying the second year of a six-year $30 assessment to help pay for the asbestos abatement and renovation of ADA Headquarters in Chicago. What's the status of that project?

Dr. Feldman: We are getting the renovation

See TREASURER, page 24

Systems for Esthetic Excellence



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DENTAL ROTARY INSTRUMENTS

ADA Reports

Treasurer

Continued from page 22

under way this summer. The planning is complete and the work is scheduled to start once all the permits and other details are in place.

In response to the 2000 House, the Board created a separate ADA Renovation Program restricted fund to handle the project. In addition to the $30 special assessment, other funding for the project comes from surplus money from the current tenant redevelopment project, the accumulated balance of the Building Fund Account and funded depreciation. (See table, this page, for summary of funding.)

Building renovation funding schedule

Special assessment ($30 X 105,000 members x 6 years)	$18,900,000
Utilization of capital improvement funds	2,500,000
Funded depreciation ($1,000,000 x 6 years)	6,000,000
Utilization of Building Fund monies	1,500,000
Total	**$28,900,000**

The project will result in reduction of ADA-occupied space in the building and creation of more revenue-producing tenant space.

ADA News: It appears you've had a busy year so far. Is the job of treasurer taking more time than you expected?

Dr. Feldman: Yes.

ADA News: In what ways?

Dr. Feldman: I think to do the job properly it takes a certain amount of attention to detail. I have found that the Finance Department here has been excellent to work with. We are in constant communication electronically. I have had many trips to Chicago, but there are many more reports going back and forth over the Internet that I'm on top of all the time. As a result, I manage to be able to have a lot of input into the process.

My family never saw much of me before and now see even less of me, and I still have an endodontics practice. I get to do a lot of the work in the evenings, at home, which saves travel expenses to and from Chicago. The president and president-elect have to travel much more than I do to do their jobs.

ADA News: You mentioned that you have been sending out reports to delegates in every trustee district. Have you been getting feedback from the delegations?

Dr. Feldman: Actually I have. Some have e-mailed me back and said they have found the reports to be timely and appreciate the opportunity to get an update on a periodic basis. A lot have said it made it easier for them to understand what's been going on. There are nearly 60 people on the list. I asked each trustee to give me the names of one or two people in their states who were most likely to be the ones to give the financial reports to their caucuses.

I plan to provide a more concise financial report to the delegates before they meet. I'm going to create a summary of this budget for them. I would like to invite any of the membership who reads this article who has any questions about the financial operations of the Association to feel free to contact me by e-mail at "feldmanm@ada.org" or to contact me through the ADA Division of Finance at Headquarters.

There will also be two opportunities at annual session to discuss the budget. The first will be an informational session in the afternoon on Oct. 12 and the second will be Oct. 14 during the reference committee hearing on Budget and Business Matters. There will also be a brief, live presentation at the House of Delegates. I would certainly invite anyone with any interest in ADA finances to attend any of the sessions. ■

Specifications available

The ADA Standards Committee on Dental Products has approved for circulation and comment the following proposed specifications:

- Proposed Revision to ANSI/ADA Specification No. 2 for Dental Gypsum-bonded Casting Investments.
- Proposed ANSI/ADA Specification No. 42 for Dental Phosphate-bonded Casting Investments.
- Proposed ANSI/ADA Specification No. 74 for Dental Stools.
- Proposed ANSI/ADA Specification No. 92 for Dental Phosphate-bonded Die Refractory Materials.

These specifications establish the criteria used by the Council on Scientific Affairs in its evaluation of products in the ADA's Seal of Acceptance program.

The ADA Standards Committee on Dental Informatics has approved for circulation and comment the following proposed technical reports:

- Proposed ANSI/ADA Technical Report No. 1010 for Accounting Performance for Dental Information Systems.
- Proposed ANSI/ADA Technical Report No. 1016 for Electronic Signature Applications in Dentistry.

To obtain free copies of these documents, call the ADA toll-free number, Ext. 2506 or 2533. ■

A change in 'Sturgis'? Speaker Fanno explains proposed rule suspension

By Judy Jakush

One of the first orders of business Oct. 13 for the ADA House of Delegates in Kansas City will be to decide whether to change how it does business in order to keep doing business the same way.

Confused?

As speaker, it is Dr. James T. Fanno's job to explain this parliamentary predicament to the House.

To keep things the same, the standing rules have to be suspended, explained Dr. Fanno. That's because the rulebook that guides ADA parliamentary procedure—The Standard Code of Parliamentary Procedure, usually referred to simply as "Sturgis"— now states that amendments to motions which require advance notice to members must fall within the scope of the advance notice.

"The fact is that right now, the 4th edition of Sturgis applies and our ADA bylaws direct that we follow Sturgis. For example, if an organization's bylaws set dues at $125 and advance notice was given to raise the dues to $145, any amendment specifying a figure between $125 and $145 would be in order. However, an amendment increasing dues to $150 or lowering dues below $125 would be out of order," Dr. Fanno explained.

Under current practice, the Board gives official notification of a dues increase to each constituent society 90 days before annual session. "The Board feels strongly that they should present a budget and a corresponding dues proposal that is the very best, most accurate, bare-bones number of what it will take to run the Association," the ADA speaker explained.

"The House can add new programs during its deliberations that can cost money. As the very last item of business during an annual session, we go through the process of adding up the costs of the new programs the House has added, to the total level of dues submitted by the Board of Trustees at the start of the session. That calculation determines the final dues number. Sometimes the House chooses to raise dues accordingly and sometimes it urges the Board to take additional funds for new programs out of reserves. That's how the process works."

But with the new edition of Sturgis, the Board would have to give 90-days' notice of the highest reasonable number for a dues increase. "The House would go through its process of considering resolutions and at the end we would reduce the number to the accurate one. We would not be able to exceed that number presented in the original notice."

At its June meeting, the Board of Trustees considered the dilemma posed by the change in Sturgis. The group passed a resolution asking the House to suspend its rules regarding Resolutions to Amend the Rules of the House of Delegates "for the sole purpose of the House considering an amendment to the section of its Rules entitled Amendments to Constitution and Bylaws at the first meeting of its 142nd annual session."

If that resolution is passed at the first meeting of the House on Oct. 13, then the House can consider a second resolution to amend its Rules by adding a second paragraph to the section entitled Amendments to the Constitution and Bylaws regarding changes in the dues of active members via the following language:

"A resolution to amend the dues of active members that complies with the notice requirements of Chapter XXI, Section 20 of the Bylaws may be submitted to the House of Delegates in any amount and may be amended to any other amount by a majority vote of the delegates present and voting. Permitting the House of Delegates to freely amend a resolution proposing a change in the dues of active members will continue the traditional method of amending resolutions in the House of Delegates and facilitate the efforts of the House and the Board of Trustees in balancing revenues and expenses in the annual budget for the ensuing year."

If both resolutions are adopted, then the proposed dues increase can be discussed, amended up or down, and voted on as in years past.

Dr. Robert M. Anderton, ADA president, feels it's important to keep the status quo because it gives the House an opportunity for input in adding new programs. "There needs to be a mechanism to add in projects and programs that don't come up during the regular budget process, which begins some nine months before the House even meets," he said.

From his perspective as ADA treasurer, Dr. Mark J. Feldman sees the current process as preserving the House's right to set the dues. "If they don't waive the rules, then the Board of Trustees has to take a guess at what the dues should be before annual session. The Board is committed to giving an accurate representation as to what it feels the dues level should be, based on the budget it is presenting. The House traditionally adds projects to the budget. As the ultimate supreme governing body of the Association, the House should certainly have the opportunity to evaluate and add programs to the budget and should have

See SPEAKER, page 35

At the podium: Dr. Fanno says the rule change in Sturgis led to the request to suspend the rules.

It's *Your* Foundation
Thank You

ADA HEALTH FOUNDATION

The ADA Health Foundation is your foundation. As the charitable arm of the American Dental Association, the ADAHF provides grants to support dental research, education, scholarship, awareness and access programs.

We want to thank members of the ADA, friends, dental companies and organizations who have generously made a contribution.

Listed below are those who made a donation or pledge to the ADA Health Foundation from January 1, 2000 through June 15, 2001.

To learn how you can make a donation to the ADA Health Foundation or information on our grants program, please call 312-440-2547 or visit us online at www.adahf.org.

Working together, we are making clinical dentistry better.

Special appreciation to Dr. Samuel D. Harris for his recent generous $1,000,000 contribution to the ADA Health Foundation's Harris Fund for Children's Dental Health in May 2001. Since 1997, Dr. Harris has contributed more than $1.5 million to this special fund dedicated to improving children's dental health.

INDIVIDUAL DONORS

Gold Circle: $250,000 and up

Samuel D. Harris

Bronze: $25,000 – 99,999

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Chancellor: $1,000 – 4,999

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Sustainer: $250 - 499

[illegible]

Supporter: $100 - 249

[illegible]

Friends: Up to $100

[illegible]

(continued on facing page)

CORPORATE, FOUNDATION & ORGANIZED DENTISTRY

Gold Circle: $250,000 and Up

Silver: $100,000 – 249,000

Bronze: $25,000 – 99,999

Benefactor: $10,000 – 24,999

Grantor: $1,000 – 4,999

Grantor: $1,000 – 4,999

Sustainer: $250 - 499

Friends: Up to $100

Annual Session

Women's conference a first

Experts to cover oral health effects of pregnancy, other women's issues

By Clayton Luz

Kansas City, Mo.—Experience an annual session first: "ADA Women's Health and Leadership Conference: Critical Issues for You and Your Patients."

This extraordinary new program will feature five experts who will discuss key women's health issues that affect you and your patients.

Scheduled Oct. 15 from 8 a.m.-5 p.m., the conference will examine the latest in research behind women's health issues such as oral diseases common in women, oral manifestations of systemic conditions common in women and the effects of women's health on their children.

The program will also address the roles women play in society as family caregivers and health policy leaders. The advance ticket fee for the full-day conference (RC16), which includes lunch, is only $25.

The conference, in addition to five health care experts, will also present luncheon speaker Lois Juliber, chief operating officer of Colgate-Palmolive Company. Ms. Juliber is ranked No. 19 on the Fortune 50 Most Powerful Women in Business.

Dr. Dushanka Kleinman, chief dental officer of the U.S. Public Health Service and deputy director of the National Institute of Dental and Craniofacial Research, will moderate the panel and discuss the role of women in dentistry.

Featured speakers are:

- Dr. Barbara J. Steinberg will explain the oral changes that occur in women during key life experiences—puberty, menses, pregnancy, menopause, taking oral contraceptives and hormone replacement therapy—and the special considerations such patients require. Dr. Steinberg will also explore two issues often specific to women: eating disorders and victim's domestic violence, which are often first identified in the dentist's office.
- "Oral and Systemic Disease in Women"—Dr. Marjorie Jeffcoat will review risk factors for preterm birth and for postmenopausal osteoporosis. She also will review the newest studies on the relationship between oral and systemic health.
- "Our Bodies, Ourselves: The Media and Women's Health: Sorting Fact from Fiction"—Judy Norisgian, editor of "Our Bodies, Ourselves," will analyze the media's treatment of key women's health issues, such as women and genetics, breast cancer, pharmaceuticals, tobacco use and cosmetic surgery;
- "Chronic Periodontal Infection: A Silent Threat to Overall Health"—This presentation discusses chronic periodontal disease, its independent risk factors for certain health conditions such as diabetes mellitus, coronary artery disease and cerebrovascular disease;
- "Oral Health for Older Women"—Dr. Linda Niessen will explore the effects of systemic diseases and medical conditions, common myths about oral health and menopause and strategies for maintaining oral health;
- "Perspectives on Women's Health Research: Where We Are ... Where We Need to Go in the 21st Century"—Invited speaker Dr. Vivian Pinn, associate director of Research for Women's Health and director of the Office of Research on Women's Health at the National Institutes of Health in Bethesda, Md., will be the featured finale to the program. She will review the current state of women's health research and objectives for future research.


Ms. Juliber


Dr. Jeffcoat


Dr. Kleinman


Dr. Niessen


Dr. Steinberg


Dr. Pinn

For participants with children, the ADA Kid's Camp can help. For more information, see page 29 in this issue.

The "ADA Women's Health and Leadership Conference: Critical Issues for You and Your Patients" is partially underwritten by a grant from Colgate-Palmolive Co.

Register now at "www.ada.org/session" and create exactly the education, exhibition, and entertainment event that meets your needs. For more information on registration, see Conference Agenda Builder story on this page. ■

Simplify your life: use the Conference Agenda Builder

Kansas City, Mo.—Register for annual session online to make planning your personal meeting itinerary a snap.

How?

Include your e-mail address when you register online and any session courses and activities you select will automatically be posted to your personal meeting itinerary.

You don't have to do a thing.

That's because the ADA Conference Builder Agenda does it for you.

If you don't have or use an e-mail address, that's okay, too.

Visit ADA.org to access the Conference Agenda Builder and custom-build your meeting schedule. You can browse, search and preview meeting activities and place your preferences into your personal itinerary.

At ADA.org, you can also get information on how to register by mail and fax; get information about travel arrangements and accommodations; and visit the Exhibit Hall directory, where you can custom-build your own list of the exhibitors you would like to visit during the meeting.

Or, you can find exhibitors, preview their products and services and, if you wish, contact them before the meeting.

For more information, refer to your May 21 ADA News or July JADA or to request an ADA Annual Session Preview, contact the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; or call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Regular updates on annual session are posted on ADA.org, at "www.ada.org/session". ■


Functional elegance: The Kansas City Convention Center lights up the city's skyline. Most ADA session activities will convene at the center.

Session hotel reservations: fast and easy

Kansas City, Mo.—Fast and easy: that's how you can make your hotel arrangements for annual session here.

Because area hotels are filling up quickly, reserve your room now at one of the 55 official meeting hotels. Reservations are made on a first-come, first-served basis.

Sept. 13 is the deadline for making hotel reservations. The ADA's official travel agent, I.T.S./ExpoExchange, is waiting to process your hotel reservation request.

Here are the four ways to reserve a room:

- Register online—Go to ADA.org. A link through I.T.S./ExpoExchange will allow you to access online descriptions of some hotels.
- Register by mail—Complete the ADA/I.T.S./ExpoExchange Hotel Reservation form and mail it to I.T.S./ExpoExchange/ADA Housing Bureau, 108 Wilmot Rd., P.O. Box 825, Deerfield, IL 60015-0825. For information on obtaining an Annual Session Preview, see Conference Agenda Builder story on this page.
- Register by fax—Complete the ADA/I.T.S./ExpoExchange Hotel Reservation form and fax to 1-800-521-6017 (United States only) or 1-847-940-2386.
- By phone—Call 1-800-974-2925 (United States only) or 1-847-940-2155 between 8 a.m. and 5 p.m. CDT, Mon.-Fri.

Hotel reservations are made on a first-come, first-served basis. Early reservations are essential in order to secure hotel reservations from the room blocks available for the annual session. In the event your first choice is unavailable, I.T.S./ExpoExchange will assign alternate hotel accommodations if the reservation form is marked accordingly. ■

It's free!

Bring the family to ADA Kid's Camp this year

ADA Kid's Camp: The popular program offers five daily activity themes and two field trips for children of all sizes, smiles and ages.

By Clayton Luz

Kansas City, Mo.—Bring the family.

That's because ADA Kid's Camp gives you peace of mind. (And your pocketbook will thank you, too.)

For the first time at annual session, ADA Kid's Camp is free.

This means that except for a nominal registration fee, you can relax, learn and let go.

So, bring the family. But hurry and reserve your child's space in the ADA Kid's Camp. Sept. 28 is the advanced registration deadline.

For the fifth consecutive year, ADA Kid's Camp is managed by ACCENT on Children's Arrangements Inc., a nationally recognized professional childcare company.

ADA Kid's Camp will feature five daily activity themes such as "Getting to Know Kansas City," where children will create postcards, paint a mural and play "Get to Know You Bingo." Other themes include "Our Little Artists," where children will learn about art history while they create their own works of art, and "Trash to Treasures," which will teach the importance—and fun—of recycling.

ACCENT provides an exceptional caregiver to child ratio—1:2 for children under 30 months; 1:4 for children ages 31 months to 4 years; and 1:6 for children ages 5-12 years. Children ages 6 years and older can participate in two field trips. The tours, which are free and include lunch and transportation, are offered Oct. 13 and 14 from 9 a.m.-3 p.m.

Below is a brief description of each tour:

- Youth Tour #1 on Oct. 13—The Kaleidoscope and Hallmark Visitors Center offers a creative children's workshop filled with sights, sounds, colors and fun. Children can bring their fantasies to life using scrap material from Hallmark's manufacturing processes. Lunch is at the colorful Crayola Café. Afterwards, children will enjoy a guided tour of the Hallmark Visitor's Center during which they will see how a greeting card and a star bow are made;
- Youth Tour #2 on Oct. 14—Southside Science City in Union Station offers fun and discovery as children can pretend they are paleontologists while they search, excavate and identify fossil remains during a prehistoric dig. Or they can track a tornado, take a walk through the human body or ride a train at the astronaut-training center. Lunch is at Science City.

ADA Kid's Camp will be located in lobby 300 of the Kansas City Convention Center.

The center will be open Oct. 12-16, 7:30 a.m.-5:30 p.m. daily.

Evening care can be arranged by ACCENT for a fee at the registrant's hotel, for any child registered in the ADA Kid's Camp daytime program.

For more information, contact the ACCENT staff at 1-504-524-0188 or by e-mail at "production@accentoca.com".

You can register for ADA Kid's Camp using the registration forms available in the ADA Annual Session Preview.

You can also download the forms by visiting ADA.org at "www.ada.org/session".

After you have completed the forms, fax them to ACCENT ADA/Kid's Camp at 1-504-524-1229 or mail to ACCENT, ADA/Kid's Camp, 938 Lafayette St., Suite 201, New Orleans, La. 70113.

To request a preview, write the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; call 1-800-232-1432; or e-mail at "annualsession@ada.org". ■

Connect with technology

Technology Day IV will upgrade your office productivity

By Clayton Luz

Kansas City, Mo.—Where can you go to experience, in one day, something about everything technical used in dentistry today?

Where can you go to learn how to maximize the equipment in your dental office?

The 2001 ADA annual session Technology Day IV, that's where.

Twenty-three clinicians and technophiles Oct. 12 will explore every facet about technology related to the practice and delivery of dentistry.

Annual Session

You can choose from a variety of one-hour seminars, 30 in all, that address a specific topic.

Several sessions are repeated so you won't miss topics that will help get you and your staff fully integrated into every phase of dental technology.

Tech Day begins with one of Intel's foremost experts in small business technology, Willy Agatstein, who will present the latest in the technology industry and how it affects the dental practice.

The day's final presentation is Dr. Larry Emmott's informative presentation, "OK, What Do I Do Now?"

Participants will have the opportunity to browse their own exhibits floor, which will showcase products designed to help you enhance and meet your office technology goals.

Because Tech Day includes lunch, you can enjoy the exhibits floor during your lunch break, as well as between sessions.

Participants will have the opportunity to hear from respected clinicians like Dr. Barry Freydberg. who will address issues such as "Interdisciplinary Care Using the Internet to Your Advantage" and "How Do You Maximize Your Buying Opportunities on the Net?"

Dr. Michael Unthank will demonstrate how to "Integrate Technology in Our Practices" by improving the designs of operatories.

Dr. Dale Miles will discuss how to use the Internet to improve your clinical treatment decisions.

Dr. Emmott

Dr. Claudio Levato will show your dental staff how to integrate chairside technologies and Jennifer McDonald will discuss how to maximize technology by assessing your technology needs.

Dr. Robert Davis will explore air abrasion and Dr. Donald Coluzzi will discuss "Lasers, Are They Wonderful Instruments or Expensive Toys?"

Dr. Freydberg

Dr. Edward Kendrick will demonstrate how to improve your Excel and PowerPoint computer software skills.

Dr. Edwin Zinman will explore the legal aspects of using technology and it's implications.

Dr. Miles

Register now at "www.ada.org/session" or refer to your May 21 ADA News or July JADA.

Dr. Robert Pick in his break-out session on "Videoconferencing" will show you how to consult with your specialist, review X-rays and clinical findings without having to leave your office.

For more information or to request a copy of the ADA Annual Session Preview, contact the Council on ADA Sessions and International Programs by mail at 211 E. Chicago Ave., Suite 200, Chicago 60611-2658.

Or, call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Regular updates on annual session events are posted on ADA.org, the Association's Web page.

Go to "http:www.ada.org/session". ■

Well-being
Something for everyone

By Arlene Furlong

The pursuit of well-being—while at home and at work—usually doesn't take precedence in the lives of busy people.

Most people expend more energy on daily rigors with more measurable results. Financial gain, physical fitness—even a well-organized garage—can take priority over feeling good.

When the 9th ADA Well-Being Institute meets in Chicago Aug. 16-18, keynote speaker Robert Ackerman, Ph.D., will discuss how dentists can use what he calls "the power of connection" to attain a greater sense of well-being. A prolific writer, he serves as director of the Mid-Atlantic Addiction Training Institute and a professor of sociology at Indiana University Pennsylvania.

Well-versed in the characteristics of high-achieving professionals, Dr. Ackerman believes that dentists must overcome the isolation inherent in practicing dentistry to avoid occupational burnout.

"Patients come and go all day, which can lead to a lack of meaningful interaction," noted Dr. Ackerman. "The isolation can permeate all relationships—meaning less meaningful interaction at home and in the community. Worse yet, the kids can acquire the temperament."

This year's conference places an emphasis on assisting dentists and their families to develop stress-management techniques related to such issues and to achieve greater personal and professional satisfaction.

"We're reaching out to the family as a whole," says Dr. Jeanne Altieri, ADA Council on Dental Practice chair, about the program.

"The program is expanding to meet the needs of our rank-and-file dentists and their families," adds Dr. David Okano, chair of the ADA Well-Being Advisory Committee, a subcommittee of the Council on Dental Practice. "The conference always provides a lot of good information for representatives of state regulatory agencies and about chemical dependency programs."


Robert Ackerman

A few of this year's presenters comment that some of the traits that make dentists good professionals can make their personal relationships more difficult.

Donald Rosen, M.D., a psychiatrist and former director of the Professionals in Crisis program at the Menninger Clinic, says one example is dentists' general tendency toward perfectionism.

"Dentists expect a lot from themselves—and others," he observes. "That can be a healthy trait for the profession, but it can wreak havoc on a marriage."

Dr. Rosen will address sources of conflict in dentists' marriages. He says dentists and their spouses also often differ in their perceptions of what it means to be emotionally available or open in a relationship.

But talking about problems doesn't come easy for many medical professionals, sometimes with grave consequences for doctors and their spouses, says Carla Fine, author of "No Time to Say Goodbye: Surviving the Suicide of a Loved One."

"Talking about it [suicide] helps get rid of the stigma," she says. "Just because it's not the easiest topic to talk about doesn't mean it shouldn't be addressed."

Psychologist Jayne Peek, Ph.D., will explain why many dentists are simply more comfortable confronting a problem mandible than discussing emotional problems with their family.

Dr. Peek will be conducting a workshop based on the oldest and most widely used personality assessment instrument—the Myers-Briggs Personality Inventory. The tool is based on Carl Jung's typing system and has been widely used for more than 40 years to assess personality traits as related to strengths and weaknesses.

Also included among some 20 speakers are:

- Dr. Henry Clarke, a general practitioner and chair emeritus of the Oregon Health Sciences University School of Dentistry. Dr. Clarke will talk about stress related to litigation and how dentists can form a support group.
- Harold Crossley, Ph.D., an associate professor of pharmacology at the University of Maryland Dental School. Dr. Crossley will explain how to detect if patients are using street drugs such as Ecstasy, Special K or Ketamine, and how patients' use of these drugs can affect their dental treatment.

The program is designed for dentists, dental society staff, leadership and volunteers, dental families, providers of specialty treatment services and dental regulators.

For more information about the Well-Being Institute or to download the registration form, go to the Profession page at ADA.org and then click Meetings and Events.

Or, you can call toll-free, Ext. 2622, or e-mail program manager Linda Kittelson at "kittelsonl@ada.org". ■

JADA

Continued from page one

ADA Business Enterprises, Inc.

"Electronic delivery offers our members, as well as others in the profession, instant access to the JADA archives and advanced search capabilities, all in an interface that is familiar to ADA.org visitors."

The JADA portal is accessed through the Table of Contents page from the current issue. From there, visitors can follow hyperlinks to download articles from the current issue, view past issues of JADA and search the archives by title, author, keywords and date.

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Youthful smiles: ADA campaign targets adults

By Karen Fox

Last month the ADA began distributing resources for the 2001 Adult Oral Health Awareness promotion.

This year's theme is "Keeping Your Smile Young with Good Oral Care."

Materials—including planning kits and posters—were mailed to dental school deans, related dental organizations and chapters of the Alliance of the ADA.

Component or constituent dental societies can conduct a September promotion; however, the materials are undated.

Societies also have the flexibility to conduct local one-day, one-week or month-long promotions as volunteer and financial resources permit.

The ADA redesigned the Adult Oral Health Awareness kits for a new look in 2001.

Topics this year include: aesthetic options (keeping your smile young); periodontal disease and its warning signs (saving your teeth); and oral cancer warning signs (saving your life).

Although targeting adults of all ages, the Adult Oral Health Awareness campaign has a particular emphasis on older adults.

Those who do not receive their kits by the end of July should contact Lynne Mangan, manager of health promotions, by e-mail at "manganl@ada.org" or Ext. 2588. ■

Heir apparent?

How to preserve your dental practice for your loved ones

MANAGEMENT

By Stephen P. Rickles

Congratulations! You have worked hard to develop a mature and successful dental practice that provides a very comfortable living. You may not realize that your efforts have also resulted in the creation of an extremely valuable financial asset—one that's even more valuable than your office space or the land on which it stands.

What would happen to this asset—your practice—in the event of your untimely death? Would it be absorbed by your business partners without any compensation to your family? Would a younger dentist step into your shoes and essentially "inherit" the practice you worked so hard to build? Or would your practice simply dissipate, and the valuable asset be lost?

Perhaps you are a sole proprietor, practicing independently or in conjunction with professionals in other medical or business specialties. Perhaps you have one or more business partners or co-shareholders (referred to generically as co-owners in this article), or you work with associates who are still in the developmental phase of their professional lives. Or perhaps you are a young dentist just now forming a partnership or corporate practice.

Whichever situation applies, you should know that you will leave a valuable legacy behind if you should die before you retire. Planning for that possibility will ensure that your legacy lives on as you intended, rather than be left to chance—and that your family members, colleagues and even your patients are accommodated according to your wishes.

Making all these plans may sound like a complicated task, but it's not. By creating a simple buy-sell arrangement for your practice, which takes just a few hours with your attorney, you can simultaneously identify who will assume the responsibility for your patients and direct the proceeds from your practice to protect the people you love.

Buy-sell arrangements

A buy-sell arrangement is a written agreement that provides for the purchase of your dental practice according to a legally binding plan you establish. In most cases, the buy-sell arrangement is activated upon your death, assuring that your heirs will directly benefit from the value that your efforts have produced and, at the same time, allowing you to control who will take over your practice. In short, the buy-sell agreement leaves no question about how your heirs and business affairs will be taken care of financially.

Note: A buy-sell arrangement may also deal with other contingencies, such as your disability or retirement, or disagreements among co-owners, which are not discussed in this article. In addition, the buy-sell arrangement may also direct the sale of your practice while you are still living—in the event you wish to sell a portion (or all) of your business to someone else, enter into a partnership with another dentist, dissolve an existing partnership, or hire an associate who intends to purchase the practice at some point in the future.

Stephen P. Rickles

Your buy-sell agreement will:

- Identify the individuals who will "inherit" your dental practice. For example, these successors may be your co-owners, a relative (if he or she is a practicing dentist), an associate dentist you have employed, or a peer or competitor. You decide now who the successors will be, so there's no question about your intentions later on.
- Establish a value for your practice. The document will either set forth a specific purchase price for your practice (or your portion of it), or it will identify a process by which such a price will be determined. The formula to be used or the purchase price named in the agreement will be binding upon all parties.
- Specify the manner in which the purchase price will be paid. In many instances, life insurance will be acquired by your successor(s) to provide a source of funds for the purchase. Such purchase of insurance may even be a stipulation of your buy-sell arrangement, so funds for the purchase are guaranteed to be payable at the exact time they are needed.

Identifying your successor

The business structure you elect for your practice will determine who your ultimate successor(s) will be. For example, if you are a sole proprietor, you may enter into a buy-sell agreement with an individual colleague or a group practice that would be interested in acquiring your dental practice. Alternatively, if your business is a corporation, partnership or LLC (limited liability company), then the purchaser would either be the business entity itself, called a "redemption," or your co-owner(s), referred to as a "cross-purchase."

The simplest buy-out arrangement is the redemption, which takes place when the business entity purchases your interest in the practice. If proceeds from a life insurance policy will fund the purchase, your buy-sell agreement will include the requirement that one insurance policy is acquired on the life of each co-owner. The business entity is the owner and the beneficiary

of record for each policy. Upon the death of any co-owner, the business purchases the dental practice with the insurance proceeds. Since the business pays the insurance premiums, there may be less concern that the arrangement will be undermined by a failure to pay premiums or a failure to use the insurance proceeds for the intended purpose.

A cross-purchase arrangement, on the other hand, may be ideal for practices in which there are only two co-owners. In a cross-purchase, each co-owner agrees to purchase the deceased dentist's share of the practice. The decedent's share is usually split evenly among the remaining co-owners which would be 100 percent if the business has two co-owners, 50 percent if the business has three co-owners and so on. Alternative arrangements may be made as well, depending on what best suits each situation.

The cross-purchase arrangement may be awkward if more than two co-owners are involved, since each owner must acquire insurance on the life of each other owner. Instead, the use of a trust or LLC to purchase and own the insurance policies can avoid the need for a multiplicity of policies and simultaneously assure that premiums are paid and that the insurance proceeds will be applied to purchase the decedent's practice as intended.

As you might expect, both the redemption and cross-purchase approaches have advantages and disadvantages from a tax standpoint, which vary depending upon the type of business entity involved and the contingencies covered by the buy-sell arrangement. Such tax aspects should be carefully analyzed in each situation.

Valuing your practice

One of the critical elements of any buy-sell arrangement is the establishment of a value or price for the dental practice to be purchased. Such a value may be established in any one of a number of ways, including:

- Appraisal. The value of a decedent's interest may be determined by an objective third party. In such a case, the method of selecting the appraiser should be set forth in the buy-sell agreement, along with procedures for any interested party to contest or appeal the appraisal.
- Periodic valuation. The co-owners of the practice may periodically (for example, annually) agree upon a value for the practice, and list the value on a supplemental attachment to the buy-sell agreement. If such an approach is used, the agreement should provide for the use of a back-up method of determining value, such as an appraisal, in the event that no agreement is reached or if the co-owners simply fail to get together to set a value for more than a specified length of time.
- Formula. The buy-sell agreement may establish a mathematical formula that will be used to establish the value of the decedent's interest. An example would be a value based upon a multiple of the average level of earnings generated by the practice over a specified period of time.
- Post-acquisition revenue. The purchase price, or a portion thereof, may be contingent upon the revenues received by the practice after the acquisition of the decedent's interest. In this case, the purchase price may be paid from such revenues as received, rather than from life insurance proceeds, which would be payable to the decedent's named beneficiary instead of to the business or its co-owners.

For more information about determining the value of your practice, consult the ADA Council on Dental Practice publication, "Valuing a Practice: A Guide for Dentists" (Code #J060). This newly revised edition is available for $44.95 through the ADA Salable Materials Department at 1-800-947-4746.

Paying the purchase price

Where life insurance has been acquired to fund the purchase, the entire purchase price will generally be paid in a lump sum, at least to the extent of the insurance proceeds received. If the insurance proceeds do not cover the entire purchase price, the balance of the price may be paid in full as well (that is, from cash reserves or loan proceeds) or may be paid in installments.

The buy-sell agreement should specify whether any insurance proceeds which exceed the purchase price will be paid to the decedent's estate or heirs, or retained by the purchaser. This may largely depend upon the manner in which the insurance premiums were paid. For example, if you have paid your own life insurance premiums, it may be appropriate that your heirs receive the insurance proceeds. If, on the other hand, the cost of the insurance proceeds have been borne by the business as a whole, retention of excess insurance proceeds by the business may be appropriate.

Insurance tax aspects

A detailed discussion of all of the tax aspects of the use of life insurance to fund a buy-sell arrangement is beyond the scope of this article. However, some of the major tax aspects are as follows:

- Premiums paid by a business entity to purchase buy-sell insurance are not deductible for income tax purposes. Thus, income used to pay the premiums will be taxed to the business or, in the case of a pass-through entity (that is, an "S" corporation, partnership or LLC), to the business owners.
- Earnings used by a "C" corporation to pay insurance premiums will be taxed at the flat 35 percent rate applicable to professional corporations.
- Insurance proceeds received by the owner of such insurance will not generally be subject to income taxation.
- Due to the "step up in basis" at death, the sale of stock by the estate will not generally result in the recognition of any gain or loss for income tax purposes.
- The IRS will generally accept a value determined by agreement between unrelated parties for estate tax purposes.

Regardless of the size, scope or business activities of your practice, having a buy-sell arrangement in place is the only way to guarantee that the professional legacy you leave behind is handled in the manner you intended. Nothing would probably dismay you more than learning your intentions hadn't—or couldn't—be fulfilled because of legal and/or financial technicalities, ambiguities or indecision by your co-owners or your heirs. Taking the time to establish a buy-sell arrangement and specify your wishes in advance will undisputedly reflect those wishes in your absence … and pay dividends to everyone who helped the practice thrive while it was yours. ■

Stephen P. Rickles, C.P.A., J.D., M.T., is a tax attorney with Guthery & Rickles in Denver. As a consultant to Great-West (administrator of the ADA Insurance Plans), Rickles provides legal expertise on issues pertaining to the ADA Members Insurance Program. He can be reached at "ricklesste@aol.com" or 1-303-321-1796.

Dentsply, Degussa join as one

York, Pa.—Dentsply International Inc. and Degussa Dental are combining into one company, the two manufacturers announced.

Denstply is paying about $500 million for Degussa, which has been a unit of the German company Degussa AG since 1970.

The transaction is expected to be complete next month, pending regulatory approval here and abroad.

According to the companies' press release, the transaction combines Dentsply, the world's largest manufacturer of professional dental products, with Degussa Dental, the second-largest dental company worldwide, the market leader in Germany and Europe and the only significant non-domestic dental company in the Japanese market. This combination creates a professional dental products company, more than three times the size of its nearest competitor, the companies report.

John C. Miles II, chairman and chief executive officer of Dentsply, stated, "Degussa Dental is an excellent fit both strategically and operationally. This is a highly synergistic union that clearly furthers Dentsply's strategic mission of being 'first in dentistry.' In short, this is a winning combination for all our stakeholders including customers, employees and investors."

Gerd Schulte, chief executive officer of Degussa Dental, said, "We are extremely pleased to be combining resources with Dentsply International, thus creating the clear premier dental products company worldwide. The senior management team of Degussa Dental is very excited about the opportunity to contribute to the further development of the combined company." ■

Budget

Continued from page one

a broad array of initiatives and that carries out the ADA Strategic Plan in all of its objectives and goals," he explained. "We have areas of the budget that respond to some of our more pressing needs such as advocacy, access, diversity, membership and education."

Dr. D. Gregory Chadwick, ADA president-elect, who also serves on the Administrative Review Committee, views the budget as lean. "There's no fat there, but it's a very good budget. I think we'll be able to do a good job and what we need to do to serve members."

The Board chose to use a combination of $237,000 in surplus money from 2000, reserve funds of $500,000 and a proposed dues increase to reach a balanced budget.

Technically, the Board is notifying the House of a prospective $9 dues increase (to raise an estimated $936,000), but with the rolling back of one-time expenses in 2001, the net dues increase to the membership currently computes to $5 more than they are paying this year.

Money matters: Analyzing the budget at the June Board of Trustees meeting are Drs. Frank K. Eggleston, 15th district, (foreground) and Edward Leone Jr., 14th district.

Said Dr. Feldman, "Dues in 2001 were set at $401, but we have some one-time projects that will end this fiscal year.

The termination of those projects will result in a $4 rollback, which, when subtracted from the $9 needed to balance the budget, puts the proposed dues increase at a net of $5."

If nothing in the budget proposal were to change through the October meeting, that would mean members in 2002 would pay $406 in dues plus another $30 for a six-year special assessment adopted in 2000 to help finance renovation of ADA headquarters in Chicago (bringing the total to $436—currently members are paying $431).

(Because of a parliamentary procedural change, the House will need to decide at its first meeting Oct. 13 whether to suspend a section of its rules. For details, see the story on page 25.)

However, Board members point out, the House has the obligation to consider proposals put forth in October, proposals that could carry a price tag.

"Typically, the House adds a number of programs that delegates feel are important," noted Dr. Chadwick. "What we have here is a proposed budget, not a final budget. We realize the House will approve programs that will add to total expenses."

Dr. Chadwick cites as an example a grassroots membership initiative that he is working on with the Board. "It's not in the budget yet but we expect to have a resolution at the House. It wasn't included early on in the budget process, so it's primarily due to timing."

The grassroots initiative is part of his longer look at the overall budget process. "We've been tightening on the budget each year. We need to look at ways to increase non-dues revenue rather than simply increasing dues.

"We've seen some membership decline, and that also means a declining revenue stream. That's a troubling trend that the grassroots initiative would help address through the tripartite structure."

External factors such as the slowdown in the economy also affect the return on ADA investments.

"Reserves are currently at around 24 percent of the operating budget," said Dr. Feldman. "The House of Delegates' recommendation is that the reserves level equals 30 percent of the current year's operating expenses, but the market's been depressed. As a result, the Board is making a conscious effort this year not to spend money out of the reserve fund. Working with the ADA Finance Department, I presented a plan to the Board that we hope will rebuild the reserves to that 30 percent level over the next five years."

While the Association is not immune to fluctuations in stocks and bonds prices, Dr. Feldman adds, the Board is monitoring investments carefully, with the assistance of outside advisers.

Another member of the Board's Administrative Review Committee, ADA President Robert M. Anderton, also stressed the importance of strengthening the reserve funds. "We tried our best not to disturb reserves, which we've done. Going forward, I'd like to see a mechanism the House can use to ensure that reserves are strengthened annually."

He concurs that the budget presented in June aligns more closely than ever with the ADA Strategic Plan, and Dr. Anderton would like to see the process intensified. "The Strategic Plan allows us to get a better handle on funding the priorities we've set in the plan."

Drs. Feldman, Chadwick and Anderton noted that all levels of input were included in the budget process. Said Dr. Anderton, "Every division within the ADA, all the councils and the administrative staff, worked hard to put together this budget. This is truly a full Association budget."

Also serving on the Board's Administrative Review Committee are Dr. Howard B. Fine, 2nd District trustee; Dr. William D. Powell, 6th District trustee; Dr. George L. Bletsas, 9th District trustee; Dr. Edward Leone Jr., 14th District trustee; and the executive director. ■

New name for federation: ‘Special Care Dentistry’

The Federation of Special Care Organizations in Dentistry has reorganized and changed its name.

Now called Special Care Dentistry, the new organization comprises the membership and resources of three former FSCO subgroups: the American Association of Hospital Dentists, Academy of Dentistry for Persons With Disabilities and the American Society for Geriatric Dentistry.

The FSCO’s board of directors OK’d the change in May at its annual conference. According to SCD officials, the reorganization will bring “a renewed focus to and address the significant oral health disparities between people with special needs compared to other members of the population.”

Dr. Ray A. Lyons, SCD president, says Special Care Dentistry’s new name reflects the board’s desire to create a new image for the organization.

For more information about Special Care Dentistry, contact SCD at 211 E. Chicago Ave., 5th Floor, Chicago, 60611; phone, 1-312-440-2660; fax, 1-312-440-2824 or e-mail, “FOSCOD22@worldnet.att.net”. ■

Speaker

Continued from page 25

the opportunity to fund those programs. And by waiving the rules, the House will preserve its right to do that.”

The suspension of rules has to occur at the first session of the House, Dr. Fanno stressed. “We have to do it as the first item of business because the reference committee hearings on the budget are held the next day and the suspension of the rules will affect the information presented at the hearing. If the rules weren’t suspended until after the reference committee, then the reference committee hearings would have been based on wrong information.”

Since all this effort to suspend the rules stems from the fact that the ADA follows Sturgis, Dr. Fanno discussed why the Association uses the book, which was written by Alice Sturgis and revised by the American Institute of Parliamentarians.

“Sturgis is a parliamentary authority based on Robert’s Rules of Order, but we use Sturgis because it is very user-friendly. It simplifies Robert’s with modern language. Robert’s is very technical and is written in 19th-century antiquated English,” the speaker explained.

Most medical and dental associations use Sturgis, Dr. Fanno noted. The House has used the 3rd edition since 1987.

“Robert’s provided a great service when it was written,” Dr. Fanno said. “The man who wrote it, an Army officer named Henry Martyn Robert, was committed to the idea of equal and exact justice for all, and that’s why he developed his method of conducting meetings that gave equal rights to participants with procedural safeguards and fundamental principles of democratic discussion.”

However, Robert’s is tough to read and tough to use. As an example of the difference in language, Dr. Fanno said if you wanted to set the time for another meeting to continue the business of the current meeting, you would say, “I move to fix the time to which to adjourn.”

Instead of saying, “Mr. Speaker, point of order,” an individual under Robert’s would say, “I raise a question of privilege.”

“Sturgis offers modern usage, modern vocabulary but its underlying principles are the same as Robert’s.” Dr. Fanno said.

“It retains the basic system that has served democratic society for hundreds of years, but it allows the average person to understand and interpret the procedure with greater ease. The whole point of parliamentary procedure is for everyone to feel comfortable participating and to treat everyone equally.”

Any organization adopting a set of rules and procedures has the right to change those rules, noted Dr. Fanno. “Every organization is unique and has to determine what fits its needs best. The Board is doing just that in the resolution to suspend the rules.” ■

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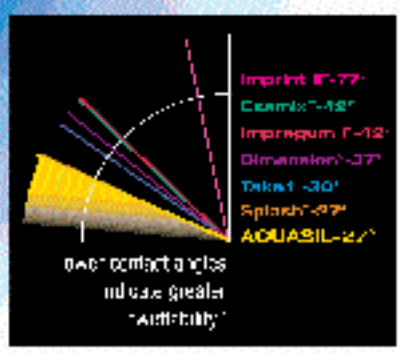

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