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ADA News - 11/01/1999

American Dental Association, Publishing Division

Dr. Koop, Joe Garagiola honored, page three ◆ Needlesticks and Senate, page 17

AMERICAN DENTAL ASSOCIATION
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NOVEMBER 1, 1999 www.ada.org VOLUME 30, NO. 20

HAWAII

Smiles all around at Honolulu meeting

BY CLAYTON LUZ

Honolulu—After gathering your travel bags at Honolulu International Airport, you may have beseeched a Hawaiian greeter: "Which way to the Hawaii Convention Center?"

"Makai"—which is Hawaiian for "toward the sea"—delivered with a benevolent smile, perhaps a kiss on the cheek and a lei of plumeria flowers slipped past your ears.

Indeed toward the sea, at 1801 Kalakaua Ave., to be precise—site of the Hawaii Convention Center and the 140th Annual Session of the American Dental Association.

Aloha spirit: Dancer at annual session's opening ceremony greets the ADA.

Nearly 32,000 dentists, guests, exhibitors and others attended the four-day meeting, which officially convened Oct. 9.

ADA President Richard F. Mascola believes the meeting was the best he's ever attended.

"The local people could not have been more responsive and cooperative," enthused Dr. Mascola. "Those in attendance were excited to be there. The courses were well-attended and the exhibitors ecstactic! Who can say anything more?"

President Mascola also praised the House of Delegates, saying his colleagues were "all business" and that Speaker James T. Fanno "ran an excellent meeting."

Dr. Kathryn A. Kell, chair, Council on ADA Sessions and International Programs, remembered that her council, prepared as it was after 11 months of planning, was "still a little bit on pins and needles going in."

This was partly because the Hawaii Convention Center had

See HONOLULU, page five

O&M radiology arrives

First new dental specialty in 36 years

BY JAMES BERRY

Honolulu—Oral and maxillofacial radiology is the dental profession's first new specialty in 36 years.

"I think it's for the good of the profession and the good of the public, a really positive move," Dr. Thomas Razmus, president of the American Academy of Oral and Maxillofacial Radiology, said of OMR's elevation to specialty status.

Meeting in Hawaii Oct. 9-13, the ADA House of Delegates approved the academy's specialty recognition application, culminating a process begun in 1996 when AAOMR first applied to the Council on Dental Education and Licensure.

Two other applicants seeking specialty status in this year's House—dental anesthesiology and oral medicine—failed to get the needed votes.

Before this latest House action, the last area of dentistry granted specialty recognition was endodontics in 1963.

AAOMR's Dr. Razmus noted that most of the estimated 112 board-certified OMRs in the United States are based in hospitals and universities "where the equipment is available."

He said the new specialists "really

See RADIOLOGY, page 12

Photo by Judy Jakush

Debate: One of the 428 members of the ADA House of Delegates, Dr. Martin Craven, takes the floor last month in Honolulu.

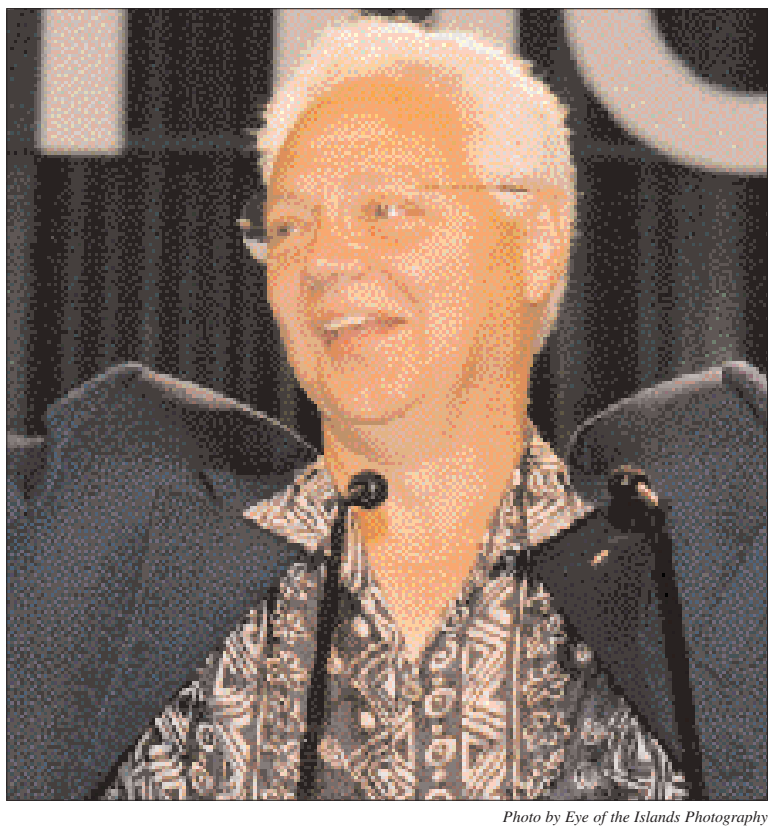


Photo by Eye of the Islands Photography

Down to business: Dr. Mascola emphasized the ADA's efforts to prevent third-party intrusions into dental treatment decisions.

We will control our destiny: Dr. Mascola

BY JAMES BERRY

"Do you believe the American Dental Association should be more aggressive in preventing intrusions into our dental practices?"

It was, of course, a rhetorical question, sure to get the desired response, like asking: "Do you want to be happier and more successful?"

Who could answer no?

But preventing intrusions (or the lawyer-preferred "unwarranted intrusions") was a central theme of Dr.

See DESTINY, page 18

House OKs dues hike

Will be $13 more than rate for 1999

BY JAMES BERRY

Honolulu—Full dues for ADA members will be $395 in the year 2000, up from $382 in 1999.

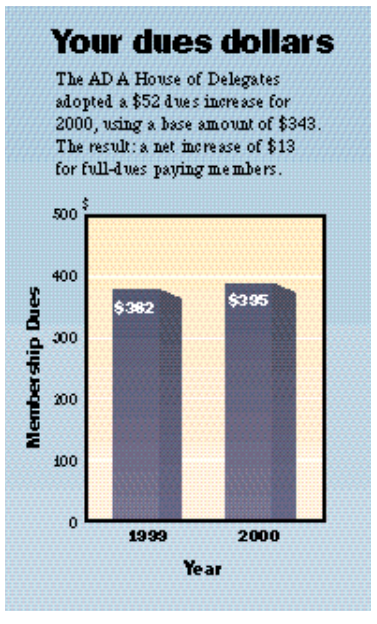
The ADA House of Delegates, meeting in Hawaii Oct. 9-13, agreed to the increase to help cover a $6.4 million deficit in next year's $70,718,490 budget.

As mandated by the 1998 House, this year's delegates were working with a scaled-back dues base of $343. Although the dues increase amounts to $52 against that base figure, the increase for full-dues paying members will be just $13 more than they paid this year.

Without the dues hike, revenues of $64,280,450 would leave a shortfall of $6,438,040. The House-approved dues increase will generate $5,484,040, still leaving a deficit of $954,000, which the Board of Trustees agreed to draw from Association reserves.

The Board had originally sought a $14 increase—later boosted to $26 on the $343 base—to cover new programs and limited operational expenses.

House actions added $1.3 million in program expenses, plus another $2.5 million to extend the promotion of direct reimbursement as a preferred payment mechanism for dental care. ■



■ New officers installed, page eight
■ Direct reimbursement campaign continues, page six
■ More session coverage to come in Nov. 15 issue

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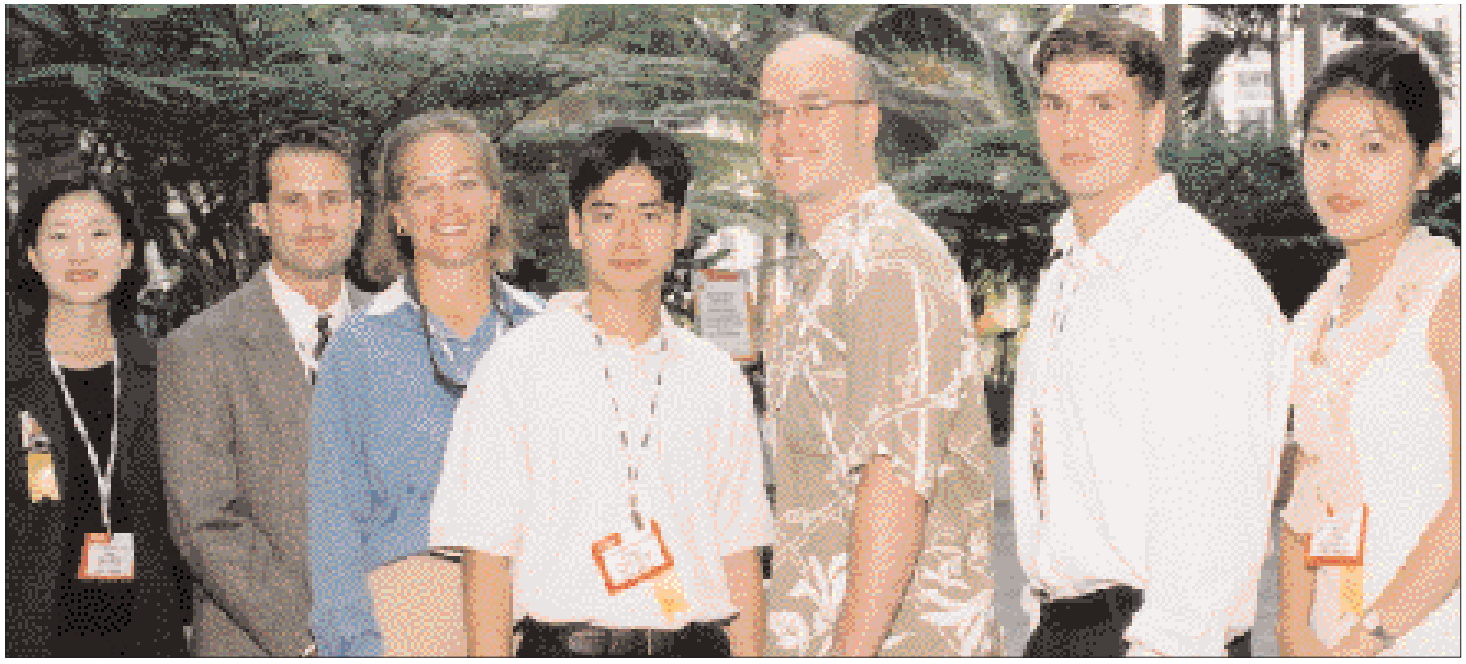


Photo by Eye of the Islands Photography

Smart students: Winners of the 1999 ADA/Dentsply Student Clinician competition are (from left) Hang M. Dang, Virginia Commonwealth University; Chris L. Birkestrand and Heidi J. Stark, co-presenters, University of Nebraska; Phuong N. Nguyen, Louisiana State University; Chris S. Freeman, University of Kentucky; Stephen J. Cwikla, Harvard; and Eri Hatta, University of California, San Francisco.

Photo by Anna Ng Delort

Lauded: For their efforts to fight tobacco use, the Friends of the NIDCR Oct. 18 awarded former Surgeon General C. Everett Koop the Lifetime Achievement Award and baseball legend Joe Garagiola the Public Advocacy Award at the Friends' 1999 Gala Annual Awards Dinner. From left are Dr. Harold Slavkin, National Institute of Dental and Craniofacial Research director; Dr. John S. Zapp, ADA executive director and Friends of the NIDCR vice president; Mr. Garagiola; Dr. Koop; and Dr. D. Walter Cohen, Friends of the NIDCR president.

AtPressTime

Is a doctor justified in lying for patients?

Many physicians believe a doctor is justified in deceiving insurance companies or managed care organizations to secure payment for treatment if patients cannot get it any other way, a new survey shows.

The survey, published Oct. 25 in the American Medical Association's Archives of Internal Medicine, found that 58 percent of 169 internists in eight cities considered it ethical to lie for a patient who needed a heart bypass operation. Another 48 percent considered it ethical to lie to get intravenous pain medication and nutrition for a dying cancer patient.

In a report on the survey, the Chicago Tribune noted that the percentages were lower for less serious conditions. None of the doctors surveyed was asked whether he or she had ever actually lied or would lie, only whether a doctor would be justified in doing so.

The mailed survey posed hypothetical treatment situations. In the heart bypass example, a woman suffering angina is forced to change insurance companies. The new company refuses to cover the pre-existing condition unless it becomes more serious.

Most of the doctors surveyed said the woman's physician would be justified in telling the company that her chest pains had increased in frequency to have the bypass covered.

The survey was conducted by researchers at Georgetown University Medical Center in Washington, D.C. Lead researcher, Dr. Victor Freeman, told the Tribune that most physicians surveyed—76 percent—believed "their primary professional responsibility was to practice as their patient's advocate." ■

State sues online pharmacies for what it claims are unlawful practices

Illinois filed suit Oct. 21 against four online pharmacy firms, alleging that they aren't licensed to practice in the state and can't sell drugs.

The Associated Press reported that the suit, filed in circuit court by Attorney General Jim Ryan, aims to block the Internet pharmacies from doing business with Illinois residents.

"Prescription medicines should only be dispensed under the care and supervision of properly licensed doctors and pharmacies," Mr. Ryan told the AP.

The American Medical Association and two state medical and pharmacist groups are backing the suit, said the AP, which quoted an owner of one of the online pharmacies who claimed he was unaware of any law banning his firm from sales in Illinois.

Mr. Ryan told the AP his aides surfed the Internet to see if prescription drug Web sites were verifying the health status of their customers as they claimed.

One of Mr. Ryan's staffers, then pregnant, reportedly got a seller to ship her Viagra from out of state. ■

—Compiled by James Berry

Annual Session

From the aloha point of view

140th Annual Session of the American Dental Association

Fore! Tim Purdy tries his skill at a closest-to-the-pin contest during Zila Dental Supply's 2nd Annual Golf Tournament. The event, which was held Oct. 7 at Luana Hills Country Club, benefits the ADA Health Foundation. Mr. Purdy is president of Zila Dental Supply.

See yourself? Are you one of the 31,889 who attended annual session in Honolulu?

Photos by Eye of the Islands Photography

Majestic welcome: The Ancient Royal Court of Hawaii brings an aura of grandeur to the ADA's opening ceremony.

Information, please: Exhibitors showcase their wares on the trade show floor. At right, meeting-goers wait for the ADA shuttle bus in front of the Hawaii Convention Center.

Honolulu

Continued from page one

never hosted a meeting as large as the Association's, she said.

"But everything turned out beyond our expectations," Dr. Kell said. "The people of Hawaii and the convention center representatives went all out, beginning with the airport taxi drivers, who presented you with a lei. Everyone really had the aloha spirit."

Dr. Kell lauded Dr. Alan Tom, the council's 1999 local arrangements committee general chair, for establishing the aloha spirit early on when session planning began in earnest, nearly a year ago in November.

Dr. Kell also said she received much positive feedback, particularly from exhibitors.

"Some of them told me that this was the best meeting [they've] ever experienced. On some days, they didn't want to close their exhibits," she added with a pleased laugh.

Most important, Dr. Kell reflected, was the overall feeling annual session fostered.

"The whole idea of working together as well as the friendliness that carried over were tremendous. Session makes you feel a part of the ADA."

As your post-session plane lifts off from Honolulu International Airport and banks steeply upward over Mamala Bay, the island of Oahu below you begins to diminish into a palette of white and pastels.

Much history, especially your own, you leave behind.

But the aloha spirit, that's for keeps.

It's the best souvenir in the world. ■

Attendance

GRAND TOTAL 31,889*

Dentists	
U.S. Member	8,555
U.S. Non-member	164
Intl. Member	207
Intl. Non-member	428
Total	9,354

Students	
Members	159
Non-members	21
Intl. Student	34
Total	214

Dental Team	
Dental Business Assistants	2,919
Intl. Dental Business Assistants	96
Dental Assistants	3,358
Intl. Dental Assistants	113
Dental Hygienists	2,393
Intl. Dental Hygienists	62
Lab Technicians	192
Intl. Lab Technicians	36
Total	9,169

Other	
Dental Dealers	73
Intl. Dental Dealers	203
Guests	1,933
Intl. Guests	245
Spouses	3,816
Children	1,938
Exhibitors	4,628
Allied Health Professionals	57
Other	259
Total	13,152

Photo by Eye of the Islands Photography

Transition tip: "Vision doesn't happen from the hip. It happens in the heart."

Preparing for change
It takes vision

BY CRAIG PALMER

Honolulu—Your front desk person is leaving the practice after 18 years. You're bringing in a partner. A son or daughter will join the practice. You plan to sell. You're looking at retirement.

Paul Sletten invited dentists Oct. 9 in scientific session Course 216, "Transition Planning in a Time of Chaos and Change," to meet the future with personal and professional planning, "to look at the next life phase with a sense of adventure.

"Vision doesn't happen from the hip. It happens in the heart."

Beyond the bougainvillea and palm fronds lining the Hawaii Convention Center a rainbow hung lushly over Moana Valley, now fading, now dazzling.

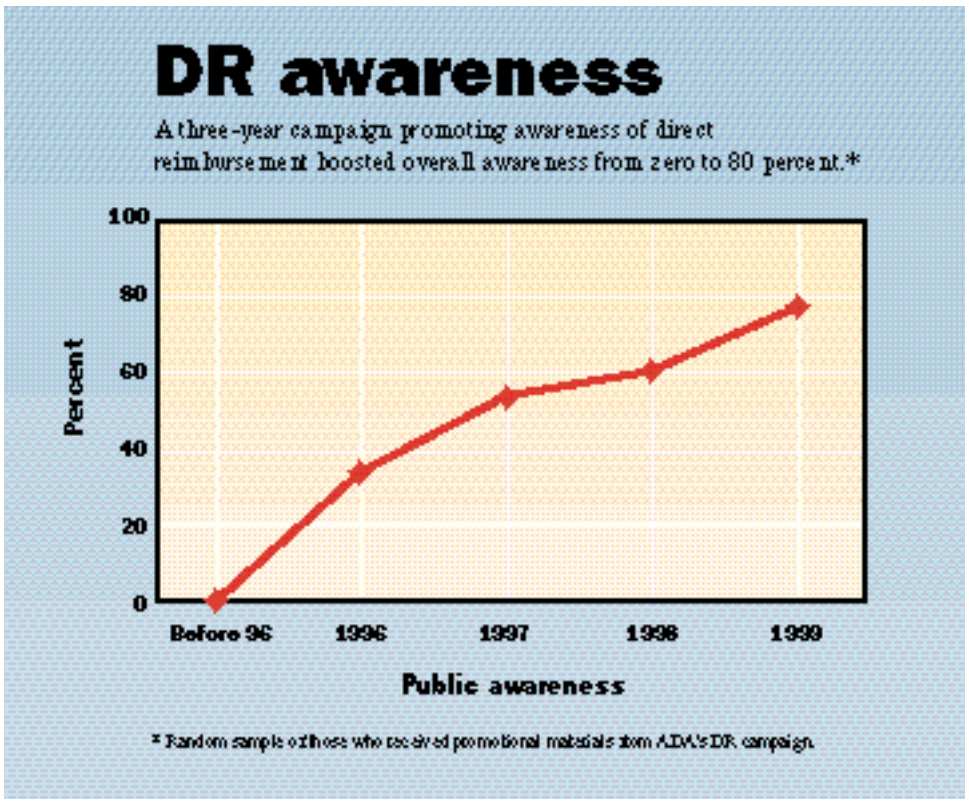
"Who are you away from your practice?" Mr. Sletten asked. The audience of dentists, spouses and dental team members was less a vision, however, than a snapshot of Oct. 9, 1999.

And the day's snapshot of your practice is all the new dentist will see without your vision, your planning, your willingness and ability to share your practice history, your understanding of your new colleague's history, Mr. Sletten told the dental audience.

Suppose, for example, you're considering retirement, 8-10 years from now, or five. "Pick a date," he advised. "It's empowering. Otherwise, it's like running without a finish line. How can you pace yourself?"

Say you'll retire in 2007. Not only will you be far from alone, you will retire in the first year in the modern history of dentistry, Mr. Sletten said, when more dentists retire than enter practice.

Mr. Sletten founded Paul Sletten & Associates in Denver. He advises dentists on practice transitions. ■



House says yes to DR, no to indicators

Direct reimbursement promo awarded another three years

By James Berry

Annual Session

■ Even more encouraging, as of Dec. 31, 1998, an estimated 477,220 employees were covered under 2,325 direct reimbursement coverage plans nationwide.

The ADA will continue promoting direct reimbursement for another three years, but has called a halt to the Dental Indicators Program.

Meeting in Honolulu Oct. 9-13, the ADA House of Delegates voted to fund the DR campaign at $2.5 million a year for three years to "continue the growth of DR plan implementation" and "provide support for constituent dental societies in their own [DR] promotional campaigns."

The funding is subject to yearly House approval.

Since 1984, the ADA has been promoting direct reimbursement as a preferred payment mechanism for dental care, mainly targeting benefits purchasers and consultants.

The DR campaign, now involving 42 constituent dental societies, has boosted overall awareness of direct reimbursement from zero in 1996 to 80 percent today, based on a random sample of those who received promotional materials from the ADA's DR campaign.

Conducted through the Council on Dental Benefits Programs, the campaign generated more than 14,000 requests for more information in its first three years.

Even more encouraging, as of Dec. 31, 1998, an estimated 477,220 employees were covered under 2,325 direct reimbursement coverage plans nationwide. So far this year, 284 new plans have been implemented, covering more than 130,000 workers—an estimated 306,000 lives, including their dependents.

Progress reports on the campaign will be presented to the House each year.

The Dental Indicators Program was another story.

A seven-member Dental Indicators Committee, formed as a result of a 1996 House resolution, presented this year's House with a preamble and 11 dental indicators.

In its report, the committee defined dental indicators as "assessment instruments" that can be used to determine "to what extent any of the processes of care are carried out effectively and efficiently, and to what extent any of the clinical outcomes occur."

In the reference committee on Dental Benefits, Practice and Health, before the House vote, some members voiced concerns that the indicators could be used against dentists in their dealings with third parties or in lawsuits.

A clear sign that the tide was turning against the indicators program was the Board of Trustees' support of Res. 87, a measure originating in the 5th Trustee District and calling for the Dental Indicators Committee to be disbanded and the program abandoned.

In the end, the House adopted Res. 87. All other resolutions related to dental indicators were declared moot. ■

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New ADA officers, trustees elected in Honolulu

Honolulu—Dr. Richard F. Mascola, a prosthodontist from Jericho, N.Y., was installed Oct. 13 as the 136th president of the American Dental Association.

The day before, delegates voted Dr. Robert M. Anderton as ADA president-elect. He will become president next year when annual session is held in Chicago.

Also elected in Honolulu for the 1999-2000 term were Dr. J. Kendall Dillehay as first vice president and Dr. Ronald B. Gross as second vice president. Elected for a fifth term as speaker of the House is Dr. James T. Fanno.

Four new trustees were also chosen by the House: Dr. Edwin S. Mehlman, 1st District; Dr. Richard Haught, 12th District; Dr. Edward Leone Jr., 14th District; and Dr. Frank K. Eggleston, 15th District.

Brief biographies of each officer follow:

- Dr. Mascola served as 2nd District Trustee on the ADA Board of Trustees from 1994-97. He was chair of the ADA Council on Membership in 1993-94. He is past-president of the Queens County Dental Society and served as its executive director from 1987-97. He was general chair, social scientific meeting, of the Dental Society of the State of New York in 1986. He has also served as a delegate to the ADA, and member of the Board of Governors and the Executive Committee of the Dental Society of the State of New York.
- Dr. Anderton, a general dentist and lawyer from Argyle, Texas, served the past four years as 15th District Trustee. He has served as vice-chairman of the Texas Dental Association delegation to the ADA House of Delegates and on the ADA Council on Dental Benefit Programs. He was chair of the council committee that oversees the ADA's Purchaser Information Service. He has served as TDA director, vice-president and president; Dallas County Dental Association president; and president of both organizations' for-profit subsidiaries.
- Dr. Dillehay, an orthodontist in Wichita, Kan., has served as a KDA delegate to the ADA House of Delegates and is a past president of the Kansas Dental Association. He is a past president of the Wichita District Dental Society, the Kansas Association of Orthodontists and has served on the Southwestern Association of Orthodontists' Membership and Legislative Committee and the American Association of Orthodontists' Council on Governmental Affairs. He is a consultant and specialty examiner for the Kansas Dental Board. He is a fellow of the American College of Dentists.
- Dr. Gross, an orthodontist in Pottstown, Pa., served as chairman of the ADA Council on Ethics, Bylaws and Judicial Affairs and as a delegate/alternate delegate to the House of Delegates for 16 years. He is a past president of the Pennsylvania Dental Association, 2nd District (Pennsylvania) Dental Association, Montgomery Bucks Dental Society, the American and Pennsylvania Associations of Orthodontists and the Middle Atlantic Society of Orthodontists. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy. He received a Distinguished Service Award from MASO in 1992 and from PAO in 1989.
- Dr. Fanno, an orthodontist from Canton, Ohio, served his fourth term as speaker of the ADA House of Delegates this year. Dr. Fanno has served as an ADA delegate and chair of the Council on Ethics, Bylaws and Judicial Affairs. He is a past president of the Ohio Dental Association and former ODA house speaker. He has been an American College of Dentists regent and president of the Case Western Reserve Alumni Board. In 1994, he received the Distinguished Dentist Award, the highest award

Photo by Eye of the Islands Photography

Meeting the House: ADA President-elect Robert M. Anderton and his wife, Eddie, take the podium following the Oct. 13 officers' installation ceremony .

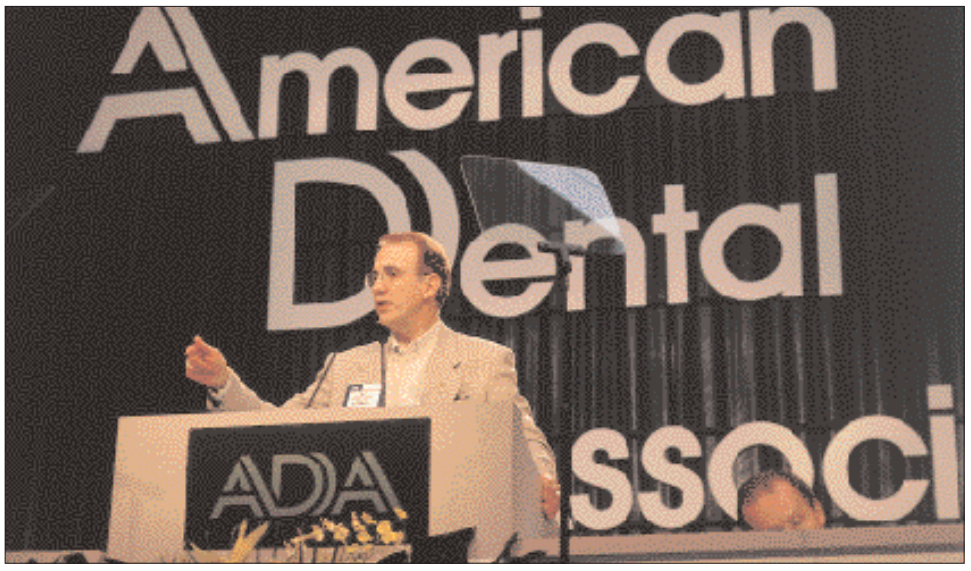

Photo by Judy Jakush

Mr. Speaker: Dr. James T. Fanno presides over the 1999 ADA House of Delegates.

the ODA confers upon a practicing dentist.

- Dr. Mehlman, an endodontist in Providence, R.I., is an assistant clinical professor of endodontics at Boston University Goldman School of Dental Medicine in Boston. He has also held teaching positions at Forsyth Dental Center, Tufts University School of Dental Medicine, and Harvard School of Dental Medicine and has lectured at schools throughout the United States and abroad. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.
- Dr. Haught, a general dentist in Tulsa, Okla., served as chairman of the ADA Council on Community Health, Hospital, Institutional and Community Affairs (now CAPIR) and the Subcommittee on Access to Dental Care. He has also served 14 years as a delegate/alternate delegate to the House of Delegates. Dr. Haught is a past president of the Oklahoma Dental Association and the Tulsa County Dental Society. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.
- Dr. Leone, a general dentist in Denver, served on the ADA Council on Annual Sessions and International Programs and as a delegate/alternate delegate to the House of Delegates. He is a past president of the Colorado Dental Association and the Metropolitan Denver Dental Society. He was a 12-year volunteer in the MDDS Kids in Need of Dentistry and a member of the program's governing board. Dr. Leone is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.
- Dr. Eggleston, who practices preventive and restorative dentistry in Houston, served on the ADA Council on Communications, including a term as vice-chairman, and as a delegate/alternate delegate to the House of Delegates. He is a past president of the Texas Dental Association, Greater Houston Dental Society, Academy of Operative Dentistry, Southwestern Society of Oral Medicine, Southwest Academy of Restorative Dentistry and the Texas Section of the International College of Dentists. He received the Texas Dental Association's highest award, the Distinguished Service Award, in 1996.

Dr. Rene M. Rosas is beginning his fourth year as treasurer.

Continuing as trustees are:

- Dr. George L. Bletsas, 9th District; Dr. Steven Bruce, 11th District; Dr. D. Gregory Chadwick, 16th District; Dr. Howard B. Fine, 2nd District; Dr. Henry Finger, 4th District; Dr. Leo R. Finley Jr., 8th District; Dr. T. Howard Jones, 5th District; Dr. Chris Mangos, 6th District; Dr. Patrick S. Metro, 7th District; Dr. Myron L. Pudwill, 10th District; Dr. Eugene Sekiguchi, 13th District; and Dr. John W. Staubach, 3rd District.

Dr. John S. Zapp continues to serve as the ADA executive director. ■

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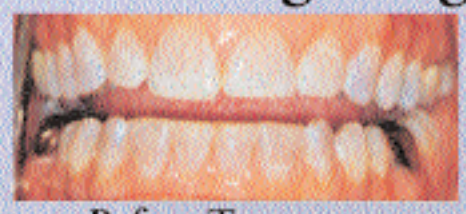
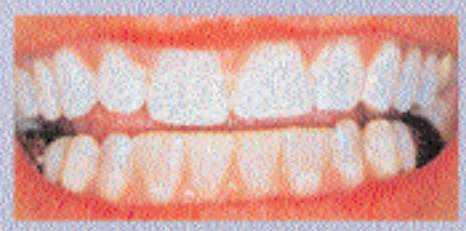


Before Treatment



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Annual Session

Radiology

Continued from page one

won't impact the general practitioner on a daily basis," but would be available for referrals and consultations as needed."

The ADA noted in a press release that OMRs "will be able to assist general dentists and other oral health specialists in the diagnostic assessments of a range of diseases in the head and neck."

OMRs, the ADA said, are specially trained and educated to interpret radiographs and other imaging technologies—including CT scans and MRIs—as well as providing digital enhancement and analysis.

They can apply enhanced imaging techniques to locate tumors and infectious diseases of the jaw, assist in trauma cases and help pinpoint temporomandibular disorders.

There are currently eight advanced education programs in oral and maxillofacial radiology—six in the United States and two in Canada, where oral radiology has been a recognized specialty since October 1973. Although two of them reportedly aren't admitting students right now, these educational programs require two or more years of study beyond a dental degree.

The 1996 ADA House returned AAOMR's initial specialty application to the Council on Dental Education and Licensure for further review. The academy reapplied for recognition in May 1998.

The council's Committee on Dental Specialty Recognition (known as Committee G) reviewed the new application in a series of meetings starting in July 1998. As part of its review, the council invited "communities of interest" to comment on the application.

In the end, the council recommended that AAOMR's request for recognition be granted—a viewpoint shared by the Board of Trustees, the House reference committee on Education and Related Matters and, finally, the full House of Delegates.

The fledgling specialty has other hurdles to cross.

AAOMR's certifying board must apply to the council for recognition, and the OMR educational programs must seek accreditation, also through the council—a complex process that involves appointing a commissioner, establishing standards, holding open hearings and more.

A council spokesperson said it would be April 2000 at the earliest before the council could review the OMR certifying board's application. OMRs cannot announce themselves as specialists until that process is completed. And when they do announce, they must limit their practices exclusively to oral and maxillofacial radiology.

To gain recognition, OMR had to meet six requirements that are applied to all specialty applications. It had to show:

- that it was represented by a sponsoring organization whose membership reflects the special area of dental practice and demonstrates the ability to establish a certifying board;
- that it is a distinct and well-defined field, requiring "unique knowledge and skills beyond those commonly possessed by dental school graduates";
- that the specialty is separate and distinct from any existing specialty or combination of specialties and that it cannot be "accommodated through minimal modification of a recognized specialty or combination of recognized specialties";
- that "substantial public need and demand for services" not being adequately met by general dentists or existing specialists has been documented;
- that the new specialty will "directly benefit some aspect of clinical patient care";
- that formal education programs of at least two years beyond the predoctoral curriculum exist "to provide special knowledge and skills required for the practice of the specialty."

Dr. Richard F. Mascola, the ADA's new president, hailed the House vote on OMR as "advancing the profession of dentistry by recognizing that new technology and complex oral health procedures" indicated the need for a new specialty. ■

And now there are nine

With the addition of oral and maxillofacial radiology, dentistry now has nine specialties.

The other eight are: dental public health; endodontics; oral and maxillofacial pathology; oral and maxillofacial surgery; orthodontics and dentofacial orthopedics; pediatric dentistry; periodontics; prosthodontics. ■

Distribution of dentists' report ready

The ADA Survey Center has completed the 1997 Distribution of Dentists in the United States by Region and State.

The report is a census of all known dentists in the United States and its possessions and territories.

The ADA House of Delegates mandated the census, which has been conducted periodically since the 1940s.

Formerly conducted once every few years, the now-annual census uses a panel methodology that was first implemented in 1993.

Four categories of dentists are described in the report: professionally active dentists, new professionally active dentists, active private practitioners and new active private practitioners.

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. ■

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Health & Science

First whitening dentifrice gets Seal

By Clayton Luz

The ADA Council on Scientific Affairs awarded the ADA Seal of Acceptance to a tooth-whitening dentifrice last month.

Procter & Gamble's Crest Extra Whitening toothpaste, which earned acceptance on Oct. 6, became the first over-the-counter tooth-whitening product to carry the Seal.

Previously, consumers could only obtain tooth-whitening products with the ADA Seal from their dentists.

Dr. Van P. Thompson, council chair, said the ADA Seal of Acceptance signifies that when used as directed, a product has met the ADA criteria for safety and effectiveness for the indicated benefits.

Dr. Thompson explained the toothpaste was evaluated using the council's Acceptance Program Guidelines for Home-Use Tooth Whitening Products.

The guidelines help the council to determine the safety and efficacy of home-use tooth-whitening products designed for extra-coronal application that increases lightness and improves the esthetic appearance of natural teeth.

According to Dr. Thompson, in two 6-month clinical studies, Crest Extra Whitening Toothpaste met the council's criteria for demonstrating a change in teeth color of greater than or equal to two shades (using a value-ordered shade guide) at the end of the six-month test periods.

Unlike the other ADA Accepted home-use tooth-whitening products, which use a 10 percent carbamide peroxide bleaching gel to promote shade differences, the toothpaste instead relies on a polishing ingredient to lighten teeth shade.

This differs from bleaching gels, Dr. Thompson explained, because the toothpaste "whitens by removing extrinsic, or surface, stains by a gentle polishing action."

Crest Extra Whitening toothpaste also provides fluoride release and has been shown to prevent tartar build-up, he added.

Although participation is voluntary, more than 400 companies participate in the Seal program. About 1,300 dental products carry the Seal of Acceptance.

For more information about the ADA Seal of Acceptance, visit the Association's Web site at "http://www.ada.org/p&s/seal/tc-seal.html". ■

Whitener guidelines summarized

In 1998 the ADA Council on Scientific Affairs responded to increased consumer demand for home-use tooth whitening products by revising its 1994 Seal of Acceptance guidelines for whitening agents with neutral pH.

Dr. Van Thompson, council chair, said the original guidelines, which dealt with tray-applied, peroxide-containing gel products, were revised to include products with any ingredient and method of use. The council developed the new Acceptance Program Guidelines for Home-Use Whitening Products in May 1998.

The purpose of the guidelines is to set the criteria by which the council evaluates home-use tooth-whitening products for safety and efficacy. These products are designed for extra-coronal application that increases the lightness and improves the esthetic appearance of natural teeth.

Presently six 10 percent carbamide peroxide, tray-applied tooth-whitening products have been awarded the ADA Seal of Acceptance: Colgate Platinum Professional Whitening System and Colgate Platinum Overnight Professional Whitening System (Colgate Oral Pharmaceuticals); Nite White Classic Whitening Gel (Discus Dental Inc.); Opalescence Whitening Gel (Ultradent Products Inc.); Patterson Brand Tooth Whitening Gel (Patterson Dental Co.); and Rembrandt Lighten Bleaching Gel (Den-Mat Corporation).

Crest Extra Whitening Toothpaste is the only non-bleach whitening toothpaste currently accepted for whitening. ■

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Government

Needlestick amendment capped

Association urges Senate hearings on proposed legislation

BY CRAIG PALMER

Washington—Sen. Harry Reid, a Nevada Democrat, stepped to the floor the afternoon of Sept. 29 to offer appropriations amendment No. 1807 requiring new Occupational Safety and Health Administration regulations to reduce needlestick injuries.

The American Dental Association, alerted to the proposal the evening before, moved quickly to urge more careful Senate consideration—with hearings at least—of legislation requiring hospitals, physicians, dentists and other health care employers to evaluate and use so-called "safety" needles that might prove inappropriate for dental practice.

The so-called dental "safety" devices on the market have not been shown to be safe and effective, the Association told the Senate. Short hand descriptions of sharps as "safety" devices indicate the use of safety covers, retractable shields and other engineering controls to reduce needlesticks.

■ The amendment is dead but not the legislative language, which was offered separately by Sen. Barbara Boxer (D-Calif.), in the Health Care Worker Needlestick Act.

● ADA Washington lobbyists placed telephone calls to Senate offices the day of the expected debate alerting them to the pending amendment and ADA objections to the bill;

● the ADA president and executive director in a co-signed letter urged Senate rejection of the amendment; the letter was the Association's first e-mail communication with all Senate offices and was followed the same day with hand-delivered hard copies to each Senate office;

● some Senate offices responded with thank-yous for the alert and asked the ADA for more information; a staffer in one Senate leader's office requested "talking points" for use on the Senate floor.

At the end of a short debate on the Senate floor, as reported in the Sept. 29 Congressional Record, Sen. Reid withdrew the amendment, saying hearings had been promised and an opportunity provided for a bipartisan political agreement. "Having said that, I am not going to call for a vote at this time."

Then-ADA President S. Timothy Rose and Executive Director John S. Zapp, in the letter to U.S. senators, said any legislation intended to reduce needlesticks should recognize distinctions between hospitals and other large health care institutions and typically much smaller dental practices. They urged the Senate to reject the amendment Sen. Reid later withdrew, citing the following reasons:

● the dental "safety" devices now on the market have not been shown to be safe and effective;

● dentistry has an excellent infection control record;

● the proposed legislation appears to require dentists to evaluate new technologies for safety and efficacy and to conduct clinical studies and independent product evaluations.

"Moreover, it would put patients at risk," the ADA officials said of the withdrawn amendment.

The amendment is dead but not the legislative language, which was offered separately by Sen. Barbara Boxer (D-Calif.), in the Health Care Worker Needlestick Act. Sen. Reid had intended to attach that legislation, S 1140, as an amendment to an OSHA appropriations bill. ■

Photo by Eye of the Islands Photography

Thank you: Dr. Mascola and his wife, Betsy, thank the House of Delegates for its warm welcome last month in Honolulu.

Destiny

Continued from page one

Richard F. Mascola's address to the ADA House of Delegates, delivered moments after his Oct. 13 installation as the ADA's 136th president

Judging from the speech, contesting what he sees as intrusions will also be a central theme of Dr. Mascola's presidency. Other themes: halting membership erosion, promoting greater efficiency and curbing reliance on dues increases to finance ADA programs.

But his first order of business is to "ensure that treatment decisions are made by the dentist and only the dentist." The New York prosthodontist spoke passionately to the delegates about preserving "the sanctity of the doctor-patient relationship" and guaranteeing "the autonomy of this profession.

"No one is going to tell us how to treat," he insisted.

He cited two examples from the recent past as evidence that the ADA is making progress combating intrusions.

First, he noted, a major insurance carrier has stopped telling patients that their dentist's charges exceed "reasonable and customary" fees as determined by the company. After hearing from the ADA's Legal Division, the carrier changed the wording to read: "Reimbursement for this service is limited to the allowable charges as outlined in the Covered Dental Benefits section of your plan."

Said Dr. Mascola, "We put a stop to an insurance company misrepresenting to our patients that we charge unreasonable fees."

His second example concerned a long-standing court battle between the California Dental Association and the Federal Trade Commission over the state association's advertising standards for member dentists.

In a decision that Dr. Mascola hailed as a "breakthrough" for organized dentistry, the U.S. Supreme Court in May ruled that the FTC's so-called "quick-look" review of CDA's advertising restrictions was inadequate. The high court ordered the case returned to an appeals court for what ADA General Counsel Peter M. Sfikas called "a more elaborate inquiry."

Observed Dr. Mascola, "The FTC must perform a rigorous analysis of economic data before it decides to file a complaint involving a profession's code of ethics—just as California argued."

On a related front, the new president pledged that more of the ADA's resources in the legal realm will be targeted to helping members with third-party contracts.

"We are going to map out for our members the difference between a well-drafted contract and a poorly drafted one," he said, something that's being done through the Association's Contract Analysis Service in the Division of Legal Affairs.

Other highlights of Dr. Mascola's address:

- In recent years, he noted, the ADA has done "a pretty good job" of increasing non-dues revenues, but the Association's ultimate goal "must be to generate sufficient income so as not to raise dues year after year after year." He said a consulting firm has been looking at the ADA's for-profit subsidiaries and has offered recommendations aimed at boosting efficiency and paving the way for future growth.
- Once a "quiet crisis," membership erosion has become a "tropical storm" approaching "hurricane strength," said the new president. In just over a decade, he noted, the ADA's membership market share has dropped 4.7 percent, from 76.1 percent in 1987 to 71.4 percent in 1998. To counter the trend, he said, "every active member" must participate in a grassroots campaign similar to the one that has been getting dentistry's message across in Washington, D.C. He acknowledged that the Council on Membership had developed a plan to heighten awareness of the value of membership. And he challenged the delegates to "share what you have learned about organized dentistry with every dentist you meet. Tell them what we do to help their practices—our initiatives in education, research and advocacy … so that there will be no hesitancy when the time comes to renew their membership."

Through the ADA, and working together, said Dr. Mascola, dentistry will control its own destiny in the new millennium. It will curb reliance on dues income, thwart unwarranted intrusions and meet the needs of its members and their patients. ■

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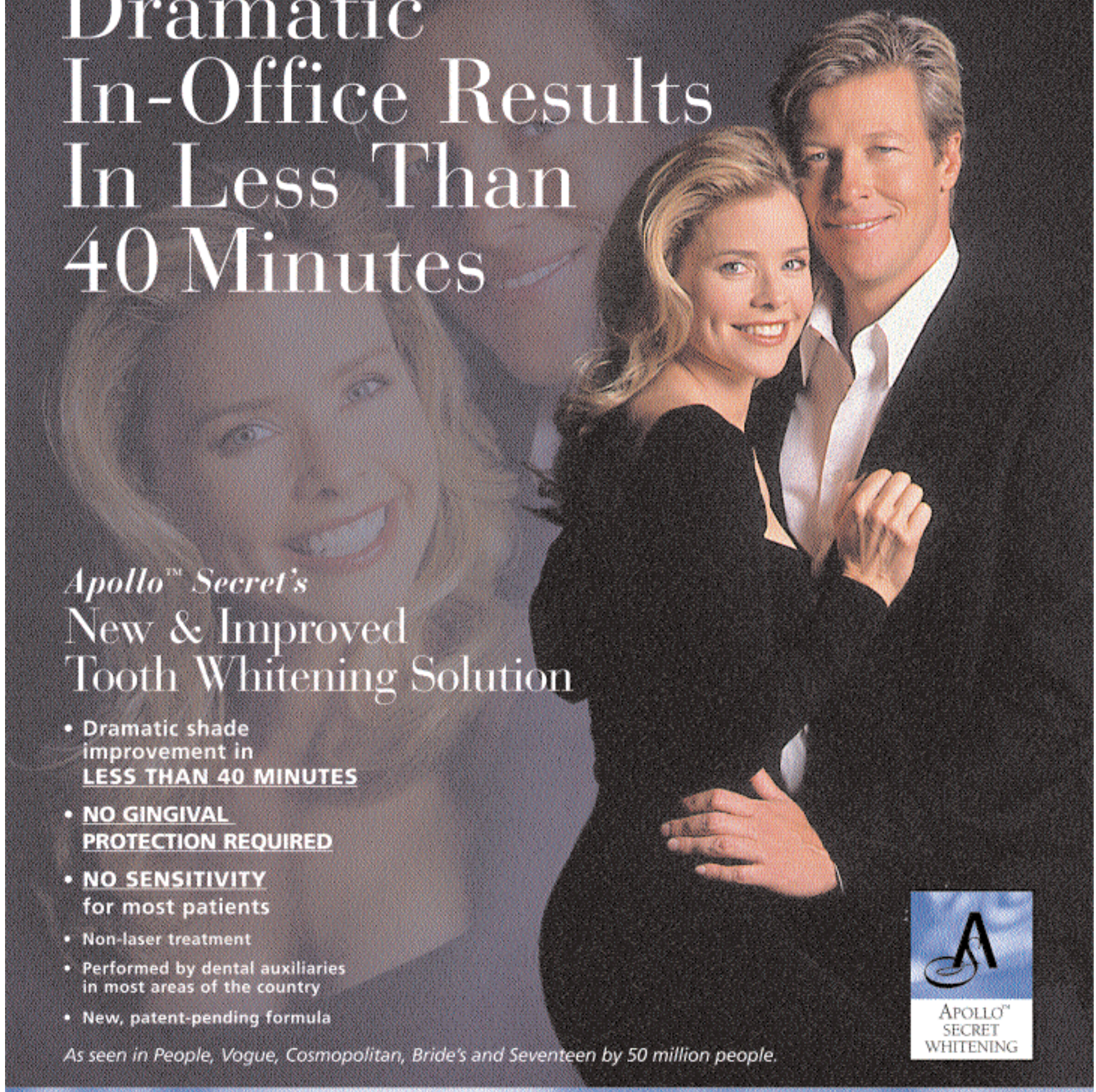

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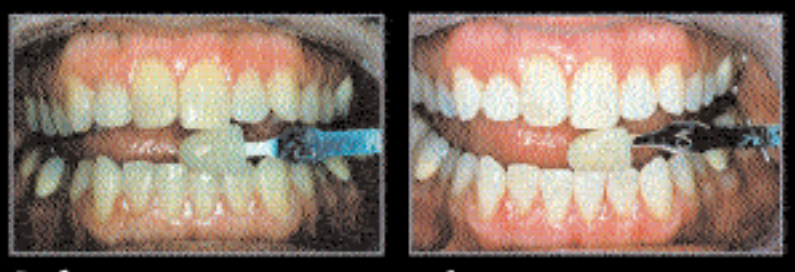

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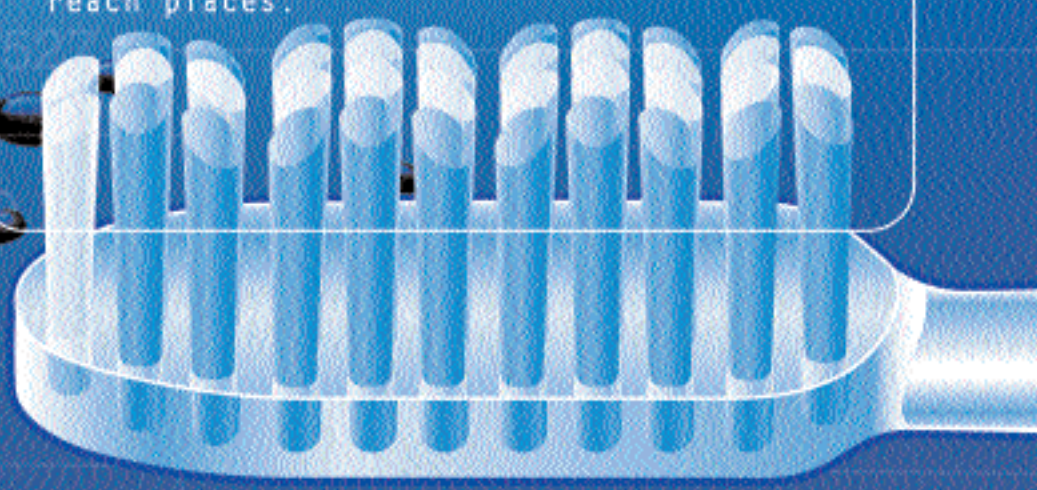

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