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## **ADA News - 08/05/2013**

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

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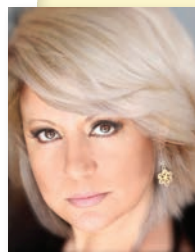
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## BRIEFS

### Lena Prima to perform at ADA Foundation Gala in New Orleans

Recording artist Lena Prima, daughter of jazz giant Louis Prima, will headline the entertainment at the 2013 ADA Foundation Give Kids A Smile Gala on Friday, Nov. 1 at the Hilton New Orleans Riverside to be held during the ADA Annual Session.



Ms. Prima

Louis Prima famously and handily traversed swing, big band, lounge, jazz and pop-rock genres in a career that spanned from the 1930s to the mid-1970s. These days, Ms. Prima, who grew up in show business and was practically raised on the road with her father, now stands in her own spotlight—while carrying on his storied legacy.

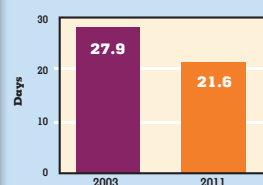
Based in New Orleans, the seasoned songstress performs in venues around

See GALA, Page 14

## JUST THE FACTS

### Reimbursement time

The average number of days to receive reimbursement from commercial insurance carriers decreased from 27.9 in 2003 to 21.6 in 2011



Source: ADA Health Policy Resources Center, survey@ada.org, ext. 2568

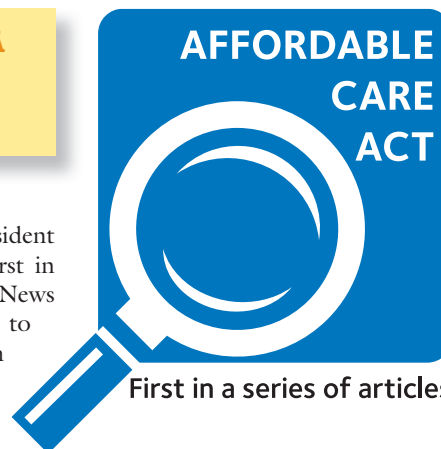
# Affordable Care Act and oral health: ADA analysis of impact

The “Patient Protection and Affordable Care Act,” shorthand as the ACA and as this report will refer to it, has the potential to reshape health care in America. Expansion of medical insurance coverage, a move toward more integrated care delivery and significant changes in the financing of health care are among the expectations of ACA legislators and regulators. The Association’s primary focus has been the law’s potential effects on dentistry and the delivery

**INSIDE** Message from ADA President Robert Faiella, Page 16

of dental services to patients.

Introduced by ADA President Dr. Robert A. Faiella, this first in a continuing series of ADA News Q-and-A sessions is intended to update information on certain aspects of the ACA and its potential effects on den-



tistry and the oral health of the American public. This series begins with some preliminary questions regarding ACA implementation and a short retrospective look.

Additional Q-and-A reports will follow and will look ahead to potential effects of the ACA in 2014 and beyond. Going forward, it is important that the Association answer questions of most concern to members. To facilitate this dialogue, the

See ANALYSIS, Page 16



**New contacts:** Dr. Edward Lee, left, and Dr. Marcus Johnson network at the ADA 27th New Dentist Conference July 18 in Denver. More than 300 attended the conference at the Four Seasons Hotel.

## Networking key to New Dentist Conference

BY KELLY SODERLUND

Denver—When WHAM!’s “Wake Me Up Before You Go-Go” is the first song you hear at a conference, it’s safe to assume it’s a different type of event.

That’s always been the intention of the ADA New Dentist Conference: for young dentists to have fun

while learning more about and from their colleagues. The ADA 27th New Dentist Conference was held in Denver July 18-20 at the Four Seasons Hotel. More than 300 attended to develop their leadership skills, attend continuing education sessions

See NDC, Page 6

## Sunshine Act update CMS urged to delay data collection under ACA

BY CRAIG PALMER

Washington—Rep. Nydia Velazquez, D-N.Y., urged the Centers for Medicare & Medicaid Services July 18 to delay “transfer of value” data collection from physicians and teaching hospitals, including dentists, scheduled to begin Aug. 1 under the Affordable Care Act.

The ACA “Sunshine Act” final rule requires manufacturers and distributors of drugs, devices, biological or medical supplies covered under Medicare, Medicaid and the Children’s Health Insurance Program to report financial transactions and transfers of value to covered recipients and to begin collecting data Aug. 1 for reporting these transfers of value. This information will be reported to the

See SUNSHINE, Page 19

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## Correctional health care conference hits key issues for incarcerated

*Nashville, Tenn.*—The National Conference on Correctional Health Care, Oct. 26-30 at the Nashville Convention Center, will cover some of the most compelling topics in correctional health care, including the Affordable Care Act, mental health, nursing, clinical care, special populations and more.

The conference brings peers together to share lessons learned in the field and new research. The meeting offers up to 32 hours of continuing education credit. The exhibit hall will showcase 100 companies with corrections-focused products and services.

Other program features include a first look

at the to-be-released 2014 NCCHC Standards for Jails and Prisons, a seven-part nursing leadership program, a focus on mental health issues and chronic care and discharge planning. It will be the field's first opportunity for correctional mental health professionals to take the new mental health specialty certification exam.

The setting for the meeting is downtown Nashville, which offers visitors a variety of live

music every night, from concert halls to small clubs featuring nearly every genre of music. Visitors can also enjoy the city's attractions, shopping, arts and culture, tours and dining.

A guaranteed special conference rate at the Renaissance Nashville is available through Oct. 5. Visit [www.ncchc.org/national-conference](http://www.ncchc.org/national-conference) for more information on the conference, CE programs, preconference seminars and the hotel.

The ADA is one of some three-dozen supporting organizations of the NCCHC. Learn more at [www.ncchc.org](http://www.ncchc.org). ■






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# Campaign Statements

Candidates seeking ADA-elected offices prepared 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 Aug. 5—had decided to seek national office through the upcoming Association elections held concurrently with the Nov. 1-5 House of Delegates meeting in New Orleans.

Candidates are listed by office sought in alphabetical order. Elections will be held Nov. 4. The candidates' profiles and statements are also posted for members only on ADA.org.



## Maxine Feinberg, D.D.S.

### President-elect candidate

As a child with baby-bottle syndrome, it was my family dentist who stopped the pain and restored my smile, changing my life. It was his caring that was the positive influence that motivated me toward our profession. My involvement today is to ensure the next generation will be able to afford to go to dental school and continue our proud tradition of improving lives.



The ADA will continue to be the voice of our beloved profession if and only if we focus immediately on three key areas: increasing ADA membership, maintaining a strong tripartite and expanding broad-based advocacy. The challenge is that society is rapidly changing and, while the ADA can't put patients in dental chairs, we can and must help our members' bottom line. We can strengthen the tripartite, enhance our advocacy efforts across the board and rebuild our ranks. And, we must do so soon as the Affordable Care Act has the potential to be the greatest "agent of change" our profession has seen since the advent of third-party payers.

In closing, it is my belief that by working together, we can successfully keep the dentist in dentistry.

Thank you for your consideration to help lead the ADA as president-elect. ■

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

### President-elect candidate

Dentistry is a profession with great promise and a bright future. We are also a profession in peril as government, corporations, foundations and third parties seek to control us. Critical issues including membership, health care reform, barriers to care, workforce models, third-party interference and student debt must be addressed. The ADA needs strong leaders who will proactively apply lessons from the past and cultivate new ideas to successfully meet today's challenges. As a practicing dentist for 39 years, I understand, firsthand, the concerns that impact most of our members each day. My roots are in the ADA House of Delegates, but I have had the opportunity to use my voice and vote on the ADA Board as your vice president. Now, as I attend and observe Board meetings I have an increased awareness of the need for real transparency and synergy between the Board, the House, the councils and commissions. No individual has all of the answers, but working together we can achieve our goals. We must empower our dedicated volunteers and competent staff to maximize their skills for the benefit of our profession. I will promote prudent, clear and decisive action to ensure a bright future for dentistry. ■



Standing up for dentistry: Our profession is facing a perfect storm as the erosion of the dental team model, high student debt and the uncertainties concerning the implementation of the Affordable Care Act are set to collide. In addition, the ADA, our bulwark against the storm, is experiencing a decreasing market share which could ultimately impact on our ability to withstand the storm.

Caring for communities: Everyone deserves a dentist. A dentist is the only qualified person to lead the team that provides quality oral health for all members of our communities. A dental degree signifies the comprehensive training needed to diagnose and treat dental disease. Access to dental care is one of our profession's greatest responsibilities. We must use technology and knowledge-based systems to develop more efficient ways of delivering care.

Taking the lead: The ADA must be the leader in shaping access policies and forming coalitions with other stakeholders in order to advance the oral health of all citizens. Our Association must respond vigorously to the challenges that impact our professional lives. ■

## Charles R. Weber, D.M.D.

### President-elect candidate

Dentistry is a profession worth fighting for! I ask for your support to lead our Association during these challenging times.



Standing up for dentistry: Our profession is facing a perfect storm as the erosion of the dental team model, high student debt and the uncertainties concerning the implementation of the Affordable Care Act are set to collide. In addition, the ADA, our bulwark against the storm, is experiencing a decreasing market share which could ultimately impact on our ability to withstand the storm.

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Taking the lead: The ADA must be the leader in shaping access policies and forming coalitions with other stakeholders in order to advance the oral health of all citizens. Our Association must respond vigorously to the challenges that impact our professional lives. ■

## Bert W. Oettmeier Jr., D.D.S.

### Second vice president candidate

The issues facing our profession are challenging and complex. It is imperative that the American Dental Association be relevant to a broad spectrum of dentists if it is to remain viable, and our advocacy efforts must clearly promote the value and importance of membership in our organization. The ADA is, and must remain, the leading advocate for oral health and the voice of our profession.



I feel strongly that our organization should fight third-party interference with the patient-doctor relationship and that our profession should expect to be fairly reimbursed for services provided. It is paramount that the dentist is the leader of the dental team, and only the dentist should be the provider of the diagnoses, the treatment plan and surgical/irreversible procedures.

Continued emphasis on ethics and professionalism is critical to maintaining the high level of trust we have earned from the public we serve.

Ten years of service in the ADA House of Delegates and numerous leadership roles in the ADA and other professional organizations have given me the experience to address the issues that will continue to challenge our profession. It is my desire to use this experience as your voice on the Board of Trustees. I ask for your vote for the office of ADA second vice president. ■

## Jonathan D. Shenkin, D.D.S.

### Second vice president candidate

True to our vision, the American Dental Association has long been "the recognized leader in oral health." We serve as the nation's voice on dental issues, guiding the discussion on oral care and representing the interests of our diverse base of members.



While our leadership position remains strong, we are facing challenges to our organization and profession as others seek to undermine the basic understanding of disease prevention and management.

I believe these challenges provide us with new opportunities to further enhance the organization and our profession. We have established the communications and advocacy programs necessary to undertake critical outreach and education projects, such as those focused on prevention or impacts of oral care on overall health, that will improve the lives of Americans and strengthen the perception of dentists everywhere.

With our recent public policy efforts in states such as Maine, we are in a far stronger, more unified position as an organization and have a better understanding of the strategies to move our agenda forward.

I wish to work collaboratively as one of the leaders of the American Dental Association to continue our leadership in the field of dentistry and ask for your support in this endeavor. ■

## PROFILE

**Current residence:** Westfield, N. J.  
**Dental school attended:** New York University  
**Year received dental degree:** 1980  
**Postgraduate education/specialty:** Anesthesiology and Periodontics  
**Years of ADA membership:** 32  
**Other professional memberships:**

- American College of Dentists
- International College of Dentists
- Pierre Fauchard Academy
- American Academy of Periodontology
- Academy of General Dentistry

See DR. FEINBERG, Page 13

## PROFILE

**Current residence:** Salt Lake City  
**Dental school attended:** University of the Pacific  
**Year received dental degree:** 1974  
**Years of ADA membership:** 39  
**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:**

- ADA vice president, 2009-2011

See DR. SMITH, Page 13

## PROFILE

**Current residence:** West Chester, Pa.  
**Dental school attended:** University of Pennsylvania School of Dental Medicine  
**Year received dental degree:** 1969  
**Years of ADA membership:** 47  
**Other professional memberships:**

- Academy of General Dentistry
- American College of Dentists
- International College of Dentists
- Pierre Fauchard Academy

**Volunteer posts/elective offices held in organized dentistry:**

See DR. WEBER, Page 13

## PROFILE

**Current residence:** Stillwell, Kan.  
**Dental school attended:** University of Missouri-Kansas City  
**Year received dental degree:** 1978  
**Years of ADA membership:** 35  
**Other professional memberships:**

- American College of Dentists
- American Equilibration Society
- L.D. Pankey Alumni Association
- Spear Study Club
- Kansas Fifth District Dental Society and Study Club

**Volunteer posts/elective offices held in organized dentistry:**

See DR. OETTMEIER, Page 14

## PROFILE

**Current residence:** Freeport, Maine  
**Dental school attended:** Columbia University  
**Year received dental degree:** 1996  
**Postgraduate education/specialty:** Pediatric Dentistry  
**Years of ADA membership:** 21  
**Other professional memberships:**

- American Academy of Pediatric Dentistry
- American Academy of Pediatrics
- American College of Dentists
- International College of Dentists
- Academy of General Dentistry

See DR. SHENKIN, Page 14

# ADA responds to Senate report

## Unnecessary procedures violate ethical codes

BY CRAIG PALMER

Washington—Corporate pressure or requirements that dentist employees perform unnecessary procedures in order to maximize profits, as alleged in a Senate report, would represent “a clear violation of the ethical codes of the profession as set forth in the ADA Code of Professional Conduct,” the Association said.

“The Code states that ‘professionals have a duty to act for the benefit of others’ and that ‘contract obligations do not excuse dentists from their ethical duty to put the patient’s welfare first,’” the Association said in a press release (ADA.org/8848.aspx).

“The ADA strongly believes that any pressure applied to dentists in conflict with this code should be reported and pursued aggressively. Regardless of how they are employed, dentists must protect and promote the best interests of the patient above all else. That is the purpose of the ADA Code, by which all member dentists agree to abide,” the Association said.

“We believe that all dentists, whether they are ADA members or not, should follow this code. States have legal and regulatory power to hold all dentists providing care within their jurisdictions to the same legal standards, regardless of who owns those dentists’ practices. State dental boards should exercise that authority.”

The Senate Finance and Judiciary Committees’ “Joint Staff Report on the Corporate Practice of Dentistry in the Medicaid Program” was posted at the Finance Committee website July 23 (www.finance.senate.gov/newsroom).

The bipartisan Senate investigation focused primarily on organizations “that identify themselves as dental management companies” and treat Medicaid-eligible children “almost exclusively,” said the 1,500-page report’s 33-page executive summary.

“Notably, these clinics tend to focus on low-income children eligible for Medicaid,” the summary said. “However, these clinics have been cited for conducting unnecessary treatments and in some cases causing serious trauma to young patients; profits are being placed ahead of patient care,” the report asserted.

“In one case, the corporate structure of a dental management company appears to have negatively influenced treatment decisions by

over-emphasizing bottom-line financial considerations at the expense of providing appropriate high-quality, low-cost care. As a consequence, children on Medicaid are ill-served and taxpayer funds are wasted.”

The “discouraging report on ways in which some large dental practices are putting profits before patients ... is particularly disturbing in that most of the alleged fraud and abuse of pa-

tients involved children,” the Association said.

“Such conduct is inexcusable and should be prosecuted vigorously,” said the ADA statement. “However, equally disturbing is the broad brush that implicates a whole class of practice models rather than focusing on actual offenders.”

The Senate report included “a stated concern about the ability of the dental profession to pro-

vide access to care to millions of low-income families and other vulnerable populations,” the ADA statement said. “But the causes of what amounts to a dental health crisis affecting these underserved Americans are complex and require a comprehensive set of solutions.

“The ADA, state dental societies and individual dentists have for decades wrestled with this situation as advocates before state and federal governments, in addition to their traditional roles as caregivers. There has been significant progress made, especially in bringing more children into dental offices for much-needed care. But much more is needed, especially with regard to young adults, who have the lowest rate of dental visits of any age group.” ■

—palmerc@ada.org

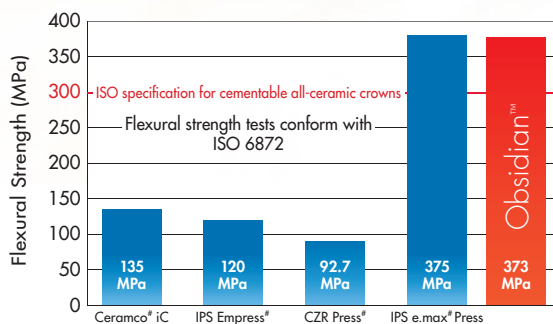
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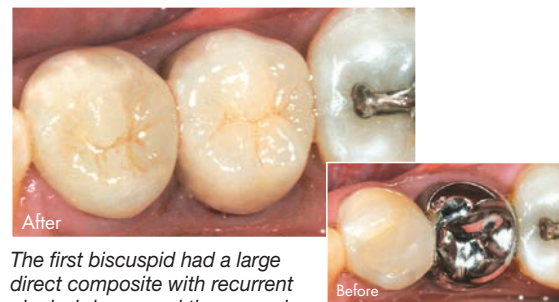
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The ADA is partnering with American Airlines, Delta Air Lines and United Airlines for the 2013 Annual Session. Visit [ADA.org/session](http://ADA.org/session) for more details and booking instructions for airlines and car rental companies. ■

# NDC

Continued from Page 1

and network with their peers.

“To have an opportunity in a smaller pool to mingle with your generation, with fellow new dentists, is a great opportunity,” said Dr. Chris Salierno, chair of the ADA New Dentist Committee, which hosted the event and met prior to the start of the conference.

New Dentist Committee members were on hand throughout the week to welcome dentists and answer any questions about becoming involved in organized dentistry at the local, state or national level.

And that was one of the questions dentists had for members of the ADA Board of Trustees during a Hot Topics in the Round session July 18. New dentists sat in small tables with



**Leader of new dentists:** Dr. Chris Salierno, chair of the ADA New Dentist Committee, welcomes conference attendees.

members of the Board of Trustees and the co-chairs of the American Dental Political Action Committee board to discuss four topics relevant to practitioners in the first 10 years of practice, including student debt, workforce, advocacy and navigating the business world. ADPAC held its board meeting in conjunction with the New Dentist Conference so that new dentists could learn more about ADA ad-

vocacy efforts and how to get involved.

Following the small group discussions, Board of Trustees members went on stage for a panel discussion and to field questions from new dentists.

“I assume everybody’s here because you’re not only interested in hot topics but also in leadership,” ADA President Robert Faiella said. “Ask your questions. We hope we’ll be able to give you some answers but, most importantly, let’s have a dialogue.”

Dr. Alexa Vitek, of Michigan, asked board members how more new dentists can be represented in the ADA House of Delegates or on the national stage of organized dentistry. Dr. Jeffrey Dow, ADA Board member, agreed that the Board and House have fewer new dentists represented than is desirable.

“I don’t think in the House of Delegates we adequately represent the ADA membership,” Dr. Dow said.

July 18 was a full day of leadership workshops, with dentists attending a keynote address by David Rabiner, who presented “Shaping the Future of Your Practice and Profession—The Keys to Developing Your Natural Leadership Skills,” and CE courses dedicated to fostering leadership concepts.

Throughout the conference, Dr. Salierno also conducted what he called a “fireside chat” with Dr. Faiella, ADA President-elect Charles Norman and ADA Executive Director Kathy O’Loughlin, where he interviewed them about ADA initiatives and hot topics within dentistry, including student debt.

Dr. Salierno asked all of the attendees to take an online poll on their smart phones to anonymously vote on what their student debt was upon graduating dental school. The results were posted immediately on a large screen at the front of the room, showing 38 percent of those in the room carried debt between \$100,000 and \$200,000. Twenty-eight percent reported having debt between \$200,000 and \$300,000.

The results prompted Dr. Salierno to ask Dr. Norman what the ADA can do to tackle the issue of student debt. Dr. Norman said that while the ADA cannot control what dental schools charge for tuition, it can work with the American Dental Education Association



**Laugh and learn:** Dr. Lindsey Compton, who served on the Local Arrangements Committee for the conference, shares a lighter moment during a continuing education session.

to push for change and advocate to Congress to keep student interest rates low. The ADA can also provide students with resources to educate them on what it will mean to take on such a large debt after graduation, he said.

Student debt is a concern to Dr. Larry Trubilla, of Pennsylvania, who has attended the New Dentist Conference for the past eight years. Dr. Trubilla has returned year after year because of the camaraderie he feels with the other new dentists and the opportunity to socialize with his peers and share ideas.

“We have a lot of the same concerns, which you don’t get into as much when you go to a meeting that isn’t geared toward new dentists,” said Dr. Trubilla, who said, in addition to student debt, conversations have centered around starting or buying a dental practice.

Denver is the fourth city Dr. Kendall Liday has visited through attending the New Dentist Conference.

“It’s a small conference that’s marketed toward younger dentists, and it helps keep me motivated to stay within organized dentistry,” said Dr. Liday, who is president of her component society in Columbia County, Ore.

Dr. Tiffany Manzo, member of the Local Arrangements Committee in Denver, enjoys the conference for the opportunity to network and talk with dentists she wouldn’t

normally meet.

“This is my fourth time attending the conference, and I like it because I’m able to talk to people who are going through the same experience I’m in,” Dr. Manzo said.

The New Dentist Conference was sponsored by: ADA Members Insurance Plans; ADPAC; Wells Fargo Practice Finance; Pacific Dental Services; Fortress Insurance Co.; the Colorado Dental Association; ADA Members Retirement Programs through AXA Equitable; Patterson Dental; Quintessence Publishing; Yodle; Isolite Systems; Sure Payroll; the Metropolitan Denver Dental Society; Henry Schein Dental; OraPharma; Aspen Dental; Heartland Dental Care; ADA Business Resources; and the American Academy of Implant Dentistry. ■

—soderlundk@ada.org

## New Dentist Committee launches blog

BY KELLY SODERLUND

Denver—The 27<sup>th</sup> ADA New Dentist Conference was a way for dentists to connect and learn from each other in person, but there’s also a new way for them to link electronically.

The New Dentist Committee launched New Dentist Now, a blog where new dentists can keep up with their colleagues, stay fresh on issues in dentistry and find out about events. New dentists are also encouraged to contribute to the blog.

*New Dentist Now*

Life as a new dentist — let’s talk about it.

“New Dentist Now is a one-stop shop for the latest news, great advice and fun stories for new dentists,” said Dr. Chris Salierno, chair of the New Dentist Committee. “The content is generated by new dentist leaders throughout the tripartite. There will also be a wealth of best practices in new dentist events. A local new dentist chair can read about a hugely successful meeting from the other side of the country and bring that idea to new dentists in their area. We aim to inspire and inform our fellow new dentists and a blog is a great way to do just that.”

Anyone interested in contributing an article can contact the New Dentist Committee at [newdentist@ada.org](mailto:newdentist@ada.org). ■

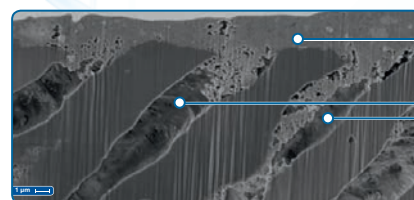
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In vitro SEM image of dentin cross section after a single brushing.

References:

1. Earl J et al. Am J Dent 2013, Special Issue A. In press.
2. Burnett G et al. Am J Dent 2013, Special Issue A. In press.
3. Parkinson et al. Am J Dent 2013, Special Issue A. In press.

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# Mission of Mercy milestones

## Virginia, Wisconsin projects log impressive numbers

BY STACIE CROZIER

**N**ationwide, more than half of U.S. states have launched Mission of Mercy dental clinic programs or similar initiatives. They are racking up impressive numbers and reaching significant milestones as they treat patients who can't otherwise afford access to dental care and support the ADA's Action for Dental Health Initiative by providing care to people suffering with untreated disease. See [ADA.org/8585.aspx](http://ADA.org/8585.aspx) for more details on the initiative.

### Virginia treats 50,000<sup>th</sup> patient

In the state where it all began, the Wise County MOM project marked a significant milestone—treating its 50,000<sup>th</sup> patient since the first Virginia MOM in 2000.

“Knowing that serving the 50,000<sup>th</sup> patient isn't the answer, we continue to look for a more sustainable solution for the next 50,000,” said Dr. Terry Dickinson, Virginia Dental Association executive director and founder of the Mission of Mercy Project. “The first 50,000 patients all had stories, often filled with a lack of hope and dreams for a better tomorrow. We truly have been blessed to be a part of their lives and their stories. We will continue to seek to make a difference in the lives of those we serve.”

During the Wise MOM July 19-21, some 425 dental volunteers provided \$1,378,000 of free dental care to 1,329 patients. Virginia has held 69 MOMs in the past 14 years, providing 51,311 patients with \$32 million in free care.

### 10,000<sup>th</sup> Wisconsin patient volunteers

When Wisconsin hosted its fifth MOM event June 28-29 in Lake Geneva, volunteers treated the state's 10,000<sup>th</sup> patient, James Spade. Mr. Spade was so touched by the care he received that he returned to work as a volunteer for teardown and packing on June 30.

“You guys rock heaven,” Mr. Spade wrote on his patient comment card after receiving care. “Thanks a lot. All you guys are heaven sent. This is how people show that they care for others that don't have the means. God bless each and every one of you. Always keep spreading the love, Mr. 10,000 James Spade.”

Since 2009, Wisconsin has held MOMs in

La Crosse, Sheboygan, Wausau, Madison and Lake Geneva. Nearly 6,000 volunteers have logged 11,379 patient encounters and provided \$5.8 million in free dental care.

“Our volunteers feel good that their work is appreciated, and that helps them keep coming back,” said Lani Becker, associate executive director of the Wisconsin Dental Association and a member of the board of America's Dentists Care Foundation, the organization that helps states organize their MOM projects. “Our volunteers are the greatest.”

See *MILESTONES*, Page 9



Photo by Tim Cox

**Under the Big Top:** Dr. Benita Miller, right, a periodontist in Richmond, Va., and an oral surgery assistant provide care in a tent at the Wise County MOM.

**PENTRON**  
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**Giving back:** Wisconsin Dental Association's 10,000<sup>th</sup> MOM patient, James Spade, returns to help Lani Becker, WDA associate executive director, and other volunteers with cleanup on June 30 as a way to thank volunteers for his care.

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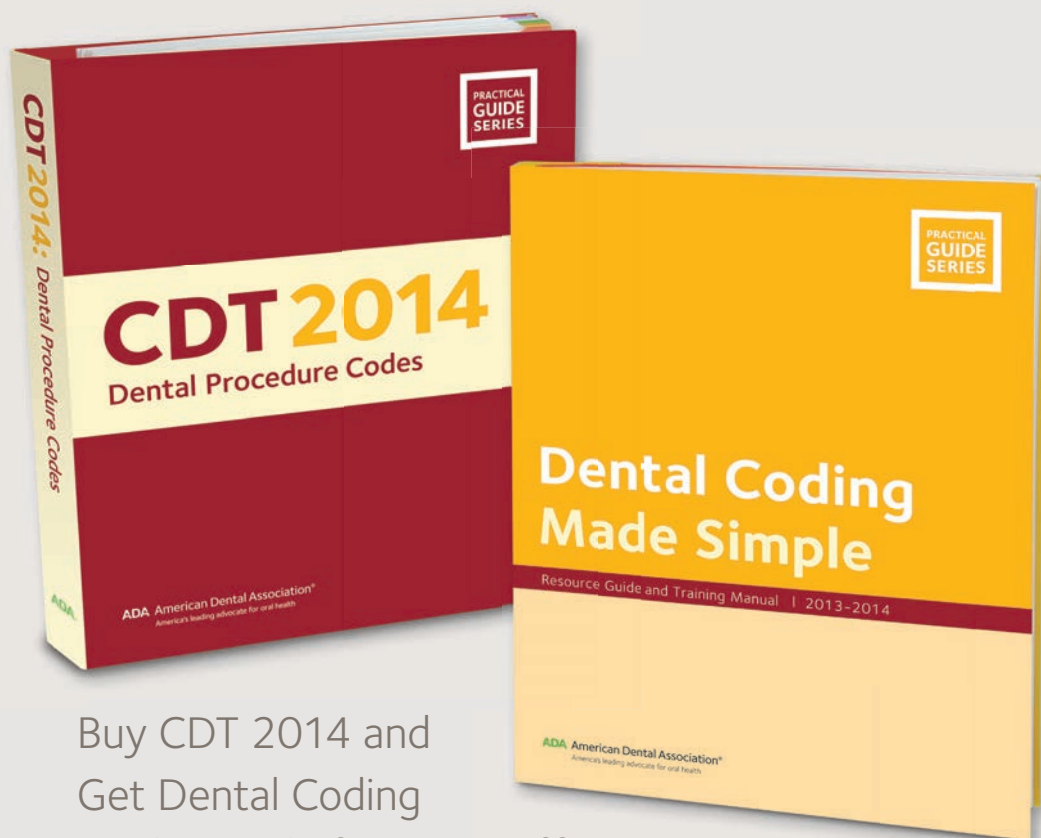


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The ADA worked with the American Association of Endodontists and the American Association of Orthodontists to revamp the endodontic and orthodontic sections to convey recent developments in these specialties.

The spiral bound book lays flat for easy reference, and includes a searchable CD-ROM for quick code look up and includes:

- 29 new procedure codes
- 18 revised procedure codes
- 4 deleted procedure codes
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# Milestones

Continued from Page 7

They fix smiles, but they provide care for the whole person.”

One case in June that touched her heart, she noted, was meeting a man who had arranged in advance to receive full dentures at the MOM. He had already undergone his extractions and healing.

“When one of our volunteers placed his dentures in, he looked great and I told him he had a beautiful smile,” said Ms. Becker. “But the man’s fiancée, who came along to support him in the process, seemed upset.”

After talking with the couple, she and the other volunteers learned that their wedding was coming up, and although the groom-to-be now had a winning smile, the bride-to-be had some dental issues that needed addressing.

“After she left the treatment area, she told me that she also needed dentures, but had no way to get them before the wedding,” Ms. Becker said. “And when Dr. Mark Huberty, a volunteer from Sheboygan, learned this, he was determined not to make her wait another year for the next MOM. He had her fiancé call her cell phone and get her to come back. They examined her and found she needed a couple of fillings and a partial to replace a missing front tooth to restore her smile. Even though our lab had closed down a few hours before, we asked them to make the partial and they happily helped.

“It’s hard to describe how it feels to be a part of this, but it’s amazing,” Ms. Becker added. “Our patients wait long hours in rain or heat, they make new friends while they wait. They are special people and we do what we can for them.”

For more information regarding how to start a MOM program in your state, or to see a list of events scheduled by state, visit America’s Dentists Care Foundation at [www.adcfmom.org](http://www.adcfmom.org).

## ADA plans MOM in New Orleans

Volunteers are still needed for the Mission of Mercy charity dental clinic planned for Nov. 3 in New Orleans in conjunction with the ADA’s 2013 Annual Session.

The ADA hopes to serve some 1,000 patients in need of dental care on the last day of the Oct. 31-Nov. 3 meeting.

The ADA will host the MOM event in conjunction with the America’s Dentists Care Foundation with the support of the Louisiana Dental Association and the New Orleans Dental Association. Dentists, dental team members, dental and dental team students, office staff, families and friends (age 18 and older) who will be in New Orleans for the Annual Session are encouraged to volunteer for the event.

“This is the first MOM program that will actively recruit dental professionals from around the country to participate at one location,” said Ms. Becker, who is helping to coordinate the program. “We encourage volunteers from all around the country to join together to help people in a city that has faced more than its share of challenges. We can make a difference.”

The program will need about 800 volunteers, including dentists, team members, clerical and support staff and more. The event offers families or dental offices attending Annual Session a chance to experience a unique and rewarding team-building activity.

MOM volunteers serve in a multitude of roles during a typical event. Roughly half of the 800 or so volunteers are dental professionals who provide triage services, radiology, diagnostics and treatment, including restorative and specialty care. Other volunteers—students, laboratory technicians and front office



Photo by Tim Cox

specialists—also help the massive MOM clinics run smoothly. About 200 nonclinical volunteers cover support services from registration, patient greeting and escorting, conducting exit interviews, site set-up and teardown, parking attendants and many more roles.

The event will run from 5:30 a.m. to 5:30 p.m. Nov. 3. For more details or to register as a volunteer, visit [ADA.org/MOM](http://ADA.org/MOM). ■

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**Ready to work:** Dr. Robert Faiella, ADA president, left, joins fellow volunteers Dr. Terry Dickinson, MOM founder and Virginia Dental Association Executive Director; and Marcia Brand, Ph.D., Health Resources and Services Administration deputy administrator; at the Wise Mission of Mercy Project July 20.

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# Fall workshop targets advanced evidence-based dentistry skills

BY JEAN WILLIAMS

The 2013 Evidence-Based Dentistry Champions Conference led Dr. Sibel Dincer to an eye-opening conclusion: she wanted to learn a lot more about EBD.

So she jumped at the opportunity to continue participating in unique ADA EBD continuing education sessions, such as this fall's Advanced Evidence-Based Dentistry Work-

shop: Assessing the Quality of Evidence. The workshop will take place Oct. 21-25 at ADA Headquarters in Chicago.

At the sixth annual Champions conference held in April, Dr. Dincer, an assistant professor at the Ostrow School of Dentistry of University of Southern California, appreciated learning about structured literature searches and ways to effectively marry clinical expertise

to patients' needs and preferences while applying the best available evidence. She vowed to become a Champion and spread the word about EBD to colleagues, which is part of the conference credo.

But the introductory course work also heightened her interest in advanced approaches to investigating scientific literature and other aspects of EBD. So Dr. Dincer



**EBD excellence:** Dr. Partha Mukherji of Fort Worth, Texas, presents a lecture at the 2012 ADA Evidence-Based Dentistry Champions Conference about his experiences as an EBD Champion. Dr. Mukherji has also completed advanced EBD workshops.

hopes to return to Chicago this fall to fortify her Champions tool kit with more robust EBD techniques.

One thing she looks forward to learning in the five-day advanced workshop is how to judge a scientific article by more than its cover, so to speak.

"An article has an introduction, a summary, discussion, method and then conclusion," she said. "We're actually not very used to looking at methodology. We only look at summary and conclusion. Sometimes, if we want to look for some stories and then some definitions, we go to the intro; but nobody looks at methodology. And sometimes in methodology you have to see, well, does that absolutely apply in your case. If you don't look at methodology you are overlooking a big, very important detail. Maybe it is not applicable to your case. Or maybe this methodology is not perfect, even though it's published."


The workshop will include courses covering such EBD topics as asking precise, structured

**"It's like an appetizer and a main course. The advanced workshop is like a main course. Not only did you learn all the concepts about EBD, but now this workshop is looking at the evidence and you're engrossed in how to appraise it."**

clinical questions; understanding clinical trial design; and calculating and using odds ratio, risk reduction, relative risk and numbers to implement EBD in practice and teaching.

Instructors will include Dr. Richard Niederman, a professor and chair, Department of Epidemiology and Health Promotion, and director, Center for Evidence-Based Dentistry, College of Dentistry, New York University; Dr. Derek Richards, director of the Centre for Evidence-Based Dentistry at Oxford University; Dr. Elliot Abt, adjunct associate professor of Oral Medicine, University of Illinois at Chicago and attending staff at Illinois Masonic Medical Center; and Julie Frantsve-Hawley, Ph.D., senior director of the ADA Center for Evidence-Based Dentistry.

Dr. Partha Mukherji of Fort Worth, Texas, is a Champion who has shared his experiences as a speaker at subsequent Champion conferences. He also completed the advanced



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ADA Mission of Mercy – ADA.org/MOM

## Special Events

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Make the 2013 ADA Annual Session your first choice.

**Registration is open now.**  
**ADA.org/session**

# Pharmacist group reports doxycycline shortage

Doxycycline, a broad-spectrum bacteriostatic antibiotic, is in short supply, according to the American Society of Health-System Pharmacists.

Dr. Edmond Truelove, vice chair of the ADA Council on Scientific Affairs, said that the shortfall affects all of dentistry, though perhaps has a more pronounced impact on certain areas, such as periodontology. An oral

medicine professor at the University of Washington School of Dentistry and an active clinician, Dr. Truelove said that he certainly feels the shortage in the realm of oral medicine.

age, the ASHP Drug Shortages Resource Center reported. A bulletin on the ASHP website details information about the shortage, including a list describing the affected doxycycline products, implications for patients and potential substitutes. To review the bulletin, visit [www.ashp.org/DrugShortages/Current/bulletin.aspx?id=977](http://www.ashp.org/DrugShortages/Current/bulletin.aspx?id=977). ■



medicine professor at the University of Washington School of Dentistry and an active clinician, Dr. Truelove said that he certainly feels the shortage in the realm of oral medicine.

“We manage patients who have compromised oral conditions and in those patients we use doxycycline in some cases to keep the gingiva stable and less inflamed,” he said. “So the more shortage there is, the more difficulty we see with patients. There are limited alternatives.

“Doxycycline is a useful antibiotic and having a shortage of it is a bit of a problem.”

Dr. Truelove said that generally if one tetracycline antibiotic isn't available then a dentist might consider others, perhaps minocycline, for example. But there are sometimes significant impediments to substitutes.

Doxycycline manufacturers attribute the drug shortage to scarce raw materials and to supply and demand, although not all manufacturers could provide reasons for the short-

## Workshop

*Continued from Page 10*

course when it was a collaboration between the ADA Center for Evidence-Based Dentistry and the Forsyth Institute in Cambridge, Mass.

“It's like an appetizer and a main course,” Dr. Mukherji said. “The advanced workshop is like a main course. Not only did you learn all the concepts about EBD, but now this workshop is looking at the evidence and you're engrossed in how to appraise it. The coolest thing is that it's small group sessions in addition to a large group session. So when you're broken up with Julie or Elliot, you can go through an article. You read the article. You do some homework. The next day you talk about that article and you look at the flaws. You dissect the article and you can see, ‘Yes, this is really an inconclusive research article, or you could say, ‘Hey, this is actually a pretty good piece—pretty good evidence—to apply chairside.’”

Tuition is \$2,000 for members and \$2,500 for nonmembers. Participants will earn continuing education credits.

Applications, which will be considered on a rolling admission basis, are due by Sept. 15. Candidates must complete an application form. To apply, visit [www.ada.org/advancedEBD.aspx](http://www.ada.org/advancedEBD.aspx).

For more information about the advanced EBD course, contact Erica Vassilos, manager, ADA Center for Evidence-Based Dentistry, at ext. 2523 or email [vassilose@ada.org](mailto:vassilose@ada.org). ■

—williamsj@ada.org

## AAOMR annual session set for Oct. 2-5

*Los Angeles*—The 64th annual session of The American Academy of Oral and Maxillofacial Radiology will convene Oct. 2-5 here at the Beverly Hilton Hotel.

The 2013 meeting offers an array of sessions of interest for oral and maxillofacial radiologists and other dental professionals. Highlights will include Clinico-Radiologic Conference, an interactive discussion of diagnostically challenging cases and a full-day continuing education course comprising mini-symposia that will focus on radiation

safety and health physics, skull base anatomy and pathology and cervical spine imaging.

Additionally, AAOMR will offer its Level I Cone Beam Computed Tomography training course for a full day.

For more information, visit [aomr.org](http://aomr.org) and click annual session, or contact Dr. Christos Angelopoulos, executive director, by mail at AAOMR, 3085 Stevenson Dr., Suite 200, Springfield, IL 62703; by phone at 1-217-529-6503; or by email at [angelopoulosc@gmail.com](mailto:angelopoulosc@gmail.com). ■

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# ADA HIPAA kit addresses new rules

Time waits for no one, nor do changes to HIPAA rules. The Health Insurance Portability and Accountability Act protects patients' interests. To reinforce that protection—and protect your practice at the same time—consider purchasing the updated ADA Complete HIPAA Compliance Kit (J598).

The ADA Complete HIPAA Compliance Kit has been revised to reflect changes imposed by the 2013 Omnibus Final Rule.

New requirements include:

- revising Notice of Privacy Practices and providing the new notice to patients;

- updating breach notification policies and procedures;

- including new provisions in business associate agreements and revising existing agreements;

- obtaining written patient authorization before making certain marketing communications or selling patient information.

The kit has tools to help you design and implement a comprehensive HIPAA compliance program. It includes: The ADA Practical Guide to HIPAA Compliance: Privacy and Security Manual, The ADA Practical Guide

to HIPAA Training and a three-year subscription to the HIPAA Compliance Update Service.

The manual has these tools to aid in comprehension and documentation: sample policies and procedures;



a revised sample Business Associate Agreement; a revised sample Notice of Privacy Practices; a glossary of key terms; and a CD-ROM for tailoring the content to your practice.

The ADA Practical Guide to HIPAA Training is a CD-ROM with two levels of instruction. Dental office personnel are the target audience for level one, through which staff members can learn the basics of HIPAA compliance. Managers are the target audience for level two. It features in-depth modules to help man-

agers design a practice's HIPAA program.

Earn one hour of CE credit for Level 1 and two hours of CE credit for Level 2.

The ADA Complete HIPAA Compliance Kit (J598) is \$300 for members. Retail price is \$450. Use promo code 13140 to receive a 20 percent savings on the kit through Aug. 31.

Visit [ADAcatalog.org](http://ADAcatalog.org) or call 1-800-947-4746 to order. ■

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You will be rewarded with a \$100 American Express gift card for each new, active member you recruit (up to five members or \$500 in American Express gift cards)! Or you may decline the incentive and ADA will contribute \$100 to the ADA Foundation. Please see *Campaign Rules* for full details at [ADA.org/MGAM](http://ADA.org/MGAM).

**Participate in the 2013 Member-Get-a-Member Campaign and help build the future of our profession!**

**Don't Delay!** The ADA Member-Get-A-Member campaign runs through September 30, 2013. For resources to assist your recruiting efforts, plus complete guidelines and rules visit [ADA.org/MGAM](http://ADA.org/MGAM), send an email to [mgam@ada.org](mailto:mgam@ada.org) or call the ADA Member Service Center at 800.621.8099.



## FDA approves marketing of sterilizer test

The U.S. Food and Drug Administration approved marketing of a new test that can determine faster whether steam sterilizers are functioning properly.

Verify Cronos Self Contained Biological Indicator is the first biological indicator test that provides results in two hours. Like other biological indicator tests, the Verify Cronos SCBI consists of a vial containing dried spores from the heat-resistant bacteria *Geobacillus stearothermophilus*. Prior to the start of a sterilization cycle, the vial is placed inside the sterilization chamber along with the sterilization load. After the sterilization cycle is complete, the spores are placed in a liquid medium ideal for growth of any surviving bacteria. Growth of bacteria indicates that sterilization failed.

The Verify Cronos SCBI test uses a genetically-engineered strain *Geobacillus stearothermophilus* that produces an enzyme that fluoresces in reaction with the recovery medium if test microorganisms are present after the sterilization process.

Genetically engineered *Geobacillus stearothermophilus* that survive a sterilization cycle will start growing and producing the enzyme within two hours, giving much faster results than the 24 hours normally needed with a natural bacterial strain.

The FDA employed the De Novo Classification Process premarket review pathway, a regulatory pathway for low-to moderate-risk medical devices that are not substantially equivalent to an already legally marketed device, to review the data for Verify Cronos SCBI.

To support the De Novo petition, manufacturer Steris Corporation of Mentor, Ohio, tested the performance of the Verify Cronos SCBI, subjecting more than 300 of the indicators to a partial sterilization cycle and comparing results after two hours and at seven days of incubation in the growth media. Test samples that showed positive growth at two hours also did at seven days.

For more information, visit [www.fda.gov/MedicalDevices/default.htm](http://www.fda.gov/MedicalDevices/default.htm). ■

# Get close to the action with an Education in the Round course

Award-winning CE format features live-patient learning

*New Orleans*—Back for its seventh year, the ADA's award-winning Education in the Round courses bring the dental operatory into the classroom at the 2013 Annual Session, giving learners a chance to experience live-patient procedures in real time.

"The Education in the Round courses are valuable education opportunities because participants are able to experience procedures during a live, hands-on demonstration performed right in front of them," said Dr. Gregory J. Peppes, Council on ADA Sessions program chair. "This allows participants to witness the obstacles that may occur while performing this particular procedure on a live patient."

The 2012 Annual Session netted three E.X.C.I.T.E. Awards June 19 from Expo magazine, a publication serving the trade show industry, including the Editor's Choice Award for best overall event, along with wins in Best Application of Content/Education on the Showfloor and Best Use of Audiovisual to Enhance an Event. The awards recognize a variety of continuing education innovations, including the ADA's unique EIR courses.

This year's EIR presenters will demonstrate a variety of procedures, including placing veneers with the "tack and wave" technique; administering Botox and dermal fillers for esthetic and therapeutic uses; extraction site management and grafting for implant recon-



New Orleans

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**ANNUAL SESSION**  
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struction; crown and fixed prosthesis treatment and use of scanners and in-office milling; denture fabrication including impressions and efficient occlusal rim procedures; and complete fabrication of an implant overdenture prosthesis.

"We have six topics with six different speakers who are considered to be the premier experts in their field," said Dr. Peppes. "This is a great opportunity to learn from the best."

The cost for these courses is \$69 each.

Courses include:

- New Smile in an Afternoon: How CAD/

CAM is Changing Esthetic Dentistry, by Dr. David Hornbook, Oct. 31, 11 a.m.-2 p.m. (course 5401);

- Extraction Site Management for Implant Reconstruction, by Dr. Michael Pikos, Oct. 31, 3-6 p.m. (course 5402);

- Denture Fabrication Made Easy, by Dr. Gregory Folse, Nov. 1, 8-11 a.m. (course 6401);

- Botox and Dermal Fillers for Dental Esthetic and Therapeutic Uses, by Dr. Louis Malcmacher, Nov. 1, 2-5 p.m. (course 6402);

- Seeing is Believing, by Dr. Joseph Massad, Nov. 2, 8-11 a.m. (course 7401);

- Fixed Prosthodontics, by Dr. Gordon Christensen, Nov. 2, 2-5 p.m. (course 7402).

For more details on the Annual Session, or to register for the meeting and this and other CE courses, visit [ADA.org/session](http://ADA.org/session). ■

## Maxine Feinberg, D.D.S.

*Continued from Page 4*

### Volunteer posts/elective offices held in organized dentistry:

- President, New Jersey Dental Association
- President, New Jersey State Board of Dentistry
- Chair, ADA Audit Committee & Task Force on Student Debt
- Chair, ADA Council on Members Insurance & Retirement Plans
- Delegate, FDI World Dental Federation

### What are the three most critical issues facing dentistry today?

1. An uncertain economic future. Many dentists have flat or decreasing incomes due to declining patient numbers; student debt is increasingly unmanageable; and practice model changes may not prove viable long term in the marketplace.
2. A volatile regulatory environment leading to further intrusions into the practice of dentistry. We must understand the Affordable Care Act and provisions such as the workforce pilot studies.
3. Evolving dental education. Innovations to dental education models may not stand the test of time, and new dental schools should not be accredited without a proven needs assessment.

### What are your three main goals if elected?

1. Keeping the dentist in dentistry. The dentist must remain the head of the dental team in all practice models to maintain ADA's legacy of ethical dentistry.
2. Increasing ADA membership. This is not optional. As the voice of our profession, ADA programs must be relevant to all dentists in all practice models.
3. Expand advocacy and public education efforts. We must help states understand the Affordable Care Act while increasing efforts to educate employers and patients on the benefits of good oral health.

### What are your main qualifications for the office you seek?

My dedication and passion for organized dentistry, combined with the following unique expertise:

1. Serving in state and national leadership; prudently managing limited financial resources; and representing dentistry effectively before policymakers and the media.
2. Serving on the ADA Audit Committee; rebuilding a sound financial base to restore trust in the ADA and credibility with our members.
3. Serving as chair of the Student Debt Task Force; working with students, young members, American Dental Education Association leadership and all stakeholders to develop viable solutions.

### Why do you want to be an ADA officer?

Like so many of us, I came from humble beginnings and am grateful to be where I am today. We may be headed into a perfect storm of challenges which will try us personally and professionally. I have the vision, knowledge and experience to be an effective leader and, with your help and support, we will bring action—not just words—to ensure a productive future for our organization and our profession. I respectfully ask for your vote and your support.

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

*Continued from Page 4*

- Chair, ADA Council on Dental Practice, 1998
- ADA delegate/alternate 1990-2013
- President, Utah Dental Association 1993
- ADA Success program speaker 1998-2009

### What are the three most critical issues facing dentistry today?

- Membership: Our numbers are declining. We must make member relevance and value our top priorities.
- Health care reform: There are many troubling issues and unanswered questions. We need to be engaged to proactively shape our future.
- Third-party intrusion into the doctor-patient relationship: Third parties, including insurance companies, service corporations, DSOs and government are seeking to influence and control our practices. We cannot allow this to happen.

### What are your three main goals if elected?

- The ADA must be a member-focused organization addressing the issues that touch most of our members in a tangible way each day. We must grow our membership for the ADA to remain the voice of dentistry. The dentist must remain the head of the team, making treatment decisions and supervising other team members.
- Prevent and minimize government and third-party intrusion into the doctor-patient relationship and the business of our practices. We must proactively participate in discussions that affect the future of dentistry. We have a stewardship responsibility to protect the profession and keep it strong for the benefit of our patients and for future generations of dentists.
- Develop improved synergy and transparency between the Board and the House. Ensure open communication among volunteers and staff throughout the Association.

### What are your main qualifications for the office you seek?

- As a long-standing member of the ADA House of Delegates, I have actively participated in shaping ADA policy. I have authored, co-authored and given testimony in support of numerous resolutions that have become policy and enhanced the culture of the ADA.
- As ADA vice president and a member of the Board of Trustees, I was a strong voice representing the House of Delegates and the profession. As vice president, I was actively engaged in a varied and critical mix of committee, workgroup and liaison assignments.
- My leadership style, developed as president of my state dental association, chair of the Council on Dental Practice and other committees, fosters consensus building through respecting and discussing divergent viewpoints.
- Service on the ADA Budget and Finance Committee has given me perspective into managing the financial challenges facing the ADA.
- As a practicing dentist, I experience the same rewards, challenges, and frustrations as most of our members.

### Why do you want to be an ADA officer?

My values, work ethic, resolve and personality have helped me earn respect in past positions. They also make me uniquely qualified and will drive me to be a tireless advocate for the ADA and our profession.

## Charles R. Weber, D.M.D.

*Continued from Page 4*

- ADA Third District trustee
- ADA Committee on Diversity, chair
- ADA Council on Dental Practice
- Council on ADA Sessions
- Pennsylvania Dental Association, president

### What are the three most critical issues facing dentistry today?

1. High student debt. We must continue to pursue creative legislative initiatives to address this concern so that new practitioners' career choices will not be limited by the amount that they owe.
2. Erosion of the dental team. Well-meaning policymakers and stakeholders continue to drive a wedge between the doctor/patient/auxiliary team members in a misguided attempt to solve the access to care issue.
3. Lack of perceived value in ADA membership. Practitioners, old and new alike are facing increasing ethical, financial and personal pressures as the models and technology for delivering dental care rapidly evolve. We must be ready to provide new member services to enhance the return on the investment in membership.

### What are your three main goals if elected?

1. To position the ADA to be the primary source of information for all practitioners through enhanced technology, such as the ADA Center for Professional Success.
2. Continue to advocate forcefully and respond vigorously to "junk" science claims and misguided public policy.
3. To look for creative and innovative solutions to the issue of burgeoning student debt.

### What are your main qualifications for the office you seek?

1. Relevance: As an actively practicing general dentist, I am acutely aware of the issues that impact our practices.
2. Experience: My experience on the ADA Council on Dental Practice has given me additional insights into the wants and needs of the practitioner.
3. Team-Builder: As chair of the ADA Diversity and Inclusion Committee I have provided an avenue for respectful dialogue and consensus building.
4. Understanding: As liaison to the New Dentist Committee and American Student Dental Association, I am aware of the challenges they face.
5. Leadership: During my tenure as president of the Pennsylvania Dental Association, we instituted biennial leadership conferences and our board made the transition to an all-electronic communication platform.

### Why do you want to be an ADA officer?

I believe the ADA matters. It matters to our members, our profession and the community. I realized even while in dental school that I could make a difference when I became involved in projects that I truly believe in. I have clearly demonstrated the kind of leadership necessary to lead the ADA through the challenges ahead. Our profession is one worth fighting for!

# Alliance plans 2013 Head to Toe service project

## 3,000 kits will help New Orleans women and children in need

*New Orleans*—The Alliance of the ADA is working to collect at least 3,000 Head-to-Toe project kits in conjunction with its annual convention and the ADA Annual Session in New Orleans this fall.

H2T kits include a hat, a pair of socks, a toothbrush, toothpaste and personal care items for women or a small toy for children. The Alliance will donate the kits to New Orleans METRO, an agency that provides essential services for abused women and children.

“We had such positive response in Las Vegas to our first H2T that we knew we needed to continue this effort,” said Johanna Manasse, Olympia Fields, Ill., one of the project’s coordinators. “Alliance members from across the country are collecting and packaging items at home and sending them to the AADA Central Office in Chicago or preparing to pack them when they come to New Or-

leans. You don’t have to be an Alliance member to be a part of this project.”

Mrs. Manasse emphasizes that creating a H2T kit for donation is easy.

“Gather a toothbrush, toothpaste, floss, perhaps a hygiene instruction booklet from your office and place it in a zip top bag along with an age- and gender-specific hat, a pair of socks and maybe a small toy or book. Then pack it in your carry-on bag when you’re ready to head for New Orleans.”

The Alliance will also accept monetary donations to support the project both on-site and in advance. Checks or do-

nations of multiple kits can be sent by Sept. 15 to the Alliance Central Office at 211 E. Chicago Ave., Suite 730, Chicago, IL 60611.

For more information on H2T or other Alliance activities, or to learn more about joining, visit the website, [allianceADA.org](http://allianceADA.org) or follow on Twitter @AllianceADA. ■



# New Annual Session course information now available

## Log on for updates to Preliminary Program

Starting this week, visit [ADA.org/session](http://ADA.org/session) to see the latest updates in the 2013 ADA Annual Session Preliminary Program or download and print a revised version that includes new courses and speakers recently added to the continuing education lineup.

For users who already have a print copy of the program, a PDF addendum for downloading and printing is also available.

Annual Session-goers can save time and

money by registering in advance for the meeting. Advance registration discounts are available until Sept. 20, 5 p.m. Central time.

Tickets for both free and fee courses are available on a first-come, first-served basis, so act quickly to save on registration and continuing education course fees and guarantee a seat in preferred courses.

View the updated Preliminary Program or register for the meeting and CE courses at [ADA.org/session](http://ADA.org/session). ■

# Gala

*Continued from Page 1*

the country. She will regale gala goers with a full band and classic jazz selections. Vocalist Art Vargas will appear as her special guest.

“I am very excited that the American Dental Association’s meeting is coming to my home town of New Orleans, and I’m looking forward to performing at the Give Kids A

Smile Gala,” Ms. Prima said. “Providing dental services to underserved children is such an important cause, and I am happy to be a part of it. Come have some fun with us!”

Gala tickets may be purchased through the Annual Session registration system at [ADA.org/session](http://ADA.org/session) and are \$250 each, \$100 of which is a tax-deductible charitable contribution to the ADA Foundation.

For more information about the 2013 ADA Foundation Give Kids A Smile Gala, visit [adafoundation.org](http://adafoundation.org) or call 1-312-440-2547. ■

## Bert W. Oettmeier Jr., D.D.S.

*Continued from Page 4*

- Chair, ADA Council on Dental Benefit Programs
- Chair, ADA Code Revision Committee
- Chair, ADA Code Advisory Committee
- Regent and Treasurer, American College of Dentists
- President, Kansas Dental Association

### What are three most critical issues facing dentistry today?

• Membership—For our Association to continue to be the voice of our profession, it must be relevant to a broad spectrum of dentists, and our market share must be such that it represents an overwhelming majority of all dentists. Educating all dentists about the value of membership should be a high priority for both the Association and individual members.

• Third-party intrusion into the practice of dentistry—We must protect the patient-doctor relationship and the patient’s freedom of choice to select their own dentist and make their own treatment decisions. We must stand firm in our policy that diagnosis, treatment planning and the delivery of surgical/irreversible procedures must be performed by a licensed dentist only.

• Dental education—With skyrocketing costs of a dental education and subsequent debts that new graduates face, we need to look for solutions to lessen the burden on our new colleagues, the future of our profession.

### What are your three main goals if elected?

• I will faithfully represent the voice of the House of Delegates before the Board of Trustees in a professional, ethical and collegial manner.

• I will be a strong advocate for the policies of the American Dental Association and will work diligently to insure that our advocacy efforts further increase the value of membership.

• I am dedicated to the goal of ensuring a strong future for our Association and will always make decisions based on what is best for our members and our Association.

### What are your main qualifications for the office you seek?

- Leadership and experience
- Ten years as a member of the House of Delegates
- Chair, ADA Council on Dental Benefit Programs
- Chair, ADA Reference Committee on Dental Benefits, Practice and Health
- Four years as a member of the Board of Regents of the American College of Dentists; and now its treasurer
- Thirty-five years of full-time general practice

### Why do you want to be an ADA officer?

I love dentistry and the American Dental Association and the many staff members, fellow council members, committee members, House delegates/alternates, trustees and officers that I have had the privilege to befriend over the past 10 years. I want to see our Association thrive, and I believe the strong bonds I have created over the years will allow me to be an effective voice for our future.

## Jonathan D. Shenkin, D.D.S.

*Continued from Page 4*

### Volunteer posts/elective offices held in organized dentistry:

- Current chair, ADA Council on Communications
- Expert media spokesperson (pediatric dentistry) for the ADA
- Consultant on nutrition and community issues, ADA Council on Access, Prevention and Interprofessional Relations
- President, Maine Dental Association
- Board member, Maine Dental Political Action Committee

### What are the three most critical issues facing dentistry today?

1. Increased pressure from outside entities to change the dental delivery system; many states continue to be deluged with outside funding that has misinformed policymakers and legislators about how to achieve optimal oral health. Implementation of the Action for Dental Health campaign is critical in offsetting this misinformation.

2. Declining membership; the ADA is faced with a slow but significant decrease in market share. Changing demographics, practice patterns and member engagement preferences of new dentists require us to be a more nimble organization.

3. Affordable Care Act; many facets of health care reform will impact dentistry and change the profession more than any other piece of legislation. The ADA can help members become more familiar with the components of the law that will impact the dental field.

### What are your three main goals if elected?

1. Improve member benefits—Continue efforts to adapt ADA programs to meet members’ needs and preferences.

2. Enhance the ADA’s reputation as the voice of dentistry—Strengthening the effectiveness of the State Public Affairs (SPA) program to better assist states in warding off untoward public policy.

3. Strengthen ADA’s advocacy—Continue to roll out the Action for Dental Health plan in order to improve oral health for all Americans.

### What are your main qualifications for the office you seek?

1. Track record on enhancing the reputation of the ADA as an ADA spokesperson
2. Strong understanding of the public health arguments regarding oral health and the workforce
3. Hands-on role in disputing erroneous claims about oral health facts by outside entities in Maine
4. Developed the concept of ADA’s national public affairs program and implemented it as chair of Council on Communications
5. Faculty member in health policy, health services research and pediatric dentistry at Boston University School of Dental Medicine for 10 years.

### Why do you want to be an ADA officer?

The dental profession is facing a number of challenges that will have profound impacts on our profession in the years to come. My experience will help the Board, the organization and, in turn, the profession, navigate through these many issues and turn challenges into opportunities.

# Dr. Vincent Kokich, renowned editor and educator, dies at 68

BY JEAN WILLIAMS

Tacoma, Wash.— Dr. Vincent G. Kokich, editor-in-chief of the American Journal of Orthodontics & Dentofacial Orthopedics, died of an apparent heart attack July 24. He was 68 years old.



Dr. Kokich

Known as Vince to friends and colleagues, Dr. Kokich had retired from private practice in 2010. He was a University of Washington School of Dentistry alumnus and a professor of orthodontics at the school dating to the mid-1970s.

Dr. Donald Joondeph, former chairman of the UW orthodontics department and a friend, hired Dr. Kokich to teach at the dental school. The two remained friends and colleagues for more than 40 years.

“I hired him when he was a student,” said Dr. Joondeph, a past president of the American Association of Orthodontists. “He was a few years behind me, and I became chairman of the department and hired him on the faculty when he finished his graduate program. He was outstanding as a student. He was the type of fellow that you knew that we had to do something to keep him in academics and research.”

Dr. Kokich became a revered leader and advocate for interdisciplinary dentistry. “He pioneered interdisciplinary treatment concepts—team treatment,” Dr. Joondeph said. “He was one of the very first.”

Dr. David L. Turpin, the Moore/Riedel Professor of Orthodontics at UW, witnessed Dr. Kokich’s interdisciplinary treatment at work.

“Vince had the ability to analyze adult dental problems by recognizing each component of a malocclusion,” Dr. Turpin said. “Then he would turn to a group of the best specialists he could find for their opinions. He would essentially challenge each one of them to see the big picture—including the best of treatment approaches that each could contribute. This attitude forced each dentist involved to listen to all other approaches and to defend his or her own specialty in the process of arriving at a consensus plan. This was the beginning of a true interdisciplinary approach to treatment planning in dentistry.”

Dr. Kokich was appointed in 2011 as editor-in-chief of AJO-DO, the official journal of the American Association of Orthodontists. His accomplishments in orthodontics also included service as president of the American Board of Orthodontics and the American Academy of Esthetic Dentistry. He was on the editorial boards of the Journal of the American Dental Association and the Australian Orthodontic Journal. He authored 21 book chapters, 84 scientific articles, 48 review articles and delivered more than 850 presentations nationally and internationally.

Other friends and colleagues expressed shock and sadness at Dr. Kokich’s death and reflected on his life and many accomplishments in orthodontics and in academia.

“It’s so totally unexpected,” said Dr. Gayle Glenn, president of AAO who practices in Dallas. “We were just attending a board planning session in California last weekend, and Dr.

Kokich was very much alive and contributing and telling us about new things that he had on the horizon and making plans for several speaking engagements and planning conferences and things of that nature. So it was just a real surprise. A real shock. He gave very freely of his time and his expertise. His biggest goal, I think, was to elevate orthodontics worldwide.”

Dr. Lee Graber is a past president of AAO,

who practices in Vernon Hills, Ill.

“Vince’s abilities and achievements were globally appreciated as he received the highest accolades, lectureships and awards,” said Dr. Graber. “Even as we mourn the loss of a colleague and friend, we can appreciate that his lifetime of contributions will continue to support the dental profession far into the future.”

In an announcement of Dr. Kokich’s death on the UW School of Dentistry website, Dr. Greg Huang, chair of the orthodontics department, said, “The world has lost one of its finest people, and the orthodontic profession has lost one of its greatest talents. We have all lost a friend and colleague—someone who inspired us to dream big, to strive for excellence in all our endeavors, and, through his life, led by example.”

Dr. Kokich is survived by his wife, Marilyn; his mother, Helen; four children, Vince Kokich, Jr. (Michelle), Mary Boer (Alex), Obie Kokich (Lindsay) and Marija Kokich (Lance); and seven grandchildren.

Condolences may be sent to Mrs. Marilyn Kokich, 1018 Corona Drive, Fircrest, Wash., 98466-6519. ■

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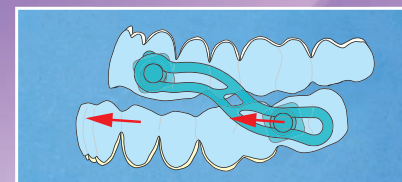
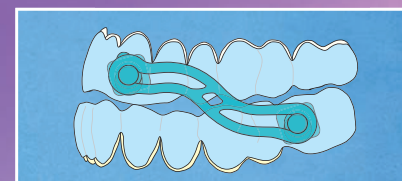


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# Analysis

Continued from Page 1

Association invites ACA implementation questions at the dedicated [healthreform@ada.org](mailto:healthreform@ada.org) email address.

## Preliminary questions regarding ACA implementation

### What are some of the key provisions of the ACA?

“Of course, the primary focus of policymakers was on the medical/hospital delivery system but a number of provisions will directly impact dentistry and it is very likely that changes in the larger delivery and payment systems will have ripple effects on dentistry in the future,” Dr. Faiella said in a statement introducing this series. (See story, this page.) For example, many of the systemic changes, such as paying for outcomes and not procedures and adopting health information technology (such as electronic health records), are directed at medicine but may affect dentistry at some point.

A primary goal of the ACA is to increase health insurance coverage by expanding Medicaid and establishing health benefit exchanges, which are intended to facilitate the purchase of private sector coverage by small businesses and individuals who lack coverage. An estimated 3 million children will gain private sector dental benefits through the health insurance exchanges by 2018. The ACA provides for expanding Medicaid to “newly eligible” adults with incomes up to 133 percent (138 percent, net of income disregards) of the federal poverty level: \$15,282 for an individual, \$31,322 for a family of four. The federal government is obligated to pick up 100 percent of the cost of covering this additional population initially and 90 percent long term.

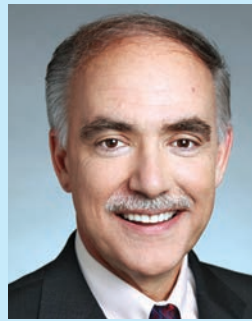
The expansion of Medicaid coverage will vary significantly depending on how states respond to the Supreme Court ruling that the federal government cannot withhold all federal Medicaid funds from states that refuse to expand their programs. There is no requirement to provide dental services to newly eligible adults but states have the option to add those services at their discretion. If all the states expand their Medicaid programs along lines called for by the ACA, up to 3.2 million more children and 4.5 million adults could have access to extensive dental benefits, according to an Association-conducted study. At publication, 23 states and the District of Columbia have indicated they will participate in the expansion with several others leaning toward participation or looking for alternative ways of participating.

ACA provisions that authorize increased funding for public health infrastructure and prevention programs are consistent with Association policy. But many of these new programs had not been funded as this report was written.

### What are health benefit exchanges?

Health benefit exchanges, or health insurance marketplaces as they are described by regulators, will be available in each state, the District of Columbia and the territories to help individuals and small businesses (up to 100 employees) buy private sector coverage. The marketplaces will be accessible online, and consumers should have access to navigators to help them make informed plan selections. Exchanges must begin enrolling beneficiaries by Oct. 1 and be fully operational by Jan. 1, 2014. Initially, the exchange will be available only to individuals and small businesses. Plan designs and premiums will vary by state. People with incomes from 100-400 percent of the federal poverty level are eligible to receive tax credits to subsidize their coverage through the exchange.

## Dr. Faiella introduces ACA Q&A



Dr. Faiella

The Patient Protection and Affordable Care Act has the potential to reshape health care in America. The ADA was there in 2009 when “health care reform” consisted of just a few proposals, and we have remained involved in the legislative process and, more recently, the implementation phase. The Association’s primary focus has been ACA’s potential effects on dentistry and the delivery of dental services to our patients.

The ACA rollout will continue well into the future with the formation of health benefit exchanges (or marketplaces) and adjustments to the system at federal and state levels. Expansion of medical insurance coverage, a move toward more integrated care delivery and significant changes in health care financing are expected.

In this edition of the ADA News, we are offering the first in a series of Q-and-A sessions on the ACA and its potential effect on dentistry and the oral health of the American public. We begin with some preliminary questions regarding ACA implementation and a short retrospective look.

Additional Q-and-A articles will be published on a regular basis. We will look ahead to potential effects in 2014 and beyond. Going forward, it is very important that we answer the questions of most concern to you, our members.

To facilitate this dialogue, please send any ACA implementation questions to the following email address: [healthreform@ada.org](mailto:healthreform@ada.org). We will do our best to answer your questions and share that information in subsequent Q-and-A articles.

Robert A. Faiella, D.M.D., M.M.Sc.  
President, American Dental Association

As of Jan. 1, 2014, all plans participating in the exchange (and in the individual and small group markets outside the exchange) must meet ACA- and state-established standards to become qualified health plans (QHPs) except for stand-alone dental plans. In general, all QHPs must offer an essential health benefit (EHB) package defined by the ACA to include pediatric dental coverage among 10 service categories. However, a QHP in the exchange does not have to offer the pediatric dental EHB if there is a stand-alone dental plan in the exchange offering the benefit. This and future ACA reports will have more to say about the effects of this coverage dichotomy.

### What is the status of the formation of health benefit exchanges or marketplaces?

In an effort to meet the October deadline of having exchanges open to accept applications, the Obama administration launched a consumer-focused website, [HealthCare.gov](http://HealthCare.gov), to help consumers understand their coverage choices. The administration’s goal is to ensure that consumers will be able to create accounts, complete online applications and shop for qualified health plans through this website. As of July, 16 states and the District of Columbia planned to operate their own state-based exchanges; seven will partner with the federal government; and 27 will rely on the federal government to run federally facilitated exchanges.

### What exchange issues most concern the ADA?

The ADA believes exchanges must maximize competition among plans with dental benefits to ensure that the exchange marketplace is competitive Jan. 1, 2014, and beyond. Plans must offer real value and provide consumers with an adequate network of providers. “Although federal regulators have been receptive to our message, only after the exchanges have been operational for some time will we know the true nature of the plan offerings and the adequacy of their networks,” said Dr. Faiella.

The Association also is concerned that federal regulators have said that consumers,



including those with children, do not have to purchase the pediatric dental benefit if the purchase is made inside the exchange. “The ADA disagrees with the federal government’s interpretation and believes it is inconsistent with congressional intent and that it is also bad public policy,” said Dr. Faiella. The ADA believes the exchanges should treat consumers fairly whether

they select dental coverage as part of an embedded dental product or in a separate stand-alone plan and continues to advocate for cost-sharing equity with federal regulators as they implement the ACA dental benefit requirements.

### How are dentist employers affected?

The ACA does not require small businesses with less than 50 full-time equivalent employees to provide health insurance. More than 99

## ADA ready to answer questions from members

Members have questions as the Affordable Care Act takes effect. The Association has answers.

To enable that conversation, the Association:

- initiated an ACA question-and-answer series in this issue of the ADA News;
- dedicated an email address, [healthreform@ada](mailto:healthreform@ada.org), for ACA implementation questions.

Member questions will inform the continuing Q-and-A series. The ADA News will also continue to report on implementation of the many-faceted Affordable Care Act, including the related report in this issue on the Aug. 1 effective date of ACA “Sunshine Act” provisions. (See story, Page 1.) ■

percent of dental practices have less than 50 employees. Small business employers who pay at least 50 percent of the premium for employee coverage may qualify for a small business tax credit. To qualify, an employer must have less than 25 full-time equivalent employees whose average annual per-employee wage does not exceed \$50,000. The tax credits, which disappear after 2016, will be available on a sliding scale to assist with the purchase of health insurance. For example, a business with 10 or less employees and \$25,000 or less in average wages will receive a credit of 50 percent. Adding to controversy around this issue, the administration recently announced that it will delay until 2015 a requirement that employers with 50 or more full-time employees offer insurance.

### How are dentists as health care consumers affected?

Plans in the individual and small group market are prohibited from imposing pre-existing condition limitations, excessive waiting periods and copayments or deductibles for certain preventive services. Coverage must be guaranteed issue and provide for guaranteed renewability and plans are prohibited from rescinding coverage. Plans may use age, tobacco use, where someone lives and family composition to calculate premiums and must offer coverage for dependents up to age 26.

### What are some of the key “revenue raisers” in the ACA that might affect dentistry?

There are a number of new taxes and ACA tax code changes intended by Congress to help pay for implementation including several with dental relevance.

- The ADA continues to support repeal of ACA provisions that are inconsistent with Association policy. This includes the 2.3 percent medical device excise tax that took effect Jan. 1. Association advocacy includes support for congressional repeal efforts and, on the regulatory side, communications with Internal Revenue Service officials and comments on IRS regulations implementing the new tax. In ADA News articles and other communications, the Association has pointed out that manufacturers, not dentists, will be responsible for paying the tax but that dentists will likely see tax-related cost increases. See for example “One Step Closer to Medical Device Tax Repeal (But Miles to Go)” at the ADA advocacy website, [ADA.org/advocacy](http://ADA.org/advocacy).

- Flexible spending accounts allow employees to set aside tax-free money to pay medical and dental bills. The FSA set-aside was limited to \$2,500 a year in 2013 to increase annually by a cost-of-living adjustment;

- In 2013, there is 0.9 percent payroll surtax on wage and salary income over \$200,000 for single filers or \$250,000 for joint filers. The 2012 Medicare Hospital Insurance (Part A) tax for the Medicare Hospital Insurance Trust Fund is 1.45 percent of all salary income with an equal 1.45 percent paid by employers. Starting in January, the tax is 2.35 percent on all earnings above \$200,000 and \$250,000 respectively. The rate for the self-employed increased from 2.9 to 3.8 percent;

- There is also a 3.8 percent tax in 2013 on some investment income of taxpayers whose modified adjusted gross income exceeds \$200,000 for single and \$250,000 for joint filers. Investment income includes rents, dividends, interest, royalties and capital gains on property sales (with a partial exclusion for primary residence sales).

### A Retrospective Look

#### Where was the ADA when health reform legislation was first being discussed?

Very early in 2009, the ADA communicated to all members of Congress and the Obama administration the ADA’s belief that a

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# Analysis

Continued from Page 16

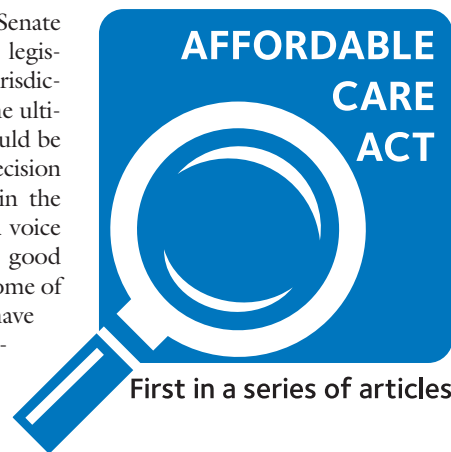
relatively small government investment in meeting three goals can contribute to significant improvement in the oral health of Americans.

- mend the tattered Medicaid safety net by improving the dental Medicaid program;
- adequately fund proven oral disease prevention programs;
- rebuild the dental public health infrastructure, which includes recruitment and retention of dentists competent in public health practice.

**How did the ADA respond as legislation developed?**

As various House and Senate committees assembled the legislative parts within their jurisdictions, it became apparent the ultimate legislative package would be far reaching. "We made a decision very early to be engaged in the process to ensure we had a voice in the debate, and it's a good thing that we did because some of the early proposals could have been especially problematic," Dr. Faiella said.

The ADA used its grassroots network and lobbying staff to address a multitude of issues. For example, during the August



also said that:

- additional funding is needed for Medic-

2009 congressional recess the ADA asked members to meet with lawmakers and attend town hall meetings. In talking points the Association developed for participants, we said the ADA opposed a proposed government-run insurance plan that would compete with private insurers. We

aid dental services;

- consumers deserve insurance protections that ensure health care value and transparency;
- the McCarran-Ferguson antitrust exemption for the business of insurance should be repealed;
- more needs to be done on prevention and public health investment;
- the ADA opposes the revenue raisers in the legislation.

As an employer mandate was proposed, we emphasized the need for a small business exemption and a stronger medical liability reform. We also objected to the \$2,500 cap on Health Flexible Spending Arrangements and the 2.3 percent medical device tax. In short, the ADA's focus at the time was on improving access to dental care for those most in need as the appropriate goal of oral health provisions in any health care reform bill. We supported provisions that moved us toward that goal and opposed provisions that conflicted with ADA policy and were inconsistent with our stated goals.

**Did the ADA endorse the ACA?**

The ADA did not endorse the ACA passed in March 2010 because it did not include provisions to improve access to dental care for millions of Americans by properly funding Medicaid dental services. It is by that measure that we assessed all major health care reform proposals under consideration as to whether they would have a major, positive impact on the oral health of Americans.

**What has the ADA done to represent the profession and our patients as ACA implementation began in earnest?**

Despite the fact that the ACA fell short of the ADA's goal of properly funded Medicaid dental services, the Association worked hard to ensure members' interests are addressed as the law takes effect in stages. "The federal agencies responsible for ACA implementation did not engage in any significant rule making immediately but once the process began we made sure we were at the table meeting with the key decision makers," Dr. Faiella said. "Even though the Association's seasoned staff has excellent contacts, we took the extra precaution of hiring outside consultants to specifically help us deal with key regulators so that we had ongoing intelligence on the process."

In early 2011, the Association had an initial opportunity to comment on the implementation process, and we continue to offer advice and comments as the ACA regulations and agency guidance are released. An overarching goal of ADA advocacy with federal officials is to ensure a consumer friendly oral health benefits market in each state. The Association's message to the regulators is this: Dental experts should provide recommendations on dental issues. The ADA supports an environment where dental benefits, whether offered as stand-alone plans or dental riders to medical plans, can adequately compete and offer consumers options for accessing oral health care. Consumers should be able to easily understand their choices based on price, quality, provider network adequacy and other factors.

**What has the ADA done to help constituent dental societies advocate on behalf of their members with regard to the state's role in ACA implementation?**

Understanding that many decisions about health benefit exchanges will be decided at the state level, the ADA in November 2011 contracted with the consulting firm Leavitt Partners, LLC to help develop materials for use by constituent dental societies. The ADA and Leavitt continue to host conference calls with state dental society staff and dental leaders to address ACA implementation at the state level. Extensive materials, including tool kits with general and state-specific information, were developed. ■

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# ADA tax reform priorities: simpler system, lower rates

BY CRAIG PALMER

Washington—The Association offered a statement of priorities for a reformed tax system to Congress' tax writing committees as talks continue toward the first major rewrite of the code since 1986.

"Most dental practices are small businesses, struggling to comply with an overly complex and burdensome code," ADA officials told the House Ways and Means and Senate Finance Committees.

"They are structured, for the most part, as pass-through entities of varying types; therefore, it is important to ADA members that tax reform be comprehensive. Corporate reform alone will not be sufficient to provide relief to ADA members who file their taxes as individuals.

"As your committees continue the process of overhauling the tax code, ADA members hope you will move toward a simpler system

based on lower rates (including individual tax rates) and a broader base. We believe such a system will increase economic growth and reduce compliance costs."

The Association told Congress that ADA's highest priorities for tax code reform include:

- maintaining the tax advantaged status given to contributions for flexible spending accounts, as they are important health savings accounts used by patients to access needed dental benefits;

- supporting the permanent extension to \$10 million annually of the Section 179 de-

duction;

- continuing to permit firms with at least \$5 million in gross receipts to use existing cash method accounting;

- eliminating the estate tax, which has a significant impact on family-owned businesses;

- promoting small businesses through fairness for pass-through entities.

ADA's July 26 letter to the bipartisan leaders of the tax writing committees was signed by Dr. Robert A. Faiella, president, and Dr. Kathleen O'Loughlin, executive director. ■

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## Sunshine

Continued from Page 1

CMS by March 31, 2014, for release on a public website by Sept. 30, 2014.

Dentists should be aware of possible manufacturer or distributor inquiries toward the required reporting of Sunshine Act transfers of value, including certain payments, entertainment costs, gifts, meals and travel costs. See also the ADA News March 4 'transfer of value' report, which is also posted at ADA.org/news/8262.aspx. Rep. Velazquez, ranking member of the House Small Business Committee, expressed "serious concerns" with the Feb. 1 final rule as amended and "the short timetable" for compliance.

In a letter drafted with Association assistance, Rep. Velazquez told the Obama administration that "CMS should be assisting professional associations to ensure physicians, manufacturers and distributors are provided ample time to understand the impact of the amended rules on their members. This extension will ensure the affected parties are provided accurate guidance so they can comply with the law.

"Proper implementation is a challenge because the professional community consists of many small businesses that need to be duly informed prior to any implementation of the requirements. With solo practitioners making up nearly 70 percent of all dental practices, many lack the time and resources to dedicate towards researching the new rules. The burden of compliance, from implementing proper recordkeeping to correct reporting, will harm the 92 percent of small manufacturers in the dental industry because uncertainty remains in the final rules."

In many respects the regulations are "vague and provide insufficient guidance for professionals, manufacturers and distributors," Rep. Velazquez said in the letter to CMS, which is charged with issuing the lion's share of the regulations necessary to implement the Affordable Care Act.

"Given the lack of clarity and the possible adverse impact on patient interests, I respectfully urge CMS not to implement the final rule until adequate time has been allowed for the agency to address these specific issues, provide much needed clarification and for all affected parties to receive the education necessary to ensure proper implementation," Rep. Velazquez wrote. "I look forward to working with you as CMS implements the Sunshine Act." ■

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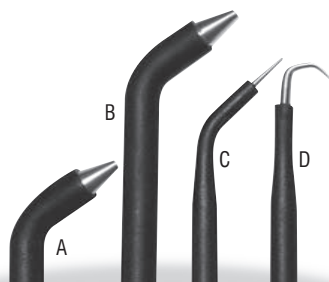
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