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ADANEWS

AUGUST 3, 2009

VOLUME 40 NO. 14

Health care reform

Association analyzes 'the good, the bad and the undecipherable' in current draft legislation

BY CRAIG PALMER

Washington—Congress' August recess offers invitation and opportunity to amplify the Association's health care reform message.

"Here's where things stand right now," ADA President John S. Findley said in a pre-recess eGRAM to ADA members spelling out details of Congress' five-committee (3 House, 2 Senate) effort to craft health care reforms seen by President Obama as his administration's central domestic policy objective essential to economic viability.

Members of Congress headed home eager for the feedback that will inform their upcoming committee and floor votes. Sen. Claire McCaskill (D-Mo.)



Dr. Findley: "Our most pressing concern is with the proposal for a government-run insurance plan that would compete with private insurers in the marketplace."



■ **ADA candidates,**
pages
14-15

was quoted by CQ.com as saying, "I think it's important I read the whole bill, go home and talk to my constituents about it and then come back prepared to vote." Various committee drafts and bills were in preparation at recess time for House and Senate floor votes expected this fall.

"The dental provisions they contain can best be characterized as the good, the bad and the undecipherable," Dr. Findley said.

"Our most pressing concern is with the proposal for a government-run insurance plan that would compete with private insurers in the marketplace and private plans offered in the so-called 'Exchange' (essentially a mechanism for consumers to comparison shop for health insurance)."

Legislation emerging from a House committee "would be required to offer dental coverage to children, but that requirement needs much clarification for us to decide whether to support it," the ADA president said.

"The whole concept of a public plan remains troubling, and we would oppose any plan that required dentists to participate, directly or indirectly
See REFORM, page eight

New HIPAA rules Stem from federal recovery act provisions

BY ARLENE FURLONG

The Association is developing resources and advice for dentists and dental office staff to help them prepare and comply with new HIPAA privacy and security provisions starting this month as a result of the American Recovery and Reinvestment Act of 2009.

"The ADA will be the profession's prime resource for complying with these regulations," said Dr. Robert A. Faiella, 1st District trustee. Dr. Faiella heads the Association's Electronic Health Record Workgroup.

Signed into law in February, the ARRA incorporates the Health Information Technology for Economic and Clinical Health Act. That act seeks to develop a nationwide health information technology infrastructure that allows for electronic dissemination of health records.

To protect the rights of individuals whose information will be stored and exchanged in the electronic health record environment,

HITECH expands upon HIPAA's privacy and security protections for individuals' health information. This includes some expansion of the applicability of HIPAA (Health Insurance Portability and Accountability Act of 1996) standards, but a dentist whose practice is still entirely paper-based will not be subject to its rule, at least in most circumstances and state law permitting.

HITECH rules, which the U.S. Department of Health and Human Services are developing, will place added responsibilities upon both covered entities and their business associates. Examples of a dentist's typical business associates include (but are not limited to) information system vendors, electronic clearinghouses, lawyers, accountants, technical support companies and others. Employees are not business associates, nor are most referral or group practice relationships as long as the information shared is related to the treatment of a patient.

See HIPAA, page 12

Red Flags postponed until Nov. 1

BY CRAIG PALMER

Washington—The Federal Trade Commission announced another Red Flags enforcement delay to Nov. 1 "to assist small businesses" in understanding the regulation.

In a posted announcement at "www.ftc.gov", the commission said it will create a special Web link with materials offering "guidance and direction" for the "small and low-risk entities," including dentists and physicians, who have questioned FTC's application of the Red Flags identity theft rules to their practices.

The ADA helped introduce legislation to exempt health care practices with 20 or fewer employees from the regulation. (Association advocacy efforts on the Red Flags Rule are at "www.ada.org/prof/advocacy/issues/red_flags.asp".)

The ADA-supported legislation, HR 2345, had 32 bipartisan co-sponsors as the FTC responded to resulting

■ **FDA reaffirms
amalgam safety,**
page six

congressional pressure, and questions from several House of Representatives committees, with a third enforcement delay. "The three-month extension, coupled with this new guidance, should enable businesses to gain a better understanding of the rule and any obligations that they may have under

See RED FLAGS, page 16

BRIEFS

New class: The ADA Board of Trustees has selected 12 dentists to participate in the 2009 Institute for Diversity in Leadership.

This year's class includes Drs. H. Eugene Brooks, Aurora, Colo.; April Champen-Washington, Kansas City, Mo.; April Hearn, Rochester, N.Y.; Karin Irani, Woodland Hills, Calif.; Bijal Joshi, Santa Monica, Calif.; Zacharias Kalarickal, Wesley Chapel, Fla.; Prabha Krishnan, Rego Park, N.Y.; Shanthi Madireddi, Los Altos Hills, Calif.; Nicole McGrath, Upper Montclair, N.J.; Tyrone Rodriguez, Yakima, Wash.; Immi Song, Albany, Calif.; and Diana Zschaschel, Beverly Hills, Calif.

Made possible by the ADA Foundation through generous contributions from Procter & Gamble and Henry Schein Dental, the ADA Institute for Diversity in Leadership is designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

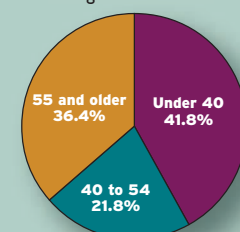
This year's class dates are Sept. 9-11; Dec. 7-8; and Sept. 8-10, 2010.

More information is available on the Internet at "www.ada.org/goto/diversity". ■

JUST THE FACTS

Age

The average age of employed dentists is 47.5. Just two-fifths of employed dentists (41.8 percent) were under the age of 40 in 2006.



Source: ADA Survey Center "survey@ada.org", Ext. 2568

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ADAidm to phase out service Customers to receive refunds

ADA Business Enterprises Inc., an ADA subsidiary, announced July 10 that ADA Intelligent Dental Marketing (ADAidm) of Salt Lake City is no longer able to provide marketing services to its customers due to significant production and operational difficulties.

ADAidm will be providing customers with full refunds for paid undelivered goods and services. ADABEI hopes to process all refunds by mid-September. Customers are being notified and special teams at ADABEI and ADAidm are

working to resolve customer issues on an individual basis. Operations for ADAidm are being transferred to the ADABEI offices in Chicago to better address the resolution of customer accounts.

"We regret that some ADAidm customers have experienced fulfillment difficulties with the company," said Dr. Robert Faiella, ADA 1st District trustee and ADABEI chair. "We believe we have found the most effective way to resolve outstanding issues, by providing a full refund for

any paid undelivered goods and services."

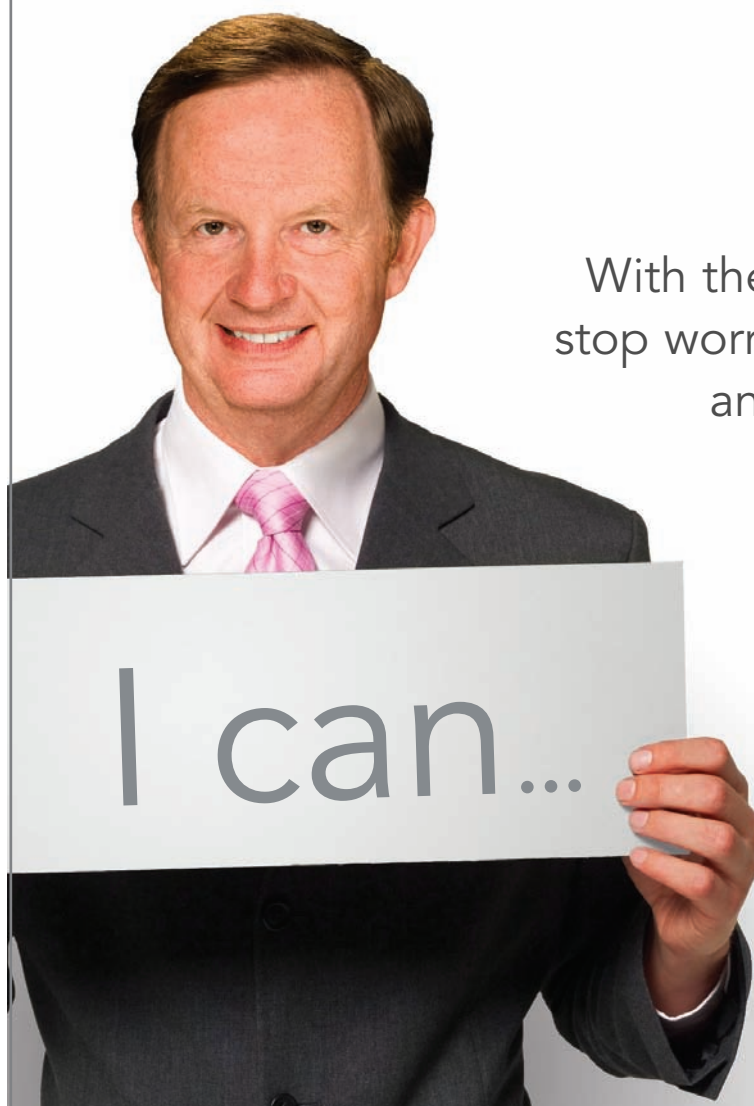
The ADA Board of Trustees took definitive action, appointing Dr. Faiella as chair of ADABEI to resolve ADAidm issues as well as to oversee the successful ongoing ADABEI programs.

One of the key issues for many ADAidm customers is transitioning Web sites from ADAidm to another vendor. ADABEI has assured customers that their sites are secure and they will have ample time to transition to new vendors.

ADABEI is also working to see that customers receive any materials, such as artwork or mailers, which were in ADAidm's possession.

ADABEI announced the formation of ADAidm in February 2007, after research showed that ADA members wanted more help in building and marketing their dental practices. ■

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ViewPoint

MyView

The Game



Steve Chan, D.D.S.

Anytime two human beings get together, there is politics. Real politics can be a real nasty game that brings out the uglier side of human kind. Yet there are elements of The Game where there is joy.

My wife, Suzanne Lee Chan, ran for political office as a first-time candidate for the City Council of Fremont, Calif.—the fourth largest city in the San Francisco Bay Area; population 210,000. She is the practice administrator for my pediatric dental office, but the other hat she wears is that of a “connector” in our community. Sue has a long history of work with nonprofit organizations, which led to a post as vice chair of our city’s 50th anniversary celebration.

Her involvement led to an appointment to the city planning commission, where several leaders encouraged her to run for the city council. She could make a sustained impact on the community.

Launching a campaign should be simple. You sing the praises of your candidate to the masses, and the best-qualified man or woman should win. Yet, the greater question is, “For all the resources and heart you are about to expend, does your candidate have what the electorate wants?”

The local political machine wanted another candidate to prevail. They had resources and savvy; we were neophytes. In a brief four-month span, we had to prepare and package a product (our candidate), create a distribution system, penetrate the market and secure the market share. We had no experience in running a campaign, no volunteer organization and no money. It’s a \$100,000 campaign. We were always running out of time.

Then there’s the opponent. You really never understand the pain inflicted on someone until you become the object of candidate-bashing and negative campaigning. It gets personal. The Machine had experience with these tools and used them. Competition brings out the best and the worst in people. For some, it’s not the trophy; it’s the hunt. For some, the pursuit is an intoxicant. For some, there is no honor or civility in that pursuit.

Learning the art of the campaign is learning the art of war. Eventually, we would come to learn more important lessons.

On the campaign trail, the principles of social networking connected us with the electorate. Some connections were five years old, some were 25. They still existed. We reminisced with parents of our kids’ finest moments on the soccer field. We reconnected with the broad swath of businesses and donors from years of working on the annual hospital fundraiser. We reveled with many who shared long nights and sweaty days on festivals around town.

Phone banking was another tool. Akin to telemarketing, we secured voter lists and sang the praises of our candidate to targeted segments of the electorate based on voter profiles. What we discovered was fascinating.

Over 27 years in a pediatric dental office, we have seen as many as 35-50 kids in a day. We watched a lot of babies grow up in the community. Many on the voter registry were the parents of my patients, and many of our former patients were now voting age. We’ve gone through a lot of life together. When I worked the phone bank, people asked me, “Dr. Chan, how did you find me?” I couldn’t resist but retort, “Your mom said to check up on you!”

When The Machine did its phone banking, our moms, dads and now grown-up kids expected to hear how good the other candidate was. We’d hear over and

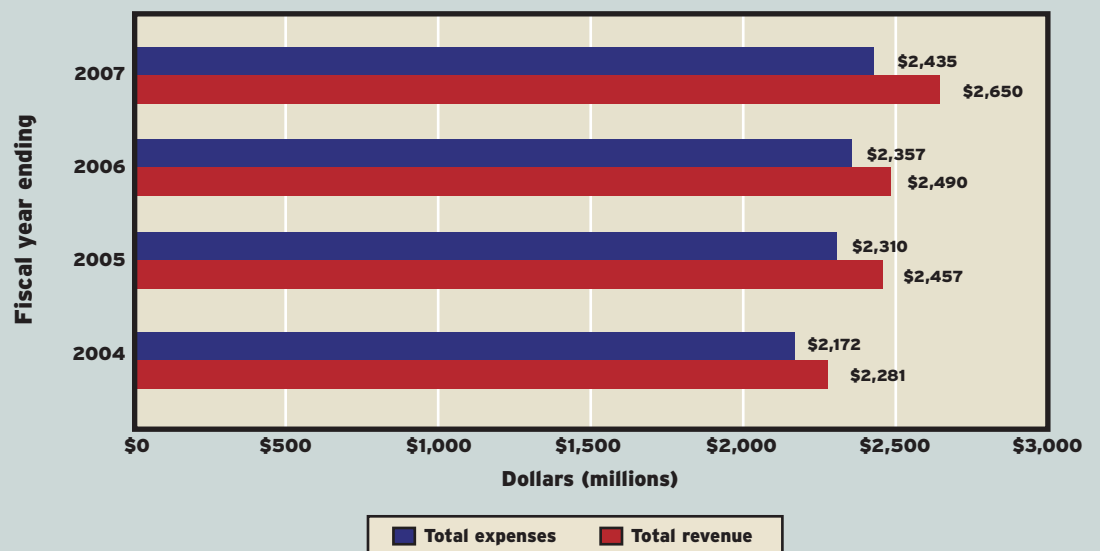
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Finances

U.S. dental school revenue has been greater than expenditures each year between the fiscal years ending 2004 and 2007. In FYE 2007, revenue (\$2,650 billion) exceeded expenses (\$2,435 billion) by 8.8 percent.

Total revenue and total expenditures at all dental schools, FYE 2004 to 2007



Source: American Dental Association, Survey Center, Surveys of Dental Education.

Letters

What happened?

In the May 4 ADA News under the heading “Health & Science: ADA Presents Research Results,” there is an overview of research presented at the International Association for Dental Research’s meeting in Miami, April 1-4. An impressive list of projects is listed from the ADA Foundation Paffenbarger Research Center and from the ADA Division of Science.

A quick review of the list of presenters indicates that one (!) presenter has a dental degree, a B.D.S., which is a foreign dental degree. A Japanese contributor from Tokyo Medical and Dental University may also hold a dental degree, but the degrees are not listed. All the rest of the ADA contributors are Ph.D. researchers, some with a long history of dental research.

The question came to mind: “What happened to dentistry?”

Dentistry as a part of academia has a dual responsibility in its research. The first and foremost aims of dental research must be to explore ways to prevent dental diseases and continuously improve on the treatment provided to patients. The other responsibility is to contribute to basic science research. If you agree with this dual concept of research in dentistry, what happened to the input of dental expertise?

My view has been expressed in some

more detail in “Scientific Impact and Clinical Impact,” in the Journal of Adhesive Dentistry (2009: Vol. 11; pp. 171-172).

*Ivar A. Mjör, B.D.S., M.S.D.
Professor Emeritus
Academy 100 Eminent Scholar
University of Florida
College of Dentistry
Gainesville, Fla.*

Editor’s note: The input of dental expertise has always been the cornerstone of dental research, and the ADA Division of Science thanks Dr. Mjör for pointing that out. One example of the ADA’s efforts to attract dental students to careers in research is the annual Dental Students’ Conference on Research sponsored by the ADA through the ADA Foundation with support from Johnson & Johnson. The conference brings dental students from around the U.S. and Canada to the ADAF Paffenbarger Research Center, where they have the opportunity to interact with leading researchers in the dental field and learn about careers in dental research. Both the PRC and ADA labs provide dental students with opportunities to do hands-on research as part of a fellowship or other educational experience. The love of research begins in school. These are just some of the ways the ADA is working to show dental students just how exciting a career in research can be.

Paying for ‘midlevels’

It is a good concept to have “midlevel providers” for the underserved population, but how can you make these new providers work in underserved areas any more than you can make a dentist and hygienist work in underserved areas (“Minnesota Governor Signs Dental Therapist Legislation,” June 1 ADA News)?

How will these providers be paid? Who will sign their paychecks? Can private practice dentists afford to pay their salaries with low fees and still provide supervision?

If the intent is for these providers to be employees of the state or federal government, then I think all state and federal government employees should be willing to donate a portion of their retirement funds to finance it. Private employers, like myself, could be asked to pay more in employment taxes to finance those salaries; but like most people who pay taxes, I would rather not have to pay more.

Please do an additional article on the financials of midlevel providers.

*Mark Turner, D.D.S.
Roanoke, Va.*

Editor’s note: The ADA Health Policy Resources Center has been studying the economic model of so-called “midlevel providers” and plans to issue a report in the coming months.

LettersPolicy

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”.

SesquicentennialFACT



In the June 1 ADA News, we told you the story of Dr. Weedon E. Osborne, a Chicago dentist who received, posthumously, the Congressional Medal of Honor in World War I and was the first Dental Corps officer to die in combat.

Now we turn to two other dentists who, among the thousands who have served bravely in the armed forces, were singled out for extraordinary valor.

Dr. Alexander G. Lyle, a 1912 graduate of the Baltimore College of Dentistry, joined the U.S. Navy Corps and was shipped to France when war arrived. Under heavy shell-fire on the Western Front in April 1918, he rushed to the aid of a wounded soldier and saved his life. He was later awarded the Congressional Medal of Honor as well as the Silver Star for gallantry in action.



Dr. Lyle

Dr. Lyle remained in the Navy between the two world wars and was promoted to Dental Surgeon with the rank of Rear Admiral, making him the first Navy Dental Corps officer elevated to flag rank.

And then there is the bittersweet story of Dr. Benjamin L. Salomon, who was awarded the Medal of Honor 58 years after he fell in combat in the World War II Battle of Saipan.



Dr. Salomon

Born in Milwaukee in 1914, Dr. Salomon received his dental degree from the University of Southern California School of Dentistry in 1937 and opened a practice. In 1940, he was drafted into the Army as a private but was commissioned as a first lieutenant in the Army Dental Corps in August 1942. Two years later he was promoted to the rank of captain.

In July 1944, Capt. Salomon was on the island of Saipan with the 105th Infantry, working as a surgeon for the 2nd Battalion in a makeshift aid station. In the midst of battle, Japanese soldiers began to enter the station. Capt. Salomon ordered the wounded evacuated as he stayed behind to cover their withdrawal. After the battle, his body was found slumped over a machine gun, the corpses of 98 enemy soldiers piled in front of him.

Though immediately recommended for the Medal of Honor by his superiors, Capt. Salomon was denied that honor for many decades. When his body was found on Saipan, he was wearing a Red Cross brassard, which put his eligibility in doubt under rules of the Geneva Convention that bar medical officers from bearing arms against the enemy.

Over the years, friends and admirers of Capt. Salomon persisted in their efforts to procure the award for him. Finally, in a ceremony held May 1, 2002, in the White House Rose Garden, President George W. Bush presented Capt. Benjamin L. Salomon's Congressional Medal of Honor to Dr. Robert West of the USC School of Dentistry. ■

MyView

Continued from page four

over again about how the families of our patients stood up for our candidate. After 27 years, our network of patients and parents was broad. They became our loyal connectors in the community.

We also used district walking to introduce our candidate to the electorate. Walking from neighborhood to neighborhood, our candidate was now a real person. The voter became connected. We saw some familiar faces, too. The dialogue began in another venue as doctor to patient; now it was among neighbors. It was about relationships. "How did you find out where we live?" some would ask. We quipped, "House call!"

In addition, being on staff at local hospitals, we developed relationships with physicians, nurses and staff. We groom informal relationships with pediatricians over many years. Their practices also touch many lives. During the campaign, the social networking among our colleagues was a powerful tool. They close ranks. We were grateful.

Until election night, we had no idea how we would fare. There were 10 candidates in this race. The specter of The Machine loomed. In prior city elections, the spread of votes between non-incumbents had been about 500 votes. Voices that supported you boosted you. Voices that undermined you instilled chilling doubt. The polls closed. The wait was excruciating.

In the wee hours of the night, our faith in the wisdom of the electorate was affirmed. Sue prevailed against the next non-incumbent by 6,777

votes. The Machine's candidate came in fourth place with a vote spread of 7,769 votes.

There was lots of bad stuff on the campaign trail, but plenty of good stuff, too. Through the rough times, we asked ourselves: Did we want it that bad? There was a lot of introspection.

Our spirits were bolstered by parents or patients who once called me—or still call me—their dentist. Every morning we don our gloves and gowns and work through our daily schedules. I've had a unique opportunity to understand the effect of those relationships outside the dental office, and I've come to appreciate how many lives we touch in our professional careers.

A pediatric dentist from Fremont, Calif., Dr. Chan identifies himself as "a proud member of the American Dental Association."

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FDA says dental amalgam safe

'Patients not at risk for mercury-associated adverse health effects'

BY JENNIFER GARVIN

Silver Spring, Md.—The U.S. Food and Drug Administration July 28 issued its final regulation on dental amalgam, reaffirming the agency's position that the material is a safe and effective restorative option for patients.

The FDA said its decision was based on some 200 scientific studies of the material by government and independent organizations worldwide.

The new regulation classifies encapsulated dental amalgam and its component parts, ele-

mental mercury and powder alloy, as class II medical devices. Previously there was no classification for encapsulated amalgam, and mercury and alloy were classified separately. This new regulation makes the classifications consistent and places encapsulated amalgam in the same class of devices as most other cavity-filling materials, including composite and gold fillings.

"The best available scientific evidence supports the conclusion that patients with dental amalgam fillings are not at risk for mercury-

associated adverse health effects," said Dr. Susan Runner, acting director of the FDA's Division of Anesthesiology, General Hospital, Infection Control and Dental Devices, Center for Devices and Radiological Health, during a July 28 press conference with major media outlets.

The ADA has supported a class II designation for amalgam since the FDA first proposed it in 2002.

"The FDA has left the decision about dental treatment right where it needs to be—between

the dentist and the patient," said Association President John S. Findley.

Dr. Runner added that the FDA also explored potential health effects of dental amalgam in developing fetuses, breast-fed infants and children under age six, and found that "the scientific evidence that is available suggests that these populations also are not at risk."

By making amalgam a class II device, the FDA can now impose special controls in a guidance document that contains recommendations on performance testing, device composition and labeling statements.

Specifically, the FDA is recommending that new product labeling include warnings for patients with mercury allergies and for using the product in ventilated areas. It is also recommending that manufacturers include a statement discussing the scientific evidence on the benefits and risks of amalgam to help dentists and patients make informed decisions about the use of dental amalgam.

"The proposed product insert underscores what the ADA has long recommended—a discussion between dentists and patients about the full range of treatment options to help patients make educated decisions regarding their dental care," Dr. Findley said.

As part of the settlement of a 2006 lawsuit, the FDA posted revised information on its Web site about dental amalgam and the agency agreed to set a definite deadline (July 28, 2009) to complete what it began in 2002.

The FDA currently has three classes of medical devices based on the level of risk (class I=lowest risk; class II=moderate risk; and class III=highest risk). Most devices that dentists use are either Class I or II.

To see the FDA's statement, visit "www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173992.htm".

The ADA has comprehensive information on ADA.org for both dental professionals and consumers regarding the safety of dental amalgam.

To access this information, visit "www.ada.org/prof/resources/topics/amalgam.asp".

Patients seeking information about restoration choices may visit "www.ada.org/goto/fillings". ■

—garvinj@ada.org



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ADA offers discount on 2009-2010 CDT book

The ADA Catalog is offering a special discount for the Current Dental Terminology 2009-2010 book.

The 2009-2010 edition contains the latest version of the dental procedure codes that are effective through December 31, 2010. All members who purchase the book by Oct. 31 will receive a 25 percent discount.

In addition, CDT 2009-2010 includes a searchable CD-ROM that makes it easier to find procedure codes and has an expanded section of questions and answers to common coding and claim form questions; an updated and expanded glossary of dental and insurance terminology; and includes a copy of the current ADA Claim Form as well as an electronic version of the form.

To take advantage of the offer, reference priority code 78981A and visit "www.adacatalog.org" or call 1-800-947-4746. Offer expires Oct. 31. ■

New dentist discovers convenience, course options at ADA CE Online

BY KAREN FOX

A 2008 graduate of the Harvard University School of Dental Medicine, Dr. Alejandro Montalvo had until 2009 to begin obtaining continuing education credits required by the state of Pennsylvania, where he practices. By then he was working locum tenens for three-and-a-half days a week and in search of affordable CE options.

"I had time to take CE, but not a lot of money to invest in some of the more expensive courses," said Dr. Montalvo. "I usually participated in my local society's dinner lecture series but that had ended for the year."

Fortunately he had a mentor in Dr. Jeffrey Sameroff of Pottstown, Pa., a member of the ADA Council on Dental Practice and the advisory board for ADA CE Online, a comprehensive library of clinical and practice management courses for dentists and members of the dental team ("www.adaceonline.org").

"I started out as an editor for CE Online so I had taken several courses and thought it was a great way to earn CE credits," said Dr. Sameroff, who as a volunteer in the Pennsylvania Dental Association's new dentist mentoring program was matched with Dr. Montalvo. "I asked him if he'd ever visited ADA CE Online."

"I went online and took three free courses and finished them over a week-and-a-half period," said Dr. Montalvo. His selections included courses on latex allergies, sports dentistry and endodontics in private practice.

"I appreciated the convenience of taking the courses online," said Dr. Montalvo, who this

month begins a new post as vice president of dental affairs at a community clinic. "The information was very direct and accessible, which can be very different from sitting in a two-hour lecture. It's definitely worth coming back and taking a look at which courses are available and seeing if there are additional topics that interest me."

For Dr. Sameroff, ADA CE Online is also a sensible way to fill open time in the daily schedule.

"Some states restrict the amount of CE you can take online, but in Pennsylvania you can still get a

fair amount," said Dr. Sameroff. In his own practice, he's held two-hour meetings that have enabled his staff to take CE Online courses that fulfill OSHA requirements.

"The way the economy is now," he added, "sometimes there are openings in the schedule for hygiene. If you're already paying a salary, you may as well have staff go online and pick up a couple of credits. It's not that expensive."

Recognizing that CE courses often require travel and hotel expenses and time away from the

office, the ADA created CE Online ("www.adaceonline.org") to make continuing education convenient and affordable. The ADA member price for courses is \$28 per credit hour, and the nonmember price is \$42 per credit hour.

There are more than 100 course offerings—including some free courses—for dentists and dental team members. Users can start and stop the courses at their convenience.

Featured "Lunch and Learn" and "Timely Topic" no-cost courses that include MP3 and text-only content are available on CE Online. The courses are designed to provide concise, pertinent information on a number of topics. Sixteen courses on CE Online are flagged for dental team members—marked "DT" on the site. Dental team member courses are \$15 per credit hour.

Visit "www.adaceonline.org" to view all courses and topics. For information, call Ext. 2662. ■

Informatics reports issued

The ADA Standards Committee on Dental Informatics has approved for review and comment two draft technical reports.

Proposed ADA Technical Report No. 1057 for Interoperability of Imaging Technologies in Today's Dental Practice discusses interoperability issues that arise when digital radiography and photography are integrated into a dental practice. The report describes the features of Digital Imaging and Communication in Medicine that facilitate resolution of these issues.

These guidelines are intended to assist dental offices in achieving interoperability within their imaging and practice management systems and with external health care data systems. Descriptions of the components of a digital radiography system and guidelines on what to look for when choosing digital radiography components are included.

Proposed ADA Technical Report No. 1059 Toward a Standard for Radiographic Cephalometric Interoperability provides guidelines on how to use DICOM for cephalograms. The report was developed to fill a need of the orthodontics profession for managing digital cephalograms.

The guidelines describe a method for the storage and transfer of digital cephalograms, along with their clinical data, in an interoperable, DICOM compatible format. The document covers scanned film-based cephalograms as well as digitally created cephalograms.

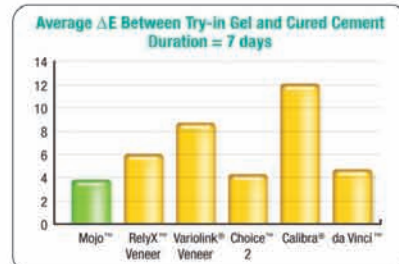
Copies of the draft technical reports are available by calling the ADA toll-free number, Ext. 2506, or sending an e-mail request to "standards@ada.org". ■

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Government Reform

Continued from page one

dictated fees for the private market or would lead to a government-run system. And none of the bills enhances Medicaid reimbursement, which translates as no significant access improvements for the poor and other vulnerable populations."

The Association has offered a consistent and comprehensive oral health message throughout the 111th Congress in multimedia communications with ADA members, House of Representatives and Senate members, President Obama and the administration's health policy team. The message is rooted in policy approved by the ADA House of Delegates at the 2008 annual session.

A Jan. 28 Association communication with the Senate Finance Committee offered "dentistry's views" on health information technology legislation, some form of which probably will be included in whatever health care reform legislation Congress sends to the White House.

An April 24 letter to Rep. Peter DeFazio (D-Ore.) seeks repeal of the McCarran-Ferguson Act's federal antitrust exemption for the "business of insurance." Insurance reforms are on the table as well.

In a letter responding to an ADA member inquiry "regarding the American Dental Association's position on health care reform," and in similar letters to the White House and all members of Congress, Dr. Findley said Association advocacy is "focusing on improving the Medicaid safety net, strengthening the public health infrastructure and funding more community-based prevention efforts."

"The ADA does not support a single-payer system because we believe it would stifle access and



Making his case: President Barack Obama responds July 22 to questions on health care reform during a news conference in the East Room of the White House in Washington.

innovation and reduce the quality of patient care," the ADA president added. "Based on our communications and reports from the appropriate congressional committees, the single-payer

alternative is not an option under serious consideration within the context of HCR legislation." That was still the case in the August heat.

An ADA summertime communication with members of the House of Representatives addresses 15 sections of just one proposed measure, the "America's Affordable Health Choices Act of 2009," H.R. 3200, and offers recommendations on each section. "The ADA is adamant that improving access to dental care for those most in need be the focus of any oral health component in a health care reform proposal," the letter said.

Delegate Donna Christensen (D-Virgin Islands), a physician, offered to sponsor the Association's Essential Oral Health Care Act legislation, H.R. 2220, as an amendment to a Commerce Committee bill. Grassroots dentists lobbied members of Congress on the ADA-proposed legislation during the 2009 Washington Leadership Conference.

In policy communications with the House of Representatives, the Association said the amendment would give states the option of receiving enhanced federal matching funds if the state chooses to redesign its dental Medicaid plan in a manner that: pays dentists market rate fees, eliminates administrative barriers, ensures there are enough dentists signed up willing to provide care, and educates parents and other caregivers on the importance of seeking care to ensure that there is a demand for needed dental services.

"This is not a mandate," the Association said. "Rather, it offers states the funding they desperately need to address their dental Medicaid problems—if they choose to fix those problems." The intent is to ensure that individuals covered by a state's dental Medicaid plan have access to oral health care services.

During a House markup of health reform legislation, the Energy and Commerce Committee approved an ADA-backed measure, Rep. Bart Stupak's (D-Mich.) dental emergency responder legislation. The Association is seeking committee support for language that would require that dental services offered as part of a public plan be reimbursed at market rates.

There is no assurance that either measure will become part of whatever health care reform legislation Congress finally approves and sends to the White House, and the public plan option was a major bone of contention on Capitol Hill this summer.

Meanwhile, the Association has spoken out on these and other provisions with dental relevance, and there are many.

The ADA and 10 other Organized Dentistry Coalition organizations told the Senate Finance Committee, "We are opposed to all forms of taxes on health care services, including employer-paid health benefits."

"The effect of limiting the exclusion [from taxation] for employer-provided coverage on health care benefit plans could be profound, potentially leading to a marked reduction in the purchase of dental benefits coverage," the dental professional organizations said. "A reduction in dental coverage will increase the out-of-pocket costs to those who receive dental care, which may serve as a barrier to seeking regular preventive care for some."

Other coalition members voicing unified opposition to the taxation of employee health benefits include the Academy of General Dentistry, American Academy of Oral and Maxillofacial Pathology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American College of Prosthodontists, Hispanic Dental Association and National Dental Association.

These Association communications with policymakers and ADA members offer a comprehensive but incomplete picture of ADA's health policy expressions.

Early 2009 policy communications found an accord with Congress and President Obama who cooperated on state Child Health Insurance Program (CHIP) medical and dental expansions

Defining 'gifts' under lobbying laws

BY CRAIG PALMER

If you're meeting with a member of Congress or congressional staff to talk about health care reform or any legislation for that matter, you may be lobbying for the Association and subject to "gift" rules. The ADA, ADA staff and others acting as ADA representatives are prohibited from giving gifts to members of Congress or their staff.

A gift is considered to be anything of value, whether payment for a simple item like a cup of coffee or a meal in a one-on-one setting, a taxi fare, complimentary show tickets or an invitation to a round of golf to benefit a charity. A gift of any item of value is prohibited.

Under the lobbying law, an ADA member's activities are covered only when acting as an Association representative. However, unless there is evidence to the contrary, an ADA member's actions in a lobbying context will always be assumed to be benefiting the Association. Accordingly, ADA members should not give anything to a federal legislator or their staff that might be construed as a gift.

The rules primarily affect the ADA as a registered federal lobbying organization and ADA's registered staff lobbyists, who must sign forms certifying they have not violated gift ban rules and meet other reporting requirements.

ADA members who belong to other organizations may wish to consult those organizations on the lobbying rules. ■

Policy dialogue

Oral health, access to dental care essential to reform debate

BY CRAIG PALMER

"Health insurance reform" is central to economic recovery, President Obama told the nation in a televised news conference.

The ADA told President Obama and the U.S. Congress that any reform must address the nation's oral health and access to dental care.

Neither message is producing results if the measure is legislation, although the president and the Association appear to have Congress' ear. Both the White House and the American Dental Association had legislative success in the early days of the 111th Congress with reauthorization of state Child Health Insurance Program medical and dental expansions.

The policy dialogue barely mentions oral health but that doesn't mean the debate lacks relevance.

The White House seeks legislation to address the rising overall costs of care and to reduce the number of persons lacking health insurance coverage, but President Obama has been cautious about dictating the terms of health care reform legislation, leaving it to Congress to expand coverage and control costs.

The various measures in draft in five primary congressional committees have relevance to dentists and patients, and the Association has advised Congress on dozens of proposed amendments and offered dental-specific legislation to address

■ **For the details on ADA actions in Washington, visit "www.ada.org/goto/advocacy"**

problems of inadequate access to dental care, particularly for vulnerable populations.

"Is it your job to get a deal done?" a reporter asked President Obama at the July 22 White House news conference. "Absolutely it's my job," he replied. "I'm the president. And I think this has to get done."

"On behalf of the American Dental Association, which represents over 157,000 dentists nationwide, I would like to share our thoughts on how your administration can work towards improving America's oral health," the ADA president told the president of the United States.

"For too long we have ignored the dire unmet oral health needs of a growing number of Americans unable to access dental care due to economic status, geographic location or a myriad of other barriers. The ADA is adamant that improving access to dental care for those most in need be the focus of any oral health component in a health care reform proposal," the Association told the president and the Congress.

The policy dialogue continues. ■

enacted Feb. 4. It was the first health legislation addressed by the new Congress and the new administration in a spirit of cooperation that was far less evident in the health reform debate percolating in the summer heat.

The ADA also had direct input into the legislative process through participation in an ad hoc provider committee organized by the Senate Health, Education, Labor and Pensions Committee.

Nor do these expressions of ADA policy include ongoing ADA staff and grassroots dentists lobbying on an array of issues associated with health reform legislation.

While the Association has taken no position on any of the overall measures going through the House and Senate committees, the ADA proposes to amend, seeks to clarify, opposes, supports and comments on dozens of related provisions offered in the House and Senate.

"We are pursuing amendments to improve the dental provisions," Dr. Findley told ADA members. "Some of you may wonder why we don't just flatly oppose the whole thing. But that simply is not a viable option. If we aren't highly visible in the process, we open the door to other groups who will claim to be the voice of the oral health community and attempt to dictate what kind of dental provisions get included. As the saying goes, you are either at the table or on the menu."

The two Senate committees with jurisdiction over health reform are Health, Education, Labor and Pensions (HELP) and Finance.

In the House, the Education and Labor, Energy and Commerce and Ways and Means committees have jurisdiction over parts of the legislation. House and Senate leaders hope to merge the product of these panels into single, possibly competing, bills from each chamber for resolution in a House-Senate conference committee and congressional passage later this year. ■

—palmerc@ada.org

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On Hold Advertising Inc.

Provider endorsed by ADA Business Resources offers automated on-hold messages for ADA member dentists

On Hold Advertising Inc., which offers message on hold and appointment reminder services, was selected for endorsement by ADA Business Resources last month following a thorough review of companies in this category.

"We understand our members need an on-hold message and appointment reminder company they can rely on to deliver excellent service at a fair price," said Deborah Doherty, director of ADA Business Enterprises. "I think our dentists will find that On Hold Advertising is, simply put, the best in its class."

Following a 2009 survey of ADA members indicating that interest in on-hold messages and appointment reminders was "very high," ADA Business Resources chose to re-evaluate its current endorsement in this category. A thorough analysis was conducted and many attributes weighed, including product quality, ability to deliver consistently excellent service, pricing and financial soundness.

"On Hold Advertising's products, pricing and service levels align best with ADA members' needs," according to Ms. Doherty.

On Hold Advertising has a long history of working with dental practices and currently has over 3,500 dental clients. William Schroeder, vice president of OHA, says the entire company is looking forward to expanding its service for ADA members and explaining the many benefits of a custom on-hold message and automated appointment reminders.

"An on-hold message is a fast and easy way to enhance your practice's image, increase awareness for your services and decrease dropped calls," said Mr. Schroeder. "Our messages are fully customized and are compatible with all phone systems, and our appointment reminder technology is powerful. Our dental clients report that their telephone and e-mail appointment reminders reduce patient no-shows by an average of 42 percent."



On Hold Advertising, Inc.

Member use of automated messages, appointment reminders detailed

ADA Business Resources surveyed 1,200 dentists in 2009 about their attitudes and usage of message on hold and appointment reminder systems. Findings conclude that:

- 56 percent of dentists currently have either messages or music playing while callers are on hold;

- The most important features of an on-hold message system were: compatibility with current telephone system (71 percent called this very important); changes to the message are quick and easy to make (60 percent called this very important); and the system is easy to

install (60 percent called this very important);

- 26 percent of dentists said they have an automated appointment reminder system for patients;

- 78 percent of dentists said that reducing no-shows was a very important feature of an appointment reminder system;

- 64 percent of dentists said that freeing up staff to do other tasks was a very important feature;

- Telephone reminders and e-mail reminders were rated the top two features of an appointment reminder system. ■

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A full product description, and the benefits that OHA provides, can be found online at "www.adabusinessresources.com" under "Message On Hold" or "Appointment Reminders."

To celebrate its new relationship with the ADA, OHA is offering a discount on its message on hold product. The introductory price of \$1,295 represents a \$200 savings off the already discounted ADA member price of

\$1,495. In addition, until Aug. 31, ADA members will benefit from unlimited changes to their on-hold messages, which will be offered at just \$199 a year (\$100 off regular rate of \$299 per year).

For more information, call the dedicated customer service line for ADA members at 1-877-493-9003, or visit "www.ddsOnHold.com/ADA". ■

New exhibit at National Museum of Dentistry showcases smile esthetics

Baltimore—A new exhibit unveiled June 6 at the Dr. Samuel D. Harris National Museum of Dentistry focuses on the smile, from ancient times to the impact that modern cosmetic dentistry has on today's smiles.

"People have always wanted a beautiful smile, but how they achieved that has changed over time," said Rosemary Fetter, former NMD executive director. "The Smile Experience reveals the power of a healthy smile and pays tribute to the achievements of Dr. Irwin Smigel, known as the father of esthetic dentistry."

"I hope this exhibit will help educate the thousands of children and families who visit each year about the importance of developing good oral care habits early, and the joy of a healthy smile," said Dr. Smigel, who practices cosmetic dentistry in New York City. "Clean, healthy teeth are a marker of good health and happiness."

For more information, log on to "www.smile-experience.org". ■

NMD names interim director

BY CRAIG PALMER

Baltimore—Elza Dunning, former executive director of the Maryland State Dental Association, is the National Museum of Dentistry's interim director during the search for an NMD director.

Ms. Dunning joined the museum as director of operations in 2005 after decades of experience as a lobbyist and chief executive in Maryland, including 17 years as the MSDA director. She is currently secretary of the board of the Maryland Foundation of Dentistry for the Handicapped.

Rosemary Fetter announced her retirement effective June, citing pride in NMD's Smithsonian affiliation, congressional designation as the official museum of the dental profession and the many visitors, especially chil-



Ms. Dunning

dren, who "learned the importance of oral health through NMD exhibitions and programs."

A search committee includes University of Maryland, Board of Visitors of the Museum and Smithsonian Institution representatives. "It is hoped that a new director will be in place by this fall," an NMD spokeswoman said.

Michael Sudzina, immediate past chair of the NMD board of visitors, chairs the search committee. ■

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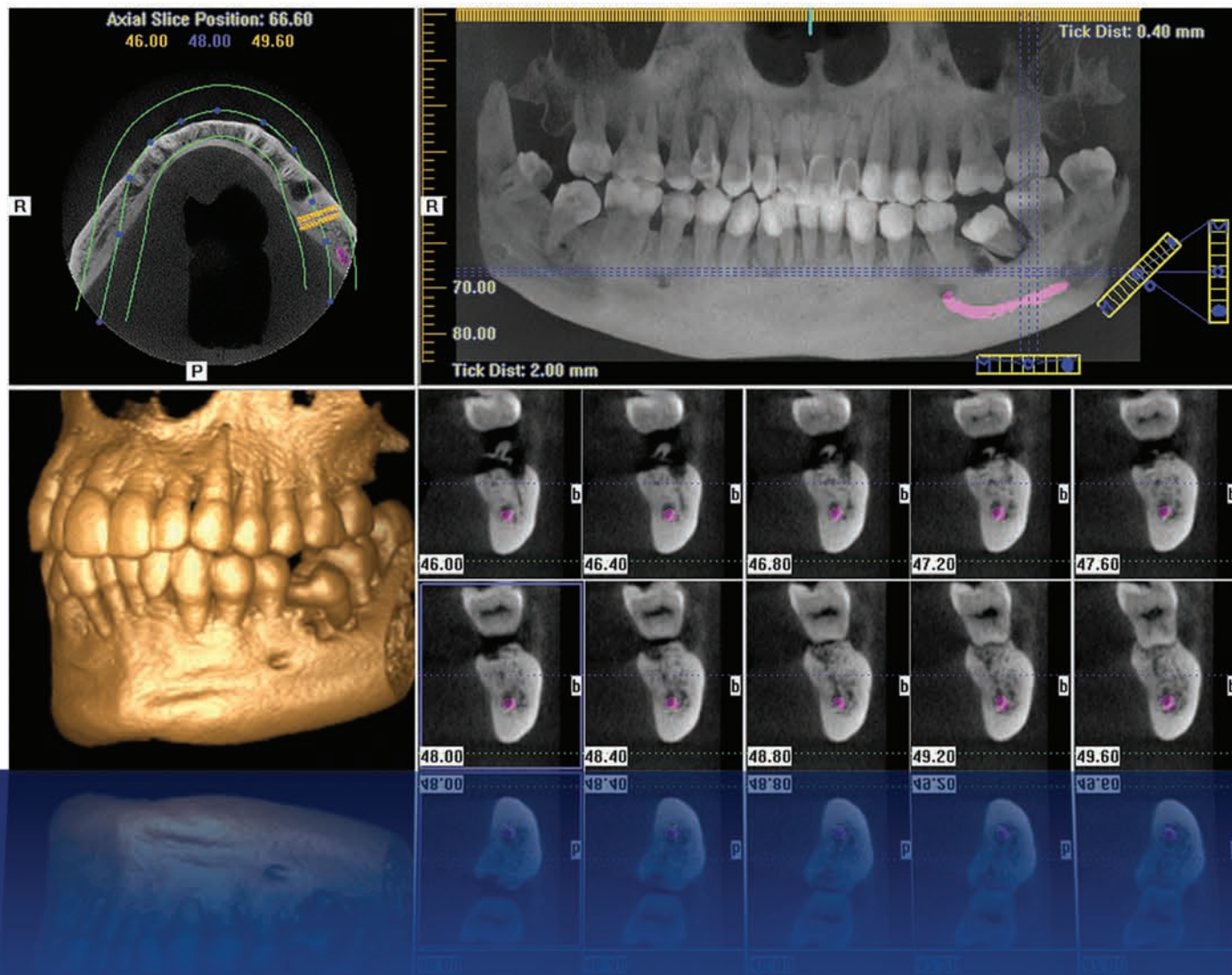
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Noncovered services

UCCI caps rates nationally for PPO

BY ARLENE FURLONG

Dr. Clara Spatafore likes being able to treat the schoolteachers and police officers that seek endodontic care at her Sewickley Pennsylvania dental practice, despite receiving reduced reimbursements for the services she provides them.

"I feel I'm helping to do my part in the community by treating them," Dr. Spatafore explains. "The United Concordia PPO that covers these patients is the only PPO I belong to."

So she was shocked when her office manager, who is also her husband, told her the crux of a new UCCI contract provision means that Dr. Spatafore won't be able to charge her regular fees for services UCCI doesn't cover any portion of—even after a patient has reached his or her annual maximum.

"How will such a provision help anyone?" asked Dr. Spatafore, who is also the president-elect of the American Association of Endodontists. "I believe it's wrong on so many levels."

United Concordia Companies Inc. began sending out the contract amendment, its schedule of maximum allowable charges for noncovered services, explanatory letter and frequently asked questions to some 67,000 network dentists around the country in February. The last of the notices went out last month.

In describing how one portion of the amendment will affect patients in a dentist's practice, UCCI's FAQ states: "Patients will benefit from the opportunity to limit out-of-pocket expenses while following your recommendations, since your office will now accept United Concordia's Maximum Allowable Charge for services not covered by their benefit plan or in excess of their annual maximum. This may assist you in guiding patients through a lifetime of good oral health."

"Including a maximum allowable fee as part of the benefit or plan design allows patients access to services that otherwise may not be covered," Karen A Whitesel, UCCI's corporate vice president, professional relations, explained to ADA News. "Dentists can collect an agreed-upon fee and a patient is more likely to have the service done."

Dr. Spatafore doesn't see it that way. She thinks such a provision is more likely to create an access to care issue than diminish one.

"Dentists are already accepting close to 30 percent less than their normal fees," said Dr. Spatafore.

"Helping people who are in need, giving to charity, I am all for it, do it all the time, I just want it to be my choice."

Jon Seltenheim, UCCI's senior vice president, customer service operations, said the schedule of maximum allowable charges for noncovered services by UCCI was reviewed by its national advisory counsel before it was released to all participating providers.

The national advisory counsel is comprised of 11 dentists, nine of whom are practicing and participate in UCCI preferred provider organization type plans around the country.

"Dentists who reviewed the list called the opportunity to participate attractive," said Mr. Seltenheim. Though not every service is included, the list includes most frequently noncovered services.

Mr. Seltenheim says the maximum allowable charge schedules are reviewed annually and although many schedules change, not all schedules change every year.

"By agreeing to these contract amendments we're agreeing to a fee schedule for our services that could easily be expanded to a national norm for dental fees for all patients," said Dr. James Hight, member of the Council on Dental Benefit Programs and chair of the Dental Benefit Information Service subcommittee.

A second change the amendment calls for will, as UCCI describes, "enable United Concordia to direct more patients into participating dental offices by allowing us to expand the number of groups utiliz-



Dr. Hight



Dr. Spatafore

ing our participating dentists."

UCCI's FAQs say if dentists don't sign the amendment they will be excluded from the opportunity to add additional patients should United Concordia partner with companies seeking to offer dental benefits under their name.

"I can only assume that they intend to lease out their network of providers to other insurance groups they enter into agreements with," said Dr. Hight. "This will require dentists to apply the UCCI fee schedule, discounts and caps on noncovered services to these new patients."

Noncovered services provisions began as a way to get services that have never been factored into the underwriting into the plans, particularly cosmetic services, according to Ms. Whitesel.

"Employers began requesting them because they wanted to provide broader services for their employees," Ms. Whitesel explains. "We started to do it to respond to market demand and to remain competitive."

A bone of contention between dentists and payers is that insurance companies claim they are regulated by state insurance commissioners and are exempt from federal anticompetitive actions for the "business of insurance" and that state legislative acts affecting insurance plans don't apply to their ERISA plans controlled by federal laws.

In June, Rhode Island passed a bill preventing dental plans there from capping the amount dentists can charge for services the plan doesn't cover. (The Employee Retirement Income Security Act of 1974 is a federal law that sets minimum standards for retirement and health benefit plans in private industry. Insurers that cover large employee groups who self-insure often have a greater percentage of members that fall under ERISA.)

The ADA Council on Government Affairs has drafted proposed federal legislation that would get directly at the issue for ERISA plans (federally regulated and self-insured plans), as state legislatures cannot make changes to ERISA.

"Antitrust and these insurance reforms are high priorities for the ADA and our legislative agenda, and our lobbyists are working on them now," said Dr. Joseph Crowley, CGA chair. "We remain hopeful that Congress will heed our concerns as they deal with health care reform." ■

—furlonga@ada.org

Contract Analysis Service—an ADA membership benefit

Dentists may utilize the ADA Contract Analysis Service before signing any new participating provider agreement. The service is available at no additional charge to member dentists requesting an analysis through their constituent dental society. Dentists contacting the ADA directly are charged a \$50 fee.

For information on the ADA Contract Analysis Service, go to "www.ada.org/members/resources/topics/managedcare/info_contact.asp" or contact your state dental society. ■

ADA 4th economic confidence survey available

According to the 4th ADA Survey of Economic Confidence, 2nd quarter results were more negative than those of the 1st quarter of 2009, but more positive than those for the 4th quarter of 2009.

Findings show dentists are more confident in future economic conditions. The percent reporting that they are either "somewhat confident" or "very confident" increased by almost 15 percentage points between the 4th quarter 2008 and 2nd quarter 2009.

Conducted by the ADA Health Policy Resources Center July 6-15, the quarterly Internet survey drew responses from 1,275 dentists. A detailed report of the survey findings will be featured in the Aug. 17 issue of ADA News.

ADA members can download the report from ADA.org at "www.ada.org/goto/freereports". ■



HIPAA

Continued from page one

The first major regulation, due from HHS Aug. 18 will require covered entity practices and their business associates to provide notice of any breaches or unauthorized disclosures of protected health information within 60 days. Practices covered by HIPAA would have to notify the breached individual(s), HHS and in some cases (where records of 500 or more people are affected), media outlets. Practices will have 30 days to comply with the regulation. According to HHS, entities subject to the regulations that apply specified technologies and methodologies to secure information will not be required to provide the notifications required by the regulations in the event of a breach. There will be a safe harbor in place.

The ADA will provide guidance for dental practices after reviewing the interim final rules. The requirements should provide detailed information about which incidents will require dentists to provide notification of a breach and which will not. ADA.org postings will provide compliance information as it becomes available.

The ADA plans to release in January 2010 a new Complete HIPAA Compliance Kit for Dentists. The kit will feature updated HIPAA Privacy and Security information and incorporate HITECH changes. In addition, it will include a three-year update service assuring members will have a resource that covers all pending changes.

Regardless of the changes in the rule, Dr. Faiella says it is important to remember that careless record-keeping was always a threat to privacy and security and that has not changed with the new rule.

"For covered dentists, it's going to be a very good idea to review their current privacy and security policies, procedures and documentation, advised Dr. Faiella. "Many dentists have great confidentiality safeguards, great people working for them, and their system vendors provide them with data integrity and accessibility tools. However, in spite of having these safeguards in place, their documentation of how all those things work together as a cohesive security plan may be lacking. You can still be fined for neglecting some area of required documentation, even if everything else is in order."

A few common ways a breach may result include:

New regulations apply beyond health care

The Department of Health and Human Services isn't the only agency issuing new breach notification regulations. The Federal Trade Commission is issuing guidance for vendors of personal health records and PHR-related entities who are not HIPAA covered entities or business associates, as well. ■

- discussion of patients with anyone who is not involved in that person's care or payment for that person's care;

- removal of paper or electronic files containing PHI from the practice without the dentist's or manager's knowledge or approval;

- lack of written policies and procedures for removing PHI from a practice in paper or electronic form;

- insufficient data protections on removable media and devices (a stolen laptop may require notification of a breach);

- use of patient data to market non-health care related products; (If the data is removed from the practice via electronic means, it may be a security

violation as well as a privacy violation.)

By August 2010, HHS says it will publish 14 modifications to HIPAA guidance and regulations which will expand protections of electronically transmitted patient health information. Each of the rules will take effect 30 days after issuance. They include regulations and/or guidance about:

- added accounting responsibilities for disclosures under the HIPAA Privacy Rule;
- extending certain HIPAA Security Rule provisions to business associates;
- modifying the HIPAA Privacy Rule's accounting of disclosure provisions;
- tighter restrictions on the disclosure of PHI for marketing and fundraising;
- detailed technical safeguards for security;
- providing electronic health records to patients who request access.

Most of the changes will go into effect in February 2010. The ADA will be providing additional resources as the new regulations and guidance become available.

Visit "www.ada.org/goto/HIPAA" after the regulations are released on Aug. 18 for the latest on how the regulations apply to the dental practice. ■

—furlonga@ada.org

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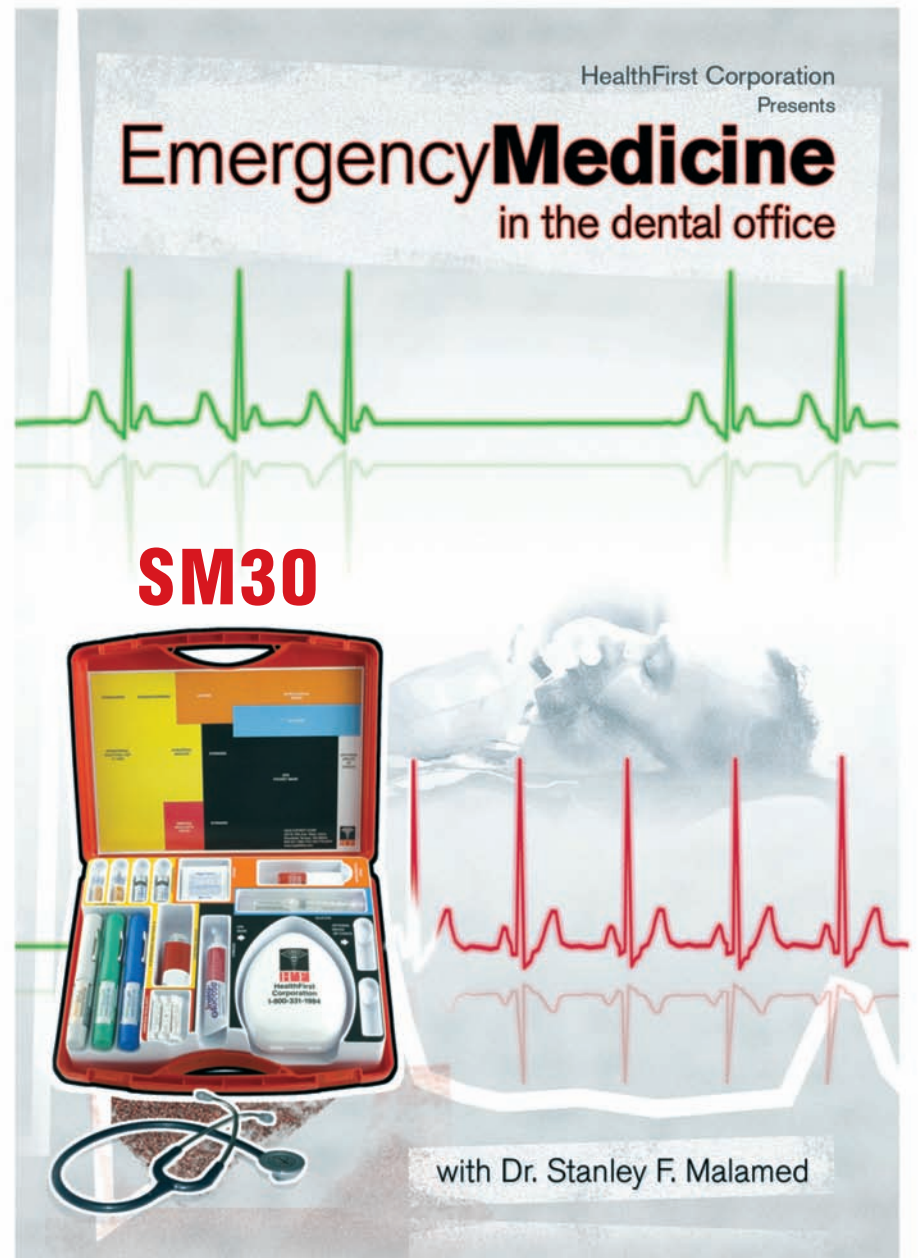


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Campaign Statements

Candidates seeking ADA-elected offices prepared the following platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek national office through the upcoming Association elections held concurrently with the Oct. 2-6 House of Delegates meeting in Honolulu. If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections for contested races will be held Oct. 5. Candidates in uncontested elections will be declared elected at the first meeting of the House on Oct. 2. See page 15 for treasurer candidate information. All of this information is also posted on ADA.org. ■



Raymond Gist, D.D.S.

President-elect candidate

As a senior ADA trustee and practicing dentist, I know the challenges that we face in today's turbulent and changing times. Organized dentistry's ability to move our profession forward and to maintain our position as the leading advocate for oral health depends on you. The American Dental Association has a membership of more than 70 percent of licensed dentists in the nation, and we are in a unique position to continue to assert ourselves with a loud and influential voice in advocacy. It is my goal as your leader to create a louder voice, with more influence. These are critical times in dentistry, and change is inevitable. Our leadership in directing this change will determine our future. We must remove silos and build coalitions within our profession and unite our voices. We must be proactive with our message and demonstrate to others that we are the leaders. We have the education, the scientific background and the creativity to address all problems involving dentistry, and we belong at the head of the dental team. I represent the changing face of dentistry, and I am dedicated to maintaining the ADA's position as "America's Leading Advocate for Oral Health." I ask for your support for my candidacy, and I thank you for this opportunity. ■



PROFILE

Profile of: Raymond Gist, D.D.S.
Current Residence: Grand Blanc, Mich.
Dental School Attended: University of Michigan School of Dentistry
Year Received Dental Degree: 1966
Years of ADA Membership: 35
Other professional memberships:
 • American College of Dentists
 • International College of Dentists
 • Pierre Fauchard Academy
 • Academy of General Dentistry
 • National Dental Association
Volunteer posts/elective offices held in organized dentistry:
 • ADA Trustee, 9th District
 • President, Michigan Dental Association
 • Chair, ADA Board of Trustees Diversity Committee
 • Delegate, FDI World Dental Congress
 • Member, ADPAC Board of Directors
What are the three most critical
See DR. GIST, page 17

William G. Glecos, D.D.S.

President-elect candidate

The profession is entering a time of flux where a number of issues we are confronting will have a major impact on the future of dentistry. The uncertainty of health care reform and the potential fracture of the profession dealing with this issue is a concern. The challenges to continued excellent dental education and research need to be addressed. Information overload on dental issues coming from a variety of sources other than the ADA threatens our leadership position. The challenge to the ADA to meet these concerns demands a leader that has the ability to guide this organization through this maze and produce answers that will help the public, advance the profession and maintain our professionalism. I have the qualifications, a proven record and the experience to move this Association forward in a very positive manner. I am a leader that will provide the information, give the insight and guide the process, allowing for interactive input for all. My experience from the Board, my MBA and past life experiences will allow me to facilitate the direction and achieve results that will benefit all of us. I ask for your support in Hawaii. ■



PROFILE

Profile of: William G. Glecos, D.D.S.
Current Residence: Erie, Pa.
Dental School Attended: Temple University School of Dentistry
Year Received Dental Degree: 1974
Postgraduate Education/Specialty: Masters in Business Administration
Years of ADA Membership: 39
Other professional memberships:
 • International College of Dentists
 • American College of Dentists (induction to be in Hawaii)
Volunteer posts/elective offices held in organized dentistry:
 • ADA Trustee, 3rd District
 • President, Pennsylvania Dental Association
 • ADA Strategic Planning Committee
 • Chair, Electronic Health Record Group
 • Delegate, FDI World Dental Congress
What are the three most critical issues facing dentistry today? First, the push for a universal health care system and the impact this will have
See DR. GLECOS, page 17

Marie C. Schweinebraten, D.M.D.

President-elect candidate

Celebrating the American Dental Association's sesquicentennial emphasizes the value of organized dentistry and provides an opportunity to reflect on the present and future. Moving the ADA forward is an exciting challenge. As in the past, we continue to face issues that potentially can change our profession. We've dealt with change and moved forward. Critical to the process is the involvement and leadership of the ADA, and it should continue. The role the ADA plays must change with the times. Today, communication is immediate. Outside influences are powerful. Our organization must be prepared to respond more quickly and effectively than ever before. States' rights must be recognized and protected, which requires the ADA to play differing roles to constituents and components. The ADA should be a source for the tripartite in a proactive, timely manner when issues and challenges surface. This translates into improved communication, member focus and recognition of the symbiotic roles of a volunteer-driven organization working through our governance structure. Moving the ADA forward is a unique opportunity. No one person can do it, but working together as a profession we can make positive changes for our organization to proudly celebrate its bicentennial. ■



PROFILE

Profile of: Marie C. Schweinebraten, D.M.D.
Current Residence: Johns Creek, Ga.
Dental School Attended: University of Pittsburgh School of Dental Medicine
Year Received Dental Degree: 1977
Postgraduate Education/Specialty: Residency in Periodontics, Emory University 1983
Years of ADA Membership: 34
Other professional memberships:
 • American Academy of Periodontics
 • International College of Dentists
 • American College of Dentists
 • Pierre Fauchard Academy
 • Hinman Dental Society
Volunteer posts/elective offices held in organized dentistry:
 • ADA Trustee, 5th District
 • President, Georgia Dental Association
 • Member and vice-chair, ADA Council on Dental Benefit Programs
 • ADA Strategic Planning Committee
See DR. SCHWEINEBRATEN, page 17

Richard D. Riva, D.D.S.

Second vice president candidate

Dentistry is an integral part of health care and is cost effective. The ADA must be at the table presenting our cost analysis, epidemiological findings and outcome assessments. The BOT and the HOD must be knowledgeable and engaged in the business of association and the business aspects of health care. The ADA should seek recognition and respect for the care and services provided by our members, while promoting shared responsibilities at all levels. The ADA should be concerned with the environment, the economy and the expanding scopes of practice. The CDHC is a viable answer when integrated as a member of the dental team and practicing with the dentist's supervision so patient safety and quality of care are upheld. Medical/dental tourism is a multi-billion dollar industry. Over 700,000 individuals sought care last year, with over 6 million predicted by the end of 2010. With the prospects of a nationalized health care system, the ADA should proactively review policies and strategic plans, updating where necessary. Our academic institutions should be funded and staffed with quality, compensated faculty. The bloodlines of our profession are the students and new dentists, the leaders of tomorrow. The ADA, through its leaders, must ensure members' dreams, protect our future, and, through advocacy, influence health care decisions. Our leaders are the custodians of our Association and the future of dentistry. ■



PROFILE

Profile of: Richard D. Riva, D.D.S.
Current Residence: Millburn, N.J.
Dental School Attended: New York University College of Dentistry
Year Received Dental Degree: 1975
Postgraduate Education/Specialty: Oral and Maxillofacial Surgery
Years of ADA Membership: 30
Other Professional Memberships:
 • American Association of Oral and Maxillofacial Surgery
 • American Academy of Oral Medicine
 • American Society of Dental Anesthesiology
 • American College of Dentists
 • International College of Dentists
Volunteer posts/elective offices held in organized dentistry:
 • President, New Jersey Dental Association 2000-01
 • ADA Delegate, 4th District 1998-Present
 • ADA Council on Government Affairs
See DR. RIVA, page 18

A.J. Smith, D.D.S.

Second vice president candidate

Dentistry is besieged with complex and troubling issues. However, even our most critical concerns like health care reform, access to care, third party interference, workforce models and dental education are long-term issues currently evolving to more virulent forms. The ADA needs strong leaders who will remember and apply lessons from the past and cultivate new ideas to deal with today's challenges. Having practiced general dentistry for 35 years, I know firsthand the issues that impact the majority of our members on a daily basis. Dental practice concerns have been and will continue to be at the heart of my ADA service. We have a great stewardship responsibility to preserve and protect the dental profession, and I am adamant about preventing government and third parties from gaining greater influence and control over dentistry. It has been a privilege to be an engaged and participative member of the ADA House of Delegates for 19 years. As a vice president of the American Dental Association, I will be a strong voice of the House to the Board of Trustees. I will advocate for prudent and decisive action, to ensure a bright future for dentistry. ■



PROFILE

Profile of: A.J. Smith, D.D.S.
Current Residence: Salt Lake City
Dental School Attended: University of the Pacific Arthur A. Dugoni School of Dentistry
Year Received Dental Degree: 1974
Years of ADA Membership: 35
Other Professional Memberships:
 • International College of Dentists
 • American College of Dentists
 • Academy of Dentistry International
 • Pierre Fauchard Academy
 • Pankey Institute
Volunteer posts/elective offices held in organized dentistry:
 • Chair, ADA Council on Dental Practice 1998
 • President/Officer, Utah Dental Association 1988-93
 • ADA Delegate/Alternate 1990-2009
 • Speaker, ADA Success Program 1998-2009
 • National Board Test Construct
See DR. SMITH, page 18

J. Thomas Soliday, D.D.S.**Speaker, House of Delegates candidate**

When first elected, my goal was to facilitate the function of the HOD in a fair and efficient manner. Several additional issues come to mind: First: Make better use of reference committees for full discussion of resolutions. Therefore the most important issues facing the ADA would be thoroughly debated so fully informed decisions would be adopted. Second: Electronic voting for officers inside the HOD. Voting electronically would speed up the process allowing candidates and their supporters to concentrate on the issues at hand, instead of worrying about the election while waiting for the count to come in. Third: Move toward a paperless HOD over the next several years. It would eliminate the cause of much discarded paper from reports and resolutions. Paper reports would be available for those delegates desiring them, but many would access information electronically. As delegates become more computer savvy, that paper waste would slowly disappear. These changes would require help from all involved with the HOD. I have faith that you all would help me like you have over the past seven years. Together we can make the HOD the best it can be. Thank you for your dedication to the ADA and support of my efforts. ■

**PROFILE****Profile of:** J. Thomas Soliday, D.D.S.**Current Residence:** Rockville, Md.**Dental School Attended:** University of Maryland, Baltimore College of Dental Surgery**Year Received Dental Degree:** 1963**Postgraduate Education/Specialty:** Washington Hospital Center Oral Surgery Residency 1963-64, University of Pennsylvania Oral Surgery 1966-67, Episcopal Hospital, Philadelphia 1967-69**Years of ADA Membership:** 39**Other professional memberships:**

- American Association of Oral and Maxillo-facial Surgeons
- American College of Dentists
- International College of Dentists
- Pierre Fauchard Academy
- American Institute of Parliamentarians

Volunteer posts/elective offices held in organized dentistry:

- Speaker, ADA House of Delegates 2003-09
- Speaker, AAOMS HOD 1994-2003
- Delegate, ADA 1991-2002
- President, Maryland State Dental Association 1990-91
- President, Southern Maryland Dental Association 1988-89

What are the three most critical issues facing dentistry today? Access to oral health care for the disadvantaged population both financially and in remote areas; faculty shortage in dental schools to properly educate future dentists; image of dentistry as the leading source of oral health information and research.**What are your three main goals if elected?**

To increase the efficiency of the HOD by developing an electronic meeting over the next few years; develop electronic voting for officers in HOD; increase the quality of HOD mega session discussions through delegate feedback ideas.

What are your main qualifications for the office you seek?

Incumbent Speaker of the ADA House of Delegates; Speaker of AAOMS House of Delegates for 8 years; ALP Revision Committee for the 4th Edition of Sturgis Standard Code of Parliamentary Procedures; certified instructor in parliamentary procedures.

Why do you want to be an ADA officer?

I want to apply my knowledge and experience to the governing process of the ADA to help increase the effectiveness of the leading dental organization in the world. ■

Dr. Leone nominated

Seeks second term as treasurer

Dr. Edward Leone Jr., is running for the position of ADA treasurer, the office he now holds; he is the only candidate nominated by the ADA Board of Trustees.

Under rules adopted by the House of Delegates in 1999, campaigns for the ADA office of treasurer are limited to candidates' visits to district caucus meetings during annual session. Candidates are prohibited from distributing election material, advertising via public communication media, raising funds or conducting electioneering activities.



A brief biography of Dr. Leone follows:

Dr. Edward Leone Jr., a general dentist in Thornton, Colo., served as the ADA 14th District trustee from 1999-2003 and was an ADA delegate.

He earned an MBA in 2009 and holds a certificate in financial planning and is a registered financial con-

sultant. He is a past president and past treasurer of the Colorado Dental Association. Other past appointments include the ADA Board of Trustees' finance and administrative review committees; chair of the CDA Council on Governmental Affairs; member of the Council on ADA Sessions and chair of the ADA Reference Committee on Budget, Business and Administrative Matters in 2005. Dr. Leone also served on the boards of CDA's Dentists Professional Liability Trust, Benefit Plan Trust and CDA Enterprises Inc. He was president of the former ADA Real Estate Co. board and a member of the ADA Business Enterprises Inc. board.

Dr. Leone was installed in 2006 and will finish his first term as ADA treasurer in October during annual session. Under current ADA Bylaws, he is not eligible to seek a third term. ■

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GE-43335 (3/08)

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Find volunteer opportunities, share experiences with new International Volunteer Web site

BY STACIE CROZIER

The ADA's new International Volunteer Web site on ADA.org is a go-to resource for dental professionals to learn more about what it's like to volunteer outside the U.S., to share their volunteer experiences and photos with others, or to connect with more than 100 organizations that offer volunteer opportunities in dentistry.

Launched by the ADA Division of Global Affairs, "http://internationalvolunteer.ada.org" offers comprehensive information for both seasoned volunteers and those new to international volunteerism.

"The information on this Web site represents a significant effort to answer our members' needs for information and to respond to our commitment to improving oral health," said Dr. John S. Findley, ADA president. "There are no borders from a health perspective. Our commitment to improving access to care is both global and essential and we are delighted to showcase what has been assembled here by the ADA Division of Global Affairs."

Visitors can find current information about volunteering their time and skills in locations around the globe, including how to select an organization and location, what to expect from a volunteer trip, types of projects, packing lists and travel resources, and how to prepare the dental office for a volunteer's time away.



The site allows users to browse the listings of more than 100 organizations by country served, program type and religious affiliation, or search by organization to find a program that suits their needs. Volunteers can share their experiences and photos with others in the "Volunteer Stories" section and the site also offers links to a variety of resources, including U.S. passport agencies, the U.S. Department of State Bureau of Consular Affairs, the Centers for Disease Control and Prevention and more.

For more information, contact the ADA Division of Global Affairs at 1-312-440-2726 or "international@ada.org". ■

Young scientist's local anesthetic discovery wins top prize at Intel science and engineering fair

BY JENNIFER GARVIN

Reno, Nev.—Calling it the "highlight of my teenage years," David Christopher Evans was thrilled to accept his first place award from the ADA Foundation for the second year in a row at the Intel International Science and Engineering Fair.

Each year the Foundation sponsors three awards at the fair as a way of stimulating interest in oral health research and recognizing the work of young scientists. Dr. Sheila Strock, assistant director, scientific information, ADA Division of Science, served as a judge at the May 10-15 event.

This year, David, a junior from Midvale, Utah, claimed first prize in the oral health category for his project titled, "A Solution for Post-Surgical Pain Control: A Novel Sustained-Release Local Anesthetic Composed of Hyaluronan, Fibrinogen, and Marcaine." He developed an effective and safe local anesthetic that provides a sustained release in excess of 30 hours, thereby eliminating pain for a longer period post-operatively. He was inspired, he said, by his own experience having his wisdom teeth removed.

"I realized that more effective pain management would have been desirable. This, in conjunction with my previous research, was the impetus for this year's ISEF project."

In 2008, David won for "A Novel Anti-Microbial Bone Graft Comprising Microencapsulated Antibiotic Within a Degradable Polymer Coating." The first-place award comes with a \$2,000 cash prize. Second and third place are awarded \$1,000 and \$500, respectively.

"The first-place award I received is truly the highlight of my teenage years," wrote David in a note to the judges following the competition, "and the generous monetary award will be placed in a savings account for future college expenses. Most importantly, I would like to thank the members of the ADA for encouraging my future scientific endeavors, and for this I am forever grateful."

Second prize was awarded to Catherine Yang Fan of San Antonio for her project titled, "Development of a Novel Antimicrobial Bone Graft Substitute for Cranioplasty." She successfully produced a biomaterial with antimicrobial

properties using silver nanoparticles.

The third place award went to Shannon Somer Stockton of Orlando, Fla., for her project titled, "The Down-Regulation of Sp1 Protein by Tolfenamic Acid in Head and Neck Cancer." Ms. Stockton tested the effectiveness of Tolfenamic acid in down-regulation of Sp proteins resulting in the inhibition of cancer



Outstanding: From left are Intel winners Shannon Somer Stockton, Catherine Yang Fan and David Christopher Evans.

cell proliferation.

The Intel ISEF is held each May and is the world's largest pre-college celebration of science, bringing together more than 1,200 high school students from 50 countries. Organizations representing a wide variety of scientific disciplines affiliate with the Intel ISEF as Special Awards Organizations. Special Awards sponsorship is open to: corporations; scientific, mathematical, and engineering societies; agencies of the federal government; and colleges and universities. The May 2010 ISEF will be held in San Jose, California.

For more information, visit "www.sciserv.org/isef/about". ■

Total recall

Gain valuable practice recognition with ADA's new line of personalized products

The ADA Catalog has expanded its line of personalized products and now offers 61 new products and more than 300 overall.

The new personalized paper products include recall and reminder cards, business/appointment cards, patient education brochures and coloring/activity books. Practice building items include calendar magnets and tote bags. All products include personalization at no additional charge.

Personalized products assist in practice development and recognition by getting your name out to current patients,

building new relationships with patient referrals and increasing marketing opportunities.

The ADA symbol will be included next to a practice's name on educational brochures and recall cards.

The ADA is offering a 15 percent discount with a minimum \$100 order on all personalized products through Aug. 31. Order today and save. Use priority code No. 78982 to receive the 15 percent savings.

To view the entire selection of personalized products, visit the ADA catalog online at "www.adacatalog.org" or call 1-800-947-4746. ■



Red Flags

Continued from page one

it," the FTC said.

"These steps are consistent with the House Appropriations Committee's recent request that the commission defer enforcement in conjunction with additional efforts to minimize the burdens of the rule on health care providers and small businesses with a low risk of identity theft problems," the FTC said.

The FTC says health care practices may be "creditors" as defined by the Fair and Accurate Credit Transactions Act of 2003 to include "any entity that extends or renews credit—or arranges for others to do so—and includes all entities that regularly permit deferred payments for goods or services," and thus subject to the Red Flags Rules.

"Accepting credit cards as a form of payment does not, by itself, make an entity a creditor,"

the FTC said.

The term "red flag" as defined by the 2003 law means a pattern, practice or specific activity that indicates the possible existence of identity theft. Cited in implementing rules and guidelines as "examples" of identity theft red flags are alerts, notifications or other warnings from customer reporting agencies or service providers such as fraud detection services; presentation of suspicious documents; presentation of suspicious personal identifying information such as a suspicious address change; unusual use of or other suspicious activity related to a covered account, and notice from customers, victims of identity theft, law enforcement authorities or other persons regarding possible identity theft in connection with covered accounts.

Financial institutions are also subject to the FACTA, but FTC's announced enforcement delay for small business "creditors" does not affect other federal agencies' enforcement of the law with respect to those businesses. ■

—palmerc@ada.org

Raymond Gist, D.D.S.*Continued from page 14***issues facing dentistry today?**

- The role of dentistry in health care reform, including issues of access to dental care and universal health care.
- Education, including faculty recruitment, student debt, ethics and licensure issues.
- The changing demographics in dentistry.

What are your three main goals if elected?

- To continue to position our profession as proactive leaders of the dental team. This requires working closely with the Board, staff, councils and committees to upgrade our strategic plan and streamline our operations.
- To expand our outreach to promote harmony and dialogue within our profession, with the goal of developing a unified voice for dentistry.
- To protect and preserve ownership of the intellectual property of the ADA while demonstrating transparency and fostering an understanding of how our system works.

What are your main qualifications for the office you seek?

- Expertise in legislative advocacy from the component to the national level.
- Diversity and inclusion. I represent change, and I am experienced in building relationships.
- Expertise in mentoring students and young dentists.
- Expertise in board management on the state and national level.
- Active practice in general dentistry, which promotes familiarity with current issues.

Why do you want to be an ADA officer? The ADA is the premier dental association in the world, but has not yet reached its potential. I feel that I can make a significant contribution to its efforts to do so. I have a passion for dentistry, and I want to create new pathways for its continued success. I would be honored to receive the opportunity. ■

William G. Glecos, D.D.S.*Continued from page 14*

on the profession, access to care and our position as the dental team leader. Second, the challenges to our education system, including its research arm, to continue producing excellent dentists. And third, since it will affect every dental practice, the need for the ADA to develop a successful electronic dental record which will be mandated by the government.

What are your three main goals if elected? My first goal will be to coordinate and improve our communication efforts within the ADA. To make sure we are engaging all our members and imparting a sense of connection and transparency. The second goal will be to strengthen our position with policymakers by developing wider based coalitions with all dentists' organizations on major topics like health care reform. If all dentists' organizations were to present a unified plan for oral health care to federal policymakers, outlining the role of the profession, the benefit to the public and how to implement such a plan, our recommendations would be difficult to ignore. Finally, I would strive to ally all of our ADA entities, including the Foundation and ADPAC, within the framework of a single strategic plan. This will allow each to interact with the other more openly, effectively and efficiently, and use our resources wisely.

What are your main qualifications for the office you seek? I have actively participated in organized dentistry at every level of the tripartite. This involvement has given me a broad knowledge base that I can draw on to address the challenges and opportunities facing the profession. The familiarity with business principles gained while acquiring my MBA has prepared me to look at organizational issues from a knowledgeable perspective. I have practiced general dentistry for 35 years and understand the issues facing all of us daily.

Why do you want to be an ADA officer? I have been involved in organized dentistry throughout my professional career. I believe in the ADA mission and what it means for the profession and the public. I have the vision, the knowledge and skills to lead this organization. I believe I can make a difference. ■

Marie C. Schweinebraten, D.M.D.*Continued from page 14***What are the three most critical issues facing dentistry today?**

If the ADA has the right structure in place to address critical issues, no matter what the issues are, the ADA will be prepared to meet them head-on. Strategy and method, when used correctly, will deal with specifics most effectively. Otherwise, control of the profession's future will be lost to outside entities. The challenge is determining how to best remain the first and foremost authority for dentistry. Second, communication, internal and external, must be improved to respond in today's world. Last, barriers must be eliminated to allow member input and volunteer involvement when solving specific issues.

What are your three main goals if elected? First is to provide avenues for member input and involvement, including more responsibility to councils and task forces where the practical experience of participants keeps the ADA grounded. Second, communication must occur that keeps the membership updated on current issues we face, providing venues that allow frequent and effective interaction between the ADA and its dentists. Members would realize the ADA is there for them when they need it, but just as important, they have a voice in their organization. If these two goals can be accomplished, then the ADA can reach out and confidently form coalitions to effectively address critical issues in today's political world.

What are your main qualifications for the office you seek? My ability to combine the day-to-day practicalities of a viable dental practice with the

knowledge base of leadership within the organization allows me to represent the membership effectively. My strength is putting these qualifications together, using them to listen to all sides of an issue from all parties before determining the direction the ADA should take, and how to best achieve the goals that we determine together.

Why do you want to be an ADA officer? My distinction is my passion for the profession and the commitment I have to move it into the future while preserving the core values that have made dentistry one of the most respected professions in the world. Dentistry has given me all I have today, including a very satisfying career. That passion, combined with my unique skills of leadership gained over the years in many arenas and the untiring support of my family, position me to be the best leader for the ADA in 2009-2011. ■

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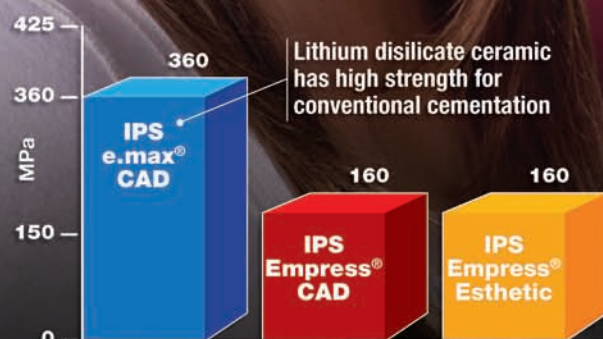
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GLIDEWELL LABORATORIES

It's All About *Smiles*

Still time to plan a trip to Hawaii

Honolulu—The ADA's annual session and 150th anniversary celebration is just weeks away, but there's still time to make travel plans and be a part of this historic event.

Let the ADA's One Source for registration, housing and travel accommodations assist you in planning a trip to Hawaii Sept. 30-Oct. 4. Great hotel rooms and rates are still available. Attendees can visit the ADA's One Source at "www.ada.org/goto/session" or speak to a One Source travel expert directly by calling 1-800-974-2925 (toll-free, U.S. only) or 1-847-996-5876.

The ADA's One Source can provide a customized travel itinerary, including the best available airfares and assistance with inter-island travel

planning; access to guaranteed lowest room rates in Honolulu at more than 40 official ADA hotels, in addition to the major outer islands; and answers to annual session registration questions.

Celebrate the ADA's sesquicentennial by attending two unique annual session special events at Honolulu's famed Waikiki Shell. The Opening General Session and Distinguished Speaker Series featuring Sidney Poitier will kick off annual session Wednesday evening, Sept. 30.

The celebration continues on Friday, Oct. 2, as the Waikiki Shell is transformed into a showplace for Polynesian culture, crafts and entertainment. The evening will feature hands-on interactive learning and entertainment and a special Polynesian Extravaganza stage show.



American Dental Association
150th Annual Session
September 30–October 4, 2009

sian Extravaganza stage show.

Travelers to Hawaii may wish to extend their with an ADA post-annual session continuing education course Oct. 6 and 7.

Three course options offer attendees a chance to explore Maui, Hawaii (the Big Island) or Kauai and earn an additional six hours of CE credit after annual session.

Post-session seminars are scheduled for 8-11 a.m. both days, leaving the rest of the day free for participants to explore the wonders of Hawaii. Marriott resorts on each island offer reduced ADA rates for post-session registrants.

Courses include "Mini" Implants: Techniques, Placement and Integration by Dr. Gordon Christensen at Wailea Beach Marriott Resort and Spa, Maui; Demystifying Digital Photography: Clinical Concepts and After-Hours Artistry, by Dr. Stephen Snow, at Waikoloa Beach Marriott Resort & Spa on Hawaii's Big Island; and Take Your Invisalign Practice to the Next Level with the Pride Institute, by Dr. David Ostreicher (day 1) and Amy Morgan, chief executive officer, Pride Institute (day 2), at the Kauai Marriott Resort and Beach Club.

Also available are discounted rates at official ADA hotels on Oahu and the other major islands before, after and during annual session. There are a variety of properties to choose from on each island. (No shuttle service is provided from other properties to the post-sessions.) For details or to register and make travel arrangements, log on to "www.ada.org/goto/session". ■

First-time attendees get special treatment at annual session

Honolulu—If this year's ADA annual session is your first, be sure to visit an area specially designed to enhance your experience.

Located on the third floor of the Hawaii Convention Center, the First-Time Attendee Orientation Center is a place for session-goers to obtain information about annual session, plan their activities for the day or just rest their weary feet. Volunteer dentists and ADA staff will be on hand to assist first-time attendees and answer questions about organized dentistry.

The First-time Attendee Orientation Center will be open from Thursday, Oct. 1, to Sunday, Oct. 4 (7:30 a.m.-3:30 p.m.).

For the past five years, the ADA has offered a special registration deal for dentists who have yet to join the ADA. Nonmember dentists are invited to register for annual session at a reduced rate—\$75 instead of the regular nonmember rate of \$750. When taking advantage of this offer, dentists can experience a sampling of the camaraderie that 157,000 of their colleagues already enjoy and see up close the benefits of belonging to the premier organization representing the dental profession. The offer can be redeemed only once, so those who attended the 2005-08 annual sessions at the reduced rate are no longer eligible.

Register online for annual session at "www.ada.org/goto/session". ■

Campaign Statements

Richard D. Riva, D.D.S.

Continued from page 14

2002-06

- Board Member, DDS New Jersey Section 1998-Present
- National Chairman of Government Affairs AAOMS 2004

What are the three most critical issues facing Dentistry today? To promote and develop an ethical model for dental education and the delivery of dental care with the intent of improving public trust and confidence; advocate our commitment to an improved environment by promoting and expanding best management practice; review and revise policies and programs regarding the expanding scopes of practice, while maintaining the dentist as the team leader as we address access to care with shared responsibilities.

What are your three main goals if elected? To be the eyes and ears of the House of Delegates and to ensure the authoritative voice is recognized; to seek and gain respect/recognition for the care and services dentistry provides; to ensure our dreams for dentistry as we prepare for evolving technology and information.

What are your main qualifications for the office you seek? I believe that dentistry is an integral part of health care and as such, I have committed myself in serving my profession as a means of giving back, advocating, and volunteering at all levels of the tripartite. I have served at the local, state, and the national levels on councils of education, governmental affairs, and political action.

I have the understanding of the political process and have sat at the proverbial table presenting our cost analyses, epidemiological findings and outcome assessments.

I have taught general practice residents for over 30 years, realizing they are our bloodline and the leaders of tomorrow. I have served on the dean search committee at UMDNJ, have been the president of my community board of health and been the chief of dentistry at my community hospital. I have served in leadership positions while on active duty with the United States Army and as chief of oral surgery with the U.S. Public Health Service.

Why do you want to be an ADA officer? To be a part of the process that takes the ADA towards the future, as we address the issues of access to care, environment, economy, and the expanding scopes of dental practice. ■

A.J. Smith, D.D.S.

Continued from page 14

Committee 2004-09

What are the three most critical issues facing dentistry today? Three critical issues are (1) health care reform, (2) access to care and (3) third party interference in the dentist-patient relationship. Solutions to these problems are complex because access to care and third party interference, as well as workforce models and dental education concepts, will all be part of health care reform. We must work tirelessly to protect the private practice of dentistry, but we must be "at the table" and prepared with concise, clear and persuasive positions during health care reform discussions.

What are your three main goals if elected? I will be the voice of the ADA House to the Board of Trustees. With diverse backgrounds, interests and perspectives, we join together to find viable solutions to vital problems and provide direction to the Board. I will ensure that the directives of the House are clearly articulated and promoted to facilitate the House and the Board working together productively. I will be a strong advocate for action. After reasonable discussion and prudent consideration of critical issues, action plans must be formulated and implemented in a timely manner so that we control our own destiny. I will remember that ADA delegates elected me. I will draw on my experience in the mainstream of dental practice and my active involvement in the House. Members' personal input and suggestions will always be encouraged.

What are your main qualifications for the office you seek? As a member of the ADA House of Delegates for 19 years, I am a strong and articulate voice and an effective consensus builder. As a past member and chair of the ADA Council on Dental Practice, and as a full-time practicing general dentist, I have excellent organizational skills and practical perspectives on the issues that impact dental practices every day. I strongly support fee-for-service private practice dentistry, unencumbered by oppressive third party or governmental interference. I have served on several ADA task forces, a reference committee, a national board test construct committee, and as an ADA Success Program speaker. These experiences provide a broad background of preparation to serve as your vice president.

Why do you want to be an ADA officer? Because dentistry has been a great profession for me, I want to ensure the ADA's position at the helm of a strong and responsive dental profession for the benefit of our patients and for future generations of dentists. I have the experience, the enthusiasm, and the ability to make a difference! ■



Splash: ADA tour guests can enjoy a variety of water activities when they take the Waikiki Ocean Fun and BBQ Cruise, one of more than 30 tours available during annual session.

Oceans of fun on ADA tour

Honolulu—The Waikiki Ocean Fun and BBQ Cruise will help guests experience some of the best of Hawaii's water pastimes plus a delicious grilled lunch on board the Starlet.

One of more than 30 tours offered during the 2009 annual session in Hawaii, Sep. 30-Oct. 4, this four-hour tour offers ample time for fishing, watersliding, kayaking, snorkeling and sunning on the ship's deck.

Guests can also enjoy water toys, a giant water trampoline, rafts, plank jumping and time for watching for sea turtles, spinner dolphins and flying fish.

To help satisfy hungry cruisers, the crew will grill premium hamburgers and hot dogs and serve hot baked beans, pasta salad, fresh fruit, homemade chocolate brownies and all-you-can-drink sodas.

The price for this tour is \$83 per adult, and includes roundtrip transportation from select Waikiki hotels, lunch and activities. This tour is offered Sept. 30-Oct. 6.

For more information on this or other ADA tours, log on to "www.ada.org/goto/session", click on "Plan Your Trip" and look for "Tours" or download the digital preliminary program. ■

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ADA 150th Anniversary Celebration

ADA Foundation Health Screening Program at Annual Session



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