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American Dental Association, Publishing Division

AMERICAN DENTAL ASSOCIATION
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Business insight
Conference details, page six

BRIEFS

Dental materials group to confer

Tempe, Ariz.—The Academy of Dental Materials' annual session will meet here at the Buttes Resort Oct. 28-30.

The conference, "Tissue Engineering and Biological Interactions of Materials in Dentistry," will cover such topics as bone regeneration using polymer scaffolds, restoration of function of teeth using tissue engineering and hydroxyapatite bone substitutes for oral and maxillofacial applications.

For more information, contact John M. Powers, Ph.D., at University of Texas-Houston Dental Branch, 6516 John Freeman Ave., DBB 454, Houston 77030-3402; or e-mail "jpowers@bite.db.uth.tmc.edu"; or fax 1-713-500-4500. ■

Survey Center releases report

The ADA Survey Center has released the 1997 State and County Demographic Reports. These custom reports, available for all U.S. counties, are based on the Survey Center's census of dentists in the United States and its territories and possessions, the Distribution of Dentists which includes the Survey of Dental Graduates.

The 1997 State and County Demographic Reports provide important pieces of information that will be of interest to new dentists or dentists looking to relocate.

Each 1997 State and County Demographic Report (catalog no. 5Nc7) is $30 for ADA members, $45 for nonmember dentists and $90 for nondentists. To order, contact the Survey Center at 1-312-440-2568; by fax at 1-312-440-7461; or on the web at "http://www.ada.org" under "Dental Practice." ■

INSIDE

Networking

Networking and more at upcoming conference. **Story, page 18.**

FLUORIDE

A close look at the history, the votes, the future of fluoridation

This is the first installment of a two-part series that will examine political as well as scientific aspects of community water fluoridation, an issue that's once again making headlines nationwide.

By Clayton Luz

A bill mandating the use of fluoride in the Las Vegas-area water supply was signed into law by Nevada Gov. Kenny Guinn in May.

■ KANSAS MINISTRY FUNDS ORAL HEALTH INITIATIVE, PAGE FOUR

But across the Sierra Nevada Mountains in Southern California, the cities of La Mesa, Escondido and El Cajon rejected California's mandatory fluoridation program.

Their neighbors to the north, Santa Cruz and Santa Clara, declared similar intentions.

Last October in Colorado, residents in Canon City OK'd a referendum approving the implementation of community water fluoridation.

The sometimes contentious tussle over water fluoridation plays on in

See FLUORIDE, page five

Court affirms FTC authority

Justices send CDA case back to 9th Circuit

By Craig Palmer

Washington—The U.S. Supreme Court ruled unanimously May 24 that the Federal Trade Commission can regulate dental and other nonprofit professional associations providing substantial economic benefits to members.

But the court in a 5-4 opinion said the FTC and the 9th Circuit Court of Appeals inadequately examined whether California Dental Association advertising restrictions reduced competition among dentists.

The 9th Circuit should reconsider the FTC/CDA case before antitrust violations are presumed as they were in this case, the court said.

ADA Counsel Peter M. Sfikas, who argued the CDA case before the nation's highest court, said the ruling returns the case to the 9th Circuit for "a more elaborate inquiry as to whether or not CDA's activities violate the antitrust laws."

See FTC, page 14

Patient protection drafted in two bills

Association urges Congress to take 'meaningful' action

By Craig Palmer

Washington—The Association May 20 urged the House Commerce Committee to start hearings soon toward "meaningful patient protection legislation this year."

The Association letter to Commerce Chair Tom Bliley (R-Va.) urged the committee to use legislation offered by dentist/Rep. Charlie Norwood and GOP colleagues as a starting point.

Rep. Norwood met with the ADA Council on Government Affairs May 21 to discuss the legislation.

■ PLANNING FOR TECH DAY, PAGE NINE

Rep. Norwood (R-Ga.) and Reps. Tom Coburn, M.D., of Oklahoma and John Shadegg of Arizona offered two draft bills for Commerce Committee consideration:

- The Consensus Managed Care Reform Act of 1999 would allow patients to choose their own doctors, create independent external appeals boards for patient-health plan disputes and allow limited patient access to state courts for damages against ERISA-covered plans;
- The Consensus Health Care Access and Choice Act of 1999 would create insurance pools, a refundable tax credit and other incentives to increase access to health insurance and reduce the growing ranks of uninsured persons.

"Their proposal addresses the major issues of concern about managed care and contains a number of essential protections, including the right of patients to see the doctor of

See BILLS, page 14

Dr. Rose: Right of patients to choose own doctors is addressed.

Supreme Court won't hear appeal in Bragdon HIV case

By Craig Palmer

Washington—The U.S. Supreme Court, without comment May 24, declined a Maine dentist's appeal of a lower court ruling upholding the effectiveness of universal precautions.

The dentist argued that an in-office dental procedure with an HIV-positive patient would have posed a direct threat to his health and safety and thereby justified a refusal to treat the patient in his private office.

■ ELECTRONIC PATIENT RECORDS, PAGE 13

The Supreme Court last year, under the Americans with Disabilities Act, ruled against Dr. Randon Bragdon, who declined to treat patient Sidney Abbott in his office. The court ruled that Ms. Abbott was protected as a person with a disability but returned the case to the First Circuit Court of Appeals in Boston on the direct threat question.

Dr. Bragdon contended that universal precautions are insufficient to protect dentists treating patients infected with the human immunodeficiency virus, an argument the lower court rejected Dec.

See BRAGDON, page 16

Oregon Dental Association names new executive director

Portland, Ore.—Effective Aug. 1, William E. Zepp will step into the role of executive director of the Oregon Dental Association.

He will replace Barry Rice, who has served as ODA's executive director since 1976.

In an address to the ODA House of Delegates in April after his selection, Mr. Zepp outlined projects he plans to implement in the near future, which include completing the ODA Web site and developing a component council to improve communications and collective management skills.

"This is an exciting challenge," says Mr. Zepp. "I'm well acquainted with the ODA staff and many of its leaders. I have had respect for this group since I began working with dentistry."

He served as the Virginia Dental Association executive director from 1995–99 and the Montana Dental Association executive director from 1986–95. It will be a homecoming of sorts for Mr. Zepp, who attended the University of Portland where he played basketball before becoming a southwest Washington secondary school principal.

He holds a bachelor's degree in English from the University of Portland and a master's degree in literature from the University of Hawaii.

Mr. Rice left his post to become director of dental provider relations for ODS Health Plan and Dentist's Benefit Insurance Company, which comprise the ODA's for-profit subsidiary.

"This change of position is another way for me to serve the profession of dentistry," he says. ■

Mr. Zepp

Mr. Rice

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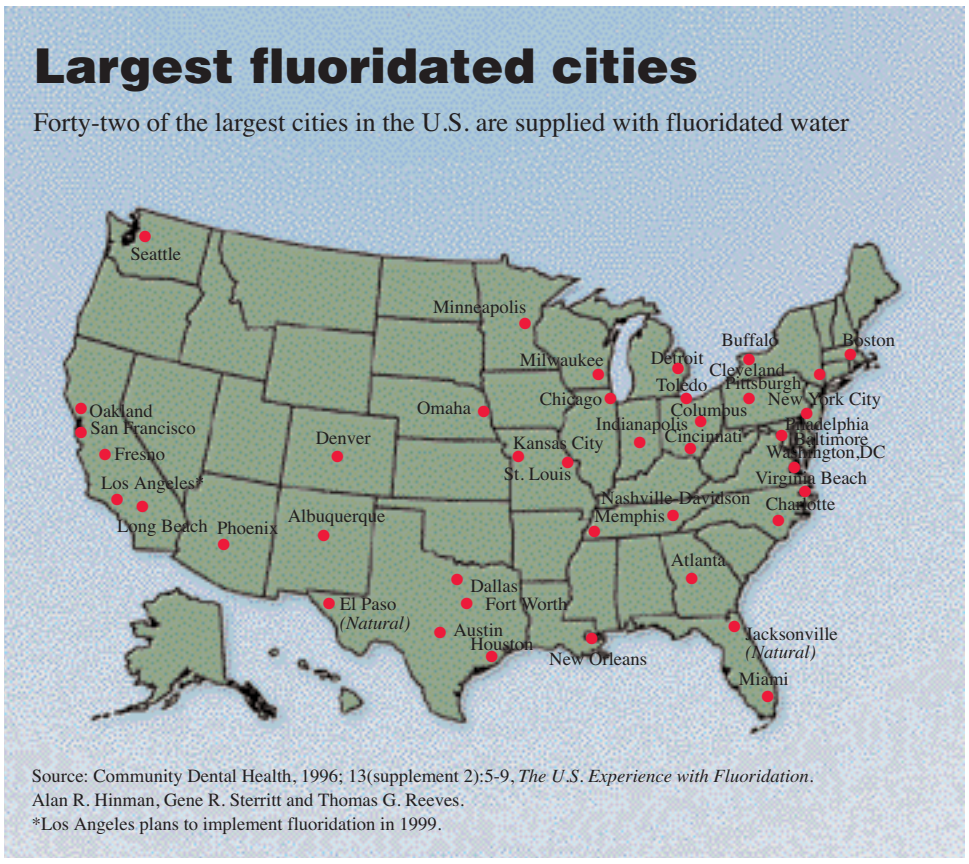
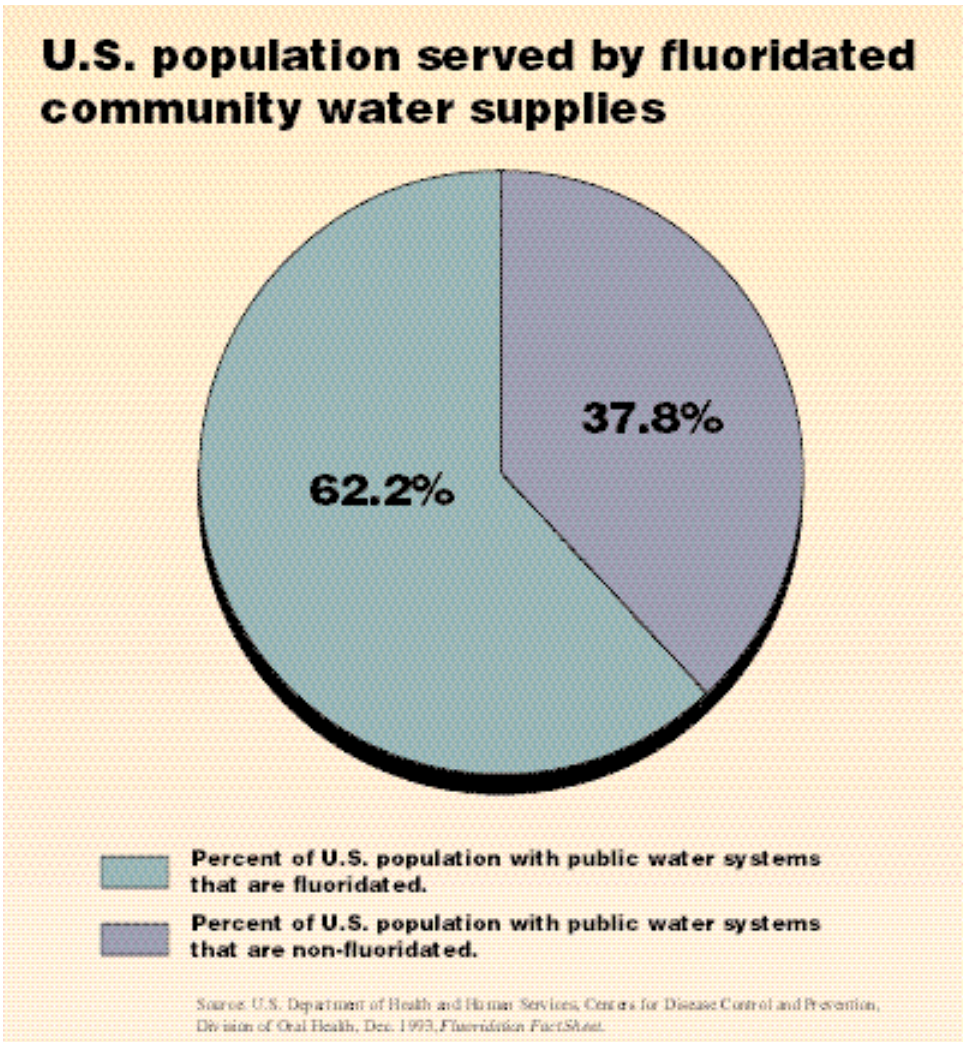
Focus





Methodists remember 'forgotten issue'—caries

Health ministry fund finances Kansas effort to promote fluoridation

By Clayton Luz

Hutchinson, Kan.—When a church ministers to a cause, you wouldn't ordinarily expect caries prevention to be that cause. Ordinarily.

The United Methodist Health Ministry Fund's slogan, "Healthy Teeth for Kansans," defines its statewide mission to improve the public's oral health.

The initiative's goals include educating Kansans about the benefits of community water fluoridation and supporting fluoridation of community water supplies.

Virginia Elliott, program officer for the Health Ministry Fund, says that preventing caries "was a forgotten issue" in Kansas.

"We thought if we could take the ministry's resources and make a difference in this issue," she says, "we could get long-term benefits with short-term dollars."

The ministry was endowed by the Kansas West Conference of the United Methodist Church after a Wichita hospital that the church had long supported was sold. The foundation was established, says Ms. Elliott, to make grants for initiatives that would improve Kansans' quality of life.

The ministry makes about $3 million in grants each year to a variety of health-related projects.

According to Ms. Elliott, the dental health initiative addresses the lack of access some families and their children have to professional dental services, as well as the absence of a "safety net" for children at risk.

"They were all saying the same thing," she says, referring to oft-heard laments from health care professionals. "We have children who are living in pain. We have children who can't eat an apple because their teeth are literally rotten. We have babies who are growing up without teeth because of the incidence of early childhood dental caries. If you can't afford dental care in Kansas," she says rhetorically, "you don't get dental care."

Ms. Elliott says the water fluoridation initiative is one part of a "three-legged stool" designed to reduce the incidence of dental caries, especially among young children, and to improve the oral health of Kansans.

"We can't address treatment because it's just too large and expensive," she says, referring to the more than 1.1 million Kansans, many of them children, who lack the basic oral health protection of fluoridation. "But we know how to prevent tooth decay. How do we get that to everybody?"

Community water fluoridation is one strategy, Ms. Elliott says, answering her own question. "It's the simplest, easiest and most effective method simply because its serves everybody. Not just those who can afford it. Not just those who happen to live in a certain place. Everybody."

According to a 1998 study by the Kansas Public Health Association, the five largest cities in Kansas that are not fluoridated are Wichita, Hutchinson, Leavenworth, Great Bend and Liberal.

Grants are made to cities and rural water districts whose water supplies are not fluoridated. The funds will pay for water fluoridation equipment, facility changes to accommodate fluoridation, engineer consultation services and miscellaneous costs related to implementation of a new fluoridation system.

In addition to funding community water fluoridation, the ministry's dental health initiative makes grants to non-profit health agencies that provide dental sealants for children.

The dental sealant program has a dual purpose, says Ms. Elliott: to inform parents about preventive techniques and to encourage them to bring their children to the dentist.

The ministry hopes that by year's end the dental sealant program will have treated about 5,000 children across the state.

The initiative also is funding a $100,000 research project to study the relationship between children who are on Medicaid and dental care access.

A dental advisory committee, which makes the awards, comprises members of the Kansas State Dental Association, social and rehabilitative service professionals, dental hygienists and a medical physician.

The ministry launched its $1.25 million dental health initiative last October. As word of the availability of grants for water fluoridation became public, fluoridation opponents began coming forward.

"It's the same all over," Ms. Elliott says about the anti-fluoridationists and their campaign tactics. "You will find exactly the same things here in Kansas as in California, I'm sure. It seems as though [their] objections to community water fluoridation are based on the fear of the day, whether it's communism or health concerns. It all seems to go back to allegations that water fluoridation causes all this."

She says local fluoridation opponents used various sites on the World Wide Web to promote their anti-fluoridation claims.

But the ministry did its homework, Ms. Elliott says. It analyzed decades of fluoridation research studies and consulted with experts across dentistry's spectrum, from researchers to engineers to practitioners.

"And we're quite comfortable with what we've found," she states. "It just gets down to who are you going to believe? The ADA, the CDC and other world health organizations? Or are you going to believe people whose cause is simply to oppose fluoridation vs. people who are actually working to improve oral health." ■

1999 Fluoridation Facts ready to order

Generations ago a paperboy would have barked the news from his street-corner post: "Read all about it! Community water fluoridation works in Grand Rapids, Michigan! Read all about it!" and waved the headline-making success of the world's first community water fluoridation program at passersby.

More than 50 years later, you can learn about that historical event and other developments in fluoridation's history in the newest edition of Fluoridation Facts, the ADA's resource publication on community water fluoridation.

The 1999 publication answers questions on such topics as the benefits of fluoridation and its role in reducing dental decay, safety issues, public health measures and more.

Prepared by the Council on Access, Prevention and Interprofessional Relations, Fluoridation Facts is a 50-page encyclopedia that answers frequently asked questions about community water fluoridation and includes color graphics and tables on the latest research in fluoridation.

Dr. R. Terry Grubb, CAPIR chair, says the publication is an invaluable aid for individuals and groups interested in learning the facts about fluoridation.

"With more user-friendly language," says Dr. Grubb, "the 1999 Fluoridation Facts is an extremely effective teaching tool—a must have for every dental practice."

To obtain the 1999 edition of Fluoridation Facts, call the ADA's Salable Materials at 1-800-947-4746. The publication's item number is J120. Cost per publication is $5.

And now, Fluoridation Facts is available online on ADA ONLINE at "http://www.ada.org/consumer/fluoride/facts/ff-menu.html". ■

Continued from page one

communities throughout the American West—a region founded on the premises of rugged individualism and self-determinism—a place one observer called the "fluoride frontier."

But the fluoride frontier doesn't run strictly through the West.

In Brainerd, Minn., residents in this Mississippi River town of 12,000-plus waged a 30-year battle over water fluoridation. Only after a trip to the state's Supreme Court in 1976 did the case become settled in favor of fluoridation advocates.

Apparently, the fluoride frontier is wherever the adoption of fluoridation by communities meets resistance.

Most debates over fluoridation generally hinge on variations of the same arguments.

Fluoridation opponents claim that Americans receive enough of fluoride's cavity-fighting benefit from sources other than drinking water, such as toothpaste, processed foods and liquids. Too much fluoride, they claim, can lead to health problems.

Fluoridation advocates point to the research literature to debunk such claims, many of which they say are disingenuous, even outright falsehoods.

The point-counterpoint debate between fluoridation adversaries can bewilder a community trying to make an informed decision.

Perhaps no big city currently exemplifies the vagaries of the fluoridation frontier better than Los Angeles.

Last September, after 30 years of wrangling that saw voters defeat a fluoridation proposal in 1966 and another in 1975, the city finally agreed to fluoridate its water supply beginning May 24, 1999.

At press time the city's Department of Water and Power had postponed initiation of the water fluoridation project until August in order to meet notification guidelines suggested by the state health department.

See FLUORIDE, page 11

Association fluoridation policies presented

Here follows the current "Operational Policies and Recommendations Regarding Community Water Fluoridation," as adopted by the ADA House of Delegates in 1997:

1. The Association endorses community water fluoridation as a safe, beneficial and cost-effective public health measure for preventing dental caries.

2. The Association supports the position that all communal water supplies that are below the optimum fluoride level recommended by the U.S. Public Health Service (a range from 0.7 to 1.2 parts per million) should be adjusted to an optimum level.

3. The Association urges individual dentists and dental societies to exercise leadership in all phases of activity which lead to the initiation and continuation of community water fluoridation, including making scientific knowledge and resources available to the community and collaborating with state and local agencies.

4. The Association encourages individual dentists and dental societies to utilize Association materials on the community organization and public education aspects of fluoridation.

5. The Association encourages states to utilize the corps of experts in the area of fluorides and fluoridation that is maintained through appropriate Association agencies in order to promote the safety, benefits and cost-effectiveness of fluoridation.

6. The Association encourages governmental agencies and philanthropic organizations to make funding available to communities seeking to adjust the fluoride content of the community's water supply to the optimal level.

7. The Association supports the following actions to maintain the quality of national community water fluoridation and its infrastructure:

- performance of a community water fluoridation infrastructure needs assessment by state health departments where such information is not currently available;
- allocation of needed resources to appropriate state agencies to upgrade and maintain the fluoridation infrastructure; and
- observance of the Centers for Disease Control and Prevention's Engineering and Administrative Recommendations for Water Fluoridation-1995 by fluoridated water systems in all states. ■

It's your business

ADA summer conference tackles marketing, management and technology

By now you know the truth: dentistry is a lot more than treating patients. For better or worse, it also involves a share of marketing, money management, and more than ever, keeping up on the latest technology.

Now in its third year, the Dentistry as a Business Conference has helped hundreds of dentists navigate their way through these aspects of running a practice. This year's program, "Money, Management, Marketing and Technology," will continue to offer practice management insights that will help them to best serve their patients and practices.

The ADA Council on Dental Practice will host the conference at ADA headquarters July 23-24.

The two-day event features nationally recognized speakers covering a broad range of topics.

Speaking at this year's conference by area will be:

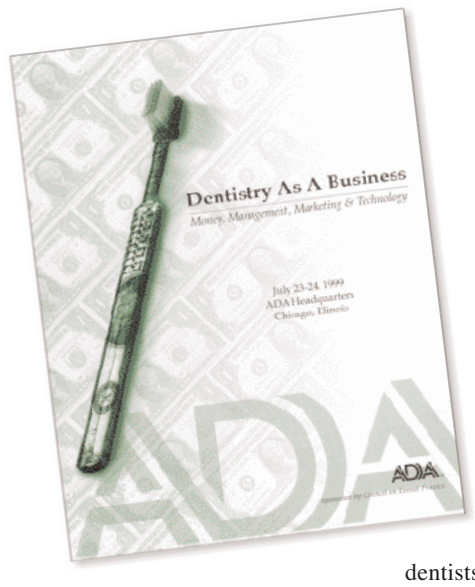
Money and Investing: Dr. Alvin Danenberg, Dr. James Jackson, Roger Hill and Charles Wold.

Practice Administration: Dr. William Blatchford, Jennifer de St. Georges, Anita Jupp and Petra Marquart.

Marketing and Technology: Dr. Claudio Levato, Dr. Roger Levin, Dr. R. Pat Little and Robin Wright.

Space is limited for the conference, so early registration is strongly suggested.

The conference is $345 for ADA member dentists who register by June 25; $550 for nonmember dentists and $245 for others.



The cost is $395 for members registering after June 25, $600 for nonmember dentists and $295 for others.

There are a limited number of rooms at the Ritz-Carlton Hotel, located across the street from the ADA, at a special conference pricing.

Conference attendees may qualify for airline discounts of up to 10 percent if they make their reservations through the ADA's travel agency or fly with one of its official air carriers, United Airlines or Delta Air Lines.

For more information about the conference, call the council at 1-312-440-2895 or the ADA's toll-free number, Ext. 2895. ■

N.Y. governor signs DSSNY legislation

Albany, N.Y.—New York Gov. George Pataki signed legislation May 25 ending the practice of terminating the limited permits of dental residents who fail a portion of the dental licensing examination.

The legislation (S.3957/A.6831)—introduced by the Dental Society of the State of New York (DSSNY)—amends the State Education Law, which DSSNY called a major problem for many dental residents.

"Limited permits" are granted to nonlicensed students and residents who treat patients in hospitals and educational institutions when enrolled in accredited predoctoral or postgraduate dental training programs under supervision of licensed dentists. Under the old law, if a person holding a limited permit failed any portion of the dental licensing exam, the permit expired 10 days following notification of the exam results.

The amended law, effective immediately, eliminates the licensing examination as a factor in obtaining a limited permit. Exam failure will not place dental residents at risk of losing their limited permits or their residencies, which DSSNY believes was counter-productive to dental education and training.

"You're out of school and either in a residency or accepted to a residency when you learn your limited permit has expired," says DSSN President Jay I. Glat. "If you're not in a training program, how are you supposed to continue learning and improve your skills?"

Proponents say the amendment will also enable hospitals and educational institutions to keep valuable staff and continue operating residency programs with staffing levels established by residency contracts.

The American Student Dental Association's Political Education Network (PEN) actively supported the legislation through a letter-writing campaign to the governor. ■

ANNUAL SESSION

Tech Day II promises to keep you on the edge

Honolulu—In 1981 Microsoft Chairman and CEO Bill Gates, commenting on the computer memory requirements for his industry, reportedly said, "640K ought to be enough for anybody."

How technology changes!

Keep up with the latest technological developments and improve your practice by attending the ADA's "Technology Day II: Taking Another Byte Out of Technology," Oct. 8 from 8 a.m.-4:30 p.m.

Dr. Freydberg

Developed by the ADA's Dental Information Technology Committee and Council on ADA Sessions and International Programs, the program features more than 20 presentations, small group discussions, question-and-answer sessions, hands-on demonstrations and technology exhibits.

Dr. Lindy H. Kell, program chair, Council on ADA Sessions and International Programs, expects this year's Technology Day II to offer something for everyone.

"This is a place," Dr. Kell says about the popular pre-session program, "for anybody who is really interested in updating his or her office. We cover everything from digital radiography to office design."

Perhaps the most explosive advances in computer capabilities technology have occurred with the Internet.

Dr. Barry Freydberg, a general dentist and practice analyst, will demonstrate in his presentation, "Web Beginners: Don't Be Left Out!", the basic components of the Internet and how to browse and navigate the World Wide Web.

As the web continues to expand, says Dr. Freydberg, dentists will increasingly realize "it's not just a toy anymore, but a useful tool." More will begin harnessing the Internet's capabilities to improve their practice, he believes.

"Most dentists are now on the web, at least three times a week," says Dr. Freydberg, citing recent research figures. "A great majority of them are discovering the web has great internal and external uses."

Besides spotlighting advances in the World Wide Web, "Technology Day II: Taking Another Byte Out of Technology" will also cover basic computer programs to cutting-edge diagnostic equipment.

Dr. Kell says Technology Day II offers an opportunity to learn about "technology in the classroom and experience it hands-on" at the special Technology Day II exhibits. "Attendees can do both," he says. "It's all there."

To register online or for more information, visit ADA ONLINE, the Association's Web page, at "http://www.ada.org/session" or pick up a copy of the April 19 ADA News.

Tickets cost $245 for dentists (RC1) and $150 for staff (RC1A).

Attendance is limited, so plan your schedule early. ■

June JADA focuses on pain

What patients think about pain is the cover story subject in the June issue of The Journal of the American Dental Association.

Adults with moderate periodontitis were asked to use a self-assessment pain scale to evaluate their discomfort before and after root scaling and planing performed under a local anesthetic.

Dr. Bruce L. Philstrom and his colleagues at the University of Minnesota School of Dentistry found that patients said their pain peaked between two and eight hours after scaling and planing, lasted about six hours and returned to pretreatment levels by the next morning.

Supporting this research were the Procter & Gamble Co., the National Institute of Dental and Craniofacial Research and the Erwin M. Schaffer Chair in Periodontal Research at the University of Minnesota School of Dentistry.

Some of the other reports in June JADA:

- a study that uses computer analysis to assess tooth brightness achieved through vital bleaching;
- an evaluation of how fluoride-releasing dental materials affect adjacent interproximal caries;
- a cost analysis of a new chlorhexidine delivery system. ■

ADA Seal Products

Below is a list of products that earned the ADA Seal of Acceptance in February, March and April..

Chain Drug Marketing Association
Quality Choice Dental Floss
Quality Choice Super Angle Toothbrush
Quality Choice Supra Toothbrush

Duane Reade, Inc.
Duane Reade Fresh Mint Antiseptic Mouthrinse
Duane Reade Icy Mint Antiseptic Mouthrinse

Federated Group, Inc.
Hy-Top Elite Angle Toothbrush

Landauer, Inc.
Luxel (X-Ray Dosimeter)

McKesson Drug Co.
HealthMart Dental Floss
HealthMart Supra Toothbrush
ValuRite Dental Floss

M.M. Impex, Inc.
Uniflex Powdered Latex Exam Glove

Mexpo International, Inc.
Supergloves Textured Powder Free Latex Exam Gloves

Nobel Biocare USA, Inc.
Steri-Oss Hydroxyapatite-Coated Titanium Screw Type Dental Implant

NutraMax Products, Inc.
Good Sense Dental Floss
Good Sense Supra Toothbrush
Price Chopper Supermarkets
Hello! Fresh Mint Antiseptic Mouthrinse
Hello! Icy Mint Antiseptic Mouthrinse
Hello! Original Antiseptic Mouthrinse

Ralph's Grocery Co.
Perfect Choice Supra Toothbrush

Rite Aid Corp.
Rite Aid Fresh Mint Antiseptic Mouthrinse
Rite Aid Icy Mint Antiseptic Mouthrinse
Rite Aid Original Antiseptic Mouthrinse

Shopko Stores, Inc.
Shopko Blue Mint Antiseptic Mouthrinse
Shopko Original Antiseptic Mouthrinse

The following products were reaccepted during February, March and April.

BioResearch, Inc.
BioEMG Electromyograph

GC America, Inc.
Accoe Silicone Impression Material, Medium Viscosity
Accoe Silicone Impression Tray Material
Coe-Flex Type I, Heavy Body, Normal Set
Coe-Flex, Type I, Regular Body, Normal Set
Coe-Flex, Type III, Injection Type
Coe-Flex, Type III, Regular Body, Fast Set
Coe-Flo

Johnson & Johnson Consumer Products Co.
Reach Powerbrush Toothbrush

Lenty, Inc.
Vital Shield Gold Non-Sterile Medical Examination Gloves

Myotronics-Noromed, Inc.
K6-1/EMG Electromyograph

Pemaco
Royal Rock

Teledyne Water Pik
Water Pik Family Dental System–WP-30W
Water Pik Personal Dental System–WP-20W
Water Pik Plus Plaque Control System –WP-90W
Water Pik Professional Dental System–WP-32W
Water Pik Travel Dental System– WP-350W

Wykle Research, Inc.
Original D, Extra Fast Set
Original D. Fast Set
Original D. Regular Set
Phasealloy Zinc, Extra Fast Set
Phasealloy Zinc, Fast Set
Phasealloy Zinc, Regular Set

Dental products' design lauded

New York City—Three dental products received top prizes in the 1999 Medical Design Excellence Awards' dental instruments, equipment and supplies category.

The Industrial Designers Society of America presented the awards May 26 in New York City.

Medical Design Excellence Awards recognize product innovation, design/engineering excellence, end-user benefit and cost effectiveness in manufacturing and health care delivery.

Recognized as this year's best dental products were:

- AirTouch Cavity Detection and Treatment System (a drill-free system that uses aluminum oxide particles and pressurized air to remove dental caries);
- Hi & Dri (an oral isolation device used to protect a patient's tongue and cheek during dental procedures);
- Dental Unit Waterline Filtration System (a water filter that retrofits existing dental equipment to prevent bacterial contamination of water during dental procedures).

Judges remarked on user-nurturing benefits and innovation in this year's competition. They selected 40 winners in 11 categories. ■

Continued from page five

The postponement avoided a legal challenge from Los Angeles Citizens for Safe Drinking Water, a group opposed to fluoridation that sued the council in March, complaining of insufficient notice to the public about the plan.

The city's see-saw response to fluoridation even confounded talk show host Jay Leno.

"A lot of people are protesting," he joked during a recent "Tonight Show" monologue. "They don't want any chemical additives in their water. Only in L.A. can you get people with silicone breasts, collagen lips [and] hair implants saying they don't want anything fake in their water."

In the past 50 years the U.S. Public Health Service's effort to bring fluoridation to the public has been largely successful. Forty-two of the 50 largest cities in the United States have access to fluoridated water.

Nationally, about 62 percent of the population served by community water systems has access to fluoridated water.

The agency's national health objective is 75 percent of community water systems to be fluoridated by the year 2010.

Studies have been conducted to explore why some communities have resisted fluoridation in recent decades. Among the factors noted are lack of funding, public and professional apathy, the failure of many legislators and community leaders to take a stand because of perceived controversy, low voter turnout and the difficulty faced by an electorate in evaluating scientific information in the midst of emotional charges made by fluoridation opponents.

Community water fluoridation—repeatedly dubbed by the U.S. Public Health Service as "the most cost-effective, practical and safe means for reducing the occurrence of tooth decay in a community"—has provided a recognized oral health benefit for more than five decades.

So why is it still being debated?

Research into the beneficial effects of fluoride began in the early 1900s.

Dr. Frederick McKay, a young dentist, opened a dental practice in Colorado Springs, Colo., and was surprised to discover that many local residents had brown stains on their permanent teeth.

Unable to find anything on the condition in the dental literature, Dr. McKay enlisted the help of Dr. G.V. Black, the world-renowned expert on dental enamel.

The pair's dental research determined that mottled enamel, as Dr. Black termed the condition, resulted from developmental imperfections in teeth. A historical term, mottled enamel is more familiarly known as dental fluorosis. But the finding that most intrigued Drs. Black and McKay was that these stained teeth were resistant to decay.

Dr. McKay's later research revealed that high levels of naturally occurring fluoride in the drinking water caused the dental fluorosis, Dr. H. Trendley Dean, a dental officer of the U.S. Public Health Service, further researched Dr. McKay's findings and by 1936 made the discovery that fluoride levels up to 1.0 part per million in the drinking water did not cause mottling.

Most important, Dr. Dean also noted a correlation between fluoride levels in the water and a reduced incidence of dental decay.

Dr. Dan Meyer, associate executive director, ADA Division of Science, notes that Dr. Dean discovered that fluoride's decay preventive effects occur partly because fluoride combines with hydroxyapatite to form fluorpatite, which is less soluable to plaque acids.

"This reduces the frequency and severity of dental caries," explains Dr. Meyer, adding that fluoride also promotes remineralization or repair of tooth enamel in areas that have been demineralized by acids.

Dr. Dean's discovery of fluoride's natural decay fighting properties prompted the world's first community water fluoridation program in Grand Rapids, Mich., Jan. 25, 1945.

Success came quickly. A study conducted five years later revealed that Grand Rapids children between 12-14 years of age had 50-63 percent less caries compared with those in a nearby non-fluoridated community.

The achievement in Grand Rapids ushered forth the implementation of fluoridation programs in scores of cities and towns throughout the country. As fluoridation fluorished, with it came the first rumblings of protests from fluoridation opponents. ■

Part two, which concludes the series, will examine the claims made by fluoridation advo-

Service offers accommodations in London

London—Finding a place to stay in London for dental courses, conferences, exams, and meetings may be easier than you think.

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ADA advises panel on electronic patient records and dentistry

By Craig Palmer

Rockville, Md.—The Association urged a government advisory panel May 17 to avoid "stagnation" and duplication of effort in developing computer-based patient record standards.

"The health record is essentially the repository of transactions, so an electronic transaction terminology standard will improve the consistency of the patient record over time," Robert Lapp, ADA director of dental informatics, testified.

"It must be recognized that terminologies are dynamic and change to reflect technological and methodological advances," Mr. Lapp told a government workgroup on computer-based patient records. "Consequently, government adoption or endorsement of terminologies must not allow stagnation.

"Rather than standardize a specific terminology version, the ADA would urge the designation of terminology sources. In addition, it is important to encourage those with coding requirements to work with existing terminology sources to minimize duplicate efforts."

The National Committee on Vital and Health Statistics workgroup is preparing a report to the Department of Health and Human Services on uniform standards for patient medical record information. The panel invited testimony from the ADA and other terminology and code developer organizations at May 17-18 public hearings.

The Association and other invited witnesses were asked to respond to a series of prepared questions on PMRI definitions and requirements.

Selected questions and Association responses follow.

Government: How would you define or describe PMRI?

ADA: The American Dental Association believes that, for optimal patient benefit, with assurance of confidentiality safeguards, appropriate health information should be available at the time and place of care to practitioners authorized by the patient through the development of a computer-based patient health record. The ADA working group on the computer-based health record found that five fundamental criteria are essential for information to contribute to quality health care outcomes and efficient and economical care delivery:

- quality—complete and accurate information available;
- utility—information presented in a form optimally suited to the user;
- proximity—information available at the time and place needed;
- accessibility—seamless availability across boundaries of health care profession, specialty, discipline or care delivery environment;
- confidentiality—access to identity-linked information limited to those parties authorized by patient consent.

These characteristics can be summarized in the working group's statement: "Complete and accurate information must be seamlessly available to all users authorized by the individual, in a form optimally useable at the time and place required, across the traditional boundaries of health care profession, specialty or care delivery environment."

Government: Describe the role your terminology plays in representing PMRI: What is the intended purpose of your terminology? What is it currently used for? What is the clinical domain, scope or health care setting addressed by your medical terminology?

ADA: To achieve uniformity, consistency and specificity in accurately reporting dental treatment, the ADA developed the Code on Dental Procedures and Nomenclature (Dental Code). The Dental Code, as published in the ADA Current Dental Terminology (CDT), is intended to be used by dental professionals to record and report care provided to patients. It is also used by third-party payers for reimbursement.

Government: In what areas are you planning to expand your terminologies?

ADA: The ADA Systematized Nomenclature of Dentistry (SNODENT) will provide dentistry with a comprehensive terminology to establish and define dental and oral disease classifications and co-morbidities. SNODENT was developed and is maintained by the American Dental Association. SNODENT will be an integral part of the computer-based patient record and, therefore, will be composed of diagnoses, signs,

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WASHINGTON

FTC

Continued from page one

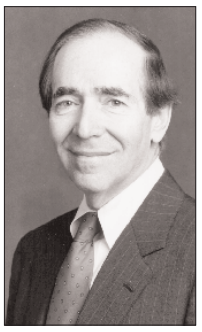
ADA, prohibits advertising that is false and misleading. The FTC began its investigation in 1985 and sued the CDA in 1993, alleging that CDA restrictions on discount, quality and superiority advertising effectively barred member advertising.

"At the present time," noted Mr. Sfikas, "The FTC has utilized the quick look, a cursory review of the facts, to determine whether there is an antitrust violation. Now the Supreme Court has concluded that a more rigorous economic analysis is required. This will be a real setback to the commission because it will slow the commission down and in fact may result in many activities not being found to be antitrust violations."

FTC jurisdiction

Though unanimous in affirming FTC authority to regulate nonprofit associations, the court suggested limits to the agency's reach. "The FTC Act does not cover all membership organizations," the court said. "An organization devoted solely to professional education may lie outside the FTC Act's jurisdiction.

"There is no line-drawing exercise in this case, however, where the CDA's contributions to the profits of its individual members are proximate and apparent."



Mr. Sfikas

The court cited "advantageous insurance and preferential financing arrangements—lobbying, litigation, marketing and public relations" among association contributions that "confer far more than de minimis or merely presumed economic benefits on CDA members."

Dentist advertising

While the court affirmed FTC's right to sue the CDA, justices rejected the FTC view that association advertising rules can be readily assumed to reduce competition. To reach that conclusion requires more extensive analysis than either the FTC or the 9th Circuit applied in this case, the Supreme Court said.

"It seems to us that the CDA's advertising restrictions might plausibly be thought to have a net procompetitive effect, or possibly no effect at all on competition," said the court's majority opinion written by Justice David H. Souter.

The court rejected the FTC "quick look" antitrust analysis of CDA advertising rules.

"The Supreme Court reversed the 9th Circuit because the Court of Appeals erred when it held as a matter of law that the quick look analysis was appropriate," said Mr. Sfikas, ADA general counsel.

The court majority said: "The question is not whether the universe of possible advertisements has been limited—as assuredly it has—but whether the limitation on advertisements obviously tends to limit the total delivery of dental services.

"The plausibility of competing claims about the effects of the professional advertising restrictions rules out the indulgently abbreviated review to which the commission's order was treated. The obvious anticompetitive effect that triggers abbreviated analysis has not been shown."

The Court of Appeals acknowledged the CDA goal of preventing false and misleading price advertising, Justice Souter wrote for the majority.

"The Court of Appeals might, at this juncture, have recognized that the restrictions at issue here are very far from a total ban on price or discount advertising, and might have considered the possibility that the particular restrictions on professional advertising could have different effects from those 'normally' found in the commercial world, even to the point of promoting competition by reducing the occurrence of unverifiable and misleading across-the-board discount advertising," he wrote.

The Supreme Court stopped short of demanding "the fullest market analysis" but said lower courts and antitrust enforcement agencies should consider "whether or not the challenged restraint enhances competition." However, this inquiry is reached only after the government shows there are anticompetitive effects to CDA's advertising rules, Mr. Sfifkas said.

Supreme Court Justice Stephen Breyer said the minority would have upheld the appellate ruling, which supported the FTC "quick look" analysis. ■

Bills

Continued from page one

their choice, for which we have long advocated," said ADA President S. Timothy Rose.

Dr. Rose urged Rep. Bliley, on behalf of the Association, to schedule a Commerce Committee "markup" or bill drafting session by mid-June and to use the proposed Consensus Managed Care Reform Act as a starting point.

"As with all such proposals, there are some provisions that we think could be improved through the markup process," Dr. Rose wrote. "On balance, however, this is a bill that will go a long way to assure Americans that their health plans are responsive to their needs."

Rep. Bliley has indicated he will respond to the proposals by the time Congress takes a Memorial Day recess. He received the draft bills May 14. ■

LEGAL AFFAIRS

Bragdon

Continued from page one

29 in part on the basis of ADA policy and Centers for Disease Control and Prevention guidelines.

Dr. Bragdon returned to the nation's highest court with an appeal of the lower court ruling.

The 1st Circuit Court of Appeals said it was confident "that we appropriately relied on the (CDC) guidelines and the (ADA) policy."

Association policy, based on current scientific information, says:

"Current scientific and epidemiological evidence indicates that there is little risk of infectious disease through dental treatment if recommended infection control procedures are routinely followed.

"Patients with HIV infection may be safely treated in private dental offices when appropriate infection control procedures are employed."

The Association in a court brief last fall explained that its policies are based on science.

Federal courts hearing Dr. Bragdon's case consistently have rejected his argument that treating Ms. Abbott would pose a direct threat to his health and safety.

Dr. Bragdon declined to fill a cavity for the patient, offering instead to treat her at a hospital, citing a direct threat of disease transmission to others as justification.

The Supreme Court in the five-to-four decision announced June 25, 1998, ruled that HIV-infected patients, even those with no apparent sign of disease like Ms. Abbott, can be protected by the disabilities act.

The AwDA bars unlawful discrimination against persons with disabilities including, the Supreme Court ruled, those with HIV infection at any stage of infection.

It was the court's first-ever HIV case and the first taken up for review of the scope of the 1990 disabilities act. The court more recently has taken up a series of AwDA cases. ■

Marquette dental school receives $2 million donation

Milwaukee—Robert J. Sullivan, retired Sullivan-Schein Dental vice chairman, made a $2 million private donation in April to the Marquette University School of Dentistry.

Mr. Sullivan's gift will help fund the construction of Marquette's new dental school building.

Mr. Sullivan was involved in the dental supply industry for more than 40 years. He founded Sullivan Dental Products in 1980. By 1990, Forbes magazine named Sullivan Dental among the top 200 Best Small Companies in America. In 1997, Mr. Sullivan sold his business to Henry Schein Inc.

"I've made my living alongside the dentists of Wisconsin and the country, so I feel close to them," says Mr. Sullivan, who remained with Sullivan-Schein Dental until his recent retirement. "I feel an obligation to the business."

Built in 1922, Marquette is the only dental school in Wisconsin. The new dental school building will be designed as a patient-centered model of dental education, and it will enable the dental school to almost double the number of patients treated in its clinics.

Construction could begin in 2001 on the planned 120,000-square foot building. Marquette will receive $15 million from the state to finance half the cost of the new building if the governor's capital budget is approved by the state legislature. The university hopes to raise the other half of the estimated cost with private and federal funds. ■

Records

Continued from page 13

symptoms and complaints. This provides the means not only for diagnostic coding, but when collected, compiled and analyzed, reliable diagnostic treatment outcomes data can be compiled. It may also be used by third-party payers to eliminate the need for narrative descriptions and other attachments. Dental practice management systems' vendors are expected to incorporate SNODENT in their systems to maintain a comprehensive patient health record. ■

Networking is key element of '99 new dentist conference

By Karen Fox

How do you determine which tools will help new dentists develop successful practices? Go right to the source.

The fast-approaching 13th National Conference on the New Dentist—set for July 29-31 at the Opryland Hotel in Nashville, Tenn.—features two days of educational programming, personal networking and fun for dentists in practice 10 years or less.

In keeping with the conference's theme, "Networking in Nashville … Dentistry for a New Century," tripartite leaders will capture insight into new dentists' perspectives to get in better touch with their concerns and future needs.

The July 30 New Dentist Committee Network Idea Exchange and Open Forum will give network leaders and peers from across the country the opportunity to discuss licensure, associateships, financial management, practice options and more.

Dr. Ray Cohlmia Jr., Committee on the New Dentist chair, says it's the forum that distinguishes this conference from any other dental meeting.

"This is the place for new dentist leaders and peers to exchange ideas about membership and issues affecting them," he says.

"Our ADA leadership supports the program, and members of the Board of Trustees will be there to provide a direct link to our leadership."

Dr. Cohlmia says the audience size and narrow focus is advantageous for those who attend the conference. He believes people are more likely to participate in discussion in a smaller, less formal setting.

"It's amazing when you kick off the discussion with a topic and see 20-30 people step up to the microphone," he says. "This is an extremely successful conference not because of attendance but due to networking. It's a way to relay information from state and local groups directly to the ADA leadership."

Though designed as a resource for the new dentist, the forum's networking capabilities can benefit all dentists. Dr. Cohlmia says established practitioners have to be aware of issues facing new dentists because those issues will ultimately affect the established practitioner, too.

For example, many dentists approaching retirement plan to sell their practices to new dentists. However, current rates of dental school debt will influence if and when new dentists are able to consider such purchases.

The Committee on the New Dentist Network's 45 state and 101 local committees address issues unique to their state or community, but the forum encourages individual groups to share their experiences and consider approaches used to help new member dentists establish practices in their state or region.

Without a dental school in their state, many Arkansas dentists rely on the Arkansas State Dental Association's New Dentist Committee program that helps recent graduates establish

practices in that state. The Arkansas committee developed the first-ever "Roadmap to a Successful Dental Practice" publication.

The book outlines steps necessary to setting up new practices, and has since been replicated by almost 30 constituent societies.

According to Arkansas New Dentist Committee Chair Dr. Scott Byrd, the committee has expanded on the "Roadmap" to develop a multifaceted approach that addresses the need to bring new dentists to the state and to ensure smooth transitions for new dentists who are already planning to establish practices there.

The Arkansas committee's mentoring services and cost-effective continuing education are valuable to new dentists, but the primary focus is networking with students in neighboring states' dental schools.

The Arkansas New Dentist Committee makes at least one visit a year to dental schools such as University of Tennessee and Louisiana State University to meet students, discuss new dentist committee services and answer their questions.

Many of the Arkansas committee members are recent graduates themselves. Their experience is invaluable to students who plan to establish practices in the state.

"The biggest problem is that the students graduate from dental school and come to Arkansas without really knowing any of the dentists here. Even if they're originally from Arkansas, they probably lost touch with what's been going on locally," says Dr. Byrd. "It's our goal to bring students back into the Arkansas dental community and let them know we are here to help."

Chesebrough-Pond's USA Co.—the conference's sole sponsor since its inception—recently provided an additional grant to distribute free copies of the ADA's "Practice Options for the New Dentist: A Financial Planning Guide" to the first 280 conference registrants.

The CND has mailed conference brochures to ADA members graduating from dental school in 1990 or later. The brochure can also be printed from ADA ONLINE ("http://www.ada.org").

The reduced-rate registration deadline is June 26. If you have questions, call the CND office at Ext. 2779. ■

Financial planning guide available, but only if you're quick to register

The first 280 registrants for the 13th National Conference on the New Dentist will receive a free copy of the ADA publication, "Practice Options for the New Dentist: A Financial Planning Guide," thanks to an additional grant from Chesebrough-Pond's USA Co.

The transition from education and training to dental practice is challenging for many new dentists, including Dr. Richmond Hung, Chesebrough-Pond's professional relations dentist and liaison to the National Conference on the New Dentist. A 1997 Columbia University School of Dentistry graduate, Dr. Hung opted to broaden his experiences by entering practice part-time in West Haven, Conn., as well as accepting his position with Chesebrough-Pond's USA Co.

"It's busy, but very rewarding," he says. "And fun. You learn so much about what options are available to you as a dentist when you work in the corporate sector as well.

"The Conference on the New Dentist is all about continuing education. New dentists need to have as much information and direction as they can acquire. The financial guide is something they will refer to on a daily basis."

If you're attending the conference and would like to receive the financial guide, register promptly. ■

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