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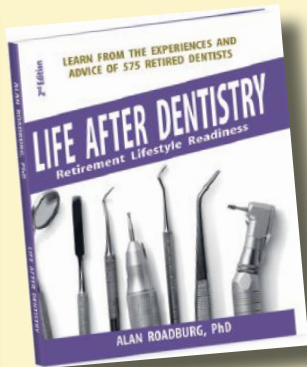
BRIEFS

New book sums up pointers for retirement

As Alan Roadburg, Ph.D., was writing his latest book, he had some help — from no fewer than 575 dentists.

All were retired or semi-retired, and all gave him direction and guidance on what to include in "Life After Dentistry: Retirement Lifestyle Readiness" (P037), the newest title in the ADA Catalog.

Aided by the Association



of Retiring Dentists and ADA News — the latter published an article asking retired members to complete an on-line survey — Dr. Roadburg received practical assistance and unique insights.

"The key question I asked was, 'What advice would you give to dentists thinking about retiring?'" Dr. Roadburg said.

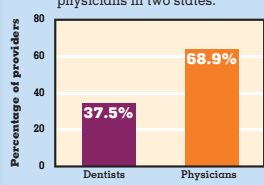
The idea of the book came from Dr. Roadburg's Life After Dentistry Retirement Workshop. Dr. Roadburg, who has conducted self-help workshops for professional

See RETIREMENT, Page 19

JUST THE FACTS

Providers participating in Medicaid

Nationally, nearly twice as many physicians as dentists accept Medicaid patients. This gap varies widely by state, but the participation rate for dentists only outpaces the rate for physicians in two states.



Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2568

ADA reaffirms support for Dental and Optometric Care Access Act

BY JENNIFER GARVIN

Washington — The ADA is reaffirming its support for the Dental and Optometric Care Access Act following the National Association of Dental Plan's opposition to the bill.

In March, the Association and American Optometric Association

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announced their support for H.R. 1606, the Dental and Optometric Care Access Act, which was introduced by Rep. Earl L. "Buddy" Carter, R-Ga.

Also called the DOC Access Act, the bill prevents federally regulated

plans from noncovered services practices, including offering no or nominal payments for services dictated by the plans and also from imposing restrictions on medical plan

See ACT, Page 6



In the field for fluoridation: Dr. David Lurye, left, of Ridgway, Colo., and Dr. Dean Brown, of Durango, Colo., stake campaign yard signs around Durango in March to help get out the vote for a ballot question that asked whether town officials should prohibit community water fluoridation in the city of about 18,000. Both dentists are past presidents of the Colorado Dental Association.

ADA seeks comments on revised Bylaws by May 26

BY DAVID BURGER

The ADA is revising its ADA Constitution and Bylaws for the first time since the early 1940s when the last major revision to the Bylaws occurred, and ADA members are being asked to review and comment on the proposed Bylaw changes.

Revisions to the Constitution were submitted to the 2016 House of Delegates and were laid over for consideration at the 2017 House of Delegates.

See BYLAWS, Page 19

National issue, local impact

Dentists fight for community water fluoridation from east to west

BY MICHELLE MANCHIR

Community water fluoridation was on the minds of city councils and voters this spring, with some choosing to back the public health measure and others disregarding it.

In each instance, local dentists played a part in educating community members about the safety and benefits of water fluoridation, which the U.S. Centers for Disease Control and Prevention has called one of 10 great public health achievements of the 20th century.

Summaries of some of the votes follow here.

Durango, Colorado

Voters here April 4 overwhelmingly said no to a proposed ordinance that would have prohibited adding fluoride to the city's water system beginning this year.

The vote total included 3,094 against the anti-fluoridation proposal and 1,735

See WATER, Page 14

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References: 1. Data on file. GSK, Study RH01515. January 2014. 2. Data on file. GSK, Study RH01823.

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WWI and dentistry: Three soldiers with dental splints are photographed in 1918 at Base Hospital No. 6 in Bourdeaux, France. The photograph is part of an exhibit in commemoration of the 100th anniversary of the U.S. entry into World War I, which is on display at ADA Headquarters in Chicago. The photographs and other artifacts from the era — many from the collection of the ADA Library & Archives — illustrate how dentists responded to the call-to-arms and served in the newly established Army and Navy Dental Corps or assisted at home in the recruitment of soldiers and raising funds for the war effort. ADA Archivist Andrea Matlak is available to give a tour of the exhibit and speak about what she learned in her research about WWI dentistry efforts. ADA members interested can contact her at matlaka@ada.org to schedule a visit and a 15-20 minute curator's talk.



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EDUCATION

National dental licensure exam committee members appointed

BY KIMBER SOLANA

The Association announced April 7 the eight members of a new steering committee tasked with overseeing the development and implementation of an Objective Structured Clinical Examination for dental licensure purposes.

The DLOSCE is intended to be a national exam that may be used by state boards of dentistry to assess a dental licensure candidate's entry-level knowledge, skills and competency, while averting the potential ethical issues involved in the use of patients for dental licensure examinations. It will become another clinical examination option for state dental boards to choose for their state.

Per the directive of the ADA Board of Trustees, which approved the creation of the exam in February, the DLOSCE Steering Committee includes two members of the Board; two general practitioner members of the Council on Dental Education and Licensure; two dentist educators with experience teaching comprehensive clinical dentistry; and two current state dental board members. "The steering committee will be providing valuable volunteer oversight as the administrative aspects of the OSCE are developed," said Dr. Richard Black, committee chair and



Dr. Black

ADA 15th District Trustee.

Joining Dr. Black in the steering committee are Dr. Roy Thompson, 6th District Trustee; Dr. Eddie Hebert, Council on Dental Education and Licensure member; Dr. Prabu Raman, CDEL member; Dr. Frank Licari, dean of the Roseman University of Health Sciences; Dr. Michael Kanellis, associate dean for patient care at the University of Iowa College of Dentistry; Dr. David Carsten, state dental board member in Washington; and Dr. Mark R. Stetzel, state dental board president in Indiana.

ADA staff from the Division of Education and Professional Affairs and the Department of Testing Services will support the steering committee members.

The Board had directed that a pilot of the DLOSCE be available in 2019 with an exam deployment in 2020. The ADA Board of Trustees sought the creation of the exam to help address issues of portability.

The development of the DLOSCE supports current ADA policy calling for the elimination of patients from the dental licensure examination process. It addresses potential ethical concerns stemming from the use of patients in traditional exams. This type of high-stakes exam that evaluates clinical and critical thinking skills is widely used in health sciences, including optometry, medicine, nursing and physical therapy.

Details of the exam — from content and structure to policies and staffing resources — remain a work in progress. The DLOSCE Steering Committee, which is set to hold its first meeting July 24, is tasked to:

- Identify and establish content areas and test specifications for the examination.
- Conduct a practice analysis.
- Establish general structure for examination (number of stations) and permissible item formats (manikin, haptic feedback device, etc.).
- Identify and contract with key vendors, including technology and administration, in support of the exam.
- Identify and establish test construction committee structure.
- Develop the candidate guide.
- Call for test constructor applications.

• Identify appropriate governance structure for DLOSCE administration.

• Identify first state(s)/region(s) for the DLOSCE field test.

"There are many decisions on how the test is administered and test policies and procedures that the committee will need to determine," he added. "Based on the expertise that each member of the steering committee brings to the table, along with the significant expertise that the Department of Testing Services staff has in developing and implementing high-stakes examinations, I am confident that this work will be accomplished."

The DLOSCE will be based on an analysis of U.S. dental practice. It will remain the same regardless of the region of the country where it is administered and will become a third-party assessment of competencies regularly evaluated at accredited dental schools.

Both the ADA Council on Dental Education and Licensure and the ADA/American Dental Education Association Joint Licensure Task Force endorsed the initiative, which has been working closely on licensure issues since 2015. ■

—solanak@ada.org



Success and outreach: Michael Shiau, top left, and Sagar Amin, top right, learn about the benefits of the ADA Center for Professional Success. At bottom, ADA staffer Susana Galvan, left, talks with Howard student Somie Agunwah about the benefits of ADA membership.

Signing for success

The ADA held a National Signing Day event April 13 at the Howard University College of Dentistry to welcome the Class of 2017.

Each spring, ADA Membership Outreach staff and state and local dental societies host lunch-and-learns for fourth-year dental students to share the value of ADA membership. All students who filled out an applica-

tion for ADA membership received the "Success: It's in the Bag" graduation gift filled with valuable ADA information, including the 2017 Code on Dental Procedures and Nomenclature and information about Great-West life and disability insurance, DRB student loan consolidation and the ADA's New Dentist website, ADA.org/newdentist. ■



Future members: Elaria Ghobrial, left, and Leisa Robotham go over their membership applications.

SCIENCE

ADA puts genetic testing, oral health in context for dentists

BY MICHELLE MANCHIR

What role does genetics play when it comes to oral health? The ADA released in April an evidence-based summary of information related to this question for dental professionals.

The topical page covers basic genetic principles, genetic testing and using genetic information in clinical decision-making in dentistry. The Genetics and Oral Health page, available on the ADA's Oral Health Topics' webpage, is intended to serve as a clinical resource for dentists and other health professionals when it comes to answering patients' questions about genetics and oral health.

Visit ADA.org/GeneticsAndOralHealth to see the report.

The information helps frame and address some of the questions dental professionals are facing regarding the utility of genetic tests for predicting risk of oral disease. The ADA has learned of reports that genetic testing has become available that purportedly determines whether a patient is at risk for developing severe periodontitis. As a consequence, patients may be bringing in the test results to show their dentists with questions about the interpretation of these results.

The Oral Health Topic page explains that no predictive test for dental caries or periodontal disease currently exists, and that while genetic testing holds potential for clinical application in the future, clinical measurements remain, for now, the best approach to assessment of caries and periodontal disease.

"A genetic test may claim to be predictive, but this is not currently the case," said Dr. Rebecca Slayton, a coauthor of the topical page

and a council member. "If the patient has a test result that is positive for a genetic susceptibility factor, it is an opportunity to talk to the patient about all the ways they can minimize their risk through diet, oral hygiene and other environmental modifications."

Indeed, the other key points of the topical page are that many common diseases are not inherited as a single gene defect, but instead result from gene-environment interactions. No gene to date has been identified that has as large an impact on periodontal disease as environmental

influences, such as smoking or diabetes.

"Most chronic diseases appear to be a result of multiple genes interacting with the environment (like poor hygiene)," said Dr. Steven Offenbacher, a council member and coauthor of the topical page. "Information about a single gene test likely has limited inference potential."

The ADA has additional resources for dental professionals on this topic.

In November 2015, the ADA hosted a conference addressing genomic data as it relates to dentistry. A summary of the conference

is available in the March 2016 issue of The Journal of the American Dental Association. Visit JADA.ADA.org and search for "Conference summary: Navigating the Sea of Genomic Data."

The Oral Health Topic pages provide clinically relevant information on scientific concerns that may come up for dentists. To explore other topics, visit ADA.org/en/member-center/oral-health-topics. Topics covered include antibiotic prophylaxis, aging and dental health, diabetes, infection control, and more. ■

May JADA: What factors contribute to oral malignant melanoma survival?

BY MICHELLE MANCHIR

Early and detailed examinations for oral malignant melanoma are critical for improving the survival rate, according to research published in the May issue of The Journal of the American Dental Association.

Authors of the cover story, "Determining the Epidemiologic, Outcome and Prognostic Factors of Oral Malignant Melanoma By Using the Surveillance, Epidemiology and End Results Database," said their study confirmed that multiple prognostic factors are associated with oral malignant melanoma survival, including age of diagnosis, decade of diagnosis, extent of disease, tumor size and socioeconomic status.

"Dentists should examine pigmented lesions carefully, especially in older patients and patients of lower socioeconomic status who are often diagnosed later, resulting in a worse prognosis," the article's authors said in a statement to ADA News.

This article and the rest of May JADA is available online at JADA.ADA.org. ■



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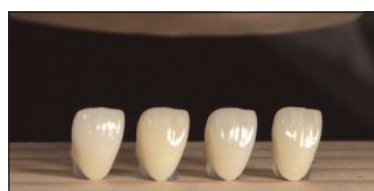
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GOVERNMENT

Adult dental benefit moves closer to reality

BY DAVID BURGER

Annapolis, Md. — Maryland residents are one step closer to having an adult dental benefit through the Maryland Medical Assistance Program, also known as Medicaid.

The Maryland General Assembly gave unanimous and bipartisan final approval April 10 to Senate Bill 169, legislation that could lead to the establishment of an adult dental benefit. The bill awaits the governor's signature before becoming law.

"This was a truly bipartisan team effort," said state Delegate Mike McKay in a news release. His floor amendments to Senate Bill 169 adopted language from House Bill 1158 and potentially authorizes the expansion of Medicaid to adult dental services.

"I think Maryland has turned a corner and finally recognizes the serious and irreparable health consequences of poor oral health," Delegate McKay said. "This legislation puts us on track to include an adult dental benefit in Medicaid. Too many people are suffering and living in chronic pain needlessly. By putting oral health on the front burner we have helped put a smile on the face of thousands of Marylanders."

The legislation requests that the Maryland

Dental Action Coalition study the cost to Medicaid for emergency room visits by adults with chronic dental health conditions. The study, due Dec. 1, may also consider whether it is advisable to expand Medicaid benefits to include dental services for certain adult Medicaid enrollees.

If the governor signs SB 169 and the Maryland Dental Action Coalition study concludes that expanding dental benefits in Medicaid to include dental services for adults with income at or below 133 percent of poverty is advisable, the state may provide dental services for this population beginning Jan. 1, 2019, subject to budgetary constraints.

"We can't afford not to do it," said Dr. Diane Romaine, past president of the Maryland State Dental Association and president of the Maryland State Dental Association Charitable & Education Foundation. "This is a vote of support. We're hopeful and very inspired that we've come this far."

Dr. Romaine said that a Maryland study after the 2014 fiscal year showed that the cost savings of adding a Medicaid adult dental benefit were significant. The study, published in a research brief by the ADA Health Policy In-



Economics: Dr. Diane Romaine, past MSDA president, says the state should see significant cost savings with passage of the law.

stitute in late 2014, showed that a "Medicaid program could save up to \$4 million per year by diverting emergency department dental visits to dental offices where more appropriate and more cost-effective care can be provided."

According to Medicaid.gov, states are required to provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program, but states choose

whether to provide dental benefits for adults.

Currently, Maryland Medicaid does not cover dental services for adults 21 years or older, except for pregnant women, individuals enrolled in the Rare and Expensive Case Management and emergency services for dental problems provided in a hospital emergency department, according to a February 2016 report conducted by the Hilltop Institute, a nonpartisan health research organization.

In Maryland, "Medicaid dental benefits for adults in emergency rooms are limited to palliative care through pain medication and antibiotics, not definitive restorative and preventive care," Dr. Romaine said.

"Expanding Medicaid to include an adult dental benefit is the right thing to do," said Salliann Alborn, chair of the Maryland Dental Action Coalition, in a news release. "Uninsured adults have virtually no access to care and as a result, we see increased emergency room visits and related systemic illnesses that can often have life-threatening consequences. Together, we will raise the bar to improve access to oral health care like many other states have already done for their citizens." ■

— burgerd@ada.org

Act

Continued from Page 1

participation and setting limits on a doctor's choice of lab. To date, 40 states have passed legislation to limit noncovered services provisions in dental or vision plans. Even with state legislation, the DOC Access Act can help because many insurance plans fall under the Employee Retirement Income Security Act and, as such, can claim that they are not covered by the state laws.

In an April 3 letter to Rep. Carter, the National Association of Dental Plans stated its opposition to the bill, saying that it "denies insureds the benefit of discounts negotiated for both covered and noncovered services which negates one of primary values of insurance."

In an April 24 letter to Rep. Carter, ADA President Gary L. Roberts and Executive Director Kathleen T. O'Loughlin thanked the congressman for his support. They also said the ADA disagrees with NADP because the ADA believes it is in the public's interest to oppose noncovered services provisions for reasons that include:

- Imposing discounts on providers for services an insurance company doesn't cover is a marketing ploy, designed to gain a competitive advantage over smaller carriers.
- The larger plans are using their "monopsony" market power to dictate pricing on services for which they bear no financial responsibility.
- There is no empirical evidence that non-covered services provisions benefit the individuals covered by the plan, but they do have a negative impact on those paying out of pocket for their care. According to the ADA Health Policy Institute, the average net income for a general practice dentist in 2014 was at a level comparable with that in 1997.

The NADP also stated: "Dentists have agreed to a fee schedule and in return they receive an opportunity to reach an abundance of new clients, and therefore should not be able to circumvent certain contractual obligations of providing additional discounts."

The ADA disputed this, saying, "payer contracts are between unequal partners and thus always one-sided. While payers make many demands of dentists, including requiring them to assent to heavily discounted fee schedules, they do not assume responsibility of assuring 'an abundance of new patients' in their contract with the dentist."

"In fact, more than one in three adults, ages 19 through 64, with private dental benefits did not have a single dental claim in 2013," the Association noted.

The ADA also pointed out that there was a 10.4 percent reduction in national payment rates provided to dentists through private dental benefit plans between 2005 and 2014 with a strong correlation (0.77) between dentists' participation in preferred provider organiza-

Imposing discounts on providers for services an insurance company doesn't cover is a marketing ploy, designed to gain a competitive advantage over smaller carriers.

tion networks and payment rate changes, demonstrating the "payers' ability to effectively control reimbursement rates."

Other claims made by NADP include:

- Reimbursement rates. NADP argues that provider and carriers negotiate reimbursement rates and if they are unacceptable, dentists "do not need to join the network." The ADA asserts that this merely seeks to ensure a plan will not be able to give a "covered service" status by offering a nominal reimbursement and "does not really provide dentists with a meaningful choice when asked to make a business decision on whether to sign a contract. As payers steer more patients into using network providers, the small businesses become even more sensitive to discounts."
- The bill only allows for reimbursement rates to be changed with an agreement signed by the provider. NADP argues that "when the

new fee schedule comes out that the dentist has an 'opportunity' to assent to the new fee schedule, negotiate new fees within the schedule, or leave the network." The ADA says this "assertion by NADP is false. Dentists do not currently have this opportunity, and as small business owners they should be able to fully evaluate the effects of modified fee schedules on their practices before agreeing to continue the contractual relationship."

- The bill requires prior acceptance by the provider of any extension to a provider contract for limited scope dental and vision plans beyond two years. NADP argues that "the only terms of the contract that change with any frequency are fees and reimbursement rates. The additional expense for re-contracting every two years only adds cost without benefit to the consumer." The ADA counters that "the bill does not require" that re-contracting take place. The Association also disputes NADP's claim that the only terms of the contract that change with any frequency are fees and reimbursement rates, pointing out that "dentists are often contractually obligated to abide by the payers' processing policies which are usually independent documents posted on the payers' websites that are revised annually."

"Dentists, their patients, and the public at large are disadvantaged by the negative impact noncovered service provisions have on competition among entities in the health insurance industry," the ADA concluded. "The large number of states that have already passed noncovered services legislation demonstrates the need for the federal government to take action on this matter. The passage of H.R. 1606 would foster competition in the insurance industry, benefit consumers and bring balance to contract negotiations that are currently skewed unfairly to advantage dental insurance companies."

The ADA also sent the letter to House Committee on Energy and Commerce Chair Greg Walden, R-Ore., and Ranking Member Frank Pallone, D-N.J., which is posted on ADA.org/Advocacy.

Follow all of the ADA's advocacy efforts at ADA.org/Advocacy. ■

ADA, others ask Congress to oppose proposed cuts to NIH budget

BY JENNIFER GARVIN

Washington — The Friends of National Institute of Dental and Craniofacial Research Association is asking Congress to oppose the Trump Administration's budget proposal for fiscal year 2018, which recommends a 20 percent cut to the National Institutes of Health overall budget as well as \$1.2 billion in cuts to FY 2017 in order to pay for an increase in defense and the wall along the Mexican border.

In an April 19 letter to the Labor, Health and Human Services, Education, and Related Agencies Subcommittee, the 40 supporters of FNIDCR, including the ADA, said, "these proposals set a dangerous precedent."

The letter also pointed out that the budget proposal contradicts previous support Congress has shown the NIH, in particular the 21st Century Cures Act, which received overwhelmingly bipartisan support when it passed in 2016.

"A reorganization at this time would seriously disrupt ongoing research and slow progress towards finding cures and more effective treatment options that will lead to better health for everyone," the supporters wrote, adding, "FNIDCR is steadfastly committed to supporting the National Institute of Dental and Craniofacial Research and the unique, vital and innovative role it plays in funding research

See NIH, Page 9

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References: **1.** Riley P, Lamont T. *Cochrane Database Syst Rev*. 2013 Dec 5;12:CD010514.doi: 10.1002/14651858.CD010514.pub2. **2.** Data on file. Colgate-Palmolive Company, 2015. **3.** Triratana T, Kraivaphan P, Amornchat C, et al. *Am J Dent*. 2015;28:68-74. **4.** Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol*. 2012;39:1056-1064. **5.** Kraivaphan P, Amornchat C, Triratana T. *J Clin Dent*. 2013;24:20-24. **6.** Xu T, Deshmukh M, Barnes VM, et al. *Compend Contin Educ Dent*. 2004;25(suppl 1):46-53.

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Anterior Three-Unit	Porcelain-Fused-To-Metal (PFM)	Lithium Disilicate-Based Materials or Veneer-Fused-To-Zirconia or Cubic Zirconia
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Dr. Marks, past ADA trustee, dies

Vero Beach, Fla. — Dr. Clifford Marks, a former ADA trustee, died March 14. He was 79 years old.

Dr. Marks served as the 17th District (Florida) trustee on the ADA Board of Trustees from 2000-04. He also served as president of the American Association of Orthodontists and the Florida Dental Association.

Born in Cleveland on May 16, 1937, Dr. Marks graduated from the Ohio State University College of Dentistry in 1961 and completed a residency at Eastman Dental Center

at the University of Rochester in 1962. He practiced orthodontics in Miami and Key Largo, Florida, from 1964 to 2000.

In 1986, the Florida Dental Association named Dr. Marks as Outstanding Dentist of the Year. Thirteen years later, the Florida Dental Association gave him the FDA Lifetime Achievement Award.

Dr. Marks was married to Harlene Henry Marks. The two met in high school and later became boat enthusiasts. With his wife as his first mate, Dr. Marks sailed their boat

The Honey Girl — named after Harlene — throughout the Caribbean, Pacific Northwest, East Coast, the Great Loop and the Gulf of Mexico.

Dr. Marks is survived by his wife, Harlene; their children, Geoffrey Marks and Lauren Rimland; and five grandchildren.

Dr. Marks' funeral was held March 19 in Vero Beach, Florida. Dr. Marks memory can be honored by contributions to the Autism Science Foundation, autismsciencefoundation.org. ■



Dr. Marks: Served from 2000-04 as a trustee.

Oral, overall health integration: NIDCR seeks public input for research initiatives

Bethesda, Md. — The National Institute of Dental and Craniofacial Research is inviting public comment on how to best integrate the study of oral health with overall health.

Earlier this year, NIDCR launched NIDCR 2030, a “strategic visioning initiative designed to advance dental, oral and craniofacial research over the next 15 years.”

To do this, the agency is seeking input on the five goals it has set for 2030:

- Oral health and overall health.
- Precision medicine.
- Autotherapies.
- Oral biodevices.
- Workforce diversity.

Visit nidcr2030.ideascale.com/a/index to submit research ideas and to vote and comment on the ideas of others. The agency said it plans to use the information it collects to plan future workshops and research initiatives.

The idea submission period ends May 19 and all votes must be entered by June 2. Learn more at the NIDCR 2030 webpage. ■

NIH

Continued from Page 6

to create less invasive, cost-effective and more efficient ways to improve oral health and lessen the economic burden dental, oral and craniofacial diseases and conditions place on Americans.”

The supporters urged members of the committee to continue supporting NIH and the National Institute of Dental and Craniofacial Research by providing the agencies \$36.1 billion and \$452 million in 2018 — increases of about \$2 billion and \$22 million, respectively.

“Dentists, researchers, students and the American public rely on the research funded by the NIDCR,” FNIDCR wrote. “For example, research in community water fluoridation has saved the American public at least \$38 for every \$1 invested. Increasing funding for NIDCR is the only way to ensure that these life-changing initiatives continue.

Follow all of the ADA's advocacy efforts at ADA.org/Advocacy. ■

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Three's company at New Dentist Conference

Trio of keynote speakers for conference at ADA 2017, which opens registration May 10

BY DAVID BURGER

Atlanta — Three is better than one.

Not just one but a trio of people will be the keynote speakers at the New Dentist Conference, held in conjunction with ADA 2017 – America's Dental Meeting at the Georgia World Congress Center in October.

The three presenters are all popular TED/TEDx speakers. TED, founded in 1984, is an organization that features conferences, events and online videos under the slogan "ideas worth spreading."

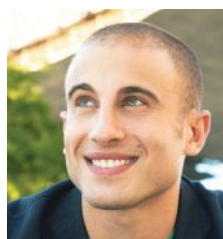
The speakers — Mel Robbins, Jay Parkinson, M.D., and Chris Bashinelli — will present on successive days of the New Dentist Conference.

The motivational speeches are included in the price of registration for the New Dentist Conference. The schedule is:

- Ms. Robbins will speak Oct. 19 at 9:30 a.m. A former lawyer and CNN contribu-



Ms. Robbins



Mr. Bashinelli



Dr. Parkinson

tor, Ms. Robbins is a best-selling author who is perhaps best known for delivering one of the most popular TEDx Talks in the world: "How To Stop Screwing Yourself Over." She is a third-generation entrepreneur who has launched and sold two companies and currently owns and operates a multi-million dollar publishing and speaking business focused on leadership, courage and human potential.

- Dr. Parkinson will speak Oct. 20 at 8

a.m. Dr. Parkinson is a physician who trained in pediatrics and preventive medicine at Johns Hopkins University. He has challenged how doctors and patients communicate and solve problems

together, creating the world's first internet-enabled house call practice in 2007; founding and designing the first cloud-based electronic medical record in 2008; and designing a popular iPad app for physicians, Omnio. He gives talks on the new frontiers that technology creates for health care.

- Mr. Bashinelli will speak Oct. 21 at 2 p.m. Also known as "Bash," Mr. Bashinelli, a former actor, now uses media to build bridges

between cultures. At 20 years old, he traveled to Tanzania to make his first documentary. He now traverses the globe from Uganda to Haiti as host of "Bridge the Gap," a TV series featured on PBS and the National Geographic Channel, where he discovers what it's like to walk in someone else's shoes. He has harvested buffalo with Native Americans in South Dakota, lived as a nomad in Mongolia and sumo wrestled the heaviest Japanese human being in recorded history. He is a moderator for the United Nations, an Eagle Scout, a National Geographic Explorer and has interviewed some of Time Magazine's 100 Most Influential People on the Planet.

Registration for ADA 2017 and the New Dentist Conference opens May 10 at ADA.org/meeting.

The annual meeting runs Oct. 19-23 in Atlanta. ■

Early registration for FDI 2017 Madrid ends May 31

Madrid — Early Bird registration for the 2017 FDI Annual World Dental Congress ends on May 31, with registration fees increasing after that date.

The FDI World Dental Federation an-



nual meeting will be held Aug. 29-Sept. 1 in Madrid. The official language of the meeting is English.

The FDI Congress features lectures given by an international faculty of more than 30 renowned experts; free abstracts from all over the world; a wide choice of hands-on continuing education; hot topic sessions; industry symposia; and the World Oral Health Forum, which this year focuses on periodontal health.

Iowa-based ADA member Dr. Kathryn Kell will be installed as FDI President in Madrid for 2017-2019.

For more information, including registration, visit world-dental-congress.org. ■

ASDA elects 2017-18 national officers

The American Student Dental Association announced March 6 that its House of Delegates elected its 2017-18 national president, vice presidents and speaker of the House of Delegates during its annual meeting in Orlando, Florida.

The organization elected Tanya Sue Maestas, a University of Texas Health Science Center School of Dentistry student, as president. Ms. Maestas previously served as District 9 trustee of the ASDA Board of Trustees, and as president of the Houston ASDA chapter.

Danielle Marciniak, of Roseman University of Health Sciences, and Alex Mitchell, of Temple University Kornberg School of Dentistry, will serve as ASDA's vice presidents.

Ms. Marciniak joined ASDA in 2011 as a pre-dental student and has since held leadership positions at the local, district and national levels, most recently as District 10 trustee to the national board. Mr. Mitchell served a term as District 3 trustee while also serving as president of the Temple ASDA chapter.

Abby Halpern, of Dental College of Geor-

gia of Augusta University, was elected speaker of the House of Delegates. Ms. Halpern spent two years on ASDA's Council on Advocacy, first as legislative coordinator and later as chair.

"We have achieved much as an organization, but we must continue to press forward and take our organization to new heights," said Ms. Maestas in a news release. "I am excited to see what direction our profession takes because I know it is entrusted to the brightest minds and most passionate people." ■

ADA Foundation award helps promising researchers

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The ADA Foundation and Procter & Gamble have launched a new award to promote and recognize excellence in oral health research that advances preventive dentistry.

The ADA Foundation Crest and Oral-B Promising Researcher Award will provide \$5,000 for the winner to attend a scientific conference to further his or her knowledge and/or to present findings.

With approval from the selection committee the awardee could also use the award to fund research-related expenses.

"This new award will help further research on the prevention of oral disease and will encourage early career scientists to expand their horizons," said Dr. William R. Calnon, ADA Foundation president.

Eligible applicants include degree candidates who conduct oral health research in preventive dentistry while enrolled in one of the following degree programs at an eligible institution: D.D.S., D.M.D., Ph.D.,

master of science degree or master's degree in public health.

The application deadline is June 30.

"Crest and Oral-B are committed to supporting the next generation of researchers who have passion for prevention and the important role it plays in achieving optimal oral health," said Dr. J. Leslie Winston, Ph.D., director of global oral care professional & scientific relations and clinical operations at Procter & Gamble.

To read the full eligibility criteria and to apply, visit ADAFoundation.org. ■

Denver-area federally qualified health center settles \$400,000 HIPAA breach

Washington — The federal government in April settled a potential violation of the Health Insurance Portability and Accountability Act with a Denver-area federally qualified health center that was reportedly the victim of a 2012 phishing attack.

Metro Community Provider Network agreed to pay \$400,000 and implement a corrective action plan to resolve potential noncompliance with HIPAA Privacy and Security Rules, according to the U.S. Department of Health and Human Services Office for Civil Rights.

Metro Community Provider Network

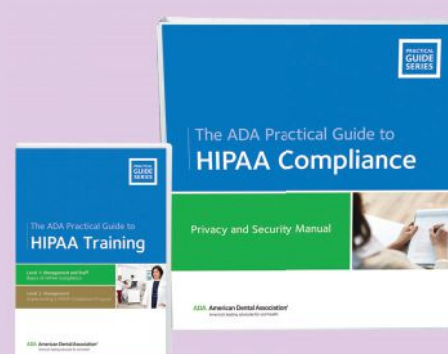
provides primary medical care, dental care, pharmacy, social work and behavioral health care services throughout the greater Denver area to approximately 43,000 patients per year.

On Jan. 27, 2012, the center filed a breach report with the Office of Civil Rights indicating hackers had accessed employees' email accounts and obtained 3,200 individuals' electronic protected health information.

The Office of Civil Rights' investigation revealed that the center failed to conduct a risk

analysis until mid-February 2012; prior to the breach, the center had not conducted a risk analysis to assess risks and vulnerabilities and had not implemented any risk management plans to address them.

To help dentists implement a step-by-step HIPAA compliance program, the ADA offers the ADA Complete HIPAA Compliance Kit (J598). ADA members can save 15 percent on the HIPAA kit and all ADA Catalog products with promo code 17125 until June 30. To order, visit adacatalog.org or call 1-800-947-4746. ■





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Water

Continued from Page 1

supporting it, according to the city's website.

The issue came up for a vote after a local group of 34 voters filed a petition with the city council.

Many voters educated themselves on the facts of water fluoridation before hitting the ballot box, said Dr. Angela Pinkerton, a pediatric dentist in Durango, a city of about 18,000. Local health care professionals helped educate the public, she said.

"Without a doubt, this vote went the way it did because the medical and dental community rallied support in favor of fluoridation," said Dr. Pinkerton, who spoke at city council study sessions on the topic, called voters, wrote an editorial for the newspaper and took other steps to make her endorsement of community water fluoridation known.

"I felt my most powerful resource for discussing benefits of fluoride in Durango was my direct observation in patient caries risk between fluoridated and nonfluoridated areas," said Dr. Pinkerton. "It was evident children from nonfluoridated areas had more cavities. I directed patients to the ADA website for detailed information about water fluoridation."

Dr. Pinkerton said she also engaged in "chairside conversations" with parents of her young patients to discuss the benefits of fluoridation and the ballot issue.

"Water fluoridation is providing a layer of protection for our teeth throughout our lives," she said. "This includes protecting baby teeth from cavities before toothpastes and mouth rinses can be used all the way to protecting our adult teeth from root surface caries in our geriatric population. Fluorida-

tion has been proven to be safe and cost-effective for our communities."

Fellsmere, Florida

The Fellsmere City Council voted 5-0 April 6 to reverse a decision that would have stopped community water fluoridation in this city of about 5,400.

The vote came after council members heard from dental and public health professionals about the safety and benefits of community water fluoridation.

Tadd Richards, a dental hygienist at a local community health center, said at the meeting that he noticed a marked improvement in the amount of decay on children's teeth since the city began its fluoridation program about five years ago.

"What I've noticed in the past five years is the amount of decay is smaller," said Mr. Richards.

Earlier this year, the Fellsmere city manager proposed cutting the \$4,000 from its annual budget that funds community water fluoridation, according to a local news report. But the issue came up for a vote when local health organizations protested the move, according to TCPalm, a local newspaper.

Alexandria, Indiana



Dr. Steele

The city council here April 3 said no with a 4-3 vote to a proposal that would have resumed community water fluoridation in this city of about 5,100.

Council member and dentist Dr. David Steele, who said he regularly monitors the local water supply, brought the resolution to the board following months of public discussion.

"Much to my surprise, I have found that many in the small community of Alexandria are not supporting fluoridation," he said, citing widespread consumption of inaccurate reports online about fluoridation.

The council heard testimony supporting fluoridation from another local dentist and a representative from the Indiana State Department of Health, Dr. Steele said.

"Unfortunately, there are many who look for reasons to spew information that is false," Dr. Steele said. "Dental professionals need to speak up at government meetings, school boards, city councils and educate others. Physicians are also a great source of support along with hospital administrators."



Dr. York

Arab, Alabama

On March 28 the Arab, Alabama, water board finalized a decision it had reached in 2015 to stop adding fluoride to its water supplies.

The action came after a yearlong court battle between the city of Arab and its water board that ended in December when the Supreme Court of Alabama upheld the water board's ability to cease fluoridation despite the city's objections. The Arab Water Works board had first decided to remove fluoridation in 2015.

The motion came despite some outspoken local dentists and other health care professionals, including Dr. John York, who has a dental office in Arab, a city of about 8,000.

"I really thought if I presented them with solid science regarding the safety and efficacy of community water fluoridation, board members would change course," Dr. York said. "I was sadly mistaken."

Prior to the March vote, Dr. York had spoken publicly at water board meetings, at-

tempting to educate the public about the benefits of water fluoridation. He cited the U.S. Environmental Protection Agency's denial of a petition earlier this year seeking a ban on what it called the "addition of fluoridation chemicals to water."

The EPA denied the petition because the agency concluded that the petition had "not set forth a scientifically defensible basis to conclude that any persons have suffered neurotoxic harm as a result of exposure of fluoride in the U.S. through the purposeful addition of fluoridation chemicals to drinking water or otherwise from fluoride exposure in the U.S.," Dr. York said at the meeting, quoting from the EPA document.

Dr. York also shared anecdotal examples of children in nonfluoridated communities having to go to the operating room to have teeth removed.

"This is not the kind of things we want to happen here in Arab, but I'm afraid that's exactly what is coming our way without continued community water fluoridation," he said.

Though the vote did not support fluoridation, Dr. York said he doesn't feel his effort was wasted.

"Know that the efforts behind community water fluoridation in your community are very valid," he said.

Wilmington, Ohio

The city council voted 4-3 to fluoridate public water supplies in this city of about 12,500.

The council vote comes after about 57 percent of Wilmington voters said "yes" in November 2016 to a ballot questions that asked whether the city should join eight other communities in Ohio that originally opted out of a state fluoridation mandate in 1970 but have since reconsidered and voted to fluoridate. ■

Fluoridation champions lauded

BY MICHELLE MANCHIR

Albuquerque, N.M. — Recognizing the important health benefits of community water fluoridation, the ADA, the Association of State and Territorial Dental Directors and the Centers for Disease Control and Prevention honored leaders, states and community water suppliers at the National Oral Health Conference April 23.

The groups distributed three fluoridation merit awards, which recognize "an outstanding contribution toward the progress of fluoridation."

Recipients included Dr. William Bailey, Dr. Scott Presson and the Santa Clara Valley Water District in California.

Dr. Bailey, a longtime public health dentist, is credited with revamping and focusing water fluoridation training and building the capacity of the state infrastructure grant program at the Centers for Disease Control and Prevention Division of Oral Health. While at CDC he also played a large role in the development of the recommended fluoride level for public drinking water. Dr. Bailey was selected to serve as the U.S. Public Health Service's assistant surgeon general and chief dental officer, during which time he structured a "national policy and program to build the public health dentistry program within the federal government," according to the groups honoring him.

After a distinguished career in the Indian Health Service, Dr. Presson joined



Dr. Bailey

the U.S. Centers for Disease Control and Prevention as Program Services Team Leader for the Division of Oral Health, according to the groups honoring him. He provided leadership in initiation and development of the CDC State Infrastructure Grant program to build the capacity and resources of state oral health programs. He also provided oversight for the CDC water fluoridation program and the development of various data applications for fluoridation surveillance and management. Dr. Presson led the committee that initially examined the science that would become the basis for the 2011 recommendation on fluoride levels in public drinking water.

The board of directors for the Santa Clara Valley Water District is credited with "unwavering support for community water fluoridation." Following a unanimous vote in 2011, the board initiated fluoridation in 2016 to one of its three water treatment plants and has proposed to fluoridate its remaining system by 2020.

For more information on these honorees and to see all other recipients of fluoridation awards at the National Oral Health Conference, including states and water suppliers recognized for their support of community water fluoridation at the, visit ADA.org/2016FluoridationAwards. ■

National public health award goes to ADA staff member

BY MICHELLE MANCHIR



Ms. McGinley

Albuquerque, N.M. — Jane McGinley's first exposure to working in dentistry came during her high school years in rural Illinois, where she worked as an assistant in a local dental office two evenings a week and Saturdays

for \$1 an hour.

The humble first job led to a career in dental hygiene and for the past 20 years as staff at the American Dental Association, where she is the go-to resource for ADA members and staff alike when it comes to facts and information about community water fluoridation.

The American Association of Public Health Dentistry on April 23 honored Ms. McGinley during the National Oral Health Conference in Albuquerque for being a "tireless advocate promoting the science, facing the challenges and creating strategies surrounding fluoridation." The group's immediate past president, Dr. David Cappelli, presented the award.

In her current role at the ADA, manager of fluoridation and preventive health activities, Ms. McGinley monitors community water fluoridation at the national, state and local levels. She regularly works directly with ADA member dentists who

request assistance and resources to help educate their communities about the benefits of water fluoridation. She also provides technical assistance to coalitions and others involved in fluoridation efforts.

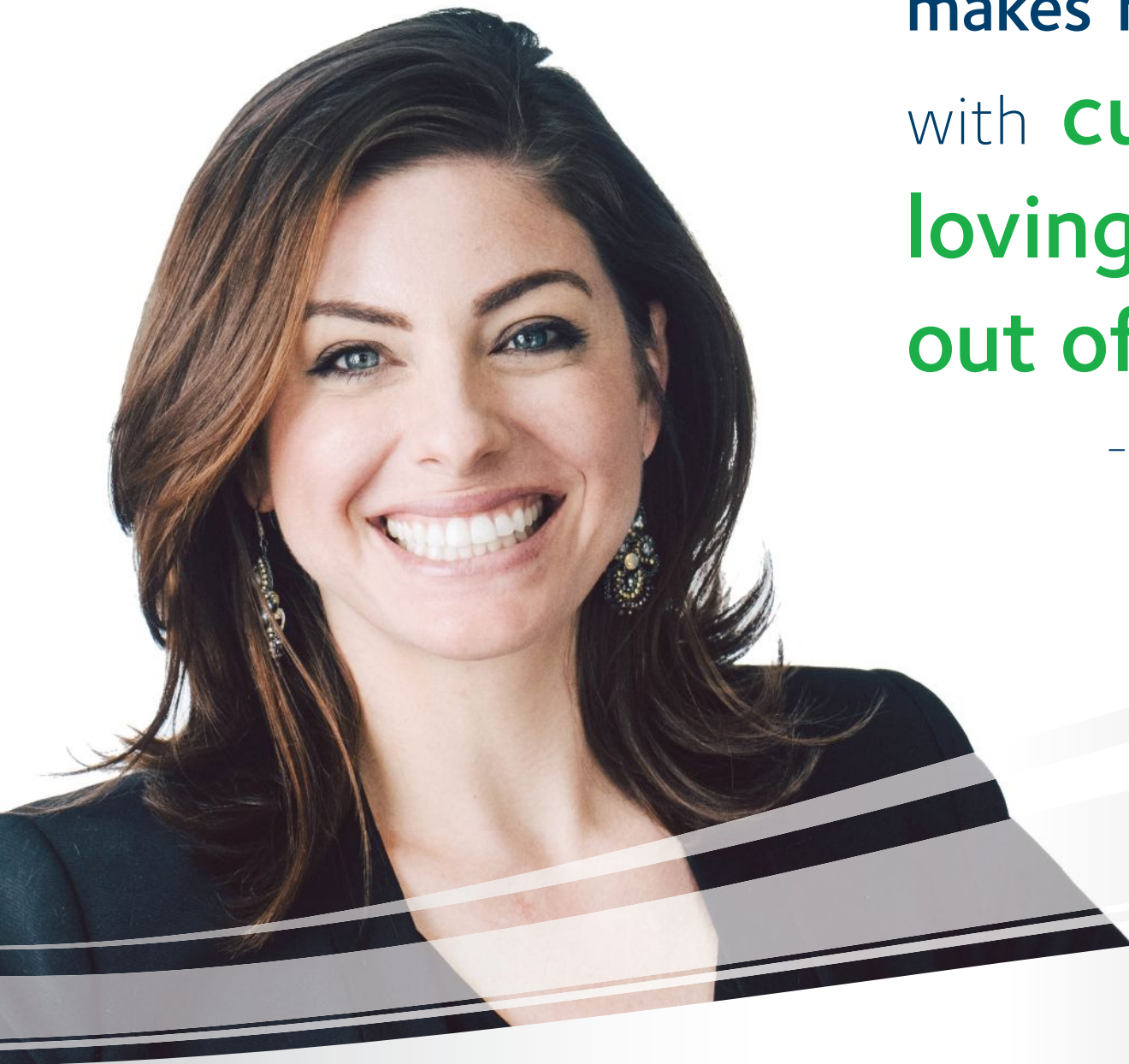
She also coordinates the meetings and affairs of the ADA National Fluoridation Advisory Committee. She has assisted that committee in the development and publication with the last three editions of Fluoridation Facts, which is widely used in fluoridation campaigns.

"Almost anyone who's had to deal with community water fluoridation issues knows Jane," said Dr. Valerie Peckosh, chair of the advisory committee. "Her incredible wealth of knowledge and her dedication are unmatched."

Before joining the ADA, Ms. McGinley earned a bachelor's degree in dental hygiene and served in both private clinical practice and as a coordinator of care for individuals with special needs. In 1999, she earned a master's degree in business administration. At the ADA, she previously served as coordinator for fluoridation and preventive health activities and the coordinator of council programs for what is now the Council on Advocacy for Access and Prevention.

Read more about Ms. McGinley and this recognition of her work by visiting ADA.org/JaneMcGinleyAward. ■

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Found: Dr. Ruchika Khetarpal stands up during the ADA Annual Conference on Membership as ADA Executive Director Kathleen T. O'Loughlin encouraged attendees to complete their Find-a-Dentist profile. Dr. Khetarpal shared with the Association that a patient recently found her through the Find-a-Dentist online search tool, which launched April 3 and aims to help prospective patients connect with local ADA members. ADA member dentists with completed profiles, especially those with photos, are prioritized in the online tool's search results.



Boat size: Former Olympic athlete and journalist Adam Kreek demonstrates the width of a boat he and three others rowed across the Atlantic Ocean. Mr. Kreek was the keynote speaker at this year's ADA Annual Conference on Membership, held April 20-22 at ADA Headquarters. Drawing from his experiences, Mr. Kreek spoke about teamwork that leads to the strong culture essential for sustained success in an organization.

FDA issues safety note on codeine and tramadol

BY MICHELLE MANCHIR

Codeine and tramadol should be restricted for children, especially those younger than 12 years, the U.S. Food and Drug Administration said in an April drug safety communication.

The FDA said health care professionals should be aware that tramadol and single-ingredient codeine medicines are FDA-approved only for use in adults, and that it recommends against use of the drugs for breastfeeding women due to possible harm to their infants.

Risks for codeine, which is approved to treat pain and cough, and for tramadol, which is approved to treat pain, include slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12, according to the FDA.

"Consider recommending over-the-counter or other FDA-approved prescription medicines for cough and pain management in children younger than 12 years and in adolescents younger than 18 years, especially those with certain genetic factors, obesity, or obstructive sleep apnea and other breathing

problems," the FDA said.

To read more about this safety communication, including required changes to the labels of all prescription medicines containing codeine and tramadol, visit ADA.org/SafetyAlerts and click on the communication titled "April 2017: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women." ■

—manchirm@ada.org

INTERNATIONAL

Jamaicans line up for endodontic treatment

BY DAVID BURGER

Hopewell, Jamaica — Every morning, Dr. Juheon Seung and his colleagues would move the pews out of the makeshift dental clinic housed inside a church and bring in dental chairs.

And every evening, after the day's work was done, Dr. Seung would help move the dental chairs out and bring back the pews, so the local residents could attend the church's evening services.

Despite the logistical challenge, Dr. Seung said his mission in the Treasure Beach area of

southern Jamaica in March was "really fulfilling," something he and his fellow endodontic residents representing the Foundation for Endodontics has been yearning for.

The trip was part of a new outreach program run and funded by the Foundation, the philanthropic arm of the American Association of Endodontists.

Since its inception in 1966, the Foundation has been a huge supporter of endodontic education and research — budgeting around \$1.5 million for grants each year. But its resident committee, named REACH, also wanted an outreach component to provide underserved patients with access to the highest standard of treatment, to save teeth that might otherwise be extracted, said Dr. Peter A. Morgan, president of the Foundation.

That has led to three humanitarian trips to Treasure Beach in Jamaica since March 2016, with as many as three more planned this year, Dr. Morgan said. Different residents and endodontists go on each trip.

"This outreach to care initiative has refocused our members and corporate supporters on the work of the Foundation for Endodontics," Dr. Morgan said.

The teams comprise one practicing endodontist and two endodontic residents. In its most recent visit, Dr. Seung, a resident at the University of Maryland School of Dentistry, was joined by Dr. Eduardo Cruz, a resident at the Harvard School of Dental Medicine, and the endodontist mentor, Dr. Fiza Singh, who practices in the Boston area and teaches part-time at Harvard.

The trips are hosted by Treasure Beach-area clinics in Jamaica and run and organized by Drs.



First time: Drs. Victoria Ball, now a graduate of the Endodontic Department of Medical University of South Carolina, and Ryan McMahon, endodontic resident of the University of Michigan, were the first two volunteer residents to travel to Treasure Beach for the Foundation's initial outreach expedition in 2016.

James Carney and William Griffin.

Dr. Carney, a Lombard, Illinois-based general dentist, has traveled four times a year for a quarter century to the desert area of Treasure Beach with his family and volunteers. "We are to be fishers of men, and to catch fish, we have to get up and go," said Dr. Carney, who credits the Christian Dental Society for its support. "For the past 24 years, my fishing hole has been Jamaica."

Dr. Carney said that although an endodontist has been among his volunteers in the past, getting dentists from that specialty has been "sporadic." So, when he was asked whether his organization could accommodate three endodontists to come to his clinics regularly, he said, "Oh boy, can we ever."

The main clinic shares a common wall with St. John's Christian Methodist Episcopal Church and the clinic itself houses eight dental chairs. When large groups of volunteers visit, the church next door can house another 10 chairs — as long as the pews are removed.

Dr. Seung said that this was his first international mission trip. When he arrived in Jamaica, his services as an endodontist were needed immediately. He said, "People came from all over

the island. So many people were in line that street vendors started to show up."

Dr. Seung and his two colleagues were in Jamaica from March 19-26, and in that time they performed 39 root canals. In the three trips to Jamaica, the endodontist teams have performed a total of 123 root canals.

Saving teeth is important to patients for a number of reasons, Dr. Morgan said. "A lost tooth has serious emotional, social and physical consequences," he said. "The opportunity to preserve a tooth with root canal treatment often isn't an option for patients who have limited access to care. Our teams are honored to be there to relieve pain, save teeth, save smiles and improve lives."

For Dr. Seung, this mission trip will not be his last. "I was talking to a kid in pain, and he said he had been feeling it for years. He was able to get out of pain. He was so grateful."

To learn more about the Foundation for Endodontics, visit aac.org/foundation.

To learn more about international volunteerism, visit the ADA Foundation's international volunteer website, internationalvolunteer.ADA.org. ■



Happy together: Dr. Juheon Seung, resident at the University of Maryland School of Dentistry, traveled to Treasure Beach, Jamaica, in March with the help of the Foundation for Endodontics.

Texan's 'extraordinary contributions' lead to Health Volunteers Overseas honor

BY DAVID BURGER

Abilene, Texas — Dr. Charles Bloomer has proverbial wisdom he likes to recite.

Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.

"It makes a lot of sense to me," said the oral and maxillofacial surgeon from Texas.

That educating philosophy, along with 16 years of service around the globe with groups including the charitable humanitarian organization Health Volunteers Overseas, has earned him the HVO Golden Apple Award, announced in April.

The HVO Golden Apple recognizes volunteers who have made exceptional contributions to global health and the mission of the organization. Six others received the Golden Apple this year, but Dr. Bloomer was the only dental health professional.

"Dr. Bloomer has made extraordinary contributions to the quality and availability of oral health care around the world," says HVO Executive Director Nancy Kelly, an honorary member of the ADA. "He has created new professional opportunities for his overseas colleagues, renewing their enthusiasm



Extending friendship: Dr. Bloomer steps out of the Khmer Soviet Friendship Hospital in Phnom Penh, Cambodia while conducting a humanitarian dental mission on behalf of Health Volunteers Overseas.

for the provision of oral health care. His mentorship, enthusiasm and expertise have provided crucial professional support, and we are grateful for his dedication to empowering health workers and ensuring more and better care is available where it is most needed."

"I don't know why I got it," said Dr. Bloomer, who opened his practice in Abilene, Texas, in 1983 and joined Health Volunteers Overseas in 2001. "There are people a lot more famous than me. I'm just a regular guy."

The ADA member dentist has shown his generosity regularly throughout the years. He has volunteered in Samoa, Tanzania, Vietnam and Cambodia.

But it is in Peru where he has shown the most devotion. Dr. Bloomer has visited Peru nine times on dental humanitarian missions, and was HVO's Peru project director from 2006-15, assisting other volunteers as they organized their own dental mission trips to the South American country.

Dr. Bloomer has a simple reason for why he dedicates much of his life to serving the underserved. "It's an opportunity to see the world," he said. "With regular travel, you get to see things. With this, you get to know people."

That is why much of his service is mentoring and teaching local dentists wherever he goes. As HVO noted in its announcement of Dr. Bloomer's award, "He is an energized, enthusiastic spokesperson for Health Volunteers Overseas and has been extremely well-received in each of the countries where he has served. He is able to meet people at their varying levels of instruction and comfortably address their needs through didactic, clinical and bedside teaching. In Peru, which he has visited most frequently, Dr. Bloomer has been a mentor and provided equipment, supplies and textbooks to improve the capacity for oral and maxillofacial surgery."

Dr. Bloomer doesn't plan on resting on his laurels. He hopes to go on a dental humanitarian trip to Kathmandu and then Cambodia this September. "It recharges my batteries," he said.

To learn more about Health Volunteers Overseas, visit hvousa.org.

To learn more about international volunteerism and find an opportunity, visit the ADA Foundation's international volunteer website, internationalvolunteer.ADA.org. ■

Bylaws

Continued from Page 1



Dr. Halasz

The ultimate intent is to give the Association the ability to operate more effectively and efficiently for the profession and the patients it serves, said Dr. Michael H. Halasz, chair of the ADA Council on Ethics, Bylaws and Judicial Affairs.

The ADA Council on Ethics, Bylaws and Judicial Affairs revised the Bylaws and Constitution because the House of Delegates, through Resolution 118H-2014 in 2014, directed the council to perform a comprehensive review and rewrite of those documents.

After being assigned to review and revise the Constitution and Bylaws, the council formed a task force that went through several months of revision suggestions. The task force then approved the changes and forwarded it to the council for approval.

After comments are received, the task force will make any further revisions it deems necessary. The council will then prepare a resolution for the House of Delegates in Atlanta in October.

"The major focus of the rewrite is to remove procedural and operational items with the intent that the ADA will be able to act more swiftly," said Dr. Halasz. "The Bylaws are one of the basic governance documents of the Association and all members should have some knowledge of the Bylaws. The proposed revision will allow that, as the proposed version is significantly shorter than the current version of the Bylaws."

Dr. Halasz, on behalf of the council, is encouraging ADA members to take part in the process.

"The change in the Bylaws is significant, and a comment period allows interested parties more time to consider the changes," he said.

"The task force and the council also realize that additional groups looking at the revisions and commenting will ultimately make a better product. Finally, the task force hopes that

by giving members and leadership a chance to comment now, before the House of Delegates convenes, the consideration of the resolution will go more smoothly, as we will be able to make changes, based on comments received, before the resolution hits the House floor."

ADA members wishing to receive a copy of the revisions and a tool for submitting comments on the revised Bylaws should email ADA Deputy General Counsel and Director of the Council on Ethics, Bylaws and Judicial Affairs Tom Elliott at elliottt@ada.org.

To better ensure a timely response, the email requesting the link should have "BYLAWS COMMENT TOOL REQUEST" in the subject line.

The comment period ends May 26. ■

ADA, EEOC resolve charges of discrimination

The American Dental Association has entered into agreements to resolve charges filed with the Equal Employment Opportunity Commission arising from the severance of the ADA's former chief counsel and director of human resources in 2010.

The ADA believes the claims made by the former employees are without merit, but recognizes that reasons for settling "weigh in favor of an amicable resolution without recourse to trial," Craig Busey, ADA's general counsel, said in an April 19

communication to the House of Delegates. "We continue to believe that settling this matter without the necessity for a trial is in the best interests of the Association," he stated.

The EEOC settlement includes payments to the former employees that are covered by ADA's insurance and are not paid from the Association's assets.

As is typical of EEOC settlements, the agreements also call for conducting employee training on relevant aspects of federal labor and employment law. ■

Retirement

Continued from Page 1

groups for nearly three decades, had written the book "Life After Medicine," tailored for health care professionals, and realized that "Life After Dentistry" would be a perfect follow-up tied to the unique lives that dental health professionals enjoy.

Dr. Roadburg's main objective in the 213-page book is to help dentists plan for the lifestyle part of retirement, rather than the financial part, he said.

It is crucial, Dr. Roadburg said, that retiring dentists replace the satisfaction they found in dentistry with other meaningful endeavors. Complete with worksheets, checklists and planning exercises, "Life After Dentistry" is geared towards assisting dentists to ensure that their retirements will be worthwhile and enjoyable, he said.

Readers can save 15 percent on "Life After Dentistry" and all ADA Catalog products by using promo code 17124 by June 30.

To order, visit adacatalog.org or call 1-800-947-4746. Before discounts, the paperback book sells for \$28.95 to ADA members, \$43.95 retail. ■

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