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ADA News®

AMERICAN DENTAL ASSOCIATION

MARCH 17, 2003

www.ada.org

VOLUME 34, NO. 6

HIPAA on three fronts

Security, privacy, electronic transactions in focus

BY ARLENE FURLONG

The Association is developing guidelines to help members comply with HIPAA security regulations that have a compliance date of April 21, 2005.

The security regulations, which the Department of Health and Human Services released Feb. 20 under the Health Insurance Portability and



■ **HIPAA privacy rule deadline April 14, page 14**

■ **Electronic transaction standards modified, page 15**

Accountability Act of 1996, reflect many of the comments and recommendations that the ADA and other health care organizations submitted to HHS.

Robert Lapp, Ph.D., director of the ADA Department of Dental Informatics, says dentists should keep in mind that security measures

See SECURITY, page 14

BRIEFS

Dry talk: Sjogren's Syndrome Foundation will host its national meeting April 10-12 at the Hyatt Regency Bethesda, Md.

"Sjogren's Syndrome: More Than Dry Eyes and Dry Mouth," will cover the latest medical treatments, research advances and coping strategies.

The program, "Diagnosis and Treatment of Sjogren's Syndrome," will convene April 11 for health care practitioners. On April 12, the foundation will hold a patient education seminar, "Living and Thriving with Sjogren's Syndrome."

For more information, call 1-301-718-0300 or visit "www.sjogrens.org". ■

Peer review: The 2002 National Peer Review Reporting System Survey report is now available for purchase from the ADA Survey Center.

The report presents information on the volume and characteristics of peer review cases in 2001, as well as summaries of the organization and administration of peer review systems. Data were collected from 37 constituent dental society peer review committees that responded to the survey.

The cost of the report (Catalog code 5PR2) is \$20 for members, \$30 for nonmembers and \$60 for commercial firms, plus shipping and handling. To order, call the Survey Center toll-free, Ext. 2568, or dial 1-312-440-2568. ■

Grassroots

Leaders carry dentistry's message to Congress

BY CRAIG PALMER

Washington—The American Dental Association convened its annual Washington Leadership Conference March 10 under clouds of war and economic stagnation, thanking the profession's political activists for "carrying dentistry's message to Congress."

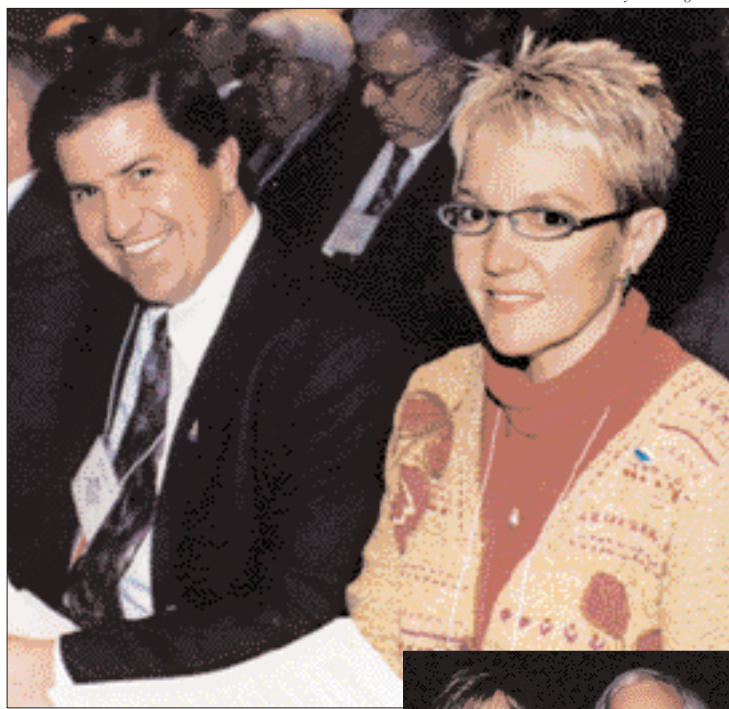
ADA President T. Howard Jones urged more than 400 dental leaders and state association representatives to take a message to Congress promoting access to care and medical liability reforms, noting they were meeting "with our economy in the doldrums, a war looming and, at

■ **Full conference coverage next issue**

least inside the Beltway, eyes already focusing on the 2004 elections."

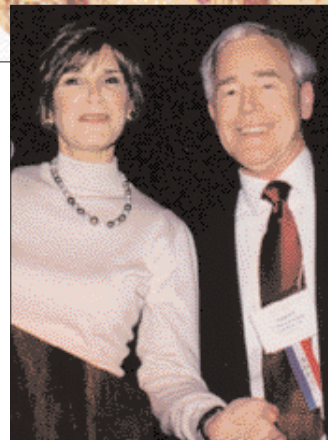
"This president does not want to go to war," keynote speaker Mary Matalin told attendees from 47 states, the District of Columbia and Puerto Rico. "We shouldn't go to war because we want to; we should go to war because we have to."

Ms. Matalin, a top Republican strategist and highly visible political commentator, served as a White House aide in both Bush administrations, See LEADERS, page eight



ADPAC: Drs. Mark Jensen and Ronda Trotman Reese pause March 10 during the conference's opening day activities.

Photos by Anna Ng Delort



First night: Political strategist Mary Matalin joins Dr. Jones on the conference dais.



Photo by PRD Photography

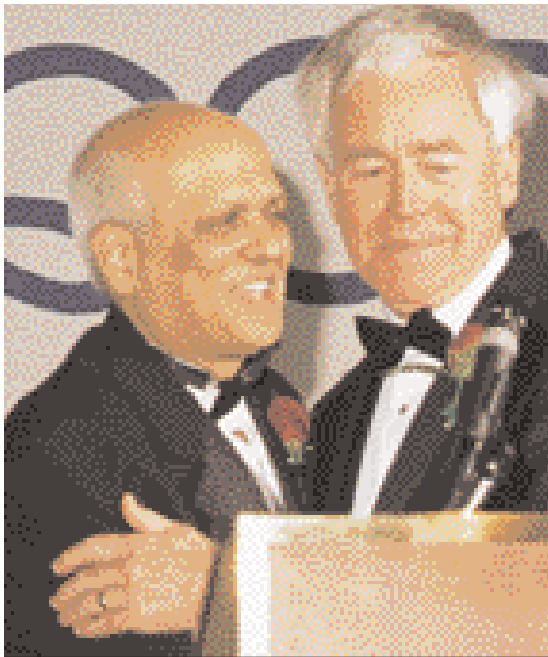
Making GKAS possible: ADA leaders join some of the people from the Sullivan-Schein roster of vendors who provided support for Give Kids a Smile in February. Turn to page 18 to find out who they are.

INSIDE



Anesthesia

Revisions prompt discussion. Story, page 16.



Inauguration: Dr. Gehani (left) receives well-wishes from ADA President T. Howard Jones.

Outreach

Mission to unite all dentist groups

Jamaica, N.Y.—Celebrating the largest turnout in the ceremony’s history, a crowd of 550 on Jan. 18 witnessed the installation of Dr. Chad Gehani as Queens County Dental Society president.

The packed crowd was thanks to Dr. Gehani’s personal efforts to reach out to members of several ethnic dental associations in the diverse Queens County area.

“The mission of the whole program was to unite all dentists of different backgrounds, includ-

ing Americans, under the banner of organized dentistry,” said Dr. Gehani, who was born in India and emigrated to the United States at age 24.

“Many of the different ethnic dental organizations have their own meetings, their own study clubs and continuing education,” he said. “Somehow they miss the larger picture that we have to have some sort of representation in Albany and Washington, D.C. If we stand together, we can perhaps lead dentistry to a much better place.”

Those attending the ceremony received membership applications, and Dr. Gehani is pleased to report that several have already turned them in.

The installation dinner also brought together local, state and national dental leaders. Dr. T. Howard Jones ADA president, and Dr. Eugene Sekiguchi, president-elect, were among the ADA representatives in attendance. ■

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ADA Reports

Bioterror threat Last chance to sign up for conference

BY ARLENE FURLONG

"The hypothetical threat of lethal bioterrorism is a reality."

That's Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases.

"Since the anthrax attacks after Sept. 11, it's a new era for the United States," explains Dr. Fauci. "Clinicians must be able to recognize the signs and symptoms of bioterrorism-related diseases, and how to best manage patients who may be victims."

National experts will describe the current threat of bioterrorism and the roles dentists and other health providers can take in their local communities at the upcoming conference "Dentistry's Role in Responding to Bioterrorism and Other Catastrophic Events," March 27-28 in Washington, D.C.

Sponsored by the ADA and the U.S. Public Health Service, the conference aims to teach health care providers to initiate an appropriate response in the case a bioterror victim is a patient.

"Because some diseases caused by bioterror agents have oral and facial manifestations, they may first present in a dentist's office," says Dr. Fauci.

Also speaking at the conference:

- Richard Carmona, M.D., U.S. Surgeon General;
- George Alexander, M.D., White House Office of Homeland Security director;
- Dr. Dushanka Kleinman, chief dental officer of the U.S. Public Health Service.

Dr. Albert Guay, lead staff person in the Association's activities surrounding bioterrorism, says the status of the speakers indicates the government's perspective on the importance of dentistry's role. The ADA laid the groundwork to define dentistry's role at the ADA Bioterrorism Workshop last summer.

He and Dr. Kleinman are encouraging dental professionals, dental educators, local dental society representatives and local public health and emergency response personnel to attend.

Online registration and a link to registration at the host hotel, Renaissance Washington, D.C., is available in the Meetings and Events area of ADA.org at "www.ada.org/prof/events/adaevent/bioterror/index.html".

Online registration at ADA.org is available until March 21. Registrations will be accepted onsite at the conference.

Registrations can also be submitted by fax. The downloadable form, also available in the Meeting and Events area of ADA.org—"www.ada.org/prof/events/adaevent/bioterror/index.html"—can be faxed to the ADA at 1-312-440-2707.

The conference cost is \$200.

For more information, call Dr. Donald Collins at the American Dental Association, toll-free, Ext. 2895, or e-mail Dr. Collins at "collinsd@ada.org". ■



Dr. Fauci: Dentists may be first to see signs of bioterror diseases in mouth.



Dr. Carmona: The U.S. Surgeon General will address the conference.

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VIEWPOINT

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Editor

MYVIEW

Take your children to work

Last Friday, Anica did Dad. A third-grader at Triumphant Learning Center school in Safford, Ariz., Anica, my 9-year-old daughter, invited herself to work. "I'm going with you to the office today, OK?" she said.

This is not unusual. Enjoying the luxury of a Monday-through-Thursday classroom schedule, Anica and her 13-year-old sister Jillian get Fridays off. On the day that most adults earnestly yearn for the weekend, my daughters are enthusiastic for a chance to charge in the other direction.

Anica carefully dressed in Dad clothes: a button-down cotton shirt, Gap jeans and loafers. She carried a briefcase, Dad-style, into which she folded hospital-green scrubs just her size. Then she noticed I also had socks on, so she tugged open her dresser drawer and deliberated on the right socks for her outfit. "What color are you wearing, Daddy?" she asked. I remembered a quote from James Baldwin: "Children have never been good at listening to their elders, but they have never failed to imitate them."



Eric K. Curtis, D.D.S.
and daughter Anica

Anica announced, "I'm ready," and went outside to wait by the car. "I don't want to be late," she called.

The ADA promotes the national "Take Your Daughter/Son to Work Day" program as a way to mentor future dental professionals. The observance is meant to introduce children to the workplace. My kids are already comfortable there. After several years of these occasional daddy-daughter workdays, both my girls fervently assure me they are planning to attend dental school.

It's not impossible that they will. I am the child of a dentist myself, although I don't remember spending more than five minutes in the office

before I started working there. My dad, Kay D. Curtis, in practice now for 45 years, was the nephew of Los Angeles dentist Nathaniel Curtis. Such a pattern is familiar to my alma mater, University of the Pacific, which has been aware for years that one-third of its students hail from dental families.

Of course, no amount of exposure and encouragement will ever guarantee a child's decision. The working world is filled with breadwinners, even celebrities, whose dentist parents didn't talk them into the family profession. Legendary newscaster Walter Cronkite, for instance, is the son and grandson of dentists. Figure skating champion Kristi Yamaguchi and baseball great Mark McGwire are likewise children of dentists, as is actress Jaclyn Smith.

Comedian and writer Robert Smigel, son of New York dentist Irwin Smigel, was profiled in Time magazine in 2000 as the reigning king of TV comedy

See MY VIEW, page five

LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

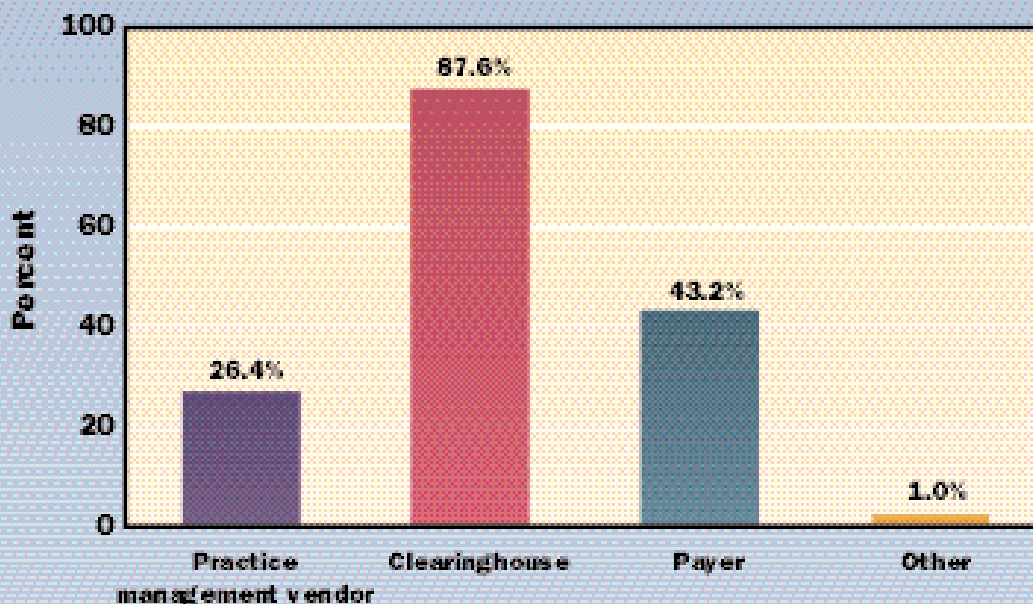
For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Snapshots OF AMERICAN DENTISTRY

Electronic claims

More dentists who file electronic claims submit directly to a clearinghouse than directly to a payer or to practice management vendors.

Electronic claims submission sites



Source: American Dental Association, Survey Center, 2000 Survey of Current Status in Dentistry

LETTERS

Thanks

I want to express our appreciation for publishing our announcement in the Jan. 20 ADA News.

We have had a wonderful response from your subscribers. Several have contacted us about joining the VA National Medical Musical Group to bring music to our hospitalized veterans and to our armed forces overseas, wherever they may be.

It is clear that there is a lot of musical talent in the dental community and they are very happy to find a means of fulfilling it. We appreciate your help in getting this information out to the many gifted players and signers in the medical field.

Nevart Haley, program manager
VA National Medical Musical Group
Washington

Licensure feedback

Although the recent licensure changes in the Northeast region ("Raves for NERB Licensure Change," Feb. 3 ADA News) might benefit most of the graduating seniors wanting to practice there, the changes do absolutely nothing to correct the continuing

licensure inequities present in far too many states. We still cannot move from state to state and gain licensure without a process of exclusion which places our profession in the licensure dark ages.

We remain the only health care profession required to demonstrate our skills to state boards. General surgeons, certified nurse anesthetists, crit-

Until I can send a letter to the states of Florida, California, Hawaii, New Mexico and Arizona and request an application for licensure—as do the other health care professions—and be free to move from state to state at will to practice my profession where I please without some state board excluding me from their domain, we are deluding ourselves as to how far we have come in the licensure issue.

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

Editor's note: The ADA has policy that supports licensure by credentials and freedom of movement for dentists. Currently 44

jurisdictions (43 states and the District of Columbia) have authority to grant licensure by credentials.

Oral conscious sedation

As dentists, let's face it, we like control. When we are cutting a cavity preparation, we like to have precise control with a brand-new sharp 556 cross-cut fissure bur locked into our favorite, most comfortable, high-speed handpiece.

When we are seating and cementing

See LETTERS, page five



LETTERS

Continued from page four
a beautiful new anterior crown, we want to have precise control over the marginal integrity, the crown's shape, the gingival aesthetics, the shade match and the occlusion of the crown.

When we extract a severely carious mandibular tooth, we select a sturdy, well-crafted pair of cow-horn forceps that fit precisely in the furcation; and with complete control, we slip that tooth out of the alveolus.

Knowing how we dentists like precise control—and how we have to have precise control—in order to take excellent and safe care of our patients, how can we think that we have precise control when we administer oral conscious sedation to our patients?

Conscious sedation can be precisely controlled with today's modern drugs, delivery systems and

patient monitoring devices, but not by oral conscious sedation.

As a member, I applaud the ADA for their stand on oral conscious sedation. The guidelines state, "Titration of oral medication for the purposes of sedation is unpredictable, and that repeated dosing of orally administered sedative agents may result in an alteration of the state of consciousness beyond the intent of the practitioner" (ADA Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry).

The anesthesia literature, and my extensive experience as an anesthesia provider, back this statement up. (Stoelting RK. Pharmacology and physiology in anesthetic practice. Philadelphia: Williams & Wilkins; 1999.)

For the past eight years I have administered

oral sedation, I.V. sedation, general anesthesia and regional anesthesia as a certified registered nurse anesthetist (CRNA). Having been on both sides of the high-speed handpiece, I can say that there is little or no precise control by administering oral conscious sedation.

As a CRNA for some time now, I can attest that situation can change rapidly—literally in one heartbeat. Conscious sedation requires constant vigilant monitoring of the patient.

I gauge the oral conscious sedation debate like this: "Would I subject a family member or myself to oral conscious sedation?"

When you, the dentist, are performing so many precise dental surgical tasks, how can you remain vigilant for the welfare of the patient, especially with an anesthetic technique that in no way affords precise

control—the control you are used to?

You may ask, "What are some options for our patients?" I know that there are a lot of very anxious patients out there who want and need help to get into the dental chair. That is simple. Learn proper anesthesia techniques, and deliver them to your patients.

Anesthesia-trained dentists (who only perform the anesthesia), CRNAs and anesthesiologists are available to provide safe sedation for your patients while you provide the dental surgery.

Allan J. Schwartz, D.D.S.

Certified registered nurse anesthetist
Columbia, Mo.

Editor's note: For more information on oral conscious sedation and the 2002 revisions to the ADA's anesthesia guidelines, see story, page 16.

MYVIEW

Continued from page four
writers. And "Survivor 3," the 2002 reality television show set in Africa, featured a participant named Silas Gaither, himself a dentist, who is son of Germantown, Tenn., dentist S. Dwain Gaither.

My own 15-year-old son Tristan thinks he wants to go to law school, although I have diligently encouraged him to explore a variety of alternatives. "I don't think I would like putting my hands in other people's mouths," he says. "Am I hurting your feelings?"

Anica has no such reservations. At the office, she hops into her scrubs, washes up and snaps on a pair of purple latex gloves, size extra-small. She checks the suction tip to make sure it's working. She knows how to pass instruments. Mostly, she just wants to be where I am, observing not only my job but me.

By sharing in my routine, Anica and Jillian get to demonstrate their loyalty and commitment to Pop. They get to exercise their empathy and solidarity. The girls intuitively understand how to bond. They also connect with patients, who, I was surprised to realize, tend to relax more when they see that I'm not just a dentist, but a dad—especially a dad whose kids demonstrate (a) a quiet and polite side, and (b) confidence around the operator.

Probably all children build myths about their parents. "It doesn't matter who my father was; it matters who I remember he was," the poet Anne Sexton once said. I don't know whether I'm polishing the myth when I take my girls to work or dismantling it. Nor am I certain about what other opportunities I should be offering during these formative years. I have taken lots of continuing education to improve my professional performance but almost none to beef up my parenting skills. I am proof, as Alvin Toffler wrote in *Future Shock*, that "parenthood remains the greatest single preserve of the amateur."

So I am considering borrowing the wisdom of Harry S. Truman, who said, "I have found that the best way to give advice to children is to find out what they want, and then advise them to do it." I can't tell if my daughters will decide to become dentists. But if they do, I'll be ready with some great suggestions. I'll tell them to take their kids to work.

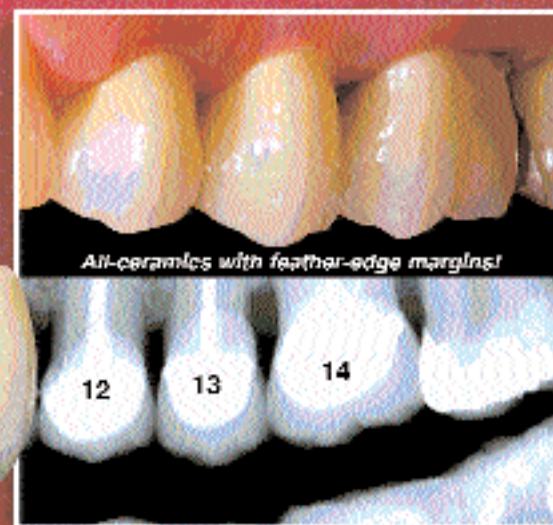
Dr. Curtis is the editor of Inscriptions, the journal of the Arizona Dental Association. His comments, reprinted here with permission, originally appeared in the May 2002 issue of that publication.

Editor's note: This year, the ADA is once again observing "Take Our Daughters and Sons to Work Day" on April 24. For more information, see page 17.

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Government

Anti-amalgam bills introduced

ADA, state dental societies working to educate lawmakers

BY MARK BERTHOLD

Anti-amalgamists are off to a quick start in 2003, moving the battle over dental restorative choices from the courts to state legislators.

Since Jan. 1, anti-amalgam groups have already persuaded lawmakers in nine states (Arizona, Arkansas, California, Georgia, Illinois, Maine, Massachusetts, Oregon and

Washington) to introduce legislation that would restrict or eliminate the use of amalgam in dental restorations.

"We are seeing across the country a number

of disingenuous bills—oftentimes unbeknownst to the legislative authors," says Cathy Mudge, manager of legislative and regulatory affairs for the California Dental Association.

"Opponents of dental amalgam have not been successful in raising concerns about the safety of amalgam as a restorative material, so they appear to have changed their strategy and are attempting legislation that will make it more difficult for dentists to continue using amalgam," she says.

"All this at the expense of so many patients who benefit from the durability, longevity and safety of dental amalgam."

Adds Rick Murray, executive director of the Arizona Dental Association, "The anti-amalgamists are very clever in their tactic to blur the line between amalgam and mercury.

■ "The tripartite's efforts are starting to pay off, as a number of proposed bills have not garnered enough support to be enacted into law. Nonetheless, dental societies must be vigilant."

They use amalgam as a synonym for mercury—which is totally false—but what we are seeing happening is that lawmakers who are uneducated about the subject start to believe that amalgam and mercury are one and the same."

To combat the misinformation, the ADA and state dental associations are working tirelessly to educate legislators that treatment decisions must be made by a patient and his or her dentist, based on the unique needs of that individual and sound scientific information.

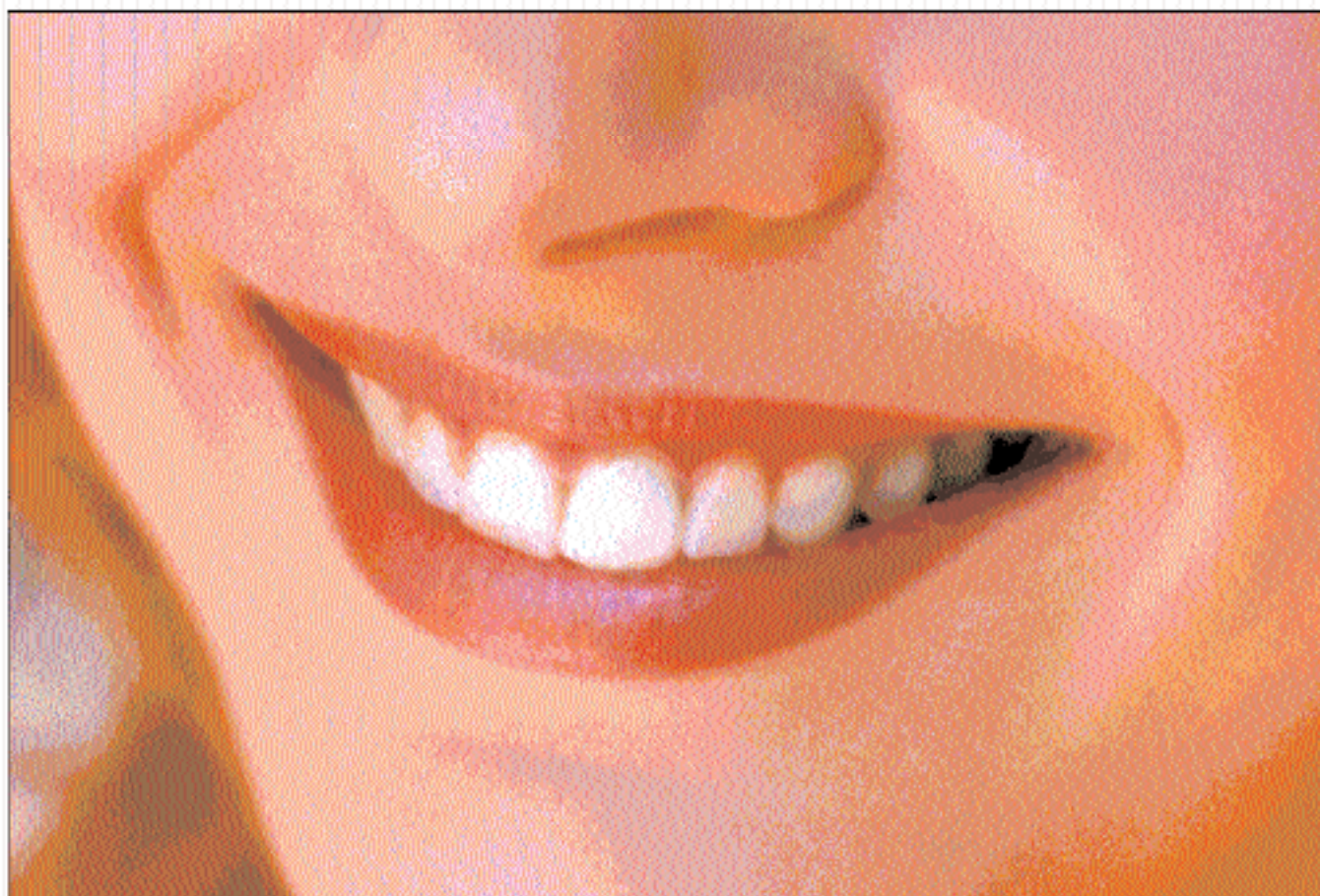
To make the best decision, notes ADA President T. Howard Jones, each dentist and patient must have a complete array of restorative options available, including dental amalgam, composite materials and other restorative choices.

"Part of the discussion with lawmakers is to point out how anti-amalgam groups often attempt to pass off statements as fact—even when they have taken information out of context and made claims unsupportable by science," says Dr. Jones.

"The tripartite's efforts are starting to pay off," he continues, "as a number of the proposed bills have not garnered enough support to be enacted into law. Nonetheless, dental societies must be vigilant in identifying these measures and in working to guarantee that treatment decisions are made by patients and their dentists—not someone else's political agenda."

● In Arizona, HB 2467 would prohibit the use of dental amalgam in children under the age of 18 as well as in nursing mothers and pregnant women. Dentists would be required to review

See ANTI-AMALGAM, page 18



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STATESWATCH

California decries Denti-Cal

Los Angeles—Children covered by the “Denti-Cal” Medicaid program still face formidable barriers to dental care and have serious unmet dental needs, says a coalition of consumer groups.

The findings by Health Consumer Alliance, “clearly show that California’s dental care program ... is failing to meet basic standards of dental care. Children frequently are denied access to medically necessary dental care that federal law guarantees.”

The study charges that “because [dental] providers often are misinformed about the services available ... beneficiaries must go without care that is covered.” In addition, “authorization requests are not processed in a timely manner and often are denied for illogical reasons. Further, the [state health] department’s interpretation of covered benefits is more restrictive than what is legally allowed.”

The study, Denti-Cal Denied, is based on reports from 10,332 Medi-Cal consumers from January 2000 to December 2001. It is available at “www.healthconsumer.org”.

Tobacco targeted in New Jersey

Trenton, N.J.—The New Jersey Dental Association has joined the state health department in a campaign to mobilize oral health professionals against tobacco use.

“Save Your Smile: Ask your dental team for the truth about tobacco” is raising patients’ awareness of the harmful effects of tobacco on their teeth and gums. The campaign also urges dental professionals to intervene with their patients.

“Tobacco use is the primary cause of oral cancer and a leading cause of periodontal disease,” says NJDA president Maxine Feinberg. “We are calling on dental professionals to inform patients who smoke about the damage that tobacco causes and to tell them how New Jersey’s Quit Services can help.”

Oklahoma hygienists in access legislation

Oklahoma City—State legislators are considering a bill to improve access to dental services for senior citizens and other underserved populations.

HB 1445 would increase the number and type of facilities where dental hygienists can provide services—under the supervision of a dentist.

These include nursing homes, public health facilities, group homes or residential care facilities, penal institutions, schools, colleges and even a patient’s private residence. The current statute allows dentist-supervised hygiene services only in dental offices or hospitals.

“The Oklahoma Dental Association has long supported legislation to provide seniors and other underserved groups better access to dental care,” say ODA president Dr. Scott Waugh. “This bill will make that happen while still providing supervision from a dentist, who can provide diagnosis and handle emergencies.”

A similar bill, but without requiring supervision by a dentist, was vetoed last June; then-governor Frank Keating was concerned that increasing access in such a manner might compromise quality of care.

—Reported by Mark Berthold

Rep. Hastert lauds NFDH DDS program

BY JOE HOYLE


Washington—House Speaker Dennis Hastert (R-Ill.) Feb. 26 commended Donated Dental Services for its track record of oral health care provided to underserved populations. His statement to the U.S. House of Representatives was published in the Feb. 27 Congressional Record.

DDS is a program of the National Foundation of Dentistry for the Handicapped, an ADA charitable affiliate, and provides

comprehensive dental care for elderly, disabled and medically compromised adults.

“The large volume of participation in Donated Dental Services clearly signifies a socially responsible and commendable commitment to expanding access to dental services for the underserved,” Rep. Hastert said. “I commend the thousands of dentists who volunteer their time with Donated Dental Services, and I congratulate the program for their commitment to increase charitable care for our nation’s underserved.”

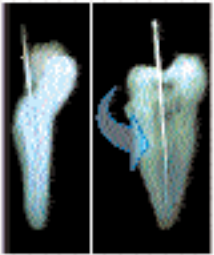
Since its advent in 1986, the program has provided an estimated \$50 million worth of donated dental treatment to 44,000 needy individuals in 32 states, according to NFDH director of development Monique Deforge, and comprises the volunteer efforts of 10,000 dentists and 2,500 dental laboratories. ■




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Government

Leaders

Continued from page one

recently stepping down as counselor to Vice President Dick Cheney. Describing recent Iraqi dissident reports of repression and torture discussed at a meeting with the vice president, she said, "The sanity of Saddam Hussein is not a strategy."

The dental leaders are meeting March 10-12 to discuss the profession's legislative agenda with members of Congress and administration health policy officials and to do some lobbying themselves on Capitol Hill.



Hand delivered: Carrying dentistry's message to Congress is a tripartite effort. From left, ADA President T. Howard Jones, his wife Lois Jones, and Executive Director James B. Bramson.

Conference attendees include leaders of grassroots action teams and state dental association officials. The grassroots dentist teams represent the profession with members of Congress in their home states and local congressional districts.

"The ADA's ability to communicate directly with every member of Congress through well-informed dentists from the home districts is our greatest political asset," Dr. Jones said in welcoming remarks. "And I think it's incredibly important that we come together here in Washington every year, both to refresh and update our political skills and knowledge and to hand-carry dentistry's message to Congress."

Reporting the good news, "one bright spot on the amalgam front," Dr. Jones to hearty applause noted the recent dismissal in New York and Georgia of amalgam lawsuits against the Association. "I take that as applause for yourself," he said. "Certainly this was a team effort, the tripartite profession working at its best."

The WLC agenda includes appeals to Congress for medical liability reforms and Medicaid relief for hard-pressed states facing budget deficits. "If you are discussing access with members of Congress, be sure to tell them about the Give Kids a Smile project," ADA Executive Director James B. Bramson told attendees.

Dr. Conan Davis, recently appointed and on the job as chief dental officer for the Centers for Medicare and Medicaid Services, thanked the Association for the ADA congressional fellowship that opened doors on Capitol Hill and now with the Bush administration. "The fellowship was a very rewarding time and I wouldn't be in this position without it," he said. "I wouldn't be here if it hadn't been for the efforts of the American Dental Association."

Among scheduled speakers at the WLC is Thomas A. Scully, the CMS administrator who approved Dr. Davis' appointment. The CMS administers the two public health insurance programs, Medicaid and Medicare. ■

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DEA hikes drug fees

BY CRAIG PALMER

Washington—The federal Drug Enforcement Administration last month announced a near doubling of registration fees for dentists and other practitioners prescribing controlled drugs.

The fee hike, first since 1993, is necessary to cover costs of "additional and more complex investigations" of prescription drug abuse as well as inflation, the DEA said Feb. 18 in a notice posted at the Diversion Control Program Web site ("www.dea diversion.usdoj.gov/fed_regs/rules").

"Fees established in 1993 are no longer adequate to recover the 'full costs' of operating the Diversion Control Program as required by law."

The DEA will increase the three-year fee for new and renewing registrants from \$210 to \$393, or \$70 to \$131 a year, fiscal years 2004 to 2006, "to avoid the heavy burden on registrants and the additional administrative expenses to DEA that resetting the fee each year would impose."

New fees will take effect 30 days after publication of a final rule. Until then, new and renewal registrations are being processed under the current fee structure, said a DEA spokeswoman. There are 128,028 active dentist registrants.

The Controlled Substances Act authorizes the attorney general to "charge reasonable fees relating to the registration and control of the manufacture, distribution, and dispensing of controlled substances." The fee schedule was established in 1971 and adjusted in 1984 and 1993.

The ADA, American Medical Association and other organizations challenged the 1993 fee hike. Courts upheld DEA authority to increase the fees but ordered the agency to explain the "math" and intended uses of the monies raised. ■

ADA backs Medicaid relief

BY CRAIG PALMER

Washington—Medicaid benefit, eligibility and reimbursement cuts by states scrambling to cope with rising deficits “will negatively affect access to dental services,” the American Dental Association told Congress March 3.

“Dentistry has already become a target for program cuts, 17 states reducing or eliminating adult dental services between 2002-2003,” ADA President T. Howard Jones and Executive Director James B. Bramson said in a jointly signed Senate letter. “As a result, medically needy groups, including the frail elderly, will no longer have access to necessary dental treatment.”

The Association pledged “full support” for legislation offered by Sen. John D. Rockefeller (D-W.Va.) and 22 bipartisan cosponsors, the “State Budget Relief Act,” to increase federal matching assistance temporarily for state Medicaid programs in the face of deficits described as the largest in 50 years.

“State Medicaid programs need immediate fiscal assistance in order to ensure that critical health services, including dental services, are readily available to our most vulnerable citizens,” the Association told the bill’s sponsors. “Your legislation rightly provides fiscal assistance to states as they struggle to adequately fund their Medicaid programs. It deserves to be enacted in a timely fashion, and the ADA offers its full support to you and your cosponsors in working towards that end.”

The Association leadership, on behalf of more than 147,000 members, thanked the bipartisan Senate supporters of S 138 “for your sponsorship of this important legislation.”

The letter is included in materials prepared for the Association’s grassroots dentist advocates and state dental association representatives attending the March 10-12 Washington Leadership Conference, the profession’s annual political advocacy event in the nation’s capital.

“It has often been difficult for states to support adequately the dental Medicaid program during good economic times, let alone a significant economic downturn such as we are now experiencing,” the Association told the U.S. Senate. “As states pursue additional cost-



Sen. Rockefeller (D-W.Va.)

containment strategies, dentistry will continue to take much of the brunt of these cuts.

“Eliminating dental Medicaid benefits, freezing provider reimbursement rates and restricting program eligibility will negative-

ly affect access to dental services and reverse much of the hard-won improvements in access that have been made in the past few years in some states,” the Association said.

The legislation, intended to provide 18-month relief to the states beginning in April, was referred to the Senate Finance Committee, where Sen. Rockefeller and other bipartisan supporters said they would seek to include it “in any (economic) stimulus package we deal with.”

“As one of the largest state programs, Medicaid has become increasingly vulnerable as a target for cuts,” Sen. Rockefeller said in introducing the bill with three initial co-

sponsoring Democrats and three Republicans. “In 11 states, legislators have proposed and adopted cuts that when fully implemented will strip health insurance coverage from approximately one million low-income people,” he said.

Sen. Susan Collins of Maine, a Republican cosponsor of the state relief bill, supported dental access legislation passed by the 107th Congress and enacted as part of a larger health safety net bill (ADA News Today, Oct. 29, 2002, Health safety net law helps expand dental access).

“While state revenues were stagnant or declined in many states last year, Medicaid costs increased,” she said. ■

Bipartisan support for state relief act

Washington—S 138, the proposed State Budget Relief Act, has picked up 22 bipartisan Senate cosponsors since introduced Jan. 9 by Sen. John D. Rockefeller (D-W.Va.). The American Dental Association has offered “full support” for the legislation (see related report), which was referred to the Senate Finance Committee.

Cosponsors include Sens. Jeff Bingaman (D-N.M.), Hillary Rodham Clinton (D-N.Y.), Susan M. Collins (R-Maine.), Jon Corzine (D-N.J.), Minority Leader Thomas A. Daschle (D-S.D.), Richard J. Durbin (D-Ill.), Dianne Feinstein (D-Calif.), Peter G. Fitzgerald (R-Ill.), Bob Graham (D-Fla.), Kay Bailey Hutchison (R-Texas.), Tim Johnson (D-S.D.), Edward M. Kennedy (D-Mass.), Mary L. Landrieu (D-La.), Patrick J. Leahy (D-Vt.), Carl Levin (D-Mich.), Blanche Lincoln (D-Ark.), Barbara A. Mikulski (D-Md.), Patty Murray (D-Wash.), E. Benjamin Nelson (D-Neb.), Paul S. Sarbanes (D-Md.), Charles E. Schumer (D-N.Y.) and Gordon Smith (R-Ore.). ■

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New annual session schedule runs Thursday-Sunday

San Francisco—In this one-of-a-kind community steeped in history, culture and scenic wonders, the ADA will “celebrate the community of dentistry” at its 144th annual session Oct. 23-26.

Annual session, set for Moscone Center in the heart of downtown San Francisco, will feature a new Thursday-through-Sunday schedule for scientific sessions. The technical exhibition will run three full days, Friday through Sunday, Oct. 24-26, and the ADA House of Delegates will convene Saturday through Wednesday, Oct. 25-29.

Mark your calendar now and plan to celebrate the community of dentistry by:

- networking with colleagues;
- learning cutting-edge clinical techniques and procedures;
- exploring innovative strategies to enhance profitability;
- checking out the latest products



Scenic ride: Drs. John S. Olmsted, 2003 program director and 2004 chairman-designate; Dennis D. Shinbori, 2003 general chairman, committee on local arrangements; and Craig S. Yarborough, 2003 chairman; hop aboard a cable car during a Council on ADA Sessions February site visit to San Francisco.

and equipment;

- enjoying the wonders of San Francisco.

The 2003 Preview guide to annual session, complete with registration and hotel reservation information, will be available in May. For more

information or to receive a Preview, call the toll-free number, 1-800-232-1432, e-mail “annualsession@ada.org” or watch for updated session information online at “www.ada.org/goto/session”. ■

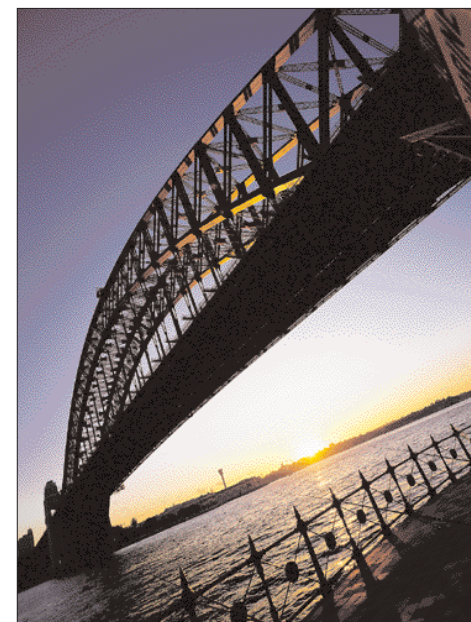


Photo courtesy of the FDI World Dental Federation

High-altitude sights: If you attend FDI's World Dental Congress in Sydney, you'll have a chance to climb the Sydney Harbor Bridge.

FDI plans 'down under' fun

Sydney, Australia—More than a world-class dental meeting await dentists and their companions as they journey to the FDI World Dental Congress Sept. 18-21.

Dentists from around the world can begin their “down under” experience in Sydney, the gateway to Australia, known for its breathtaking harbor and opera house, shopping, fine dining, museums and sporting and cultural events.

Outside of Sydney, a land of amazing contrasts awaits. In a space roughly the size of the continental United States, Australia's geography ranges from more than 7,000 beaches, coral reefs and lush rain forests to rugged mountains and vast desert lands.

The FDI offers a variety of social programs, day trips and post-congress tours designed to showcase the best sights, sounds, tastes and pastimes of Australia.

Social events for international dentists and guests will include a welcome ceremony, three unique dining events, an opera, a symphony performance and A Taste of Australia—an event with hands-on experience in sheep shearing, wood chopping and whip cracking, a chance to touch some of the country's native animals plus good food, wine and entertainment by a bush band.

The official meeting program also contains detailed information on social programs, day tours and post-congress tours. Contact John Hern, FDI USA Section, to receive a program by calling the ADA toll-free number, Ext. 2727, or e-mailing “hernj@ada.org”.

For more information on the meeting, visit the FDI Web site, “www.fdiworldental.org”. ■

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The official airline for the 2003 Sydney Congress (and for koalas and kangaroos, too), Qantas Airways is offering a limited number of airfare specials to ADA members and their companions who are planning to attend the FDI meeting in September. For more information, contact BRAVO Meetings Management in Toronto by calling toll free, 1-800-268-8084 or e-mailing “fdi@bravomeetings.ca”. ■

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People

A place to 'wallow' wins honors

Gardening dentist sows pleasure for friends and neighbors

BY STACIE CROZIER

Highland Park, Ill.—Since oral surgeon Dr. Bruce Hochstadter won the Chicago Tribune's Glorious Gardens contest last September, he jokingly says his patients have been looking at his nails to make sure they're clean.

"Something inside me likes wallowing in the mud after working all day in a sterile environment," he says. "I started gardening 13 years ago. I'd never really been interested before, but when my wife and I moved to a new home in a wooded area, something clicked."

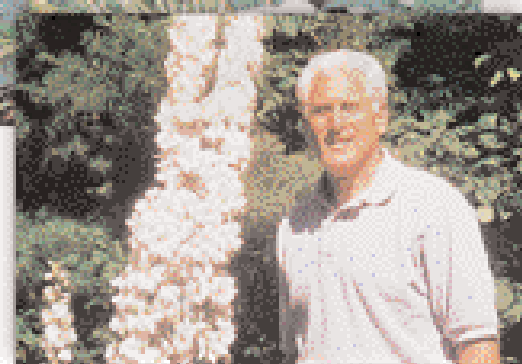
Dr. Hochstadter spends about 15 hours a week "wallowing" in his award-winning garden during spring and early summer, and about half that much time in July and August.

"But even in the fall and winter, I love to be in the garden and enjoy the shapes of the beds, the frost and snow on the branches and the stillness and calmness," he says.

Though he read gardening books and magazine articles and attended a handful of gardening lectures, the bulk of his training came from older ladies—neighbors and experienced gardeners—who took him "under their wing," he says. He favors the incredible variety of hybrid day lilies for sun gardens and the texture and color of astilbe, hostas, sedges and pulmonarias for shady areas.

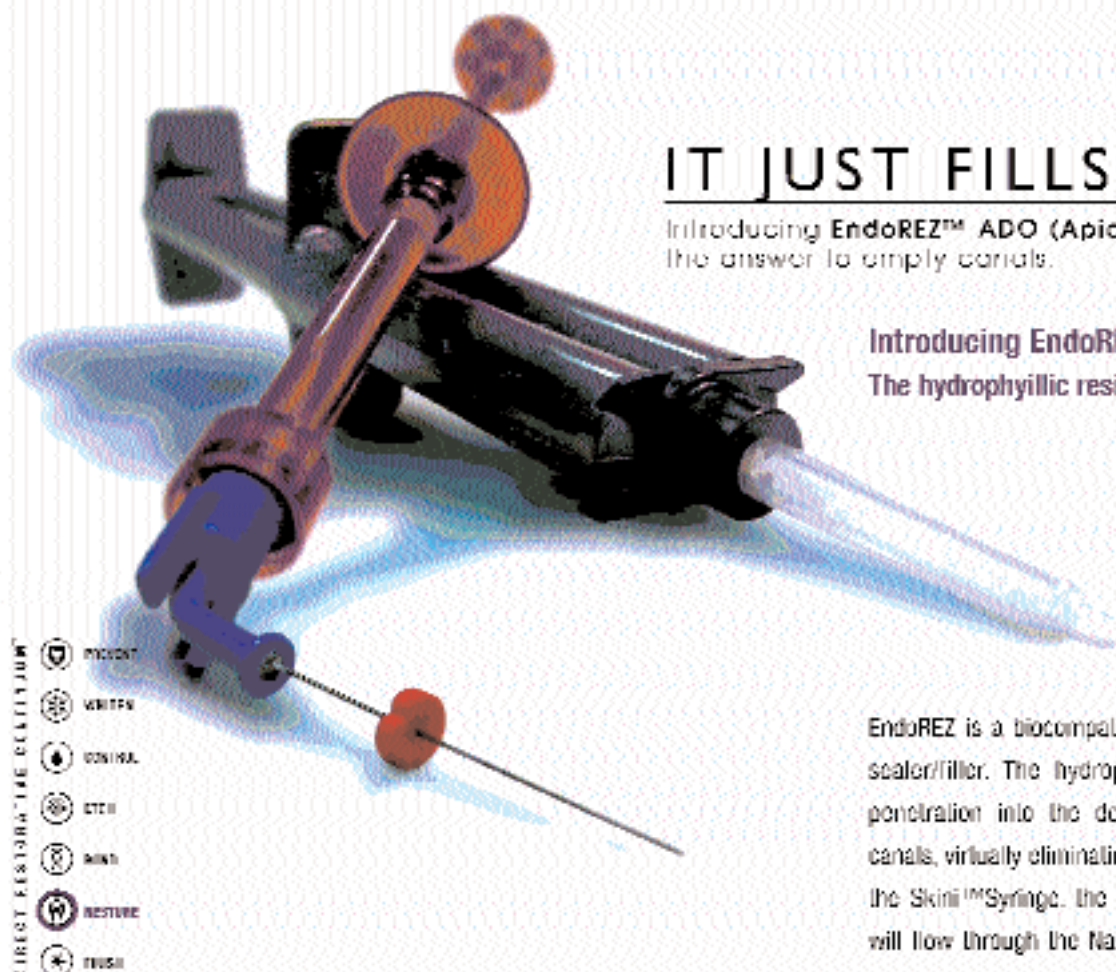


Green thumb: Graceful curved landscaping, above left, and shade-loving perennials, above right, blossom in Dr. Hochstadter's award-winning garden. Dr. Hochstadter, right, pauses amid giant hollyhocks.



He says he entered the newspaper's contest "at the last minute. It was the first time I ever entered any kind of contest, and I couldn't believe it when I won.

"But I don't do it for any honors," he adds. "I do it for myself and for the friends and neighbors who can enjoy it when they come to visit. It's a very satisfying way to spend time." ■

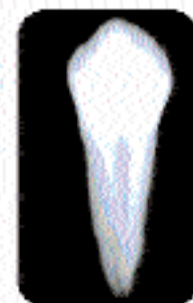


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Coke agreement raises questions

Pediatric dental group defends partnership

BY JAMES BERRY

The American Academy of Pediatric Dentistry announced March 3 that its charitable arm had formed "a collaborative research and educational partnership" with the foundation of a major soft-drink manufacturer.

The AAPD Foundation reportedly will receive a \$1 million unrestricted grant from the Coca-Cola Foundation, the funds to be used for "clinical, basic and behavioral research" by independent investigators, AAPD said in a news release on the partnership, which was approved by both organizations in December 2002.

"This affiliation will also create public and professional educational programs, based on science, that promote improved dental health for children," AAPD said.

Since it was disclosed, reaction to the collaboration has been mixed. A March 4 New York Times article dubbed it "one of the more unlikely industry-health partnerships" and quoted pediatric dentists who either supported or opposed the agreement, or were ambivalent about it.

Dr. David Curtis, AAPD president, told the ADA News that the Academy and its foundation had hoped to announce the partnership at AAPD's annual session in May, as part of its "capital campaign drive" involving a host of other corporate sponsors.

Instead, he reported, the story was leaked to the New York Times by someone not affiliated with the AAPD leadership or its foundation.

"Then the story took on a life of its own, as if there was some clandestine agreement between our foundation and Coca-Cola, which is simply not the truth," added Dr. Curtis. "I think the reason that it has taken on any negative publicity at all is because of the way it was leaked."

Dr. Joel Berg, AAPD Foundation president, agreed that the leak to the public press was "unfortunate," but he was not surprised by the reaction, which he said has been "mainly favorable."

He added, "If I were to hear about this myself, not having the benefit of the information that I have, it's possible I would say, 'Well, explain more to me. Give me more information.'"

That reaction to the partnership might be negative was discussed early on in the talks with Coke, said Dr. Berg.

"The concern was equally there on both sides," he said. "We were concerned about how our members would react, but Coke had the same concern. We believe they're a good corporate citizen, and they want to be just that. That's why this is an unrestricted grant from foundation to foundation."

Asked whether they'd considered revisiting the partnership since the story broke, both pediatric dental leaders said they had not.

"Absolutely not," said Dr. Curtis. "Our foundation Board of Trustees as well as the Academy Board of Trustees is very excited that the Coca-Cola Foundation has decided to join our corporate team."

"We have very important work to do," he added. "Our foundation is committed to doing health research and public awareness campaigns that require tremendous resources. We believe they [the Coca-Cola Foundation and other corporate sponsors] will help us achieve our goals. We feel very positive about our rela-

tionship with, not just the Coca-Cola Foundation, but with the rest of our corporate sponsors as well."

The New York Times reported that it was a

"matter of dispute" whether soft-drink consumption is linked to dental caries.

The paper quoted a soft-drink industry source who claimed "a growing body of scientific evi-

dence shows that soft drinks do not cause obesity, dental cavities or any other health problems."

But the Times also quoted a study published in the October 2002 issue of *General Dentistry*, which showed that rising soft-drink consumption among 12- to 19-year-olds has fueled "increasing rates of obesity in children and reports of rampant tooth decay."

AAPD's Dr. Curtis said the partnership with Coke did not pose a conflict of interest because of the nature of the agreement, an unrestricted grant. "Our foundation will act as a pass-through to university-held research projects," he said. "The Coca-Cola Foundation will have no say-so as to what kind of research will be done, who will be involved in the research project, what the outcome of that research will be or how the information gets disseminated." ■



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HIPAA privacy deadline is April 14

BY ARLENE FURLONG

Time is running out for dentists to meet the April 14, 2003, HIPAA Privacy Rule deadline.

Compliance with the privacy rule—under the Health Insurance Portability and Accountability Act of 1996—is mandatory for covered entities.

Any dentist who transmits protected health information electronically using HIPAA standard transactions or has someone do it on his or her behalf, such as a clearinghouse or vendor, is a covered entity and must comply.

What should you do if you're a covered entity? Take the steps below, if you haven't already:

- adopt a written office privacy policy and

Any dentist who transmits protected health information electronically using HIPAA standard transactions or has someone do it on his or her behalf, must comply.

develop the forms needed to implement your policy;

- prepare and prominently post one of the forms: Notice of Privacy Practices;
- provide a copy of your notice to patients;
- make a good faith effort to secure written acknowledgement from patients that they received your notice;
- train your staff;
- enter into necessary business associate agreements.

The Department of Health and Human Service's Office for Civil Rights is responsible for implementing and enforcing the privacy rule.

Dentists who don't comply risk an investigation of patient complaints that could lead to civil or criminal penalties.

If you don't understand the steps described, read the ADA Privacy Kit and watch a VHS or DVD version of the ADA HIPAA Privacy Seminar. The kit addresses dental office issues by summarizing the regulatory requirements. It also includes a CD-ROM with everything that is in the manual. Kits cost \$125.

A VHS or DVD of the seminar costs \$99.95. Both play the ADA's half-day course, touring state and local dental societies since August 2002.

To order the kit, the VHS or the DVD, call 1-800-947-4746 or go to "www.ada.catalog.org".

The ADA is committed to keeping members up to date through articles in the ADA News and online at ADA.org. A wealth of HIPAA privacy information is available online at "www.ADA.org/goto/HIPAA". ■

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Security

Continued from page one

required under the new regulation must be reasonable and appropriate for the dental office.

"The ADA will help dentists comply with these new regulations," says Dr. Lapp. "Each office has considerable latitude in meeting these requirements that were set up to protect against threats that can be reasonably anticipated. The primary requirement is to document what you did to protect electronic patient records."

Like the other HIPAA regulations, security regulations only apply to dentists who transmit protected health information electronically using HIPAA standard transactions or have someone else do it on their behalf, such as a clearinghouse or practice management vendor. For example, under the security regulations, locked file cabinets are not required for paper charts.

"The security standards will help safeguard confidential health information as the industry increasingly relies on computers for processing health care transactions," explained Secretary Tommy Thompson in announcing the security standard Feb. 13.

Under the security standards, health insurers, certain health care providers and health care clearinghouses must establish procedures and mechanisms to protect the confidentiality, integrity and availability of electronic protected health information.

For those dentists who transmit protected health information electronically and therefore are covered entities, requirements include:

- appointment of a security officer who may also be the privacy officer and contact person—and may be the dentist;
- administrative safeguards, such as security policies and procedures;
- physical safeguards, such as locking doors when no one is in the office;
- technical safeguards, such as password protections and back-ups of patient records.

The security standards are now consistent with the final privacy standards that HHS adopted last year and are scheduled to take effect for most covered entities on April 14. (See story on last-minute preparations for dentists, above).

The two sets of standards use many of the same terms and definitions in order to make it easier for covered entities to comply, an HHS press release said.

The Council on Dental Practice encourages members to seek clarification from the ADA for questions concerning HIPAA, or any of the regulations that have been promulgated. E-mail the ADA at "HIPAA@ada.org" or call Dr. Lapp toll-free at Ext. 2750. ■

Final HIPAA electronic health care transaction standards announced

Vendor testing likely to begin

BY ARLENE FURLONG

Department of Health and Human Services Secretary Tommy Thompson Feb. 13 announced modifications to the transaction standards for electronic health care transactions.

Covered entities, which include health plans, providers using electronic transactions for which a standard is established by the HIPAA regulations and clearinghouses, must comply with these modified transaction standards by Oct. 16.

Like the other HIPAA regulations, transaction standards for electronic health care transactions only apply to dentists who transmit protected health information electronically using HIPAA standard transactions or have someone else do it on their behalf, such as a clearinghouse or practice management vendor. The most common transaction a dentist is likely to use, for which a standard has been established by the regulations, is submission of electronic claims.

Other electronic transactions covered by the HIPAA regulations will include eligibility verification, claims status requests, electronic remittance advice and referral authorizations. Using an insurer or health plan's Web site to check a patient's

eligibility for benefits or the status of a patient's claim or referral authorization will also fall under the HIPAA regulation.

Software vendors, payers and clearinghouses have known what these regulations entail since last spring but were waiting for publication to begin testing their systems for compliance. Most testing will occur between vendors and clearinghouses and between payers and clearinghouses.

Robert Lapp, Ph.D., director of the ADA Department of Dental Informatics, says most payers receive electronic transactions from dentists through the dentists' practice management vendors and clearinghouses and do not want to test with individual offices, but there may be exceptions.

"Offices transmitting directly to third-party payers may be asked to send sample transactions for testing purposes. Do not send actual patient data," he says. "It would be inadvisable to send actual patient data because the dentist might inadvertently create the impression that he or she was billing twice for one procedure," he explains. "Also, using actual patient data could be interpreted as an unnecessary disclosure of a patient's protected health information," he adds.

The ADA's Dental Content Committee is one of six organizations with which HHS worked in considering changes to the original rule. This committee evaluates the potential effect of proposed changes on the dental practitioner and makes recommendations concerning adoption or rejection.

As a result of their active participation with other organizations and the review and comment process, ADA staff are among the best-informed HIPAA resources available. Several staff members participated in the development of standards for electronic transactions (X12)

that were subsequently adopted for HIPAA. In addition, knowledgeable ADA volunteers and staff are frequent speakers on HIPAA issues.

For questions concerning HIPAA, or any of the regulations, e-mail the ADA at "HIPAA@ada.org" or call Dr. Lapp toll-free at Ext. 2750. ■

New survey out

The 2002 American Dental Association Dental Workforce Model: 2000-2020 is available from the ADA Survey Center.

The DWM projects the long-term U.S. dental workforce using statistical transition models for retirements, occupation change, location choice, specialty education and death. Its projections include number of dentists and dental school graduates to 2020.

This report can be purchased by calling the ADA Survey Center, toll-free, Ext. 2568 or 1-312-440-2568. The cost is \$50 for ADA members, \$75 for nonmember dentists and \$150 for commercial firms, plus shipping and handling. ■



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¹ Fink P, et al. *Stability and Strength of All-Ceramic Dental Restorations Fabricated by Direct Ceramic Machining (DCM).* Int J Comp Dent. vol. 6/6, 2003.

² Stoll-Schreyer G, et al. *Clinical Evaluation of Cercon® Veneer Bridges in the Posterior Region.* Int J Comp Dent. vol. 6/6, 2003.

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Education

ADA supports anesthesia guidelines

Member feedback generates ongoing discussion

BY KAREN FOX

An unexpected stir followed the House of Delegates' approval of revisions to the ADA guidelines for anesthesia last fall.

Having had the chance to study the responses from dentists who feel the changes threaten their ability to use oral conscious sedation, proponents of the revisions are seeking to clear the air.

"The guidelines are dynamic, and the ADA is committed to making sure they are continually reviewed and revised, and are intended to reflect current best practices," said Dr. Robert M. Peskin, chair of the Council on Dental Education and Licensure's Committee on Anesthesiology.

The revisions proposed and approved in 2002 addressed one technique, the titration of oral conscious sedation—which is becoming more prevalent despite the fact that many question its safety.

"The ADA has not eliminated anything from the guidelines," said Dr. Peskin. "Oral conscious sedation is included in the guidelines, and all we did was expand upon it by providing guidelines for its use."

The original directive to study the issue of oral conscious sedation came from the House of Delegates in the form of Res. 115H-2001.

That resolution called for the appropriate ADA agency to study the impact of continuing education courses in oral conscious sedation that are not in accordance with the "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (Guidelines for Dentists)," the "ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry (Guidelines for Teaching)" and the "ADA



Dr. Peskin: "Oral conscious sedation is included in the guidelines, and all we did was expand upon it by providing guidelines for its use."

Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry."

"The concern the ADA had was not with the concept of oral conscious sedation," said Dr. Peskin. "The concern was with the titration of orally administered sedative agents, which could cause a deeper level of sedation than that which was intended by the practitioner."

The revisions added a definition of titration to the Guidelines for Teaching and the



Dr. Assael: "It is incumbent on the council to review anesthesia guidelines and make changes, if necessary."

Guidelines for Dentists, which reads: "Titration—the administration of small incremental doses of a drug until a desired clinical effect is observed.

"In accord with this particular definition, titration of oral medication for the purpose of sedation is unpredictable. Repeated dosing of orally administered sedative agents may result in an alteration in the state of consciousness beyond the intent of the practitioner. Except in unusual circumstances, the Maximum Recommended Dose (MRD) of an oral medication should not be exceeded."

The House of Delegates passed the revisions (Res. 22H-2002), and inadvertently unleashed a firestorm of comments. Many questioned whether dentists without advanced training were prohibited from using oral conscious sedation.

"The guidelines do not prevent anyone from using oral conscious sedation," stated Dr. Mary George, a member of the Committee on Anesthesiology. "It doesn't say you can't give a second dose—it says titrating is difficult. Titrating in this manner may leave you with a situation where you've gone over the MRD, which is something the guidelines say you shouldn't do."

Another mistaken belief is that the ADA guidelines do not require a pulse oximeter for oral conscious sedation. Not true, said Dr. Peskin.

"The guidelines are clear in that they require at the very least a pulse oximeter when oral conscious sedation is used," said Dr. Peskin.

The council followed its customary procedure in circulating revisions. However, in the future, notice of proposed revisions will be published in ADA News to allow for the broadest possible input.

Pending approval of the Council on Dental Education and Licensure and the Board of Trustees, the committee is considering the feasibility of holding a supplemental meeting this spring to discuss the comments it has received since November and whether to propose additional changes.

Despite the fall-out from the revisions, one thing is certain: the Association acted within its purview to change the guidelines.

"The purpose of the guidelines is to promote the ability of dentists, by means of education and utilization of appropriate methods, to provide good patient care," said Dr. Leon A. Assael, chair, Council on Dental Education and Licensure. "The council works to foster good dental education as well as lifelong

learning. It is incumbent on the council to review anesthesia guidelines and make changes, if necessary."

Dr. Assael emphasized that the council has listened to the responses from the communities of interest. "We value every one of the comments that we have received to date," he said.

Dr. Joel Weaver, associate professor and director of anesthesiology at The Ohio State University College of Dentistry and an ADA media consultant on dental anesthesia, applauds the Association for making the revisions.

"With oral sedative agents, some patients might have rapid absorption and reach a peak effect in 15 minutes to a half-hour, and others might take as long as two hours," said Dr. Weaver.

"It's not to say that dentists shouldn't give oral sedation," he continued. "The ADA guidelines indicate that the practitioner should avoid the unintended loss of consciousness, and giving multiple oral doses with short time intervals in between has a greater potential to produce that effect."

Dr. Weaver also questions whether "reversal drugs" like flumazenil are effective in the case of an overdose.

"While it is true that flumazenil given intravenously would be effective in reversing much

■ "The purpose of the guidelines is to promote the ability of dentists, by means of education and utilization of appropriate methods, to provide good patient care."

of the sedative effects of triazolam-like oral sedative drugs in an emergency," Dr. Weaver explained, "there is no published scientific evidence that it is effective when given by any route other than by intravenous injection."

Even then, there is no data to suggest that it would work fast enough, even if it did eventually work, to rescue a patient from hypoxic brain injury.

Added Dr. Weaver: "The vast majority of dentists using oral sedative drugs are those who haven't been trained to use drugs intravenously, and it would be fairly difficult in an emergency situation to start an IV and administer the drug while taking all the other steps that would be necessary, such as basic life support, opening the airway and so on."

It remains to be seen if further revisions to the guidelines are forthcoming, but ADA officials note that what hasn't changed is the dentist's right to administer oral conscious sedation, deep sedation and general anesthesia.

"The primary goal of the ADA is to ensure that dentists can safely and appropriately and legally practice the scope of dentistry, and without question we include anesthesia in that scope," said Dr. Assael.

To review the guidelines, go to "www.ada.org/prof/ed/guidelines/index.html". ■

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Arizona dental school accredited

BY KAREN FOX

A new dental school in Arizona received the green light from the ADA Commission on Dental Accreditation in January.

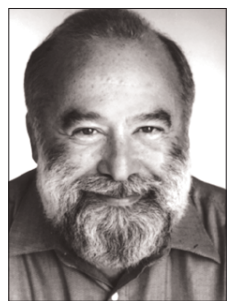
At its meeting Jan. 31, the commission granted initial accreditation to the A.T. Still University of Health Sciences' Arizona School of Dentistry and Oral Health. The Mesa, Ariz.-based school's first class of 54 students is expected to begin its education and training July 21.

Dr. Jack Dillenberg, ASDOH dental school dean and former director of the Arizona Department of Health Services, was thrilled with the news.

"We are excited and we are moving forward," he said, adding that more than 1,100 students have applied for the 54 slots in the private dental school. So far 34 have been accepted.



State-of-the-art: A clinic, simulation lab and didactic facility for the Arizona School of Dentistry and Oral Health will be housed in this building on the Mesa, Ariz., campus.



Dr. Dillenberg

"It's a terrific mix of community-minded applicants," said Dr. Dillenberg. "Applicants who made the first cut were required to submit a secondary application that included an essay with documented community service activities and volunteerism."

They also participate in a group exercises while under the observation of interviewers.

"We believe dentistry is a 'team sport,'" said Dr. Dillenberg. "We want our students to have a comfort level of working collaboratively. An important part of our model is working together."

Dr. Dillenberg said the school plans to play a key role in providing for the access needs of low-income patients in Arizona through its support of community programs and by training dentists who will serve the public health needs of their communities.

In so doing, the Arizona School of Dentistry and Oral Health will continue its close relationship with the Indian Health Service, and reach out to Head Start and On-Site Dentistry for Children, a private company that provides school-based health services for underserved children utilizing portable equipment.

Under the policy of the ADA Commission on Dental Accreditation, the ASDOH program will have additional site visits in 2005 and 2007, prior to the graduation of the school's first class.

For more information, go to "www.ashs.edu/dental/index.htm". ■

Take your kids to work

Looking for a way to share your career with a younger generation?

Participate in Take Our Daughters and Sons to Work Day on April 24. The national program, now in its 11th year, is a great way for dentists and dental teams to promote careers in the dental profession and mentor the future workforce.

Youths age 9 to 15 are targeted for dental office activities. A packet with "Workplace Planning Tips," an outline and sample schedule of activities is available upon request.

The ADA will participate once again by inviting staff in Chicago to bring their chil-

dren to work April 24. Last year, 45 youngsters between age 9 and 14 filtered through the ADA headquarters.

Another opportunity for dentists to promote careers in the dental profession and build community partnerships with local school systems is by participating in the National Groundhog Job Shadow Day program.

Last year, more than 1 million young people took part. Job shadowing enables young people to "shadow" a workplace mentor as he or she goes through a normal day on the job, providing an up-close look at how the skills learned in school are put in action in the workplace.

The ADA promotes job shadowing as a way to expose students to dental careers—specifically dentistry, dental assisting, dental hygiene and dental laboratory technology careers.

Materials to support the initiative are accessible via the Internet at "www.jobshadow.org", or by calling the Job Shadow Day Coalition at 1-800-373-3174.

More information on Take Our Daughters and Sons to Work Day may be found online at "www.daughtersandsonstowork.org". Or, contact your constituent society or Beverly Skoog at "skoogb@ada.org" or Ext. 2390 for information on both programs. ■

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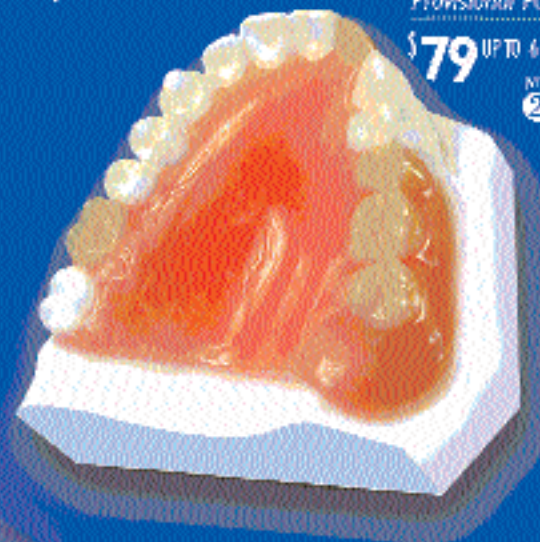
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More smiles: Children smile in Buffalo, N.Y. (left), St. Louis (above) and Indianapolis (right) as they join the estimated 1 million who receive free dental care during the ADA's first-ever Give Kids a Smile program Feb. 21. Above, Dr. Jeff Dalin welcomes children to GKAS. At right, four-year-old Irvin Sanchez opens wide for Dr. Lisa Clemons (right) and dental assistant Elvia Reyes.



From page one



Give Kids a Smile contributors: Shown are (1) Kimberly Dunn, Johnson & Johnson; (2) Lynne McHugh, Sullivan-Schein Dental; (3) Dr. James Bramson, ADA executive director; (4) Dr. T. Howard Jones, ADA president; (5) Maureen Knott, Sullivan-Schein Dental; (6) Dr. Eugene Sekiguchi, ADA president-elect; (7) Danna Mudra, Hu-Friedy; (8) Tim Sullivan, Sullivan-Schein Dental; (9) Paul Mondock, Septodont; (10) Mike Donohue, Pulpdent; (11) Richard Miranda, Sullivan-Schein Dental; (12) Unidentified contributor; (13) Steve Kess, Sullivan-Schein Dental; (14) Marguerite Walsh, Sullivan-Schein Dental; (15) Paul Hinsch, Sullivan-Schein Dental; (16) Steven Merrick, Septodont; (17) George Rogiokos, Sultan Chemists; (18) Unidentified contributor; (19) Will Bosanko, Sultan Dental; (20) Eric Shirley, Dentsply Professional. Sullivan-Schein vendors not pictured but who donated to GKAS include: Aaron Industries, All Dental Prodx, American Eagle, Ansell, Banta Healthcare, Biotrol, Butler, Carl Parker, Coltene/Whaledent, Confid-Dental, Crosslex, Dental Disposables, Dukal Corp., Dux, Foremost, J&J Dental, J&J Instruments, Jovident International, Kerr, Kerr/Metrex, Keystone Industries, LOOK Specialties, Microflex, Micro Motors, Miltex, Nordent, Oral-B, Pelton & Crane, Pharmacia, Pinnacle, Premier, ProRepair, Raydenco, Richmond, Temrex, Waterpik, and Young Dental.

Anti-amalgam

Continued from page six
restorative options with patients prior to placing an amalgam restoration, specifically discuss the advantages and disadvantages of amalgam, and post a warning in a public area about the dangers of exposure to mercury posed by amalgam.

"Our conservative estimate is that banning amalgam will cost the state two to three million dollars. Arizona is facing a one-billion deficit, so anything that doesn't save the state money will have a tough time making it through the legislative process," says Mr. Murray. "However, we're taking this bill seriously and want to make sure it's defeated at the earliest opportunity."

- In Arkansas, the "Mercury Poisoning Reduction Act" would restrict the sale and use of mercury-added products. The bill also seeks to authorize the state department of environmental quality and dental board to develop a plan for mandatory source reduction of mercury from dental procedures by July 1, 2004. The bill is similar to one developed by the New England Waste Management Officials' Association.

"The bill has been placed on the inactive calendar, but I suppose it will resurface after the filing period ends, during this legislative session," says Billy Tarpley, executive director of the Arkansas State Dental Association. "We continue to visit with the bill's sponsor—we had a number of issues with the bill, and the sponsor has been pretty open to what we've suggested so far—and I'm sure we'll be working with the state department of environmental quality."

- In California, AB 999 would require the state to request that third-party payers allow patients to receive restorations other than dental amalgam. It would also mandate the state Dental-Cal (Medicaid) program to permit patients to receive "dental fillings that are alternatives to

mercury-based dental fillings." Interestingly, dentists would be prohibited from obtaining a higher reimbursement for non-amalgam restorations than what the state pays for an amalgam.

"In AB 999, there are many misleading and inaccurate statements made in the 'legislative findings' section of the bill—the same arguments used unsuccessfully to raise alarm about the health implications of dental amalgam," says Cathy Mudge of the California Dental Association.

Another California bill on dental wastewater, AB 611, would require every dentist to install an amalgam separator device by Jan. 1, 2004—with the dentist or dental assistant trained to use it—or be subject to a fine of \$100 per day. Beginning that March, dentists would need to file an annual report to the state's toxic substances department regarding their quantities of mercury discharged and recycled during the preceding year.

"AB 611 is an example of when the legislative author may be unaware of all that dentists have been doing to assist publicly owned treatment works in meeting their water quality standards," says Ms. Mudge.

- In Georgia, HB 442 would prohibit the use of amalgam in children under 18, women 45 years or younger and pregnant women, and require informed consent from any patient who receives an amalgam restoration. Dentists must also review with patients the properties of each restorative material, describe the environmental issues surrounding dental amalgam and post an office warning about the dangers of exposure to mercury caused by dental amalgam.

"We are not anticipating a hearing on this bill in 2003, meaning it may not have enough support to pass," says Martha Phillips, executive director of the Georgia Dental Association.

- In Illinois, SB 455 calls for a ban on the use of dental amalgam restorations in both pediatric patients age eight or younger and pregnant women.

"However, the original sponsor of the bill has decided to hold it in committee and not proceed with it," says Dave Marsh, director of government relations for the Illinois State Dental Society.

- In Maine, bill LD 134 would grant the state environmental protection agency the rulemaking authority to require equipment to trap mercury. A competing bill, LD 697, is supported by the Maine Dental Association, and would require the installation by end of 2004 of amalgam separators that comply with ISO Standard 11143.

"The MDA is supporting bill LD 697 because this would make it a statute," says Frances Miliano, executive director. "A legislative solution is cleaner than the other bill, LD 134, which is too open ended and gives the environmental department the kind of rulemaking power that potentially could lead anywhere—stringent and/or nebulous regulatory action."

- In Massachusetts, a bill was recently introduced that addresses both amalgam safety and wastewater issues. If enacted, this measure would require dentists to post notices about amalgam and provide pamphlets to patients issued by the state health department with information on amalgam and restorative materials—and discourages the use of amalgam in sensitive population groups.

The bill would also require dentists to install amalgam separators, use only licensed and certified recyclers to dispose of waste, clean and replace "mercury-laden" pipes, and submit reports regarding amalgam purchases, or face stiff fines for non-compliance.

"The bill calls for separators that must remove 99 percent of both amalgam particulate and mercury—which is an impossible standard because none of the separators currently on the market can achieve that level of removal," says Karen Rafeld, assistant executive director of the Massachusetts Dental Society.

- In Oregon, bill SB 681 would require written informed consent from any patient before treatment using dental materials containing mercury. It would prohibit use in women of child-bearing age, children and people with metal orthodontic devices by September 2003, and completely eliminate the use of dental amalgam by 2008.

Another bill, SB 633, would make illegal by 2010 the discharge in the Willamett Basin of any substance containing elemental mercury. Yet another, SB 818, seeks to define elemental mercury and mercury compounds as hazardous substances and includes labeling requirements.

"The Oregon Dental Association will mount a strong defense to any legislation that prohibits the use of dental amalgam. Considering budget problems, it seems unlikely the state would add such a crimp to their beleaguered dental Medicaid budget," says Jane Myers, director of government affairs for the ODA.

- In Washington, state legislators were considering two anti-amalgam bills. One bill proposed informed consent for amalgam use and mandated separators for all dental offices where amalgam might be disposed into wastewater. Another bill would have required dentists to notify patients about the "controversy surrounding mercury amalgam" and to obtain consent.

However, "The Washington State Dental Association was successful in stopping the two bills; both failed to make the March 5 deadline for passage in the state legislature," says David Hemion, assistant executive director of the WSDA.

He adds, "The WSDA is in negotiation with the state department of ecology on a joint mercury amalgam waste reduction program that would include education on best management practices, including voluntary installation of separators." ■

ADA Foundation unveils new look to match its name

There's more than a new name for the ADA Foundation.

"The ADA Foundation's new name, logo, vision and mission statements more clearly articulate the charitable intent of this organization," said Dr. Anthony R. Volpe, ADAF president. "This Foundation will continue to support and fund meaningful programs that improve oral health."

The Foundation's vision begins at the grassroots level, where its efforts benefit dental professionals and their patients. It states, "Oral Health Matters: Improving health and making lives better, one person at a time."

And, "as dentistry's premier philanthropic and charitable organization," states its new mission statement, "the ADA Foundation enhances health by securing contributions and providing grants for sustainable programs in dental research, education, access to care and charitable assistance programs for dentists and their families in need."

Grants and scholarships available from ADAF

Looking for funding to help support a worthy cause in dental research, education or access to care?

The ADA Foundation is now accepting applications for grants and scholarships for 2003-2004.

- ADA Foundation grants—The application deadline for grants for dental research, education, access to care or awareness programs is May 1. Projects must be based in the United States and/or its territories and demonstrate worthiness; sound project design; need for start-up, interim or supplemental funding on a time-limited basis; and must not be associated with for-profit product research and development activities. Visit the Foundation Web site, "adafoundation.org/grantap.html" or call toll free, Ext. 2547, for specifics.

- Harris Fund grants—Through the Samuel Harris Fund For Children's Dental Health Grant Program, the Foundation offers grants of up to \$5,000 to applicants whose oral health promotion programs are designed to improve children's oral health through community education activities. Deadline for applications for 2004 grants is July 11. Visit "adafoundation.org/childgrant.html" or call toll free, Ext. 2544, for details.

- Dental and allied dental scholarships—The Foundation's Charitable Assistance Program offers scholarships for dental students and minority dental students; dental hygienists; dental assistants; and dental laboratory technicians. Deadlines for applications for 2003-2004 scholarships are July 31 for dental students and minority dental students; Aug. 15 for dental hygiene and dental laboratory technician students; and Sept. 15 for dental assistant students. For specifics, application procedures and requirements, log on to "ada.org/ada/charitable/endow/scholarship.html" or call toll free, Ext. 2567. ■

ADA | FOUNDATION

American Dental Association Foundation

"In order to implement our mission and our vision," added Dr. Volpe, "we will continue to

solicit the dental community and the public to support the Foundation's mission."

The Foundation also has a new Web site address: "adafoundation.org".

The ADA Foundation, comprised of the former ADA Health Foundation, the ADA Relief Fund, The ADA Endowment and Assistance Fund, Inc. and The ADA Emergency Fund, Inc., began operations under its new name and structure on Jan. 1.

The ADA House of Delegates approved the merger at annual session in October 2002. ■



HELLO, MY NEW NAME IS:
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American Dental Association Foundation

The ADA Health Foundation — the charitable arm of the American Dental Association — has a new look and name!

This new foundation also includes the former ADA Relief Fund; the ADA Endowment & Assistance Fund, Inc.; and the ADA Emergency Fund, Inc. In addition to funding grants for dental research, education, scholarships and access to care, the Foundation now supports Charitable Assistance Programs such as relief grants to dentists and their dependents who are unable to support themselves due to injury, a medical condition or advanced age, and grants to those who are victims of disasters.

Call us at 312-440-2547 or visit us at www.adafoundation.org.

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