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ADA News[®]

AMERICAN DENTAL ASSOCIATION

JUNE 3, 2002

www.ada.org

VOLUME 33, NO. 11

Restoratives

Trend data shows shift in use of materials

BY MARK BERTHOLD

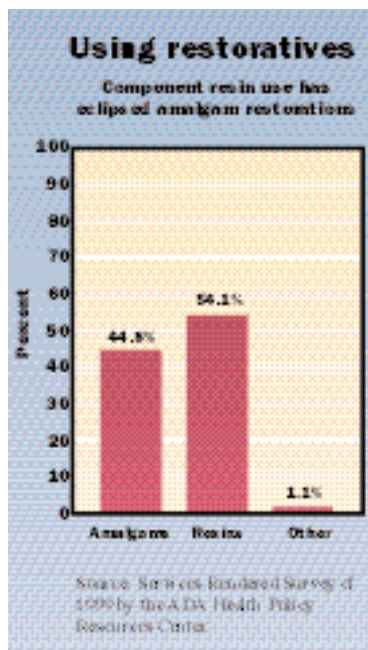
Survey findings, dental experts and industry sources all agree that composite resins are on the rise and have surpassed all other dental restorative materials as the most commonly used filling material for single-tooth restorations.

A nationwide survey by the ADA Health Policy Resources Center showed that in 1999 alone, almost 86 million composite resin fillings were

■ NDA opposes amalgam bill, page 12

placed in the United States, compared with 71 million dental amalgam restorations that same year. In contrast, amalgam restorations numbered 99 million in 1990, compared with only 48 million composite resins that year.

See RESTORATIVES, page 10



ADA backs proposed FDA regs on amalgam

BY CRAIG PALMER

Washington—The Association “fully supports” new federal regulation of dental amalgam and related products as proposed by the U.S. Food and Drug Administration, the nation’s major dental organization told the FDA May 21.

At the same time, the Association called for uniform regulation of these products through preemption of state

See FDA, page 13

BRIEFS

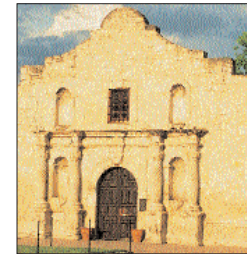
Session update: The starting time for reference committee hearings scheduled for Sunday, Oct. 20 at annual session has been set for 10 a.m., following the Distinguished Speaker Series presentation by former Secretary of State Madeleine Albright.

Reference committee hearings will be staggered throughout the rest of Sunday morning and early afternoon. Please note this change in your annual session Preview, page 8, or May 20 ADA News annual session insert, page 14.

Destination Texas: Attend great continuing education classes by day, enjoy the San Antonio, nightlife in the evening (at low member rates) at the National Conference on the New Dentist Aug. 15-17.

Workshop speakers include Drs. Harold Crossley, Matt Bynum and Bill Dickerson, Debra Stewart, Paul Bass and Randall Shoup; with plenary presentations by ADA President D. Gregory Chadwick, ADA lobbyist Michael Graham and keynote speaker Dr. W. Baxter Perkinson.

For a conference brochure, call the toll-free number, Ext. 2779, or visit ADA.org for conference materials and online registration. ■



Access push

‘Give Kids a Smile’ day to debut next February

BY KAREN FOX

The target date for “Give Kids a Smile,” a day set aside for ADA members to provide charitable dental care for children through local programs, is Feb. 21, 2003.

As an annual centerpiece for National Children’s Dental Health Month, Give Kids a Smile will call nationwide attention to access problems among children from low-income families and underscore dentistry’s commitment to improving access.

“This major, national initiative will tap the volunteer spirit that I know all dentists have and, at the same time, take ownership of the issue of access to oral health care in America,” said ADA Executive Director James Bramson. “It’s a way for dentists to give something back and help children’s oral health.”

The Give Kids a Smile advisory panel includes:

■ Supreme Court won’t hear Waddell HIV appeal, page six

- Dr. Jeff Dalin, a St. Louis general dentist who spearheaded the Greater St. Louis Dental Society’s successful “Give Kids a Smile” program;
- Dr. Terry Dickinson, Virginia Dental Association executive director and a key leader behind the VDA’s Missions of Mercy program;
- Dr. Robert Nelson, ADA Council on Access, Prevention and Interprofessional Relations chair;
- Dr. Kim Harms, ADA Council on Communications chair;
- Dr. Robert Lauf, CAPIR member and president, North Dakota Dental Association;
- Sue Merrell, Los Angeles

See ACCESS, page 15



Still ticking: Several months after the ADA’s National Oral Cancer Awareness Campaign drew to a close, this campaign billboard still towers above the Lincoln Tunnel in New York. See story, page six.

INSIDE



Candidate & dentist

ADPAC targets key races. Story, page five.

Illinois’ hard work pays off with hygiene programs

BY KAREN FOX

Springfield, Ill.—If you’re looking for ways to increase the numbers of dental hygienists and assistants in

your state, don’t re-invent the wheel. But be prepared to do your homework.

Maximizing the use of existing

dental education facilities and collaboration with the state’s community college system translated into success for the Illinois State Dental Society. The state has added six new dental hygiene education programs in the last six years.

“With local dentists, state

See HYGIENE, page 14

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Oral-systemic disease connection eyed JADA supplement recaps conference findings

Is there truly a connection between oral disease and cardiovascular disease?

A special supplement to the June issue of The Journal of the American Dental Association explores this increasingly controversial question.

Titled "Oral Health, Heart Health: Exploring the Link Between Oral Infection and Cardiovascular Disease," the supplement was developed from presentations given at an ADA symposium held July 26-27, 2001, in Chicago.

Several experts in the field explore various aspects of the oral disease-cardiovascular disease connection. Guest editor Sebastian Ciancio

defines the hierarchy of studies being conducted, ranging from case reports to intervention studies. Other topics covered include epidemiology;

the relationship between oral conditions, ischemic stroke and peripheral vascular

disease; the role of infections in atherosclerotic vascular disease; periodontitis and coronary heart disease; and providing oral care for patients with cardiovascular disease and stroke.

Although the authors report mixed results regarding the role of oral disease, particularly periodontitis, in the development of cardiovascular disease, dentists are advised to provide nutritional counseling and smoking prevention and cessation programs to patients. The authors also recommend that further studies be conducted on this topic. ■



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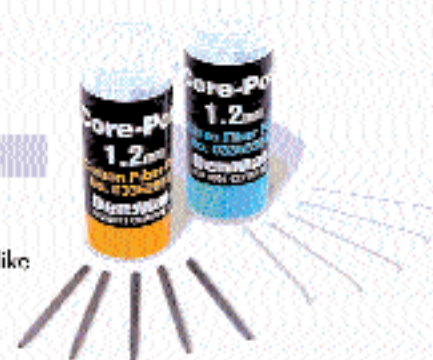
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Government

ADPAC targets key campaigns

BY CRAIG PALMER

Washington—Dental political action committees, a long-standing force in state and national elections, are striking a more visible stance in elections to shape the 108th Congress and inviting broader dentist participation in the process.

The American Dental Political Action Committee and state dental PACs have "targeted" five bipartisan congressional candidates for support and invited dentists to join the candidates' campaigns for seats in the next Congress. Several other "targeted" campaigns are possible, according to ADPAC officials. Dentists and dental PACs are participating in many of this year's campaigns for Congress.

"The level of commitment is up to you, but the outcome of this election could have an immediate impact on your practice," said a May 7 leadership appeal to more than 300 New Jersey dentists inviting support for the election of Dr. Gerry Cardinale, a state legislator and Republican congressional candidate in the state's June 4 primary election.

"ADPAC has already committed to make the maximum contribution allowed under federal election law and plans to conduct additional activities to help elect Dr. Cardinale such as independent expenditures, issue advocacy, partisan communications with local dentists, fundraising in the district, election day activities and grassroots activism," said the leadership appeal.



Dr. Reitz ADPAC has been in the campaign finance business since 1968 but as a relatively publicity-shy participant in the candidate selection process.

The letter to selected New Jersey dentists is signed by the ADA and New Jersey Dental Association presidents, Drs. D. Gregory Chadwick and Carmine J. Lo Monaco, and the ADPAC and New Jersey PAC chairs, Drs. John V. Reitz and Marc Balson. It is the first of five planned leadership communications with dentists in congressional districts urging their support and involvement in the campaigns of three Republicans and two Democrats running for seats in the U.S. House of Representatives and Senate.



Dr. Cardinale

Attention to these particular congressional races invites broader dentist participation in the political process, said Dr. Reitz, ADPAC chair. Also "targeted" for dental support are:

- Rep. Ernie Fletcher, a Republican physician seeking re-election in Kentucky's sixth district;
- John Nutting, a Democrat in a "hotly contested" race to replace Maine gubernatorial candidate Rep. John Baldacci (D);
- Rep. John Dingell, one of two incumbent Democrats competing for a redistricted House seat in Michigan;
- Texas Attorney General John Cornyn, a Republican candidate to replace retiring GOP Sen. Phil Gramm.

The dental leadership letter to dentists in New Jersey's fifth congressional district urges dentist support for Dr. Cardinale to replace retiring Rep. Marge Roukema (R). In a May 24 letter to voters, Rep. Roukema endorsed Dr. Cardinale.

"We believe that grassroots activities by dentists, their families and even their staff could help put Dr. Cardinale over the top on June 4," the letter said. "Dr. Cardinale will be a great voice and ally on issues important to you as a health provider and small businessperson."

Dr. Cardinale, a private practice dentist, was introduced to the profession's leadership at the

March 24-26 ADA Washington Leadership Conference by Dr. Frederic Sterritt, chair of ADA's Council on Government Affairs, as "a friend and state senator personally responsible for keeping denturists out of New Jersey since 1982."

In a rousing speech to a WLC audience of political activist dentists, many of them leaders of ADA grassroots action teams, Dr. Cardinale

commended dentist runs for public office. "If you are a dentist in a targeted district, I encourage you to contact the candidate and ask how you can become involved in the campaign. I encourage you to become involved in the process, because dentistry will be shaped by a combination of scientific advances and legislative initiatives." ■

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ADA offers HIPAA help

The ADA is compiling what you need to know about the proposed HIPAA privacy rule in its HIPAA Privacy Kit, which will be available by August.

This compliance kit is geared to the needs of the practicing dentist, developed by ADA experts for you. You can reserve a copy in advance by calling 1-800-947-4746.

The Health Insurance Portability and Accountability Act of 1996 has resulted in sweeping new federal proposals for the management of patient information in many dental prac-



tices and compliance will be mandatory. To keep you current with the ever-changing HIPAA situation, the \$125 kit will include an update when the rule is finalized.

As currently proposed, the HIPAA Privacy Rule compliance date is April 14, 2003. The ADA is committed to keeping members up to date on the rule-making process through articles in the ADA News and on Today's News at ADA.org. And the Privacy Kit is the tool you can use to train your

staff and develop your own office's privacy procedures under the HIPAA standards and guidelines. It will include a CD-ROM with easily customizable forms and policies for your office.

Note: The U.S. Department of Health and Human Services on March 27 proposed changes to the final HIPAA privacy rule. The initial ADA Privacy Kit will reflect these changes; if HHS makes different changes or no changes, Kit subscribers will be issued an update from the ADA.

For online HIPAA information from ADA.org, go to "www.ada.org/prof/prac/issues/topics/hipaa/index.html". ■

AT PRESSTIME

Supreme Court refuses to hear case of HIV-infected hygienist

The U.S. Supreme Court May 28 declined to hear the case of an Atlanta dental hygienist whose employer barred him from treating patients after he contracted the AIDS virus.

Spencer Waddell, who claimed protection under the Americans with Disabilities Act, tested positive for the human immunodeficiency virus in 1996, when he was employed at Atlanta's Valley Forge Dental Associates Inc.

Prohibited by his employer from treating patients, Mr. Waddell was fired in 1997 after he reportedly turned down a desk job. Two years later, he filed suit in Northern Georgia U.S. District Court where Judge Charles A. Pennell Jr. upheld his suspension from patient contact and declared that his disease posed a "direct threat" to dental patients.

■ **Mr. Waddell asked the justices to determine whether the court of appeals erred in allowing a "direct threat" defense to prevail.**

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

In his petition to the Supreme Court, Mr. Waddell asked the justices to determine whether the court of appeals erred in allowing a "direct threat" defense to prevail, and also whether the appeals court had erred in effectively placing the burden of disproving a direct threat defense on the plaintiff.

The ADA filed an amicus brief in the case asking the high court to "clarify what remains [for] many dentists and other health care providers an ambiguous federal law."

Oral cancer campaign supporters win public relations award

Though it ended several months ago, the Association's National Oral Cancer Awareness Campaign is still making news with an "excellence in public relations" award given to campaign supporter CDX Laboratories.

Along with public relations firm Manning, Selvage & Lee, CDX Laboratories (formerly OralScan Laboratories), providers of OralCDx, received a Big Apple Award from the New York chapter of the Public Relations Society of America at the organization's 15th annual awards luncheon.

The Big Apple Award program recognizes excellence in public relations by organizations in the New York, New Jersey and Connecticut areas based on the quality of research, planning, execution and results. CDX and MSL received the "Marketing Communications: Support of Existing Services" award for their part in the ADA's oral cancer campaign.

—Reported by James Berry and Joe Hoyle

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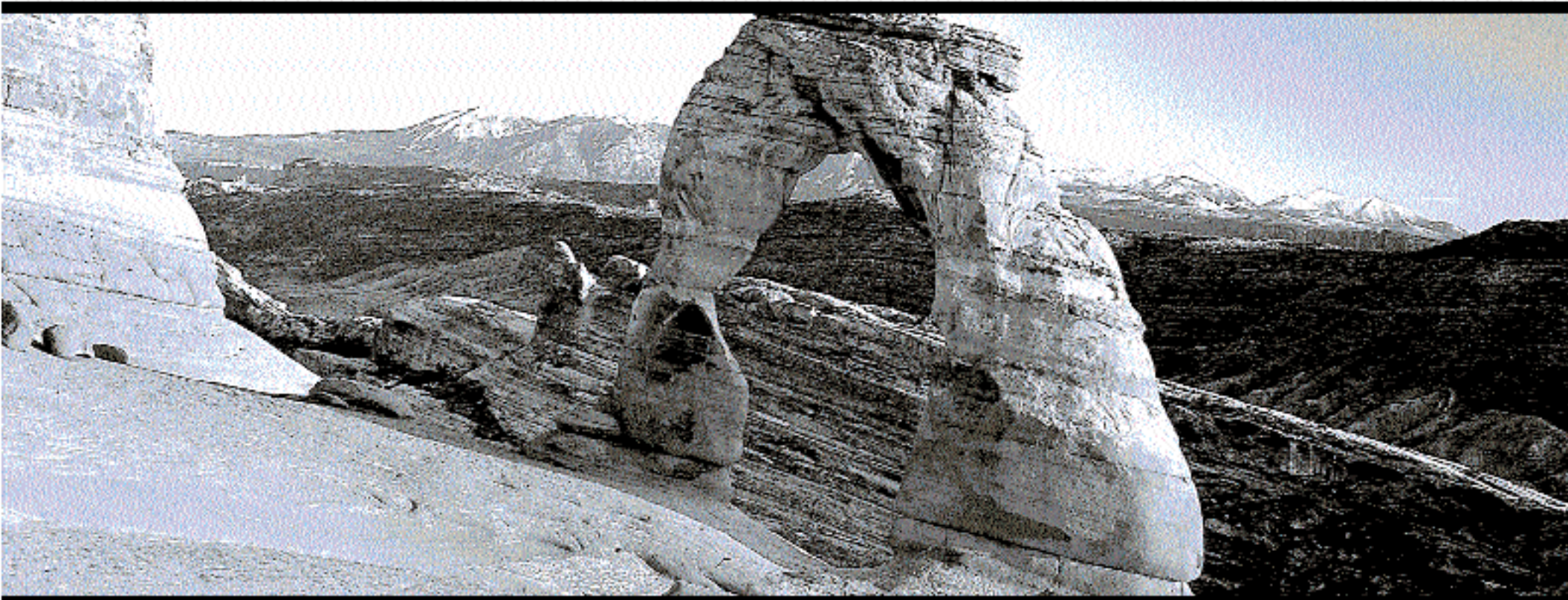
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References: 1. Harper DS, Coburn JC, Helffen JJ, Clayton R. Caries Res. 1986;80:185-190. 2. Reynolds EC, J Dent Res. 1991;70:1197-1199. 3. Reynolds EC, J Dent Res. 1997;76:1587-1595. 4. Reynolds EC, Spear FC. 1996;18(3):14-16. 5. Sherr P, Col F, Nowicki A, Vincent J, Reynolds EC. J Dent Res. 2001; 80(13): 2065-2070. † Recaldent should not be consumed by people with milk protein allergies. Recaldent will not affect people with lactose intolerance. * Recaldent is only found in Trident® For Kids and Trident® White™ sugarless chewing gum. Trident® For Kids and Trident® White™ are trade marks of Wm. Wm. Recaldent is a trade mark of Bondy-Landes (France). ©2002 CDX Labs, Marlborough, MA. All rights reserved. For more information go to www.recaldent.com



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Fluoride mandate

Low-income Washington county to benefit

BY STACIE CROZIER

Tacoma, Wash.—Taking action to solve a pressing public health issue, the Tacoma/Pierce County Board of Health voted unanimously in April to require local water districts to fluoridate their water.

The measure, with an implementation deadline of Jan. 1, 2004, will nearly double the number of Pierce County residents who receive optimally fluoridated water. Currently,

Tacoma, the state's third largest city, provides fluoridation for its 300,000 residents. The mandate affects the 14 county water systems serving



outside Tacoma that provide water to 5,000 or more citizens. When fully implemented, some additional 240,000 county residents will receive the benefits of fluoridated water, increasing from 43 percent to 77 percent the number of people receiving optimally fluoridated water.

"There are about 70,000 Medicaid-eligible kids in Pierce County," says Dr. Frederico Cruz-Urbe, health department director. "Only

about 15 to 20 percent of them have a dental home, which means the vast majority suffer lost school days, emergency room visits and extractions because of dental caries. After our water systems are fluoridated, it will cost about \$1 a year per person to help prevent caries. It's a very cost-effective way of dealing with an urgent public health issue."

Combining fluoridation with improved oral hygiene education should provide Pierce County with the most "bang for the buck," Dr. Cruz-Urbe adds.

Pierce County may well be the first health department in Washington State to mandate fluoridation, he notes, and the health department worked closely with local dentists and other concerned individuals to make it happen.

"Pierce County has a high number of low-income kids who get little or no dental care," says Dr. Rhonda Savage, immediate past president of the Pierce County Dental Society and secretary-treasurer of the Washington State Dental Association. "Caries is at epidemic proportions and the need for fluoridation is huge."

Dr. Savage and a coalition of local dentists, public health officials, physicians and others have been working for more than two years to find an effective, and cost-effective solution to the problem.

About 100 people attended the April county health board meeting when water fluoridation was discussed and nearly 50 testified before the board.

"There was a small but vocal group of anti-fluoridationists who came from outside our county to speak on the issue," says Dr. Cruz-Urbe. "But none could provide the board with scientific data that backed up their claims that fluoride could be a danger to health or environment."

"For the public it was not a big deal. With water district people, we had more intense discussion, so that they could learn that managing fluoridation is a relatively simple process and a cost-effective way to battle a serious health problem in our county."

A few county residents, he adds, wondered why the issue wasn't decided by voters in an election.

"Dental caries is an infectious disease, imminently preventable, and it's a public health issue," Dr. Cruz-Urbe says. "We don't vote on standards for food safety in restaurants or on immunizations, and we base our policies on science. This is one more public health issue that our board felt compelled to address."

Start-up costs for fluoridation in Pierce County's small- and medium-sized water systems districts are estimated to be about \$1.4 million, but those districts who signed a letter of intent by May 22 will receive a share of \$840,000—half donated through a grant by the Washington State Dental Foundation and half matched by the health department—to help defray their initial expenses.

"I expect most of our water districts to sign on to receive the funding," Dr. Cruz-Urbe says. "Besides getting assistance with startup costs, they will avoid hefty fines that will be imposed for every day after Jan. 1, 2004, that they are not fluoridated." ■

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Materials & Technology

Restoratives

Continued from page one

"We will continue to monitor the trends as they evolve in coming years," says Dr. Daniel Meyer, director of the ADA Division of Science. "Current indications are that restorative materials such as resins, gold, glass ionomers and other porcelain compounds are increasingly popular with dentists and their patients, with a focus on esthetics."

Published data from Strategic Dental Marketing in New City, New York, a dental industry marketing consultant, show that sales of composite resins outpaced amalgams in 2001 by a three-to-one ratio. In the U.S., the market for composite resins accounted for almost \$119 million in sales, up 13 percent from the previous year. Amalgams sales totaled \$39 million in 2001, an increase of less than 1 percent.

The figures represent materials sold through dental dealers and do not include direct sales to dentists from manufacturers.

"Recognizing that resin composites are in widespread use, more research to understand the long-term efficacy of non-amalgam materials is needed," says Dr. Lawrence Tabak, director of the National Institute of Dental and Craniofacial Research.

Dr. Frederick C. Eichmiller, director of the ADA Health Foundation's Paffenbarger Research Center, attributes the decline in amal-

■ "To make the best overall decision on a treatment—an informed decision—patients should know the options, the benefits and limitations of each restorative choice."

gam use mainly to esthetics, patient preference and advances in materials science—not to concerns about safety.

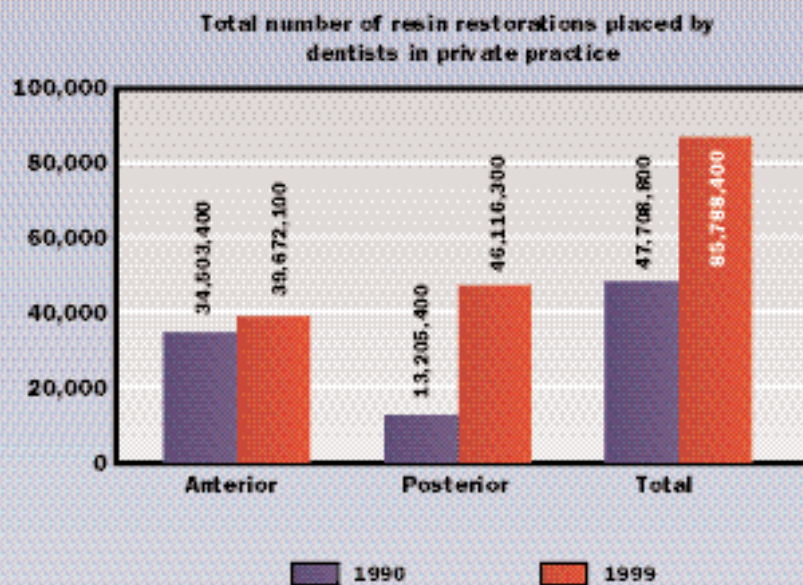
Says Dr. Eichmiller, "The increased use of composite resins, gold alloys, glass ionomers, porcelains and other restorative materials—and the gradual decline of amalgam—has resulted from a number of different trends.

"There is no indication that these general trends are related to so-called 'mercury toxicity,'" he adds.

Experts interviewed for this report agree that professional judgment and patient preference are central issues in choosing any dental material.

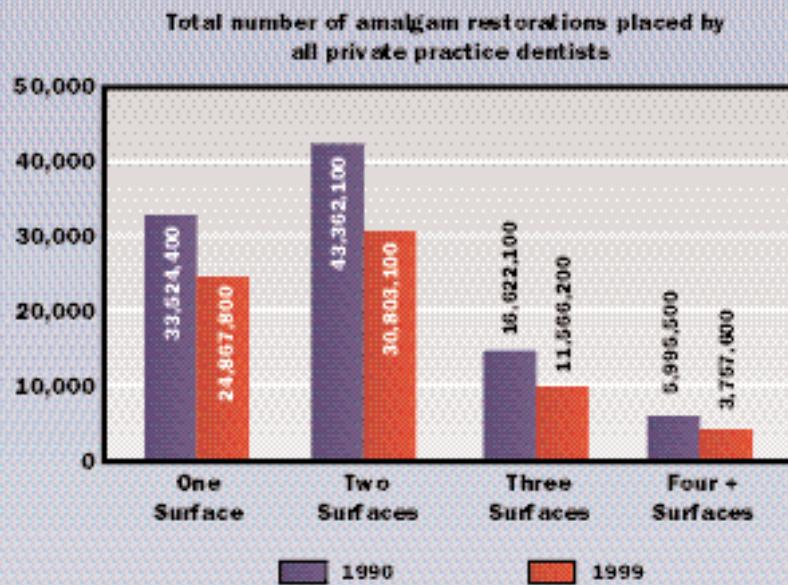
"To make the best overall decision on a treatment—an informed decision—patients should

Resin restorations by tooth type, 1990 and 1999



Source: ADA Health Policy Resources Center.

Amalgam restorations by surface, 1990 and 1999



Source: Services Rendered Survey of 1990 and 1999 by the ADA Health Policy Resources Center.

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know the options, the benefits and limitations of each restorative choice," says Dr. Meyer, adding that "dentists are the primary source of that oral health information."

Dr. Meyer notes that any limits on access to safe and effective restorative materials would intrude on professional judgment and patient care.

"Each patient has individual concerns and needs," he says. "Dental providers must have access to every safe and effective restorative material available, especially those that meet the needs of so many patients."

Over the years, experts agree, dentists have improved their skills and comfort levels in placing composite resins—one factor contributing to the rise in its use. At the same time, the properties of resins and adhesives also have improved. Still, composites are generally acknowledged to be less durable than amalgam and therefore must be replaced more frequently—a factor affecting the reported decline in amalgam use.

"Early criticism of resin's physical proper-

ties have been overcome to a certain extent," says Dr. L. Jackson Brown, director of the ADA Health Policy Resources Center. "The newer materials have superior properties and are less technique-sensitive" than early composites.

In addition to having better products, today's dentists have become better trained in placing composite resins and other relatively new materials through continuing education courses and lengthening experience.

"Many dentists who avoided resins because of difficulties in placement are now at a higher skill level and more comfortable using them," notes Dr. Eichmiller, adding that "more dental school graduates are trained in posterior composites."

Dental education in restoratives today "puts an emphasis on the material placed for the materials' sake—meaning the esthetic value, more consideration of preventive measures, handling smaller lesions and so forth," says Dr. Jeffrey Hutter, chairman of the ADA Council on Scientific Affairs.

See RESTORATIVES, page 11

ADA champions oral health

BY MARK BERTHOLD

Does the ADA advocate for the use of dental amalgam or does it advocate for composite resins and other restorative materials?

The answer is: the ADA doesn't advocate for any particular material.

"The ADA champions good oral health care, patient needs and the dentist's right to provide scientifically sound dental care," says Dr. Daniel Meyer, director of the ADA Division of Science.

"The ADA is not pushing to the left or right but pushing upward," he says. "It is the promoter of oral health and dedicated to improving the quality of dental care."

An important point to make, says Dr. Meyer, is that the final decision on any appropriate treatment plan is always in the patient's hands.

"But to make the best overall decision on a treatment—an informed decision—patients should know the options, the benefits and limitations of each restorative choice," he says, adding that "dentists are the primary source of that oral health information."

Dr. James B. Bramson, ADA executive director, notes that the ADA evaluates dental materials to help dentists and patients choose safe and effective treatments.

He adds, "The ADA is a strong proponent of choice, with patients and their dentists discussing the full range of treatment options, including filling materials, and together deciding what is clinically appropriate."

"And, since the science shows that these materials are safe to use," says the executive director, "our actions here are to defend not a material, but a principle—that dentists should have the full ability to select from a range of safe materials for their patients. If somebody thought gold was unsafe, and the science did not support it, we would do the same."

Any imposed limit on dentists' access to a

safe and effective restorative material only compromises professional judgment and infringes on patient care, says Dr. Meyer.

"We must remember that each patient has individual concerns and needs, and dental care providers must have a full range of options in order to meet them," he says.

Dr. Meyer observes that "very few substances in nature are completely inert. Anything you replace in the body is usually not as good as Mother Nature, and this applies to dental restorative materials as well. No dental restorative material is as good as tooth structure—as intact dentition—but the dental profession con-

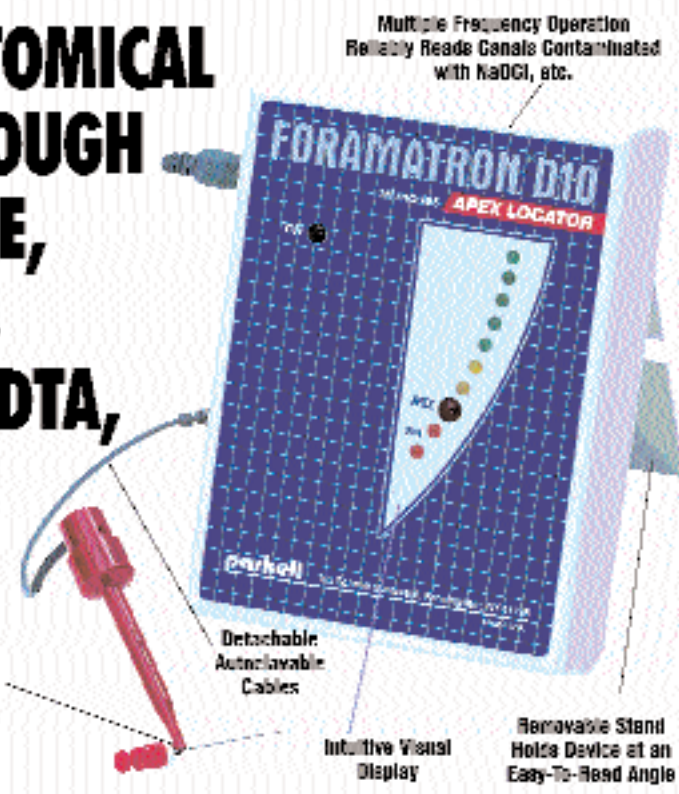
■ "The ADA is a strong proponent of choice, with patients and their dentists discussing the full range of treatment options."

stantly strives for better materials, improved dentists' skills, better patient care."

He notes that dental materials are in a constant state of change for the better. "Whether it's resins or amalgams or glass ionomers, we anticipate that materials will be considerably different years from now because we're constantly improving their clinical effectiveness through our science," he says.

With improvements in dental materials will come changes in dental practice, Dr. Meyer believes. "Whether we embrace a new composite material or cling to vulcanite denture bases, the important thing is to move forward, and that means we likely won't do dentistry in the future the way we're doing it today." ■

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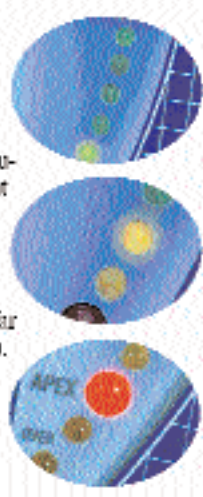
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Restoratives

Continued from page 10

Dr. Hutter also is associate professor and chair, Department of Endodontics, at the Goldman School of Dental Medicine, Boston University.

Today's dental students "are better able to manage resins, glass ionomers and other materials, in addition to amalgams," he says. "Certainly, the indication is that these dental students, upon graduation, will determine and utilize the appropriate filling material for the particular restorative situation."

Changes in caries rates and severity also have affected the choice of restoratives, experts say.

"As time goes by, I think there will be materials that better mimic the appearance and function of teeth," says Dr. Meyer. "Dentistry is dedicated to improving quality of care, and we will continue to do that."

Dr. Eichmiller believes amalgam will continue to serve a need for years to come.

"No matter how much increase we see in the use of other materials," he says, "there will be, at least with today's materials, some cavities that dentists can't restore with anything else but amalgam."

In treating caries deep below the gumline "in a wet field," he says, amalgam remains the "only viable option." He says amalgam also is the best option in treating patients with severe root caries, certain systemic conditions and after radiation therapy.

"In those patients," says Dr. Eichmiller, "we really haven't found anything that works as well as amalgam." ■

NDA: amalgam bill is 'misleading'

BY CRAIG PALMER

Washington—The National Dental Association, an organization of African American oral health professionals, told Rep. Diane Watson (D-Calif.) that her amalgam phase-out legislation is "misleading" and a potential "dis-service to the American public" and said the NDA would oppose the bill.

"On this matter, we must agree to disagree," Dr. Gregory A. Stoute, NDA president, said in a May 9 letter to the first-term representative of California's 32nd congressional district. Rep. Watson's bill, HR 4163, would prohibit after 2006 introduction into interstate commerce of

Materials & Technology

mercury intended for use in a dental filling.

"This act cited as the 'Mercury in Dental Filling Disclosure and Prohibition Act' contains scientifically refutable information," the NDA said. "As an organization that bases decisions and policy on 'pure science,' we find that much of the language contained in the bill is misleading. We fear that this bill will be a disservice to the American public."

NDA officials, expecting a 15-minute meeting, met for an hour and a half May 7 with Rep.

Watson and her staff to discuss the anti-amalgam legislation. The NDA follow-up letter said the organization "painstakingly reviewed HR 4163 to provide you with our response" and would continue to keep the congresswoman informed of the organization's community education activities.

A spokesman for Rep. Watson said, "We agree to disagree as the letter said. That's our response."

"We are as deeply committed as you are to educating the consumer and to helping the public make informed choices," said the NDA letter signed by Dr. Stoute. "We promote safety, pre-



Dr. Stoute: The proposed legislation "contains scientifically refutable information."

vention, quality and equity in oral health and general health. Our tradition of service and legacy of leadership is well established. However, knowing and respecting your zeal for advancing policies that impact on the health of this nation, we are unable to support HR 4163."

Dr. Stoute joined American Dental Association President D. Gregory Chadwick and the executive directors of both dental groups in a separate letter to all members of Congress opposing the bill as "attempting to legislate based on 'junk science.'"

HR 4163, with five cosponsors, was referred to the House Energy and Commerce Committee. Another early cosponsor of the legislation later withdrew support. No hearings have been scheduled. ■

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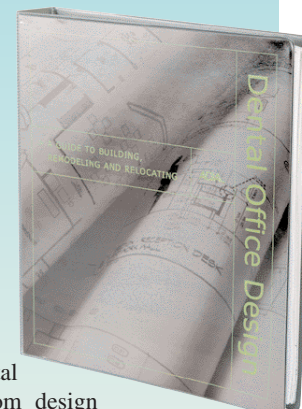
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FDA

Continued from page one

laws "directly at odds and incompatible with the federal requirements set forth by the FDA.

"It is not in the public interest to have competing state requirements that conflict with the special controls proposed by the agency, nor is it appropriate under the Federal Food, Drug and Cosmetic Act to permit states to ban the sale of dental amalgam products, which are cleared to market by the FDA," the Association said. The ADA represents 141,000 member dentists.

"The ADA fully supports the agency's proposed classification scheme of dental amalgam products, which includes a separate classification regulation for encapsulated amalgams as well as the application of class II special controls to all three dental amalgam products that clearly provide a reasonable assurance of safety and effectiveness," said the Association's 44-page response to the FDA proposal.

The FDA Feb. 20 proposed new packaging and labeling guidance for manufacturers and other changes in the regulation of dental amalgam and related. The FDA is charged by law with the regulation of medical and dental devices intended for human use. Information on the proposed changes in regulatory classification of dental amalgam products, labeling guidance and regulatory authority are posted at the FDA Web site ("www.fda.gov"). The Association's statement is posted on ADA.org.

The FDA proposal constitutes "clearly a more rigorous regulatory scheme than currently exists" but is justifiable and supportable on the basis of the scientific evidence, the ADA said, offering additional scientific evidence in support.

The FDA has given no indication of when new rules take effect, simply noting that any final rules that "may issue" from the proposals will take effect 30 days after publication in the Federal Register. The formal comment period closed May 21. An agency review of the comments will begin immediately.

"It is clear the FDA has not ignored the scientific evidence on this issue, nor has the agency rushed to judgment in its determination that uniformly classifying the three dental amalgam products as Class II devices with special controls will provide a reasonable assurance of the safety and effectiveness of these devices," the ADA said. "The agency has taken its time to gather and evaluate all relevant studies to determine the proper classification regulation of dental amalgam products."

The changes would classify amalgam products as Class II devices or devices for which safety and effectiveness can be assured with "special controls." Products covered by the proposal include

dental mercury and amalgam alloy, which are currently regulated as Class I and Class II devices respectively, and encapsulated amalgams, a newly classified device intended to be mixed in a single-use capsule to form filling material for the treatment of dental caries.

The FDA's packaging and labeling guidance is one proposed special control. It would require the label to list each ingredient in a dental amalgam in descending order by weight percentage. Others would involve compliance with International Standards Organization and American National Standards Institute/ADA specifications.

The FDA is not recommending any warnings in addition to those contained in the current ISO and ANSI/ADA specifications. The Association said it "agrees that the proposed special controls will adequately address the risks associated with improper handling of dental amalgam products,

and the risks to the small subpopulation of individuals who are allergic to the ingredients of these products."

The ADA statement submitted to the FDA responds to "concerns" about the safe use of dental amalgam products with a study-by-study review of research related to dental mercury and amalgam, including recent and ongoing research.

"The FDA and ADA along with numerous other organizations have conducted extensive studies of the potential risks and adverse health effects associated with dental amalgam products," the Association said. "ADA agrees with the agency's determination that, upon review of the scientific evidence, there are no major health risks associated with the use of encapsulated amalgams, amalgam alloy and dental mercury.

"ADA also agrees that the proposed special controls will adequately address the risks associ-

ated with improper handling of dental amalgam products, and the risks to the small subpopulation of individuals who are allergic to the ingredients of these products.

"Based on currently available scientific evidence, ADA has concluded that dental amalgam is a safe, affordable and durable material for all but a handful of individuals who are allergic to one of its components," the Association said.

Potential risks generally apply only to a small population of patients who experience allergic reactions to the materials in amalgam and to occupational exposure of health care workers who mishandle amalgam products, the Association said. Known benefits include broad application in clinical situations, reasonable serviceability, durability, ease of use, relative low cost and relative insensitivity to variations in handling technique and oral conditions. ■

Operation Smile seeks volunteers

Dentists with a penchant for mountain climbing can perform a labor of love this Labor Day weekend and raise money and awareness for Operation Smile.

The fifth annual Dentists Climb for a Cause fundraiser will allow participants to climb the highest peak of Wyoming's Teton mountain range, Grand Teton. Event sponsor American Dental Company in Chicago hopes to raise \$100,000 in pledges and donations for Operation Smile, a not-for-profit medical services organization that has provided dentistry and reconstructive surgery to 55,000 children worldwide since its founding in 1982.

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Education

Hygiene

Continued from page one
employment and education officials, allied health professions and the state dental society working together, you can accomplish a lot," said Dr. Dennis E. Manning, the former chair of the Illinois State Dental Society's ad hoc committee on auxiliary education.

Confronting a workforce shortage with only six educational programs left in existence—five at community colleges and one four-year pro-

gram at Southern Illinois University at Carbondale—the ISDS in 1993 commissioned the ad-hoc committee to develop a plan to increase the number of hygienists.

Special emphasis would be on the city of Chicago and its collar counties, where a full two-thirds of Illinois dentists practice.

When the Loyola dental school closed in 1993, the Northwestern dental school was the only remaining Chicago-based training program for dental hygienists. Northwestern closed in 2001, and the dental hygiene program shuttered its doors before that.

"There was a need for more dental hygienists, and all our members recognized it," said Dr. Manning, who is now the ADA first vice president. "But first we had to demonstrate that need."

So they developed an independent survey to determine the extent of the problem. Results of

the 1994 Survey of Dental Hygienist Hiring in Illinois showed that:

- One-third of the state's dentists said they attempted hiring a full-time dental hygienist in the past three years;

- 24 percent of the positions were not filled because a qualified hygienist could not be found;

- 25 percent of the positions were filled by a part-time hygienist;

- 16 percent of the dentists reported that finding a dental hygienist was very easy or somewhat easy, 26 percent stated it was somewhat difficult and 41 percent said it was very difficult.

Armed with the data—as well as educational requirements, salary expectations and an ADA guide on developing a dental hygiene education program—the ISDS committee approached sev-

eral community colleges.

"Schools that were interested were pursued with more vigor," said Robert Rechner, ISDS executive director. "To limit our scope, we were going to work with the schools that were interested in working with us."

The colleges would also verify the need for dental hygienists.

"As with every educational program, a needs assessment has to be done to justify where the taxpayers' money is going," said Dr. Manning.

With dental hygiene, the primary stumbling block in launching a new program is cost.

"Among its requirements, you have to have equipment, 12 to 15 little dental offices in an designated area and a certain faculty-to-student ratio," said Mr. Rechner. "An estimated \$300,000 is needed to start a program, not including facilities or faculty salaries."

Fortunately, funding sources were available. In Illinois, the ISDS collaborated with the community colleges to secure funds from a variety of sources, including Illinois First dollars (development funds from the state); local dentist support; capital investments in health science center development; and corporate funds.

Their first success came with a new dental hygiene education program at the Lewis and Clark Community College in downstate Godfrey in 1995.

Dr. Keith Dickey, a current ISDS trustee and director of Dental Auxiliary Utilization at the Southern Illinois University School of Dental Medicine, was the committee member who spearheaded the hygiene initiative in the downstate area.

Adjacent to the SIU dental school, Lewis and Clark was an obvious choice for a new hygiene program for two reasons.

First, the dean of the SIU dental school approved a plan that enabled the hygiene students to use SIU dental facilities for their clinical training. Secondly, Lewis and Clark had an existing dental assisting program. With the relatively seamless addition of dental hygiene, the school now offers a "ladder program."

"In a ladder program, students enter the course and take their first year of training with an option to be certified dental assistants at the end of the first year, or continue on and earn a hygiene degree," said Dr. Dickey.

Like SIU, the University of Illinois at Chicago College of Dentistry was in a position to offer its facilities to train hygiene students.

The ISDS stimulated interest in dental hygiene programs from the City Colleges of Chicago, and in 1996 the Chicago-based Kennedy-King College began offering a dental

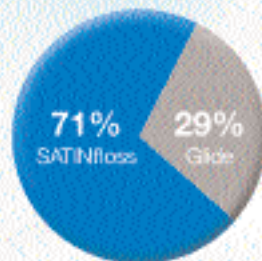


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"Something to Smile About—Careers in the Dental Profession," is a professionally produced, comprehensive program with videos, posters, brochures, CD-ROMs, tabletop displays and more.

The program is designed to target dental assisting and dental hygiene careers. Individual members and constituent and component societies can use the materials to promote allied careers through participation in local high school, college and community career events.

For more information on Something to Smile About, go to "www.ada.org/members/ada/insite/allied/allied-tc.html", or contact Beverly Skoog, coordinator, Career Guidance, at Ext. 2390 or "skoogb@ada.org". ■

hygiene program.

In 2000, another hygiene program began at the College of Lake County in Grayslake. Hygiene students in that program utilize the neighboring Great Lakes Naval Base's state-of-the-art dental facility for clinical training.

The results of the ISDS' efforts to date show that:

- The number of dental hygiene programs went from six in 1993 to 12 in 2002.
- Enrollment in hygiene programs rose from 190 students in 1993 to 300 in 2002.
- Dental hygiene education programs in the Chicagoland area went from two to four.

Dr. Manning credits the ad-hoc committee for their successes.

"They opened a lot of doors at community colleges," he said. "Their commitment and perseverance moved these programs along to get them to come to fruition."

For now, Mr. Rechner says the committee will "sit tight for a while and make sure these programs run smoothly," then re-survey the state's hygienists.

To provide for the ongoing needs of the existing programs, ISDS formed advisory committees of local dentists, hygienists and representatives from the educational community to help pursue the program goals.

The ISDS continues to seek new training programs in the Chicago area, too.

"We are not where we want to be," said Mr. Rechner. "But we are getting there."

For more information on the ISDS' initiatives, contact Mr. Rechner at 1-217-525-1406 or "rrechner@isds.org". ■

Access

Continued from page one

Dental Society executive director.

The ADA is encouraging all dental societies, especially those that have charitable programs in place, to schedule activities for Feb. 21, 2003.

"Of course, we hope members will deliver as much full-service dentistry as possible," said Dr. Bramson. "But we realize that's not always feasible or appropriate, and we welcome anything from educational outreach to comprehensive care and everything in between. The important thing is to involve as many dentists as possible, under the same banner on the same day."

The Association is seeking private sector funding to support Give Kids a Smile nationally while encouraging constituent and component societies to seek funds locally.

"This is one way to consolidate dentists' generosity and wake the nation up to a problem that too few people are aware of," said Dr. Bramson. "Dentists aren't to blame for access problems, and we must not be afraid to acknowledge that problems exist and assume the leadership role in tackling them."

"The fact is that even this massive effort will still only scratch the surface of the care that's needed," he continued. "And we need to be up front about that—to use Give Kids a Smile to help put America on notice that we as a nation must find the political will, and the resources that are needed to back up that will, and effect real change."

ADA staff will help dental societies assemble the resources necessary to plan events that allow dentists to concentrate on what they do best.

"It's the kind of thing we ought to be doing as a profession," said Dr. Bramson. "I know from personal experience—and our surveys confirm this—that dentists annually give away thousands of dollars of charitable care. That's a signal to us that dentists really care about these problems and will be willing to help."

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Recruitment programs gear up

Here's what a few constituent and component societies are doing to recruit dental assistants and hygienists:

• Florida Dental Association—The FDA promotes careers in dental assisting and dental laboratory technology through high schools and provides funds to accredited training programs to support recruitment.

• Massachusetts Dental Society—With the slogan, "A Dental Office is a Good Place to Visit and an Even Better Place to Work," the MDS distributed posters to dental offices to promote careers in allied dental professions.

They also launched a re-entry program for

those who have left the profession, a liaison program between MDS and the state's allied dental education programs and successfully lobbied to keep two dental assisting programs open.

• Metropolitan Denver Dental Society—MDDS members and high school guidance counselors received information on allied careers, including posters and brochures from the ADA's "Something to Smile About—Careers in the Dental Profession" package.

The result? Twenty-one high school students attended the MDDS' midwinter meeting. The MDDS plan to expand their efforts next year.

• Minnesota Dental Association—The MDA

wanted to know why dental assistants were disappearing from the profession. They found the No. 1 reason for leaving was higher wages. The MDA is using the data to formulate a plan to retain dental assistants.

• South Carolina Dental Association—The SCDA's success includes two new dental hygiene education programs and a 50 percent increase in the state's hygienist workforce.

• Toledo Dental Society—"How would you like to never work another holiday again?" is the slogan for a successful campaign to recruit dental assistants and front office personnel in Toledo, Ohio. ■

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After



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