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ADA News[®]

AMERICAN DENTAL ASSOCIATION

MAY 6, 2002

www.ada.org

VOLUME 33, NO. 9

'Junk science' bill hit

ADA, NDA decry amalgam phase-out legislation

BY CRAIG PALMER

Washington—The American Dental Association and National Dental Association, representing more than 140,000 dentists, assailed amalgam phase-out legislation introduced recently in the U.S. Congress as

■ **California bill, page 12**

■ **Maryland suit dismissed, page 11**

"attempting to legislate based on junk science."

They urged House and Senate opposition to the proposed legislation.

"Unfortunately, H.R. 4163 would deprive patients of a treatment option

that is clinically and scientifically validated to be safe and effective," the dentist member organizations told Congress.

In an April 26 letter to every member of Congress, the chief elected and
See AMALGAM, page 11



Popping up all over: It's the ADA "Healthy Smiles" full-color billboard in Provo, Utah. More than 1,000 billboards are being used by dental societies across the country. A billboard vendor donated space for this one in February—the same month the California Dental Association posted 225 billboards. A limited number of panels are still available. For information, contact Nina Koziol at the toll-free number, Ext. 2589.

HIV-positive hygienist asks high court to hear case

ADA files amicus brief

BY JAMES BERRY

The U.S. Supreme Court has been asked to review the case of an HIV-infected dental hygienist who was barred from treating patients because of

■ **ADA protests training cuts, page six**
■ **HIPAA update, page eight**

his disease, an alleged violation of the Americans with Disabilities Act of 1990.

The American Dental Association, which has closely monitored the nearly 4-year-old case of Atlanta hygienist Spencer Waddell, has filed an amicus brief urging the high court to accept the case and to "clarify what remains [for] many dentists and other health care providers an ambiguous federal law."

Conflicting lower-court rulings in AIDS discrimination cases have sent "mixed messages" to health
See HYGIENIST, page 15

BRIEFS

Dental Buying Guide: Online practice tool

BY JOE HOYLE

Is the wide world of dental products too difficult to navigate with your busy schedule? The Dental Buying Guide, launched in April on ADA.org, will connect you with the information you need quickly and easily.

Developed by ADA Publishing, a division of ADA Business Enterprises, Inc., the Dental Buying Guide is a powerful dental resource designed to meet dentists' need for information for their



day-to-day practice. You can find it online at "www.ada.org/prof/pubs/dbguide/index.html".

"Our members have asked us to offer the profession more resources on products and services and we're pleased to be able to do that with the Dental Buying Guide," said Laura A. Kosden, publisher and chief operating officer of ADA Publishing. "It's a tool they can use on a daily basis."

The Dental Buying Guide search engine makes it easy to locate manufacturers of specific
See GUIDE, page 14

INSIDE



Dental students

ASDA talks to the ADA Board of Trustees. *Story, page 14.*

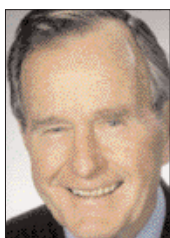
Annual Session

Speakers of distinction

Madeline Albright, George Bush, Bob Dole await you in New Orleans

BY STACIE CROZIER

New Orleans—Wake up to the eye-opening views of three of the nation's most respected leaders—former President George Bush, former Secretary of State Madeleine Albright and former Senate Majority Leader Bob Dole—as they discuss issues from domestic concerns to the latest developments in the Middle East during the ADA/Sonicare Distinguished Speaker Series at annual session.



Mr. Bush



Ms. Albright



Mr. Dole

vention Center. The Distinguished Speaker Series is made possible by a grant from Philips Oral Healthcare/Sonicare.

George Bush will serve as keynote speaker for annual session's opening ceremony
See SPEAKERS, page 18

Everyone registered at annual session is invited to attend these free special events at the Morial Con-

Make technology work for you

ADA Seminar Series offers course on electrosurgery

BY ARLENE FURLONG

A lot of dentists own electrosurgery equipment, but few are using it regularly.

That's what Dr. Keith Rossein says he learns at the course he presents for the ADA Seminar Series: A Practical Approach to Increased Revenues with Electrosurgery/Radiosurgery.

"At the beginning of the course I ask the participants who own electrosurgery equipment to stand. Usually about half of the group gets up," explains Dr. Rossein. Then I ask how many use it at least once each month and at least half of them sit down again."

Dr. Rossein's presentation is devised to change that. "My goal is to instill the necessary confidence and competence to get dentists using this instrumentation," he says.

He says many general practitioners find electrosurgery more cost effective, faster and easier to use than laser surgery.

Course instruction includes:

- the indications for clinical uses of oral electrosurgery;
- surgeries that require no sutures;
- reducing personal stress and dramatically increasing practice revenues.

Dr. Rossein is president of International Dental Consultants, a former instructor at New York University School of Dentistry and a former attending dentist at Triboro Hospital at Queens Hospital Center.

To schedule this seminar or any other through ADA Seminar Series, call toll-free, Ext. 2927 or e-mail "collinss@ada.org". Information about seminars is also available at ADA.org.

The ADA Seminar Series is partially underwritten through a grant from Sullivan-Schein Dental, A Henry Schein Company and 3M ESPE. ■

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PUBLISHER: Laura A. Kosden

EDITOR: Dr. Marjorie K. Jeffcoat

ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry

ASSOCIATE PUBLISHER, MARKETING

AND OPERATIONS: Gabriela Radulescu

NEWS EDITOR: Judy Jakush

ASSISTANT NEWS EDITOR: Arlene Furlong

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ATPRESS TIME

Access day to debut in 2003 'Give kids a smile'

A one-day event aimed at promoting access to dental care for needy children will be a centerpiece of next year's National Children's Dental Health Month, February 2003.

ADA members across the country will be asked to volunteer to provide dental screenings and care for underserved children on a designated access day.

The program has been given the genial working title of "Give Kids a Smile." The date of the event and other details were being worked out at press time. More about that soon.

At its April meeting, the ADA Board of Trustees endorsed the access day concept as a way to spotlight the dental care needs of indigent children and organized dentistry's role in helping meet those needs.

The event is expected to involve the entire tripartite—organized dentistry's local, state and national levels.

"We'll be communicating with societies about existing access activities, because I know many of you have such programs in place," Dr. James Bramson, ADA executive director, told state and local leaders in a written message shortly after the Board meeting.

"Ideally," he added, "we'd like to have a national umbrella program that would deliver value to your own programs by getting them more attention. We're also talking to industry about tapping into some of their access programs."

In a follow-up message last week, Dr. Bramson told tripartite leaders that the Association's goal "will be to help existing programs as needed, spur new programs and enable individual dental practices to participate."

Wellpoint profits skyrocket: L.A. Times

Wellpoint Health Networks Inc. posted a 46 percent increase in first-quarter profits over the same period last year, the Los Angeles Times reported April 25.

Wellpoint, the target of a class-action civil suit filed by the ADA March 6, said its revenues for the first quarter had climbed 51 percent to \$3.9 billion, the Times reported.

The paper said increased earnings from Wellpoint and other firms in the health insurance industry reflect higher prices for medical care, especially at hospitals.

"Health insurance companies have been able to pass these costs on to employers and consumers, and as a result, premiums have risen by double-digit rates in the last two years," the Times reported, adding "early signs suggest that pattern will continue next year."

In its lawsuit against Wellpoint—as well as an earlier suit against Aetna Inc.—the ADA alleges that the insurer undercut fees charged by nonplan dentists without valid data to justify paying lower amounts.

The case is pending in U.S. District Court for the Northern District, Eastern Division.

—Reported by James Berry

Ross nominations sought

There is still time to nominate an outstanding clinical investigator for the Norton M. Ross Award for Excellence in Clinical Research.

Nominations are due June 3 at ADA headquarters.

The Ross award recognizes significant contributions in clinical investigations toward the diagnosis, treatment and/or prevention of craniofacial, oral, dental and other diseases.

Sponsored by the ADA Health Foundation with support from the Warner Lambert Healthcare Division of Pfizer Inc., the annual award is given in memory of dentist and pharmacologist Dr. Norton M. Ross.

Candidates are evaluated on the scope of their



scientific research, especially clinical dentistry and publications in refereed journals.

Nomination letters must describe the individ-

ual's accomplishments in research and explicitly describe the impact of the nominee's research on clinical dentistry. Nominations must also include a curriculum vitae that lists all published articles.

Previous recipients have conducted research in periodontics, oral and maxillofacial surgery, orthodontics and oral pathology.

This October, the winner will receive a plaque and \$5,000 during a dinner for the ADA Board of Trustees before annual session.

Submit nominations or request more information from Marcia Greenberg, staff coordinator, 211 E. Chicago Ave., Chicago, 60611 or call the toll-free number, Ext. 2535. ■

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Government

ADA opposes dental training budget cuts

BY CRAIG PALMER

Washington—The Association urged Congress April 23 to reject Bush administration budget cuts for oral health service and training

programs providing care for children and low-income patients.

The Association “strongly opposes” budget proposals that would eliminate government fund-

ing of general practice and pediatric dental residencies and result in a mid-stream cut-off of Medicaid children's oral health projects, Dr. D. Gregory Chadwick, ADA president, told a



Photos by Anna Na Delort

Presidential: Dr. Chadwick tells congressional panel that training funding helps provide needed oral health care to underserved populations.

House appropriations subcommittee.

“The oral health community has made great strides these last few years to improve access to oral health care for underserved populations,” Dr. Chadwick testified. “Some of what we have accomplished has developed from programs funded by this committee.

"Because dentistry receives only a small portion of the federal health budget and because there must be a critical mass if these programs are to be effective, we cannot afford to lose any of these programs," the ADA president said as private sector health professionals and advocacy organizations testified on the federal health budget for fiscal year 2003.

The Association also offered support for appropriations requests presented in separate testimony by the American Association of Dental Research and American Dental Education Association.

The House of Representatives spending panel faces "some very difficult judgments," on the federal budget this year, Rep. Ralph Regula (R-Ohio) told witnesses representing 23 private sector health and education organizations at the annual appropriation hearing. Rep. Regula chairs the House subcommittee charged with preparing next year's budget for the Health and Human Services, Labor and Education departments. The Association is invited annually to advise Congress on dental program needs.

Rep. Patrick J. Kennedy (D), a subcommittee member, told Dr. Chadwick of the "staggering needs of 'children missing out on any oral health'" in his Rhode Island congressional district and thanked the Association for focusing attention on access problems. "I congratulate the work you're doing," the congressman said. "We're pleased to help raise the level of awareness," Dr. Chadwick replied.

Though the questioning of witnesses was limited given the lengthy afternoon of scheduled testimony, the subcommittee chair, Rep. Regula, asked about dental disease in relation to general health. "Certainly there is a connection between oral health and systemic health, yes," Dr. Chadwick replied.

See CUTS, page eight



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¹ Hargrett-Nelson, D.M.D., et al., "The Effect of Bonding Agent on the Bond Strength of Composite to Dentin," *Journal of Biomedical Materials Research*, 1991, 24, 11-17.

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Rep. Regula: Tells witnesses the House faces “some very difficult judgments” on the federal budget this year.

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ADA backs revised privacy standard

Remains cautious about specific language in proposed rule

BY CRAIG PALMER

Washington—The American Dental Association “generally supports” proposed national standards to protect the privacy of individually identifiable health information as revised by the Bush administration, said ADA President D. Gregory Chadwick.

The Association asked for further clarification of the regulatory language as it relates to routine dental office conversations and contracts with business associates and said dentists still have “several questions and concerns” about the proposed rules.

The regulations are already in effect but undergoing revision before the April 14, 2003, compliance date that applies to covered dentists and other custodians of patient health information.

“The Association supports many provisions of the proposed rule,” the ADA said April 23 in written comments on modifications announced March 27 by the administration, the latest in a series of revisions and clarifications. Dr. Chadwick signed the six-page statement as the Association’s chief elected officer. The administration has given no indication of when the regulatory language will be final.

The Association said it supports several of the recent revisions, including a modification intended to make patient written consent for use and disclosure of protected health information optional rather than mandatory. The Association

Government



“agrees that health care providers should have the option of obtaining their patients’ written consent to use or disclose protected health information for treatment, payment or health care operations,” the statement said.

The Association also supports a provision to

permit continued exchange of administrative information between general dentists and specialists and “strongly encourages the Department [of Health and Human Services] to retain this provision in the final privacy rule.” HHS will administer the complex set of privacy rules adopted under the 1996 Health Insurance Portability and Accountability Act.

The Association also commented favorably on the status of other privacy issues raised by the new national standards:

- “The ADA is pleased that the Department does not expect dentists to remodel their dental offices and recognizes that incidental disclosures resulting from oral communications will not result in violations to the privacy rule.

- “The ADA is also pleased that the Department has clarified that the privacy rule permits disclosures of patient information as part of the sale, transfer, consolidation or merger of dental practices without the requirement for a patient’s authorization.

- “The Association supports the Department’s release of model business associate contract terms. This will help the Association to educate members in complying with the final privacy rule.”

The proposal gives covered entities an additional year to change existing business associate contracts. The Association called for extending the extra year to business associate contracts not yet executed. ■

Did you get the call yet? ADA offers HIPAA help

Telemarketers are busy advertising HIPAA products to dentists. From consultants to newsletters to legal assistance, it’s all available—at a price.

Do you need such assistance?

Probably not.

The release of regulations en route to administrative simplification under the Health Insurance Portability and Accountability Act of 1996 continues to generate questions, comments and misinformation within dentistry.

Seek clarification from the ADA. Go to “ADA.org/goto/HIPAA” or call on ADA staff members. They are among the best informed HIPAA resources available.

If you’ve got questions about your status under HIPAA, contact the ADA department of dental informatics toll-free, Ext. 4608, or e-mail “HIPAA@ada.org”. For other questions about HIPAA or about filing for an extension, call Robert Lapp, Ph.D., director of dental informatics, toll free, Ext. 2750.

And if you’ve got questions about the proposed HIPAA privacy rule, the ADA has straight answers in the HIPAA Privacy Kit available this summer. You can reserve a copy in advance by calling 1-800-947-4746. ■



How to file for a HIPAA code extension

BY ARLENE FURLONG

Any dentist who needs an extra year to comply with electronic transactions and code sets under HIPAA should set aside time to file for an extension.

How much time?

With Internet access, five minutes, tops.

American Dental Association staff already tested the process to facilitate members’ compliance with the first set of regulations (transactions and code sets) under the Health Insurance Portability and Accountability Act of 1996.

Why would I need an extension?

The original deadline for the rule was Oct.

16, 2002. Delays at the Department of Health and Human Services in finalizing transaction revisions made it nearly impossible for the clearinghouses to comply by the original deadline. So the deadline will be pushed back one year—to Oct. 16, 2003—for anyone who sub-

See CODE, page nine

Cuts

Continued from page six



Rep. Kennedy: ‘I congratulate the work you’re doing,’ at the ADA.

The ADA recommended a \$15 million appropriation for general and pediatric dentist residencies. These training programs “provide dentists with the skills and clinical experiences needed to

deliver a broad array of oral health services to the full community of patients and have been a highly effective tool in improving access and availability of primary care services to underserved populations,” the Association told Congress.

The administration’s budget calls for eliminating federal support for residencies that provide training for general and pediatric dentists. If the budget is cut, as proposed, 372 dental residencies will be discontinued, the Association said.

The Association also is “concerned” that the administration’s budget would cut off support for Medicaid demonstrations in California and North Carolina aimed at improving access to care for low-income children.

“The ADA believes that these pilot projects could be beneficial to understanding the disparities to access in the current delivery system,” Dr. Chadwick testified. “We hope that the committee will work with us to reinstate funding to complete these projects.”

The Association also presented funding requests for oral health programs serving native Americans, low-income mothers and children, HIV/AIDS patients and Special Olympics athletes, education and training of minority and disadvantaged students, and programs providing scholarships and loan repayment for dental students.

The ADA urged Congress’ support as well for continued dental leadership, with chief dental officers, in government agencies managing dental service and training activities. ■



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FDA: Beware of candy bearing nicotine

Not a smoking cessation device

BY STACIE CROZIER

Washington—Smokers who've used nicotine-containing lollipops or lip balm as a smoking cessation aid or a quick fix in a non-smoking environment may be surprised to learn that some such products could be illegal.

The FDA says that compounded nicotine medications produced with a compound not approved by the U.S. Food and Drug Administration and produced without a prescription are illegal.

The FDA issued warning letters on April 10 to three pharmacies nationwide that have been selling nicotine lollipops and/or nicotine lip balm on the Internet. The pharmacies involved are located in Mississippi, Massachusetts and Illinois.

The products, said the FDA, appear to be compounded and dispensed without a doctor's prescription and contain a form of nicotine not used in FDA-approved smoking cessation products. The candy-like lollipops may also present a risk to children who mistake them for candy, the FDA adds.

The products, says the FDA, use a compound

of nicotine salicylate with natural sweeteners and flavorings, rather than an FDA-approved nicotine like nicotine polacrilex, a substance used in many commercially prepared nicotine replacement products.

Dentists have the right to prescribe compounded drugs for their patients, and sugar-free drugs may be among those they may choose to prescribe, says Dr. Kenneth H. Burrell, senior director of the ADA Council on Scientific Affairs.

Compounded pharmaceuticals fill a niche that isn't served by manufacturers, says L.D. King, executive director of the International Academy of Compounding Pharmacists.

"Compounding pharmacists can prepare a wide range of dosages that might be prescribed to a patient," says Mr. King. "A lot of compounded drugs are done for single patients, and

occasionally pharmacies produce small batch compounding. Specialized drugs focus on small groups of patients with special needs. A patient in a smoking cessation program might need a higher or lower dose of nicotine in a product than is commercially available."

The International Academy of Compounding Pharmacists, Mr. King adds, has only about 1,600 members in the United States and Canada, a small percentage of pharmacists overall. The National Association of Boards of Pharmacy in Park Ridge, Ill., says that individual state reports indicate there are some 216,250 active practicing pharmacists in the United States, but that figure could be 20,000-30,000 shy of actual numbers.

Mr. King says the IACP is recommending that its member pharmacists require prescriptions for nicotine-containing compounds, that they use FDA-approved nicotine substances in their com-

pounds, that they instruct patients on proper use of the medication and that they continue to use child-proof packaging and warnings about potential dangers to children.

"I haven't seen any evidence that children have been using these products," Mr. King adds. "It seems to me they could get cigarettes easier than they could get the medication lollipops."

But Matthew L. Myers, president of the Campaign For Tobacco-Free Kids, said in a recent statement, "The lollipops are the symptom of a much larger problem as tobacco companies and other manufacturers rush to market a new generation of addictive nicotine products."

Products like cigarettes marketed with claims of reduced health risks, candy-like tobacco lozenges, nicotine water, lollipops and lip balm should be better regulated, Myers adds, in order to protect children and families. ■

Code

Continued from page eight
mits an application for an extension, called a "compliance plan," by Oct. 15, 2002.

Does this even apply to me?

Maybe not. The rule only applies to:

- practices that submit or receive electronic transactions through a vendor or clearinghouse;
- practices that submit paper claims to a billing service for conversion to electronic transactions.

Will HIPAA require me to submit claims electronically?

No. But some states and payers might. If your practice mails claims directly to patients' health plans, the HIPAA rule does not apply to you.

Why are they threatening fines and jail time?

Although HIPAA legislation does include civil and criminal penalties for noncompliance, the most immediate and severe consequence of not filing for an extension would be possible exclusion from the Medicare, not the Medicaid, program. This would not affect most dentists.

How do I file for an extension?

The online, interactive compliance plan and the downloadable Adobe PDF-based paper form are available at the Center for Medicaid and Medicare Services' Web site ("www.cms.gov/hipaa/hipaa2/ASCAForm.asp").

Or, access the link from ADA.org. Visit "www.ada.org/goto/hipaa" to link to the CMS Web site and extension form and learn more about HIPAA.

CMS provides an online confirmation number to acknowledge receipt of electronic extension applications. Dentists should keep and file this verification of submission.

Compliance plans must be submitted electronically by Oct. 15, 2002. Paper submissions must be postmarked by Oct. 15, 2002. CMS will not acknowledge receipt of paper submissions. For proof of delivery, you should request a return receipt from the U.S. Postal Service. ■

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OSHA warning on beryllium

Bulletin issued to prevent adverse health effects in dental lab workers

BY CRAIG PALMER

Washington—The Occupational Safety and Health Administration cautioned the nation's dental laboratories and lab technicians April 23 to be alert to potentially life-threatening lung disease associated with exposure to dust from the metal beryllium when used in producing crowns, bridges and partial denture frameworks.

The unusual nationwide warning in the form of a Hazard Information Bulletin, the first warning of its type this year, is posted online at the

Government

OSHA Web site ("www.osha.gov/dts/hib"). OSHA said such warnings are intended to provide information about occupational hazards but are neither standards nor regulations, "and they create no independent legal obligation. They are advisory in nature, informational in content, and are intended to assist employers in

providing a safe and healthful workplace."

OSHA cited several reports of chronic beryllium disease, a debilitating and often fatal lung disease, among dental technicians. The Hazard Information Bulletin applies to dental labs and not to dental offices unless beryllium-containing dental alloys are fabricated or modified in dental offices, the agency said. The advisory is entitled, "Preventing Adverse Health Effects from Exposure to Beryllium in Dental Laboratories."

The Association has reported on the benefits

and risks of base metal alloys for crown and bridge applications. A September 1985 report in the Association's clinical journal cites hazards and precautions for laboratory technicians exposed occasionally or routinely to high concentrations of beryllium dust and vapor (JADA, 1985; 111: 479).

"Inhaling beryllium dust at some concentrations is extremely hazardous—sometimes deadly," OSHA Administrator John Henshaw said in a statement. "We are concerned that dental lab technicians are continuing to contract the disease associated with beryllium exposure. This bulletin informs dental labs and workers of the potential hazards and offers effective methods to prevent exposure to beryllium."

Not all dental alloys contain beryllium, said the OSHA announcement. The agency advised dental laboratories and technicians to inquire about the contents of the alloys they are using and urged employer and employee precautions to protect against adverse health effects associated with beryllium exposure.

Information about the contents of dental alloys can be found in the material safety data sheets that accompany these products from the manufacturer, OSHA said.

■ "Inhaling beryllium dust at some concentrations is extremely hazardous—sometimes deadly. We are concerned that dental lab technicians are continuing to contract the disease associated with beryllium exposure."

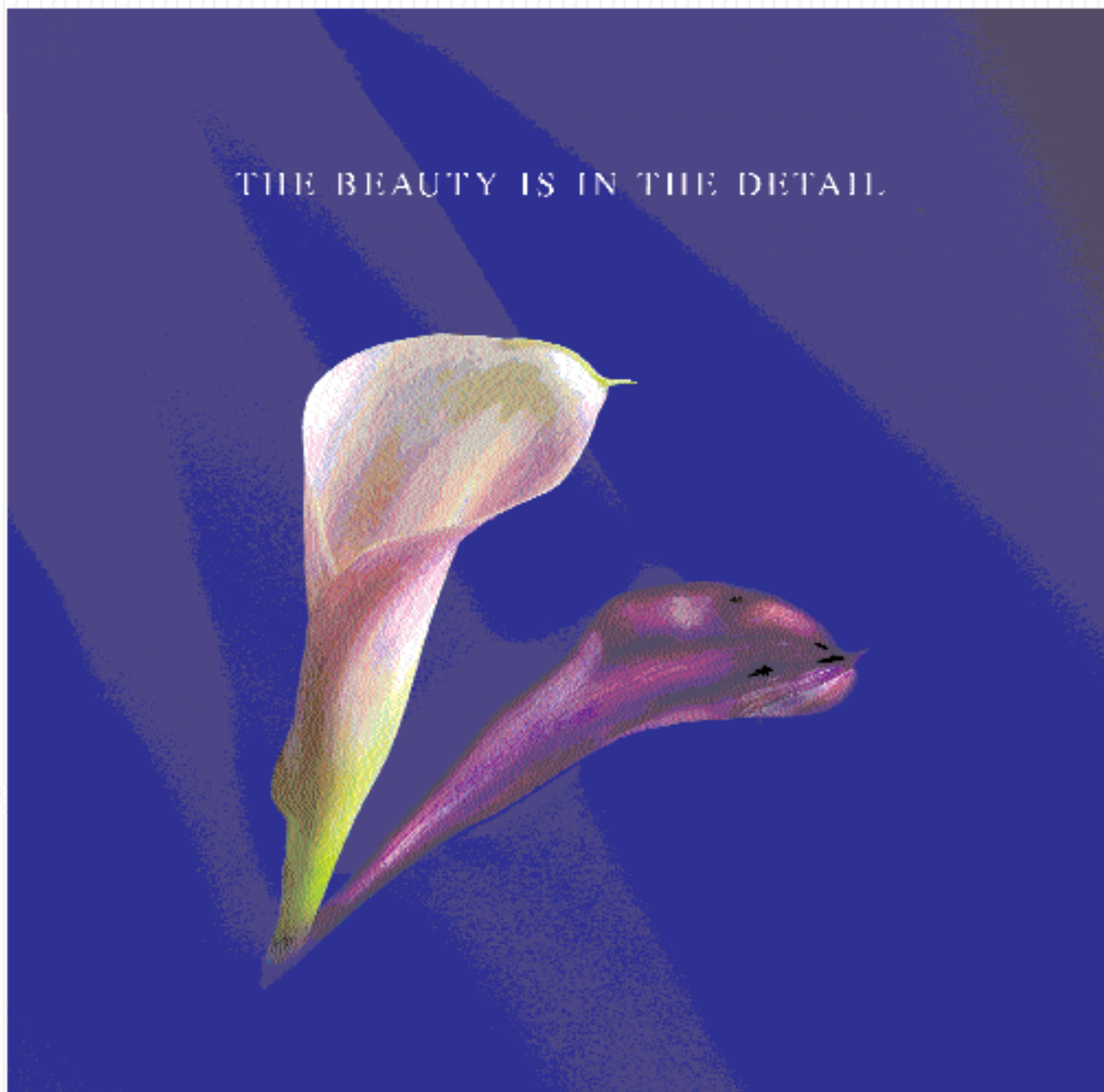
"To the employee," said the OSHA bulletin, "if you have repaired or fabricated dental appliances or restorations made from beryllium-containing alloys and have developed any of the symptoms listed below, you should inform your employer and health care professional of your past beryllium exposure, or seek information from a health care professional who specializes in occupational lung diseases, to determine whether you may have developed chronic beryllium disease."

Disease symptoms listed by OSHA include unexplained cough, shortness of breath, fatigue, weight loss or loss of appetite, fever or night sweats. But workers may have disease without knowing it and may want to seek blood testing to identify beryllium sensitization.

Only workers who are sensitized to beryllium are believed to develop the disease, said an OSHA health standards officer. Research has shown that between 46 and 100 percent of surveillance-identified workers with beryllium sensitization already have chronic beryllium disease at the time of initial assessment for the disease.

Those sensitized, but without CBD, have about a 10 percent chance a year of progressing to CBD, the agency said. Early recognition of the disease can lead to early treatment, which may delay progression of clinical symptoms related to CBD.

The Hazard Information Bulletin lists three medical research centers and one laboratory as offering the blood test that identifies beryllium-sensitized workers. ■



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Amalgam

Continued from page one

staff officers of the two dental organizations joined in expressing the "strong opposition" of practicing dentists to the bill proposing to phase-out use of dental amalgam as a tooth restorative.

"Dental amalgam is the most thoroughly researched and tested restorative material among all those in use," the two professional groups told Congress. "It is safe, effective, functional, inexpensive, easy to use and durable relative to other materials and therefore remains a valued option for dentists and their patients." Attached to the letter is a chart comparing direct and indirect restorative dental materials that the ADA prepared recently and distributed to member dentists in the March 18 ADA News ("www.ada.org/prof/prac/issues/topics/materials.html").

The ADA represents more than 140,000 U.S. dentists and the NDA more than 7,000 African-American dentists in the United States with an undetermined number of dentists members of both organizations.

The all-Congress letter is co-signed by ADA President D. Gregory Chadwick and Executive Director James B. Bramson and NDA President Gregory A. Stoute and Executive Director Robert S. Johns.

■ **"The process by which amalgam is made renders its mercury component physically and chemically stable and therefore safe for use in accepted dental applications."**

"The ADA and the NDA, and our members, are committed to placing patients' interests first and to following the guidance of sound science in preventing and treating disease," the letter said. "H.R. 4163 will not achieve its intended goal of enhancing patient safety." The legislation introduced April 10 by Reps. Diane Watson (D-Calif.) and Dan Burton (R-Ind.) "would needlessly ban the use of dental amalgam by 2007," the dental organizations said.

The bill, which would prohibit after 2006 introduction into interstate commerce of mercury for a dental filling, was referred to the House Energy and Commerce Committee. The ADA and NDA urged House and Senate members to decline co-sponsorship and to oppose the bill.

"Concern about amalgam, because it is an alloy that is 50 percent mercury, is intuitive but unfounded," the dental groups said. "Although mercury is toxic, the process by which amalgam is made renders its mercury component physically and chemically stable and therefore safe for use in accepted dental applications."

"Additionally, the ADA and the NDA have been working with the Congress, governors and state legislators in an effort to respond to the Surgeon General's 2000 Report on Oral Health on the need to improve the status of oral health care in America. Putting inadvisable restrictions on the use of dental amalgam for no valid scientific reasons, and thereby causing unwarranted patient concerns about its safety, could have an unfortunate adverse effect on efforts to improve access to care for all Americans."

A separate ADA statement on H.R. 4163 is online at "www.ada.org/prof/prac/issues/statements/amalgam2.html".

The proposed Mercury in Dental Filling Disclosure and Prohibition Act, as it is entitled, was referred on April 23 to the Commerce health subcommittee. No hearings are scheduled. ■

Maryland amalgam suit dismissed

Rationale for limiting dentists' free speech deemed 'vague'

BY MARK BERTHOLD

Baltimore, Md.—Supporters of "mercury-free dentistry" will need something more substantial before suing the Maryland State Board of Dental Examiners for violating dentists' free speech, a judge has ruled.

Judge Andre Davis of the U.S. District Court of Maryland dismissed a lawsuit against the dental board without prejudice for lack of jurisdiction, saying the case is not "ripe" for adjudication.

According to the ruling, the plaintiffs sought

an injunction to prohibit the dental board from enforcing any rule or policy that "prevents, limits or intimidates" dentists from discussing "the controversy over amalgam" with patients.

The lawsuit was part of an ongoing dispute between supporters of "mercury-free dentistry" and the dental board over the board's efforts to put in place regulations to protect dental consumers from feared overreaching by dentists who advocate removal and replacement of amalgam.

But to Judge Davis, the amended complaint

still lacked "ripeness," describing it as "far too attenuated and vague to admit of judicial resolution."

He also found "no warrant for intervention by a federal court at this stage in this on-going public policy debate."

Though the case is now closed, Judge Davis commented that "if specific disciplinary or other enforcement actions are undertaken or threatened by the dental board, then a proper complaint may be filed in federal and/or state court for appropriate redress." ■



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California defeats amalgam bill

BY MARK BERTHOLD

Sacramento, Calif.—About an hour past midnight, April 24, the state assembly's Health Committee voted 9-4 to table a bill that would have phased out the use of dental amalgam.

"Part of the junk science testimony was that amalgam is a 19th-century medical practice—and that, in itself, is a reason to not use it," says Assemblyman Sam Aanestad (R-3rd), an oral surgeon who sat on the health committee and was instrumental in defeating the legislation.

"Yet, four out of the five committee members who agreed with that analogy were wearing eyeglasses—another health apparatus used in the 19th century."

The defeated bill, AB 2270, was introduced last year by Assemblyman Dick Dickerson (R-2nd) and originally addressed the packaging, labeling and advertising of cosmetics under the state's Sherman Food, Drug and Cosmetic Law.

Mr. Dickerson amended the bill



Dr. Aanestad

April 9—three weeks after being defeated by Dr. Aanestad in the state senatorial primary—by striking all references to cosmetics and introducing language that recreated the bill as anti-amalgam in nature.

"This bill, on and after Jan. 1, 2007, would prohibit a dentist from providing a patient with a dental filling that contains mercury," he wrote.

Furthermore, from now until the total ban takes effect, the bill would have required dentists who place amalgam fillings to provide patients with a written disclosure that reads:

"This dental amalgam contains approximately 50 percent mercury, a highly toxic element, and therefore poses health risks. This product should

not be administered to children less than 18 years of age, pregnant women or lactating women."

Such proposed warnings conflict with the U.S. Food and Drug Administration's guidance on labeling dental amalgam and FDA conclusion that "no valid scientific evidence has ever shown that amalgams cause harm to patients with dental restorations."

Despite this, Mr. Dickerson's amended bill stated that violating his provision would constitute unprofessional conduct.

Witnesses at California's late-night proceedings credit the expert testimony of Dr. Fred Eichmiller, director of the ADA Health Foundation's Paffenbarger Research Center, for providing good, sound scientific information that helped defeat the bill—and praise the California Dental Association for its proactive response.

"The most important thing was the CDA did a very good job of educating the committee before the hearing—putting the facts before them," says Dr. Eichmiller. "This allowed us to use our testimony to really answer specific questions and address any confusions, without having to present all the background information."

The CDA also presented testimony from Dr. Andy Soderstrom, a pediatric dentist from Modesto, who said banning dentists from using amalgam would cripple the state's already floundering DentiCal (Medicaid) program.

The fight is obviously far from over, notes Judy Pulice, assistant executive director of the CDA, who also expressed appreciation to the ADA for providing CDA with expert advice and resources.

"Anti-amalgam groups are committed to achieving a ban on amalgam," she says. "The author of this bill calls this a 'national movement'—and legislators and state associations need to take them seriously. We are going to be fighting this on 50 fronts."

Indeed, the New Hampshire legislature just passed a bill that would require dentists to notify patients about the risks and benefits of different restoratives, discuss restorative treatment choices and install amalgam separators.

The ADA is working closely with the New Hampshire Dental Society to improve the onerous aspects of this legislation or request the governor to veto it. ■

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Dr. Aanestad says 'Get involved'

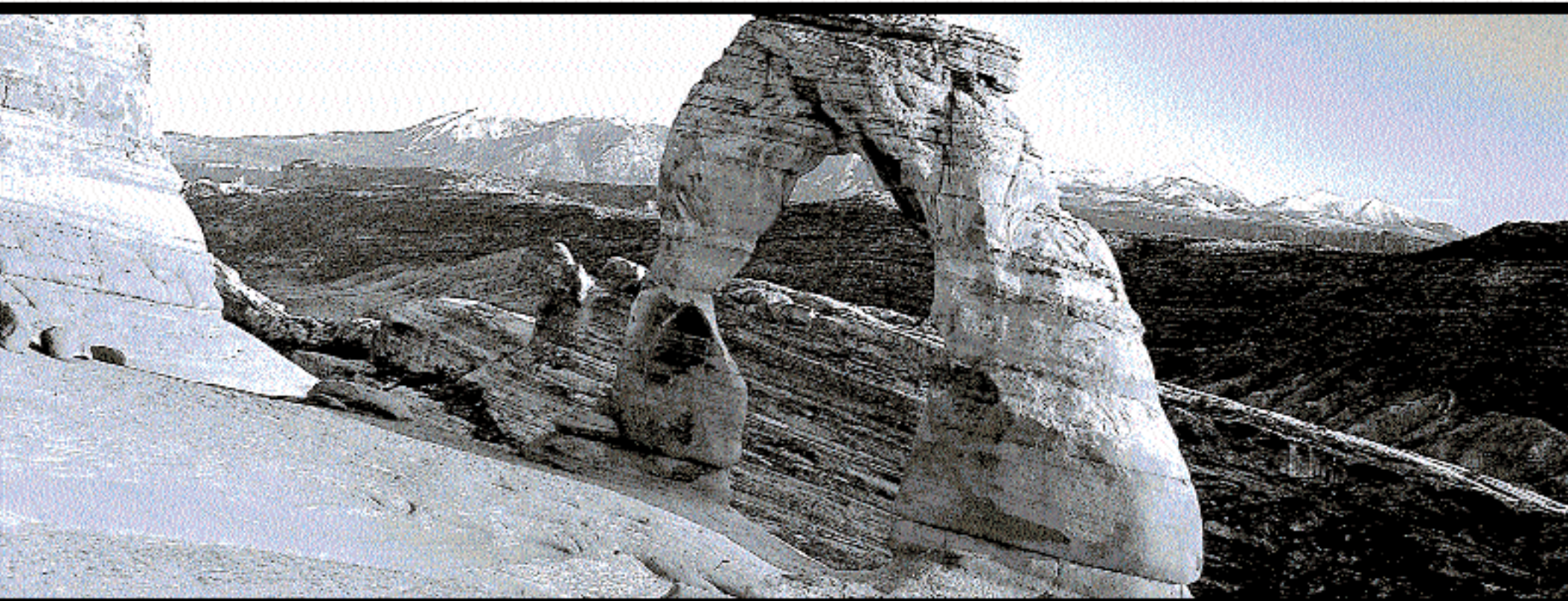
Accusations, partisanship and hysteria: not the usual stuff of scientific debate. And yet, dentists and dental organizations across the country should not underestimate their influence in legislative battles ahead over the use of amalgam in dental fillings.

"Don't assume the anti-amalgamists are going away just because they have no hard science," says California State Assembly member Sam Aanestad, an oral surgeon. "It is extremely important to stay on top of any legislation, no matter the likelihood of it passing."

"I am an oral surgeon and my role is to make sure the legislature listens to scientific evidence and the experts, rather than knee-jerk political fixes or emotional responses based on junk science," he continues. "I have the ability to walk into the offices of other legislators, speak with them one-on-one, and they know and trust me and listen to what I have to say."

"That personal relationship is what makes concerns between legislators work—just as it makes the doctor-patient relationship work—and dentists need to get involved in their legislation," he emphasizes. ■

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ULTRADENT•USA

Hearing the voice of youth

ADA Board welcomes student leaders to April meeting

BY JAMES BERRY

"Our relationship with the ADA has never been better," Kevin Rencher, president of the American Student Dental Association, told the Board of Trustees April 15.

To drive home the point, the ASDA leader repeated the statement twice more in a 15-minute presentation to delighted officers and trustees.

"We want to play a positive role in increasing the percentage of new dentists actively involved with the ADA" and at all levels of organized dentistry, said Mr. Rencher, a senior dental student at the University of Iowa dental school. The student president appeared before the Board with ASDA Executive Director Cynthia Airhart.

Mr. Rencher thanked ADA leaders for smoothing the transition from ASDA to ADA membership—a reference to ADA House of Delegates Res. 44H-2001, among other measures aimed at streamlining the conversion from student membership to full membership.

He also thanked ADA leaders for their efforts to improve the dental licensure process. "We are making progress" on licensure, he said, "but we still have a lot of work to do."

The student president briefed ADA officers and trustees on the work of an ASDA Task Force on Diversity established by a vote of the student group's 2000 House of Delegates.

The focus, he said, is to recruit qualified candidates for dental education from the broad spectrum of American society. (As an example of ASDA's work in this area, the spring issue of its membership publication *Mouth* explores diversity from various angles.)

Mr. Rencher also thanked the Association for its involvement in National Dental Student Lobby Day, a joint venture with the American Dental Education Association. Now in its fourth year, the event actually covers two days of briefings on lobbying activities and visits with legislators in Washington, D.C.

With about 14,600 members, ASDA repre-



Speaking out: Kevin Rencher, ASDA president, addresses the Board of Trustees April 15. At left is Cynthia Airhart, ASDA executive director.

sents nearly 86 percent of U.S. dental students, an increase of about 10 percent in the past five years.

"We're working member-to-member to educate students on the role of organized dentistry and why they need to be involved," the ASDA president said. "We're making sure that every student understands the central role of organized dentistry."

Clearly impressed with Mr. Rencher's presentation, ADA President D. Gregory Chadwick observed, "The future of dentistry is in good hands." ■

Government

ADA joins coalition backing student aid exemption

BY CRAIG PALMER

Washington—The ADA, dental education, research, specialty and student groups are among 23 health and education associations that pledged support April 12 for draft legislation to exempt certain student aid from taxation.

Continued extension of tax relief to scholarships and loans used to finance professional education would free up funds for more student aid and send more providers to underserved areas, increasing access to health care services, the 23-organization coalition said in a letter to Sen. Marie Cantwell (D-Wash.).

Sen. Cantwell's draft bill would make National Health Service Corps loan repayment tax exempt. The Economic Growth and Tax Reconciliation Act of 2001 excluded NHSC scholarships from taxation. "Your proposal takes the next logical step in exempting NHSC loan repayment from taxation," the coalition said. "We look forward to working with you once it is introduced."

Under current law, the NHSC awards up to \$50,000 in loan repayment for the first two years of corps service. Recipients also are eligible for tax assistance payments on a portion of the loan repayment. Both are taxable income and reported to the IRS.

Also signing were the American Academy of Pediatric Dentistry, American Academy of Physician Assistants, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Association for Dental Research, American College of Nurse-Midwives, American College of Nurse Practitioners, American College of Osteopathic Family Physicians, American Counseling Association, American Dental Education Association, American Medical Student Association, American Optometric Association, American Organization of Nurse Executives, American Osteopathic Association, American Psychological Association, American Student Dental Association, Association of Academic Health Centers, Association of American Medical Colleges, Association of Clinicians for the Underserved, Association of Schools and Colleges of Optometry, National Association of Community Health Centers and the National Association of Graduate-Professional Students. ■



What does a dentist do all day? Dr. Mari Domingo, first year pediatric resident, and young participant at the UCSF School of Dentistry.



Rapt attention: Mary Kreinbring, director, ADA Library, shows kids how to find a book on gum disease during Take Our Daughters/Sons to Work Day.

The ADA saw the national event as an opportunity to promote careers in the dental profession and mentor the future workforce, encouraging state and local societies and member dentists to get involved, too.

One dental school, the University of California at San Francisco School of Dentistry, hosted more than 425 youngsters who rotated through the university's Public Service Programs.

"It's probably an understatement to say that our first 'Take Our Daughters/Sons to Work Day' was an overwhelming success," ADA Executive Director James B. Bramson and Chief Operating

Officer Mary Logan said in a joint statement. "What a fun day for everyone."

Kids at the ADA enjoyed a building tour, "shadowing" staff and science experiments that included preparing a simulated dental plaster cast.

"I had two favorite parts of the day," said Helen Baker, age 9. "The interviews with staff and science experiments. I liked how we could put little teeth things together to make one piece."

Does Ms. Baker have a newfound interest in a dental career? "No, I still want to be a lawyer," said the daughter of associate general counsel Tamra Kempf. ■

Younger generation on the job

BY KAREN FOX

A bold new workforce entered the ADA headquarters April 25 when more than 45 children age 9 to 14 reported for duty in celebration of Take Our Daughters/Sons To Work Day.

Guide

Continued from page one
dental products. Just select a product category, such as "chairs and accessories" or "endodontic instruments and supplies," from a drop-down list on the buying guide search page. Or browse the entire listing of product categories.

In either case, a results page will return the list of manufacturers who make products in

that category with links to detailed contact information.

Manufacturers can purchase brand-name listings for their products as well as company profiles, providing more detailed information about specific offerings. To find specific brand names, visitors can simply search by keyword. All products bearing the ADA Seal of Acceptance appear in the guide.

Visitors can also search for manufacturers by name or location, or view the entire collection of manufacturers in a comprehensive alphabetical

listing. A separate search function provides contact information for dental product dealers by geographic location.

A special bonus section, "Information to Guide the New Dentist," aims to arm recent graduates with the information they need to launch successful careers. ADA membership benefits, practice location issues, income and expense demographics, and managed care and contractual agreements are among the topics covered in this feature, along with links to a host of online resources.

Beginning this summer, the guide will also spotlight a special Company of the Month. This monthly profile of a dental manufacturer will offer visitors more information about the companies from which they can purchase products and services.

"We hope our online visitors find the Dental Buying Guide easy to use and informative," Ms. Kosden added. "We look forward to receiving feedback on further enhancements to the guide. Our intent is to make it even more comprehensive than it is now." ■

Hygienist

Continued from page one
professionals and patients about the AwDA, the safety of the dental office and the effectiveness of universal precautions, says the ADA in its brief.

Without a clear ruling from the justices, the Association observes, confusion surrounding the disabilities act will persist, and that in turn "will contribute to unwarranted public concerns about the safety of receiving health care in this country, including but not limited to care received in the dental office."

Attorneys representing Spencer Waddell petitioned the Supreme Court in March to review a decision of the 11th U.S. Circuit Court of Appeals.

The appeals court in December 2001 upheld a district court's summary judgment against the Atlanta hygienist who sued his employer, Valley Forge Dental Associates Inc., alleging that he was unlawfully suspended from treating patients after he tested positive for the AIDS virus.

Mr. Waddell, who was fired from Valley Forge in 1997 when he reportedly turned down a desk job, claimed protection under the disabilities act, the Rehabilitation Act and state statutes.

Northern Georgia U.S. District Court Judge Charles A. Pennell Jr. upheld Mr. Waddell's suspension from patient contact and declared that the dental hygienist's asymptomatic HIV infection posed a "direct threat" to patients.

Mr. Waddell's attorneys appealed the ruling to the 11th Circuit, which concluded that "the district court properly granted summary judgment to Valley Forge because an HIV-infected dental hygienist like Waddell poses a significant risk of HIV transmission to his patients."

In his petition to the Supreme Court, Mr. Waddell asks the justices to answer two key questions:

- Did the court of appeals err when it allowed a "direct threat" defense to prevail, despite evidence that the risk of HIV transmission from a dental hygienist to a patient is "immeasurably low and purely theoretical"?

- Did the appeals court err when it effectively placed the burden of disproving a direct threat defense on the plaintiff?

Mr. Waddell's petition quotes liberally from expert testimony heard in the lower courts that the HIV-positive hygienist was not a threat to patients.

Among the experts testifying on Mr. Waddell's behalf was Dr. Donald Marianos, a dentist and past director of the Division of Oral Health at the federal Centers for Disease Control and Prevention.

"One can reasonably say that hygienist-to-patient transmission of HIV is so unlikely that it remains nondetectable and theoretical at most," Dr. Marianos told the district court.

Essentially the same points are made and the same questions posed in the ADA's amicus curiae

(friend-of-the-court) brief and in Mr. Waddell's petition, though the two documents were drafted separately.

"We are concerned," writes the Association, "that, absent clarification about 'direct threat,' lower courts will continue to send mixed messages to health care professionals and the public about their rights and responsibilities under the [AwDA]."

Both the Association's brief and Mr. Waddell's petition cite Bragdon vs. Abbott as having provided science-based answers to questions raised in the Waddell case.

Dr. Randon Bragdon, a Maine dentist, was sued after he reportedly refused to treat an asymptomatic HIV-infected patient, Sidney Abbott, in his private dental office.

The case went all the way to the Supreme Court, which ruled in June 1998 that an asymp-

omatic HIV-infected patient is protected against discrimination under the disabilities act.

But the high court returned to a lower court the science-based question of whether Dr. Bragdon could refuse to treat an asymptomatic HIV-positive patient because of a perceived threat of disease transmission.

Revisiting the case at the Supreme Court's direction, the First Circuit Court of Appeals in 1999 upheld its earlier rejection of Dr. Bragdon's claim that Ms. Abbott's disease posed a direct threat to the dentist and others in his dental office.

In sustaining its earlier decision, the First Circuit's accepted expert testimony that "universal precautions" (the barrier techniques and other safeguards advocated by the CDC and the ADA) are effective in blocking disease transmission.

The 11th Circuit's ruling in the Waddell case contradicts court findings from Bragdon vs.

Abbott and other cases, the ADA notes in its Supreme Court brief.

"With the current circuit split about 'direct threat,' the waters are muddy once again," the Association observes. "Now that some of the circuits have chipped away at what seemed to be a clear rule, questions are arising routinely regarding application of the [disabilities act] to day-to-day dental practice."

Contradictory court rulings, the ADA says, have "set the stage for inconsistent interpretations of the 'direct threat' defense by providers and patients alike." And only the Supreme Court can clear the muddy waters of confusion.

All parties to the Waddell case should know within a few weeks whether the high court will review the case. The justices hear fewer than 5 percent of the cases they're asked to review, and they're due to recess in mid-June. ■

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Correction

New Orleans—The ADA's International Volunteer Symposium is set for Thursday evening, Oct. 17 and Friday, Oct. 18.

The dates for this annual session registered clinic were listed incorrectly in the April 15 ADA News.

For more information on this one-and-a-half-day symposium, designed for dentists who are interested in volunteering overseas for the first time as well as veteran international dental volunteers, call the annual session toll-free number, 1-800-232-1432 or e-mail "annualsession@ada.org". ■

Olympic dentistry

BY STACIE CROZIER

Salt Lake City—In the results-oriented arena of Olympic sports, numbers speak volumes. They tell athletes and spectators alike: how fast; how far; how many points; how many medals it takes to spell victory and excellence.

And, for the highly trained group of professionals who donated world-class dental care to the 2002 Winter Olympic and Paralympic athletes, the statistics deserve a gold medal.

Fourteen volunteer dentists and 12 dental

Powell. "They were supposed to work a minimum of seven six- to eight-hour shifts while the Olympic village was open, but they didn't just do the minimum. So many times they really extended themselves, coming in early, staying late and even working double shifts to help keep athletes in shape for competition."

Dr. Powell's role as director began with three years of planning to determine the size and setup of the dental clinic and the scope of treatment that would be available, based on

"We saw a lot of things a dentist in the United States wouldn't often see in routine practice," says Dr. Powell. "Most of our patients were from outside the U.S. and many came to us with pain, swelling or injuries. We also tried to provide restorations and cleanings if time permitted."

"One of the dentists compared the clinic experience to camping," says Dr. Powell. "You didn't have the comforts of your own office when you were treating patients, but you knew you'd survive and patients would get the best care you could give them."

Dental manufacturers also joined the dental care team, donating nearly everything needed to set up a dental clinic from scratch—office equipment, instruments, materials, supplies and even office design, installation and repairs, Dr. Powell adds. Companies who donated include A-dec, Air Techniques, Dentsply, Instrumentarium Imaging, Kodak, Matrix, Patterson Dental, Tulsa Dental and Ultradent.

Volunteers gathered in March for a post-Olympic dinner to celebrate their accomplish-



Teamwork: The dental clinic staff gathers after the 2002 games.

assistants from Utah worked about 1,100 hours in the two-chair clinic. They completed 432 patient visits; took 173 panoramic radiographs and 497 intraoral radiographs; conducted 189 oral examinations; placed 98 amalgam and 266 composite restorations; performed 44 extractions; did 62 endodontic procedures; provided 87 prophies; performed 84 miscellaneous dental procedures (like re-cementing crowns, placing temporary fillings, prescribing medications, etc.) and fabricated 11 mouthguards, says Dr. G. Lynn Powell, director of the Olympic dental program and assistant dean for dental education at the University of Utah School of Medicine. All in all, the volunteers completed more than 1,500 procedures.

"The Olympic dental clinic volunteers all worked hard and did a marvelous job," says Dr.

figures from past Olympic committees. The dental clinic's mission was to provide 11 weeks of emergency dental care to athletes from around the globe.

"Our focus was to provide emergency care to keep athletes in their games," he explains. "We purposely decided early on that we would not do any crown and bridge, esthetics or dentures. But if we had had more time, a bigger facility and more staff, we could have done a lot more routine care."



Business as usual: Dr. Richard Martinez treats a patient in the Olympic clinic as Dr. Stephen Morgan observes.

ments as well as make recommendations for future Olympic planning committees.

"This was truly a group effort," said Dr. Powell, "and everyone enjoyed being a part of this one-of-a-kind experience." ■

Dentists perform

BY STACIE CROZIER

Salt Lake City—From clinic to concert hall, Dr. Brian Homer coordinated his Olympic schedule like a world-class athlete.

From the beginning of January through March 19, the Sandy, Utah, dentist logged almost 50 volunteer hours of dental care in the Olympic Polyclinic around a grueling schedule of 82 rehearsals, recording sessions and performances as a member of the Mormon Tabernacle Choir.

"I was able to arrange to volunteer at the clinic for the early shift, 8 a.m. to 2 p.m., even though I don't think I ever left at 2," he jokes. "The choir schedule was mostly evenings and weekends, so I didn't have any conflicts. I even spent a few days working in my office, but I did need to get reacquainted with my wife after it was all over!"

In fact, Dr. and Mrs. Homer headed for Hawaii after the Olympic village closed to celebrate their 31st wedding anniversary.

As a 13-year veteran of the acclaimed Mormon Tabernacle Choir, Dr. Homer per-



Action: Dr. Homer (right) with colleague, Dr. Robert Flath.

formed for the Opening Ceremony, the Light of the World Pageant, the Closing Ceremony, several other Olympic concerts and a special performance for the governor of Utah and special guests that included President George W. Bush, former Secretary of State Madeline Albright, and United Nations Secretary-General Kofi Annan.

"The whole experience was amazing," he says. "It is something I will never forget and I am glad to have had a part in it." ■



Heavy: Dr. Julie Gaskill, Bowling Green, Ky., carried the Olympic torch before the Salt Lake 2002 winter games.

Salt Lake Winter Olympics 2002—One dentist's impressions

BY DR. WALLY BROWN

Special to the ADA News

The giant interlocking Olympic rings are still brightly shining over the Salt Lake valley when the dental volunteer for the day at

the Olympic village reports to the pass control desk and proceeds through security screening to the Polyclinic building.

A group of 14 Utah dentists have volunteered to serve in the Olympic dental clinic treating athletes and other members of the official delegations participating

in the 2002 Winter Olympics in Salt Lake City.

Chosen from a large group of volunteer applicants, they have been in training for their service since September 2001.

Each of the 24,000 volunteers has undergone five sessions of training from general to specific venue and job training.

Dr. Lynn Powell, who heads the dental program at the University of Utah, was chosen to direct the dental clinic. Dr. Van Johnson makes the 180-mile round trip for each of his volunteer shifts.

Dr. Ron Shaw entertains his patients with songs and magic tricks while treating their dental needs.

Nicki Soffel, dental assistant to volunteer Dr. Shannon Lawson, has put her avocation of rodeo in the background while they make their 70-mile round trip treks.

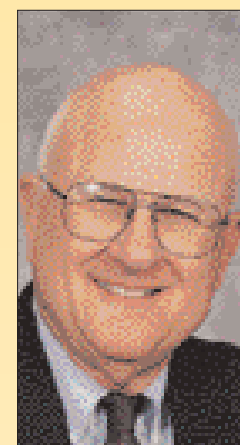
Dr. Brian Homer is arranging his clinic volunteer stints around his very busy schedule as a member of the Mormon Tabernacle Choir. [See story, this page.]

Dr. Steve Morgan is taking some time away from his duties as a delegate to the ADA House of Delegates. Dr. Rand Mattson, UDA secretary, finds time to serve in the clinic.

Dr. Wally Brown is the only endodontist on the volunteer staff. Other dentist volunteers include Dr. Craig Olson, Dr. Kent Linsley, Dr. Kelly Faddis, Dr. Kyle Morgan, Dr. Rich Martinez and Dr. Mark Cowley.

They are all busy in their private practices but have made time to provide this needed service as an essential component of this remarkable event. ■

Dr. Brown is past editor of UDA Action, the official publication of the Utah Dental Association. Excerpts from his article, Salt Lake 2002 Winter Olympics Dentistry, are reprinted with permission. The entire article was published in the March/April 2002 issue of UDA Action.



Dr. Brown

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ADA tells what's new in dentistry

Survey Center releases findings that can't be found anywhere else

BY ARLENE FURLONG

Do you wonder how many of your peers use computers at work?

Do you need demographic data to relocate your practice?

Can you estimate how many dentists will be practicing 10 years from now?

The ADA Survey Center has the answers.

The Survey Center collects and disseminates current and historic dental-related statistical information for the Association and its members. Most of the data about daily practice and professional trends can't be found anywhere else.

A collection of new reports are now available, at reduced prices for ADA members.

The 2001 American Dental Association

Dental Workforce Model: 1999-2020 makes long-term projections about the U.S. dental workforce on such trends as the number of dental school graduates, graduation levels and the number of licensed dentists.

It uses data for retirements, occupation change, location choice, specialty education and death to estimate the future size of the active dental workforce.

Among its findings are data showing that when the bubble of dentists educated in the 1970s retires, the profession will stabilize in numbers and age distribution. (See below left).

Also recently released, the 2000 Survey of Dental Practice—Employment of Dental Practice Personnel. The report shows the length

of employment, salaries and experience of dental office staff. Prepare for surprises. Did you know that dental hygienists' average weekly salaries have increased 14.1 percent in general practitioner's practices from 1995-1999?

Such facts are part of this update—the most complete source of information on private practice dentistry in the United States and conducted since the 1950s. It's available in five volumes:

- Income from the Private Practice of Dentistry;
- Annual Expenses of Operating a Private Practice (published triennially);
- Employment of Dental Practice Personnel;
- Characteristics of Dentists in Private Practice and Their Patients;
- Dentists in Solo and Nonsolo Practice.

Curious about the gross billings for all solo dentists between 1995 and 1999? Check out the 2000 Survey of Dental Practice—Dentists in Solo and Nonsolo Practice.

Or, find out how many private practitioners in 2000 reported they did not provide care for

Medicaid-insured patients. The answer is among facts reported in the 2000 Survey of Current Issues in Dentistry, Dentists Participation in Medicaid Programs.

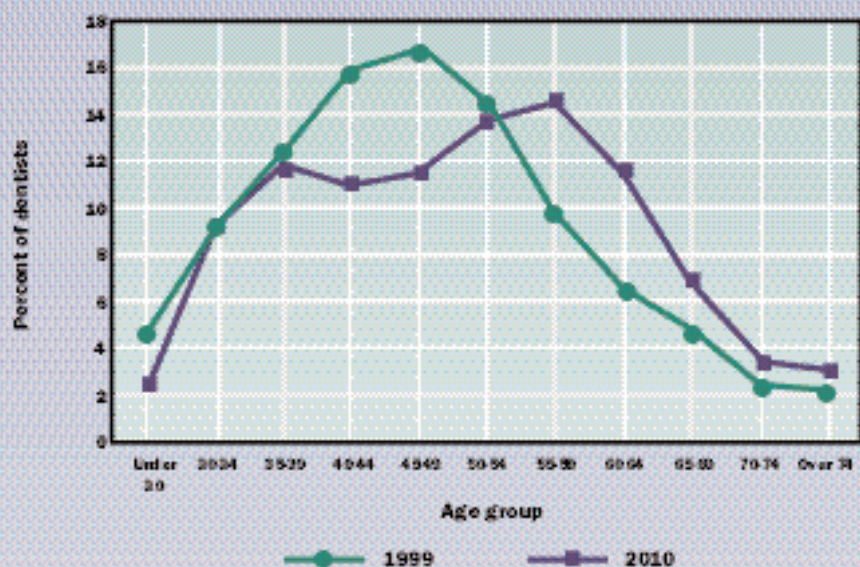
What's the average number of HIV/AIDS patients treated in dentists' offices per year? (See below right).

Discover this and related findings in the 2000 Survey of Antibiotic Use and Post-Exposure Follow-Up: Dentists' Follow-up to Bloodborne Pathogen Exposure. The survey reports on dentists' post-exposure follow-up of occupational blood exposures.

What do your patients think? The 2000 Public Opinion Survey: Oral Health of the U.S. Population reports adults' opinions and experiences with dental health care.

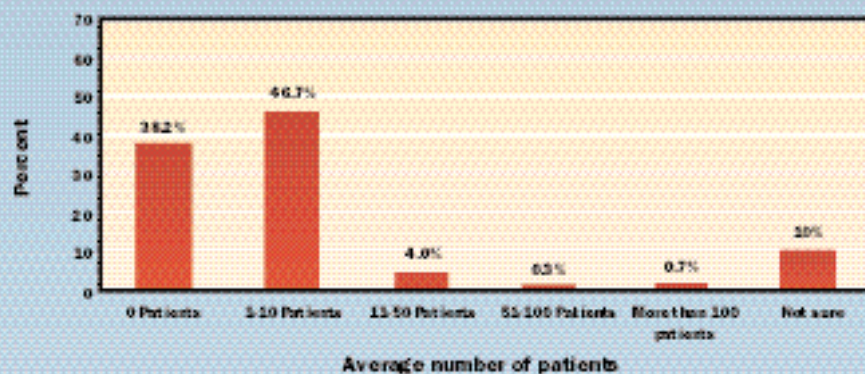
For Survey Center highlights, the latest reports and ordering information, go to the Professional Issues and Research page at ADA.org. Click on ADA Survey Center. For information on ordering and pricing, or to ask specific questions, call the Survey Center toll-free, Ext. 2568. ■

Percentage age distribution of professionally active dentists in 1999 and projected distribution in 2010



Source: American Dental Association, Survey Center, 1999 *Distribution of Dentists and Health Policy Resources Center*, 2001 *ADA Dental Workforce Model 1999-2020*.

Average number of HIV/AIDS patients treated per office, per year



Source: American Dental Association, Survey Center, 2000 *Survey of Antibiotic Use and Post-Exposure Follow-Up*.

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Speakers

Continued from page one

at 8 a.m. on Saturday, Oct. 19. As the nation's 41st president from 1989-1993, former President Bush's term saw dramatic global developments like the end of the Cold War and the fall of the Berlin Wall, the demise of the Communist Soviet Union and instatement of democracy in Russia.

President Bush's most notable accomplishment was to form a military coalition of 32 nations that defeated Iraq in the Gulf War after Saddam Hussein invaded and occupied Kuwait.

He signed the Americans with Disabilities Act, the Clean Air Act and other notable legislation that affected domestic policy issues. Before serving as president, Mr. Bush served as U.S. ambassador to the United Nations, chairman of the Republican National Committee, chief of the U.S. Liaison Office in China, director of the CIA and vice president under President Ronald Reagan.

Madeleine Albright will be the Distinguished Speaker on Sunday, Oct. 20, beginning at 8:30 a.m. As the U.S. secretary of state from 1997-2001, Ms. Albright became the highest-ranking woman in the history of U.S. government.

During her tenure, she led NATO's successful

campaign to reverse ethnic cleansing in Kosovo; promoted peace in Northern Ireland and the Middle East; and dealt with trade and human rights issues in our relationship with China.

American hero and statesman Bob Dole will serve as the third Distinguished Speaker at 8:30 a.m., Monday, Oct. 21. Former Sen. Dole was awarded two Purple Hearts and the Bronze Star Medal in World War II.

Though he wasn't expected to live after his war injuries, Dole went through a long and painful rehabilitation and went on to earn a law degree and enter political life.

He is one of only 16 Americans to serve as majority leader of the U.S. Senate, the longest serving Republican leader in history and the Republican presidential nominee in 1996. Sen. Dole was

awarded the Presidential Medal of Freedom—the highest civilian award in the government—by President Bill Clinton, for his meritorious contributions to the nation.

For more information on the ADA /Sonicare Distinguished Speaker Series, check your annual session 2002 Preview, coming this month online at "www.ada.org/goto/session", call the annual session toll free number, 1-800-232-1432 or e-mail "annualsession@ada.org". ■



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Safety alert: nitrous oxide

Screen for recent ophthalmic surgery

BY MARK BERTHOLD

Plumsteadville, Pa.—Clinicians who administer nitrous oxide should be aware of a possible adverse interaction with medical specialty gases used in ophthalmic surgery, warns Scott Medical Products.

Health & Science

The alert pertains to patients who, prior to a dental procedure that requires use of nitrous oxide, recently underwent ophthalmic surgery during

which C_3F_8 (perfluoropropane) or SF_6 (sulfur hexafluoride) gas was administered.

A “gas bubble” in the eye is associated with perfluoropropane use within the past eight weeks; with sulfur hexafluoride use within the past 14 days.

Although the presence of a gas bubble is con-

sidered a normal part of the healing process following such ophthalmic surgery, nitrous oxide can complicate matters.

The nitrous oxide can rapidly partition into the bubble, causing expansion and a pressure increase in the eye. Vision decrease and blindness have been known to result.

Ophthalmic surgery patients should be carrying a safety alert bracelet and patient card. Regardless, dentists should query patients during pre-op screening and should not administer nitrous oxide if a gas bubble is present in the patient's eye.

Jan Davis of the Food and Drug Administration agrees. “FDA supports Scott Medical in its efforts to inform the dental community about the danger of using nitrous oxide on patients who have undergone eye surgery using interocular gases,” she says. “FDA is recommending that dentists ask patients about recent retinal surgeries before using nitrous oxide.”

For more information, contact Jack Henne, quality systems manager of Scott Medical Products at 1-800-233-4334, Ext. 1225, or e-mail him at “jhenne@scottgas.com”. ■



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ADA
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FDA spurs pediatric drug labeling

BY MARK BERTHOLD

Rockville, Md.—Children are not smaller versions of adults, yet drugs OK'd for use in grown-ups are routinely given in a lower dosage to kids.

To stop this, the Food and Drug Administration says pharmaceutical companies need to offer dentists and physicians better guidance on the use of their drugs in pediatric patients.

To underline the point, the agency has pushed through legislation and incentives for drug companies to include children in their research studies. As a result, manufacturers are starting to add information in labeling and package inserts that specifically address use in the pediatric population.

But which drug products now have revised labeling, you ask? Check out this page on the FDA Web site: “www.fda.gov/cder/pediatric” for a complete and often-updated list.

It is “critical” that dentists and other health care providers “become aware of the important new information that is being discovered,” says Dianne Murphy, M.D., of the FDA Office of Pediatric Drug Development and Program Initiatives.

“Now we are finally studying products being used in children, on how best to use medicines in the pediatric population,” she adds. “This information is being put into labeling.”

FDA notes that manufacturers have completed and submitted 60 studies resulting in 33 drug products with new pediatric labeling information—including “important new dosing, safety or efficacy information discovered.” More labeling information is being developed from other submitted studies.

Drugs listed on the FDA Web site that might be prescribed or used by dentists include ibuprofen (Motrin, Advil), midazolam (Versed) and propofol (Diprivan). ■

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38	\$102,048.53	49	\$554,315.06
39	\$129,804.22	50	\$616,443.00
40	\$159,669.34	51	\$683,292.67
41	\$191,804.21	52	\$755,222.91
42	\$226,381.33	53	\$832,619.86
43	\$263,586.31	54	\$915,898.97
44	\$303,618.87	55	\$1,005,507.09
45	\$346,693.90		

The ADA Members Retirement Program is administered by The Equitable Life Assurance Society of the United States, NY, NY. It's one of the largest and most respected insurance companies. For more than a century, Equitable has provided products that can help you reach your retirement goals.

To maintain the lifestyle most dentists enjoy during their working years, you may need to save as much as \$2.5 million for your retirement.† If your retirement plan doesn't measure up to the guidelines above, now is the time to do something about it. The first step is to find out who you can trust to help you.

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*The Pension Plan, Brian Trafford, CPA, CFP, Dental Economics, March 1998 © 2002 Fidelity Investments. All rights reserved. These figures are based on a retirement savings goal of approximately \$2.5 million, as outlined in The Pension Plan, by Brian Trafford, CPA, CFP, Dental Economics, March 1998 © 2002 Fidelity Investments. All rights reserved.

Calculations are based on a 7.0% annual return on investment; a starting balance of \$30,000.00; savings of \$10,000.00 for each year between the ages of 35 and 65; a retirement age of 65; an unlimited retirement duration; to provide an annual retirement income of at least \$190,000.00 in current dollars.

AG-23358(A)(03/02)

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ADA honors dental student

Winner shows courage, ability to reinvent herself

BY ARLENE FURLONG

For Holland Maness, dentistry is a second calling—or third—depending on how you look at it.

First, she entered health care administration, managing a radiology practice and later consulting for hospitals on executive information systems. Then she entered motherhood, followed by single motherhood.

Now, she's well on her way to being a dentist, and the ADA Dental Student Scholarship program is helping her.

First in her family to attain a bachelor's degree, she says she looks forward to the professional designation of "Doctor."

"I want to move from the business side of health care to the patients' side," she explains. "And, I want a title determined by my abilities instead of my employment, for my security and the security of my family."

It's a six-year process. Before entering dental school, she had to complete two years of prerequisite science courses missed while pursuing a business degree. But overall, her background has served her well in dental school.

"Maturity plays a larger role in the process than I thought it would," the 35-year-old sophomore at the Medical College of Georgia says about her academic experience. "At first I was nervous about competing. But now I realize my life experience has shown me how to organize my time well."

Ranked fifth in a class of 56, Ms. Maness says studying often comes at the expense of sleep. "From 5 p.m. to 8 p.m. is the children's time. When they go to bed, I study."

Her 6-year-old daughter and 7-year-old son visit the dental school, watch her do lab work at home and receive their dental and orthodontic care from the dental school. "They probably know a little more about teeth than the average kid," Ms. Maness jokes.

"I really think that my being in school benefits them," she says. "Hopefully, it will open possibilities in their minds that didn't occur to me until my mid-twenties."

She believes that dentistry is ahead of other health care professions in the promotion of wellness. For her part, she speaks at her children's school and participates with fellow dental students in a program designed to raise dental awareness at other local schools.

"In high gear" is how she describes her current



Ms. Maness

lifestyle. Recently remarried, Ms. Maness will take her first set of written board exams on July 15. "After the boards, much of my education will be in delivering patient care, which makes all the studying of this last year worthwhile," she says.

The Association's scholarship programs are jointly administered and funded by the ADA Endowment and Assistance Fund, Inc., and the ADA Health Foundation.

The Dental Student Scholarship Program provided 35 students each with \$2,500 awards for the 2001-2002 academic year.

Corporate contributors for the Minority Dental Student Scholarship Program for the 2001-2002 academic year were Harry Bosworth Co., Colgate Palmolive, Eastman Kodak, Oral B Laboratories USA and Procter & Gamble.

This scholarship grant of \$2,500 is given to dental students who are underrepresented in dental school enrollment: African American, Hispanic and Native American students.

For the 2001-2002 academic year, 25 scholarships were funded.

The Allied Dental Health Scholarship Program provided \$1,000 grants to 15 dental hygiene students, 10 dental assisting and five dental laboratory technology students. Handler Manufacturing provided partial support for the dental laboratory technology scholarships.

For more information about the Association's scholarship programs, call the Endowment Fund using the ADA's toll-free number, Ext. 2567. ■

ADA grant programs

Other ADA endowment funds include:

- The Chemical Dependency Treatment Loan Program, which offers assistance associated with treatment costs;
- The Educational Retraining Loan Program, which provides assistance for educational support in retraining dentists who are disabled;
- The Disaster Assistance Loan Program, which offers financial assistance to dentists who are victims of disaster and need help in repairing or reconstructing their dental offices. ■

Allied program awards 2001-2002

A total of 90 students pursuing dental careers and allied dental health careers received ADA scholarships for the 2001-2002 academic year. The programs are jointly administered and funded by the ADA Endowment and Assistance Fund and the ADA Health Foundation.

Dental Student recipients were:

Darren Alexander, University of Mississippi; Sajana Allin, University of Florida; Krystyn Blumber, Temple University; Tami Boomsma, University of Pittsburgh; Hien Bui, University of Pennsylvania; Corey Burgoyne, Medical University of South Carolina; Dustin Burleson, University of Missouri at Kansas City; Klint Butler, University of Iowa; Barton Carter, Oregon Health Sciences University; Hubert Chan, University of Southern California; Kimberly Easley, Louisiana State University; Jeffrey Ellis, Case Western Reserve University; Erick Hallie, University of Minnesota; Eric Harris, University of the Pacific; Matthew Hill, Medical College of Virginia; Matthew Israel, University of Illinois at Chicago; Jennifer Jackson, Harvard University; King Kim, Meharry Medical College; Thomas Kolodge, New York University; Jason Lambert, University of North Carolina; Lynnsay Leesburg, Ohio State University; Holland Maness, Medical College of Georgia; Boyd Martin, Tufts University; Elizabeth Mayers, University of Michigan; Nathan McGuire, Southern Illinois University; Cham Nguyen, University of Texas Health Science Center at Houston; Joel Pedersen, Loma Linda University; Christopher Peluso, University of Connecticut; Jonathan Rakstang, University of Colorado; Nicholas Schellati, SUNY at Buffalo; Charles Thomas, Tufts University; Adrienne Uchikura, University of California at San Francisco; Kara Viney, Marquette University; Brian Ward, University of Oklahoma; Jamie Warren, University of Louisville.

Minority Dental Student recipients were:

George Abdelsheid, Harvard University; Keisha Alexander, Meharry Medical College; Nahal Badiian-Farahani, Medical University of South Carolina; Geoffrey Banga, Indiana University; Kiono Barnes, University of Florida; Renita Beason, University of Michigan; Nicole Besunova, Nova Southeastern University; Anthony Castillon, Medical College of Virginia; Jason Ciminieri, Ohio State

University; Gabriel Enriquez, Loma Linda University; Loria Guiatas, Baylor University; Evelyn Gutierrez, UCLA; David Jacobson, Marquette University; Beatrice Maritim, University of Pennsylvania; LaJuan McWilliams, Temple University; Liana Medina, University of Puerto Rico; Blanca Murillo, University of Illinois at Chicago; Noe Mora, Tufts University; John O'Brien, University of the Pacific; Abbey Onan, University of Oklahoma; Flora Phipps, Medical College of Virginia; Denessa Potts, University of Mississippi; Tyrone Rodriguez, University of Texas Health Science Center at Houston; Sonya Villarreal, University of Colorado; Jelani Washington, Meharry Medical College.

Dental Hygiene recipients were:

Lori Barr, Ferris State University; Crystal Campbell, Harcum College; Cynthia Fairchild, Bergen Community College; Christine Findlay-Entner, University of Minnesota; Cynthia Howard, University of Missouri; Sarah Howe, University of Colorado; Brenda Lahner, Montgomery County Community College; Kim Huang Le, University of Southern California; Danita Giberson Maddy, Hawkeye Community College; Amanda Provenzano, Ohio State University; Kristen Pusch, University of Missouri; Cristina Small, Collin County Community College; Elizabeth Thompson, West Central Technical College; Beth Woodman, Wichita State University; Jessica Young, Ohio State University.

Dental Assisting recipients were:

Rhonda Baldwin, Harcum College; Veronica Chirico, Manor College; Linda Giddens, Charlotte County Vocational Technical Center; Amy Jo Miller, Professional Careers Institute; Jennifer Perella, Front Range Community College; Keisha Pierce, Faulkner State Community College; Denise Sirois, Tennessee Tech Center at Murfreesboro; Alicia Tatge, Lakeland Medical-Dental Academy; Theresa Thompson, Community College of Philadelphia; Patricia Williams, New York University.

Laboratory Technology recipients were:

Cynthia Fekete, Louisiana State University; Heather Gutz, Portland Community College; Dorothy Hall, Atlanta Technical College; Debora Parres, Southern Illinois University; Hien Tran, Atlanta Technical College. ■

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ADA seeks nominations for 2002 Golden Apple Awards Program

BY KAREN FOX

The ADA is now seeking nominations for the 2002 Golden Apple Awards Program.

In its 14th year, the Golden Apple Awards Program is a unique opportunity for constituent and component societies to gain valuable recognition for their leaders, members and staff.

Eight award categories are offered:

- Legislative Achievement;
- Excellence in Membership Recruitment and Retention Activity;
- Excellence in Dental Health Promotion to the Public;
- Excellence in Member-Related Services/Benefits;
- Outstanding Achievement in Promotion of Dental Ethics;
- Achievement in Dental School/Student Involvement in Organized Dentistry;
- Excellence in Science Fair Program Support and Promotion;
- Dental Society Web Site Award.

This year, a Golden Apple Award will be presented to both a constituent and component society in the Web site category.

The Golden Apple Awards selected by the Committee on the New Dentist—the New Dentist Leadership and Outstanding Leadership in Mentoring awards—are now following a separate schedule for presentation. The next deadline for those awards will be Dec. 31.

Programs and activities considered for Golden Apple Awards must have been produced between June 1, 2001, and May 31, 2002. Nominations must be postmarked by June 3 and received no later than June 7.

For online forms, go to “www.ada.org/members/ada/insite”, then click on Dental Executive Staff and Leaders, and Golden Apples.

For more information, contact Ron Polaniecki, Dental Society Services, Ext. 2599. ■

Cuba to host bilingual dental meeting

The Cuban Society of Stomatology will hold its Dentistry 2002 Congress May 27-31 at the Center of Conventions of Plaza America in the Marina de Vadadero, Cuba.

Congress sessions, held in English and Spanish, will focus on general stomatology, orthodontics, endodontics, geriatrics, natural and traditional medicine, buccal cancer, laser dentistry, AIDS, forensic stomatology, and promotion and education for health and prevention. U.S. participants can also spend May 26 touring Havana museums and historic sites.

For more information, contact Alexandra Jost at the Center for Development Studies by calling 1-202-333-3921 or e-mailing “alexandrajost@cdsonline.org”. ■

ADA members can save

Office, telecommunications products at discounts

ADA members now have a new way to purchase office furniture, supplies and telecommunications services.

ADA Business Enterprises, Inc., announced last month that it will endorse TurnKey Dental, Inc., a Chicago-based company that offers ADA members discounts of up to 20 percent on over 150,000 office and telecommunications products.

TurnKey lowers costs by pooling ADA members' purchasing power. With a network of more than 100 manufacturers and suppliers, TurnKey

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provides not only lower prices but also great selection and customer service.

Shopping is easy with TurnKey Dental. ADA members may browse and place orders directly through a Web site, or via telephone and catalog.

For more information or to request a catalog, visit TurnKey Dental's Web site at “www.TurnKeyDental.com/adamemberadvantage”.

Or, call a TurnKey service representative at 1-888-346-4600.

ADA Member Advantage provides practice solutions and lifestyle advantages exclusively for ADA members.

By leveraging the buying power of the Association's membership, ADA members benefit from discounts, customized product features and customer service. ■

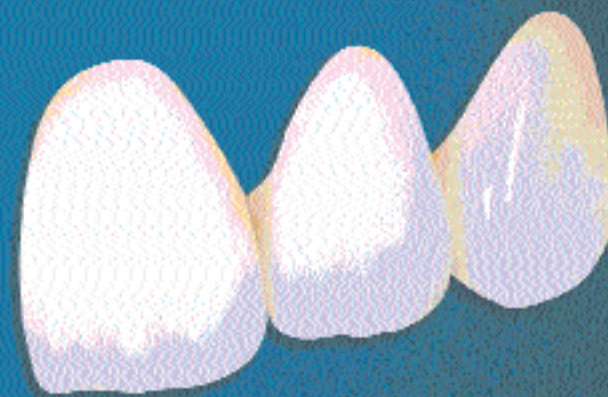
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- IPS Eris can be cemented with low expanding glass ionomer cements or, when indicated, it can be bonded with resin cements.

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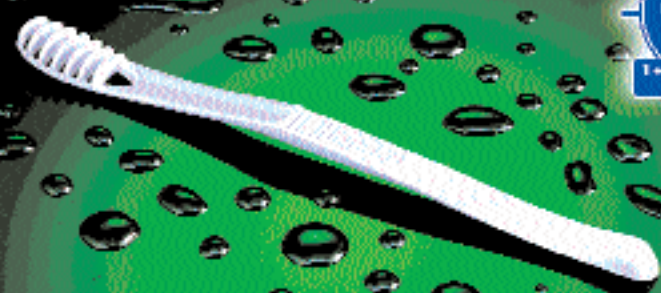
Lisa Standiford, RUH
Racing NW



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§ 54-42a, supra, calls for 64 additional jurors, instead, none; and any need for a backup jurist.

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