

American Dental Association

**ADACommons**

---

[ADA News](#)

[ADA Products and Publications](#)

---

6-5-2017

## ADA News - 06/05/2017

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

---

### Recommended Citation

American Dental Association, Publishing Division, "ADA News - 06/05/2017" (2017). *ADA News*. 330.  
<https://commons.ada.org/adanews/330>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact [commons@ada.org](mailto:commons@ada.org).



**Meetings combine**  
ADA, other organizations  
to coordinate events

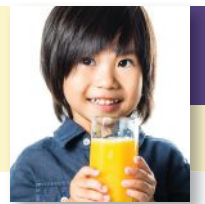
**10**

**Continuing education**  
View solar eclipse while  
earning credit



**14**

**New guidelines on juice**  
AAP issues recommendations  
for kids



**18**

# ADA News

JUNE 5, 2017

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 48 NO.11



Join us on Facebook: American Dental Association

YouTube

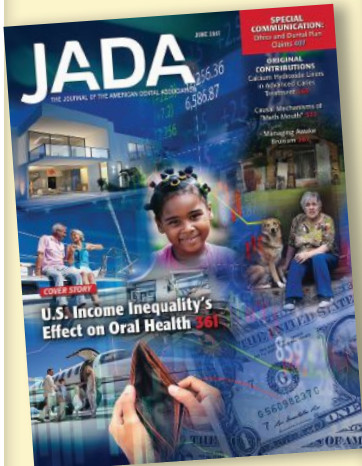
Follow us on Twitter @ADANews

## BRIEFS

### June JADA: Reduce income inequality, improve oral health

As U.S. society becomes more unequal in terms of income, the health, including the oral health, of the whole population is worse off, according to research published in the June issue of The Journal of the American Dental Association.

In the cover story "Income Inequality in the United States and Its Potential Effect on Oral Health," researchers used an online survey to gather data about



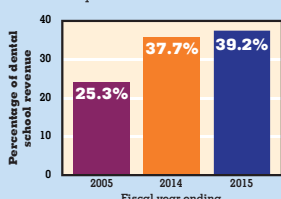
U.S. adults' perceptions of their overall health and how their health affected their quality of life. Generally, adults from areas of lower income inequality, or the unequal distribution of income, reported better oral health and oral health-related quality of life, according to

See JADA, Page 8

## JUST THE FACTS

### Revenue from student tuition and fees

Student tuition and fees continue to increase in the share of total U.S. dental school revenue, climbing from 37.7 percent in 2014 to 39.2 percent in 2015. In 2005, tuition and fees represented about one-quarter of total revenue.



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

## ADA testifies on Capitol Hill

### Chicago dentist urges support for Action for Dental Health bill

BY JENNIFER GARVIN

Washington — The Action for Dental Health Act has the potential to "positively affect every patient in my practice, which is why I am so passionate about it," Dr. Cheryl D. Watson-Lowry told Congress during the May 17 hear-

ing, "Examining Initiatives to Advance Public Health."

The ADA was one of four organizations invited to testify at the congressional hearing, which was part of the House's Energy and Commerce's Subcommittee on Health.

During her testimony for the ADA, Dr. Watson-Lowry, a Chicago general dentist, shared her enthusiasm for the Action for Dental Health Act of 2017. The bill, H.R. 2422, was introduced by Rep. Robin Kelly, D-Ill., and calls for Congress to authorize additional

oral health promotion and disease prevention programs.

"Dr. Watson-Lowry has a deep and personal understanding of the unmet need for oral and dental health in communities around our

See TESTIFY, Page 9



Photo courtesy of Native Laboratories

**CDHC stars:** The current Central New Mexico Community College Community Dental Health Coordinator program cohort includes students from the Navajo Nation. The CDHC program, launched in 2006 by the ADA, trains community health workers to focus on oral health, including oral health literacy and access to preventive and restorative care, especially among underserved populations. Current participants in New Mexico include (bottom row, from left) Vanessa Woods-Henry, Taylor Vittitow, Venessa Trujillo, Lynn Dean and (top row, from left) instructor Tammy Whitney, Rayes Armstrong, Larissa Morgan, Regina Bia and Stephanie Blanchard. See story, Page 12.

## Dr. Patricia Blanton receives Distinguished Service Award

BY DAVID BURGER

Charleston, S.C. — Dr. Patricia L. Blanton said being a woman in dentistry has never exposed her to prejudice or biases.

Rather, she has seen what she called "the pervasive bigotry of low expectations," and encourages all her students to do the best they can and surpass those expectations.

Surpassing expectations has defined Dr. Blanton's life, and for that the ADA Board of

See AWARD, Page 18

## Protecting patient-dentist relationship

### Washington state governor signs 'King Bill' into law

BY DAVID BURGER

Olympia, Wash. — A new law in Washington confirms dentists' rights to contract with third parties for business support and reaffirms existing state law that prohibits unlicensed persons and non-professional entities from interfering with a licensed dentist's independent judgment on patient care.

The bill, SB 5322, was supported by both the Washington State Dental Association and the Association of Dental Support Organizations. Both the House of Representatives and the Senate of the Washington legislature passed the bill unanimously and Gov.

See BILL, Page 19

Learn more about new  
parodontax™ toothpaste inside!

INTRODUCING

A new tool to help  
patients take action  
against bleeding gums!



parodontax™ is a trademark owned by or licensed to the GSK group of companies.  
©2017 GSK group of companies or its licensor. All rights reserved. Printed in USA. CHUS/CHPAD/0009/17 February 2017

INTRODUCING

# SpeedCEM<sup>®</sup> Plus

Self-adhesive resin cement



## A BIG PLUS FOR ZIRCONIA

### THE PLUS FACTORS:

- + **Excellent self-cure performance** ideal for zirconia and metal-ceramics
- + **User-friendly** handling and easy clean-up
- + **Efficient process** with just one component

**100%** Recommended Rating  
by Clinicians Report\*!

For the full report, go to: [www.ivoclarvivadent.com/speedCEMplusCR](http://www.ivoclarvivadent.com/speedCEMplusCR)

[ivoclarvivadent.com](http://ivoclarvivadent.com)  
EXPLORE SHOP LEARN

For more information, call us at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.  
© 2017 Ivoclar Vivadent, Inc. Ivoclar Vivadent and SpeedCEM are registered trademarks of Ivoclar Vivadent, Inc.  
\* An independent, non-profit, dental education and product testing foundation, Clinicians Report®, January 2017.

ivoclar  
vivadent<sup>®</sup>  
passion vision innovation



# ADA News

(ISSN 0895-2930)

June 5, 2017

Volume 48, Number 11

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: [ADANews@ada.org](mailto:ADANews@ada.org) and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

Postmaster: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2017 American Dental Association. All rights reserved.

## ADA American Dental Association®

America's leading advocate for oral health

**PUBLISHER:** Michael D. Springer**NEWS EDITOR:** Judy Jakush**DEPUTY NEWS EDITOR:** Kelly Soderlund**WASHINGTON EDITOR:** Jennifer Garvin**SENIOR EDITORS:** David Burger, Michelle Manchir, Kimber Solana**EDITORIAL NEWS ASSISTANT:** Matt Carey**TECHNOLOGY MANAGER:** Paul Gorski**GRAPHIC DESIGN & PRODUCTION:** GERALYN NOVOTNY**COORDINATOR, DIGITAL AD & DESIGN:** Liz Grace**PRODUCTION MANAGER:** Rebecca Kiser**DIGITAL ADVERTISING SALES & SOLUTIONS:**

Amber Lignelli

**SENIOR DIRECTOR, ADVERTISING & PRODUCTION:**

Gilbert Muñoz

**ADVERTISING SALES MANAGER:** Michelle Boyd

**ADVERTISING POLICY:** All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

**ADVERTISING OFFICES:** Display - Print & Digital - 211 E. Chicago Ave., Chicago, IL 60611. Phone 1-312-440-2740. Eastern region: Jim Shavel, S&S Media Solutions, 1554 Surrey Brook Court, Yardley, PA 19067, 1-215-369-8640 phone, 1-215-369-4381 fax, 1-215-499-7342 cell, [jim@ssmediasol.com](mailto:jim@ssmediasol.com). Western region: Allen L. Schwartz, S&S Media Solutions, 10225 NW Brentano Lane, McMinnville, OR 97128, 1-503-784-8919 cell, 1-503-961-0445 fax, [allen@ssmediasol.com](mailto:allen@ssmediasol.com). Midwest/Southwest region: Bill Kitteridge, S&S Media Solutions, 21171 Via Alisa, Yorba Linda, CA 92887, 1-714-264-7386 phone, 1-503-961-0445 fax, [bill@ssmediasol.com](mailto:bill@ssmediasol.com).

**Classifieds** - Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 5020 W. Linebaugh Avenue, #210, Tampa, FL 33624, 1-877-394-1388 phone, [kridgeway@russelljohns.com](mailto:kridgeway@russelljohns.com)

**SUBSCRIPTIONS:** Nonmember Subscription Department 1-312-440-2867. Rates—for members \$22 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$101; institution \$142 per year. International individual \$138; institution \$179 per year. Canada individual \$120; institution \$161 per year. Single copy U.S. \$17, international \$19. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, 211 E. Chicago Ave., Chicago, IL 60611.

**ADA HEADQUARTERS:** The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the front of your membership card.

Follow us @ADANews on Twitter



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.



**Leadership roll call:** The Alliance of the ADA held its annual spring conference April 27-29 in Salt Lake City, where members networked and attended classes on office marketing, service opportunities, practice management and more. The Alliance, a volunteer organization made up largely of spouses of ADA members, provides oral health education in communities around the U.S. and acts as ambassadors for ADA members and for dentistry through outreach and advocacy. Its leadership council posed for a photo in Utah. From left, Teresa Theurer, AADA president; Susanne Espinosa; Sue Hadnot; Connie Slyby; Anne Morrison, treasurer; Susan Gardner, immediate past president; and Dr. Roger Valliere. Visit [AllianceADA.org](http://AllianceADA.org) for more information or to become an Alliance member.

## The rates. The coverage. I'm glad I compared.

**When it comes to disability insurance, ADA members have an exclusive advantage:** Access to the ADA Disability Income Protection Insurance Plan. You benefit from exceptional rates and coverage designed to meet the specific needs of dentists.

► Contact an Insurance Plan Specialist for a rate comparison or apply online today:

855.383.5701 [planspecialist@greatwest.com](mailto:planspecialist@greatwest.com) [insurance.ada.org/apply](http://insurance.ada.org/apply)

**ADA American Dental Association®**

**GREAT-WEST FINANCIAL™**

Eligible ADA members under age 60 can apply for this insurance plan.

This material is not a contract. Benefits are provided through a group policy (No.1105GDH-IPP Disability Income Protection) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association, and underwritten by Great-West Financial®. All ADA-sponsored coverage is subject to underwriting and is not guaranteed issue unless specifically stated otherwise. Coverage that is guaranteed issue is subject to a pre-existing condition limitation. The ADA is entitled to receive royalties from the ADA Members Insurance Plans. Coverage is available to eligible ADA members and student members in all fifty states and US territories under the aforementioned group policy. Each insured will receive a certificate of insurance describing the terms and conditions of their coverage. Great-West Financial® refers to products and services provided by Great-West Life & Annuity Insurance Company (GWL&A), its subsidiaries and affiliates. GWL&A is not licensed in New York, but eligible members residing in New York may request and ultimately receive coverage under the aforementioned group policy. ©2017 Great-West Life & Annuity Insurance Company. All Rights Reserved. AM153920-0617

ADA® is a registered trademark of the American Dental Association and Great-West Financial® is a registered trademark of GWL&A.

IPADAM0617



# VIEWPoint

## MyView

### Community water fluoridation: A preventive strategy



Mark Bronson, D.D.S.

**A**s dental professionals, we are often asked about many issues concerning oral health. We're asked about the best way to brush teeth; the best foods to maintain optimal integrity of dental enamel; and when it's time to bring a child to the dental office for the first visit.

When was the last time someone asked you about the importance of community water fluoridation?

Community water fluoridation is the most cost-effective preventive strategy to reduce dental decay, and are we promoting it as we should?

More than 70 years of scientific research<sup>1</sup> has consistently shown that an optimal level of fluoride<sup>2</sup> in community water is safe and effective in preventing tooth decay by at least 25 percent in both children and adults. Simply by drinking water, Americans can benefit from fluoride's cavity protection<sup>3</sup> whether they are at home, work or school. The Centers for Disease Control and Prevention<sup>4</sup> named community water fluoridation one of 10 great public health achievements of the 20th century.

Are we engaging in effective strategies to promote community water fluoridation in our communities?

Are there patients who could be advocates along with us to preserve this valuable preventive tool in our communities? Do we have a yearly discussion with our city council, county board of commissioners and other elected officials about the importance of water fluoridation? Do we mention the value of community water fluoridation in our patient newsletters and in educational editorials for our local newspapers? Do we promote our community's annual water quality report that shows what a great job the unsung heroes in our water treatment facilities do to ensure clean and safe water comes from the tap? Have you taken a tour of your local water plant to thank the staff for their efforts in improving the health of the community by fluoridating the water? How about the local pediatricians partnering with us in visiting a local radio show or TV program to discuss the topic?

At any time, there could be a challenge to community water fluoridation in our communities. The unfortunate part of that statement is that we never know when our city, county or state could be the target of those who want to remove fluoridation from a water system, leaving citizens in a vulnerable state.

Wouldn't it make sense to prepare for that possibility, just in case?

Frequently, the arguments raised by the opposition in a fluoridation challenge may seem far-fetched. There are some who believe that water fluoridation is to blame for everything from A to Z. Some decision-makers and members of the public can be swayed by repeated messaging — especially where social media becomes the main source of information.

It's been repeatedly shown that dentists are trusted sources of information

See MY VIEW, Page 5

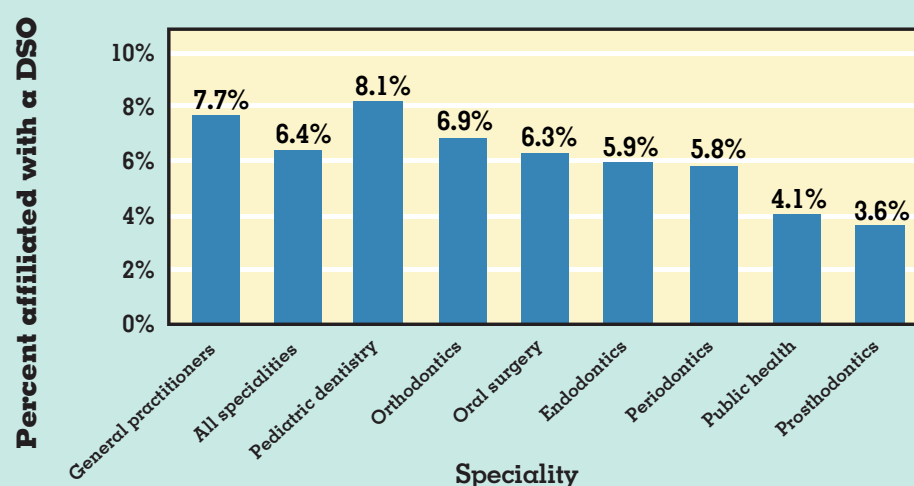
#### LETTERSPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to [ADANews@ada.org](mailto:ADANews@ada.org).

## SNAPSHOTS OF AMERICAN DENTISTRY

### Dental service organization affiliation by specialty

**O**f all the dental specialties, pediatric dentists were the most likely to be affiliated with a dental service organization. General practitioner dentists fell slightly behind at 7.7 percent.



Source: American Dental Association, ADA Health Policy Institute Infographic, "How Big Are Dental Service Organizations?" Available at [ADA.org/hpi](http://ADA.org/hpi).

## Letters

### Genetic testing

**I**read with interest the April 21 article "ADA Puts Genetic Testing, Oral Health in Context for Dentists." Specifically, I found it profound that the Oral Health Topic published by the ADA concluded, "no predictive (genetic) test for periodontal disease currently exists." This is consistent with dental clinical policy of the benefit administrator United Healthcare, which states, "the clinical utility of genetic testing for susceptibility to periodontal disease has not been established. Additionally, there is a lack of objective, high quality clinical evidence to support these tests."

In the March 3, 2014, article "Delta Dental Plan for Employees Limits Cleanings for Health Adults to One Per Year," the ADA News reported on Delta Dental's plan for its employees in Michigan, Indiana and Ohio to implement a risk-based dental benefit plan called RightSize that uses a genetic test to assess patients' risk for developing periodontitis. The plan provides benefit coverage for one cleaning annually for patients who are determined not to be at risk. Patients who test positive for specific genetic markers are eligible for an additional cleaning, according to Delta. Stratifying patients by risk factors to

limit benefits for dental cleanings was shown in a study using Delta Dental claims data to reduce plan costs by \$37 per patient. Given the conclusions published by the ADA, it is troubling that this genetic test continues to be used by Delta Dental to determine a patient's risk for periodontitis and as a means to ration access to benefits.

producing the genetic test.

Rightfully, risk-based plans are growing in popularity with employers and plan purchasers as they can better direct limited resources into care for those who need it most. As a profession, we welcome evolving science that can result in better health outcomes however, to assure patient health, any assessment of risk for the purpose of determining eligibility for benefit coverage should be grounded in recognized evidence and best practices. It is my hope that the ADA will partner with benefit industry representatives and other stakeholders to set standards for risk assessment tools that impact coverage for patient care.

Christopher J. Smiley, D.D.S.  
Rockford, Michigan

### Attracting millennials

**D**r. Kerry K. Carney addressed one of my pet peeves in her May 15 My View in the ADA News, "Aliens Among Us." So many of our leadership meetings deal with attracting and retaining millennials as members of the ADA. I, too, have seen all these studies/surveys touting attributes or deficiencies of the millennial generation.

Compounding the issue, some companies have instituted wellness plans that encourage employees to take this genetic test to receive additional dental cleanings. Interestingly, one major employer promoting this test is Amway Corporation. Both Delta of Michigan and Amway Corporation are investors in the company

See LETTERS, Page 5



# QuickTakes

## Dental Quality Alliance convenes conference to address quality improvement

Kevin Larsen, M.D., delivered an analogy during his keynote speech. Imagine driving a car without a dashboard and without a speedometer for a year, he said. At the end of the year, the government sends a warning letter telling you that you were driving too fast.

The need for real-time feedback was one of the themes of the Dental Quality Alliance Conference held at ADA headquarters May 12-13. At the conference, Dr. Larsen, of the Center for Medicare and Medicaid Innovation, and about 100 others convened

to talk about promoting the implementation of quality measurement and how to pursue common goals of quality in oral health — all while inviting feedback and back-and-forth discussion in a field that is constantly evolving.

To read the full story, visit [ADA.org/dqa2017conference](http://ADA.org/dqa2017conference). ■

## WSDA recognized for improving access

Olympia, Wash. — The Washington State Senate recognized the Wash-

ington State Dental Association March 31 for its efforts on improving the state's access to dental care.

In the resolution, Sens. Karen Keiser and Joe Fain praised the organization for the "valuable role played by the hundreds of Washington dentists who promote access to dental care by volunteering their services to the uninsured, and by treating patients with special needs and those with Medicaid dental insurance."

The resolution also singled out WSDA

dentist Dr. Amy Cook, noting she "has succeeded in creating a thriving dental practice and has kept an open door to local Medicaid patients despite the low reimbursement rates for her professional dental services." The resolution praised WSDA for encouraging some 200 Washington dentists to donate free care to almost 2,500 patients during a four-day, volunteer-run health care clinic in Seattle in 2016.

To read the full story, visit [ADA.org/adanews](http://ADA.org/adanews). ■

## MyView

Continued from Page 4

for patients and the public. So if we believe in community water fluoridation, why not educate, advocate and elucidate about its value to our communities?

Dr. Bronson is the chair of the ADA Council on Government Affairs.

### REFERENCES

1. McGinley JS, Stoufflet NM. *Fluoridation Facts*. Chicago, IL: American Dental Association; 2005. [ADA.org/~media/ADA/Member%20Center/Files/fluoridation\\_facts.aspx](http://ADA.org/~media/ADA/Member%20Center/Files/fluoridation_facts.aspx).

2. ADA applauds USPHS final recommendation on optimal fluoride level in drinking water [news release]. Chicago, IL: American Dental Association. [ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-applauds-hhs-final-recommendation-on-optimal-fluoride-level-in-drinking-water](http://ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-applauds-hhs-final-recommendation-on-optimal-fluoride-level-in-drinking-water).

3. Fluoride: The Superhero of Cavity Fighting [video]. Chicago, IL: American Dental Association; April 27, 2015. [YouTube.com/watch?v=o9UuXmQH1fo](http://YouTube.com/watch?v=o9UuXmQH1fo).

4. Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. Community Water Fluoridation. Atlanta, GA: Centers for Disease Control and Prevention. [cdc.gov/fluoridation/index.html](http://cdc.gov/fluoridation/index.html). Updated October 4, 2016.

## Letters

Continued from Page 4

Let's take a cue from Dr. Carney and focus on what we have in common. Let's emphasize those aspects of diversity that bring us together and not those that separate us. Those of us who have been members of this profession for a long time see those commonalities perhaps better than those of us just starting out. Be patient. Demonstrate to our younger colleagues the value of joining forces with others sharing the same road to professional success. Following Dr. Carney's example of citing television programs, one of my favorites is Red Green's sign-off on his Canadian-based program, "Remember, we're all in this together."

Charles Silvius, D.D.S.  
Revere, Massachusetts



Thank you for making  
**BruxZir®**  
**SOLID ZIRCONIA**  
your restorative  
material of choice.

**14+ million restorations**

**& counting.**

**Brawn**

— Unsurpassed strength —

*Beauty*

— Natural esthetics —

**Confidence**

— Zero compromise —

Find an authorized lab at  
**bruxzir.com** ■ 800-411-9721



**GLIDEWELL  
DENTAL**



# Start your patients **STRONG**

# So they stay **STRONG**



PreviDent protection  
starts in the office and  
continues at home.



Prescribe Colgate® PreviDent® 5000ppm Sensitive  
(1.1% sodium fluoride and 5% potassium nitrate)  
Toothpaste (Rx only) as a caries preventive to help  
your patients practice fluoride protection at home.

#### IMPORTANT SAFETY INFORMATION

##### PreviDent 5000ppm Sensitive and PreviDent 5000ppm Enamel Protect

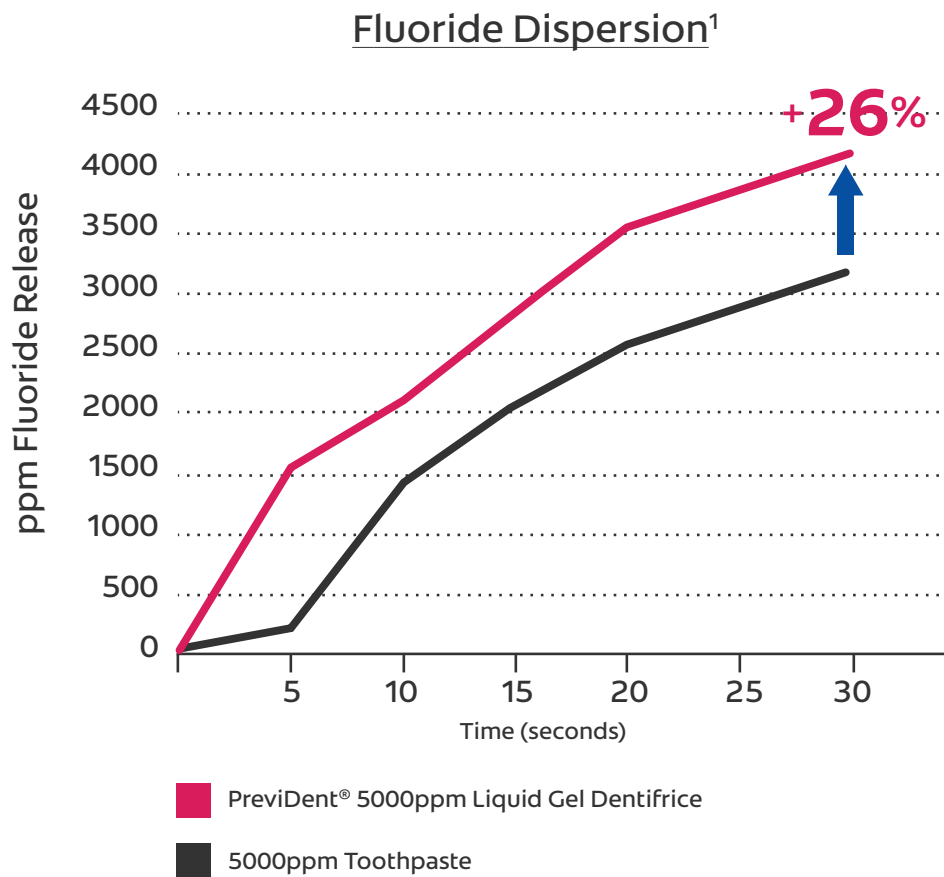
Not for systemic treatment. Do not swallow. Keep out of reach of children. Do not use in pediatric patients under age 12 unless recommended by a dentist or physician. Sensitive teeth may indicate a serious problem that may need prompt care by a dentist. See your dentist if the problem persists or worsens. Do not use this product longer than 4 weeks unless recommended by a dentist or physician. If accidental ingestion, you may experience burning in the mouth and sore tongue. Side effects may occur soon after such as nausea, vomiting, diarrhea and abdominal pain.

**Colgate®**

YOUR PARTNER IN ORAL HEALTH

1. Morgan AM, Joziak MT, Patel V, Prencipe M, Schemehorn BR. Enhanced remineralization of a 5000 ppm F dentifrice [abstract]. *J Dent Res*. 2013; 92 (Spec Iss A): Abstract 2034.

# Colgate® PreviDent® 5000ppm liquid gels use a patented liquid-gel formula for dispersion.<sup>1</sup>



**FASTER** dispersion of fluoride is essential, as most patients do not brush for the recommended amount of time.

## PreviDent®



Colgate PreviDent 5000ppm is also available in PreviDent 5000ppm Booster Plus (1.1% sodium fluoride) Toothpaste, PreviDent 5000ppm Dry Mouth (1.1% sodium fluoride) Toothpaste, and PreviDent 5000ppm Enamel Protect (1.1% sodium fluoride and 5% potassium nitrate) Toothpaste varieties.



### IMPORTANT SAFETY INFORMATION

#### PreviDent Varnish

PreviDent® 5% Sodium Fluoride Varnish is a topical fluoride for the treatment of dentin sensitivity. Contraindications are ulcerative gingivitis and stomatitis. Edematous swellings and nausea have been reported only in rare instances in some fluoride varnish products, especially after application to extensive surfaces. Dyspnea, although extremely rare, has occurred in asthmatic children.

#### PreviDent 5000ppm Booster Plus and PreviDent 5000ppm Dry Mouth

Do not swallow. Keep out of reach of children. If accidental ingestion, you may experience burning in the mouth and sore tongue. Side effects may occur soon after such as nausea, vomiting, diarrhea and abdominal pain.

For a brief summary of the full Prescribing Information, please see page 8.

To learn more visit: [colgateprofessional.com](http://colgateprofessional.com)



In a statement, ADA President Gary L. Roberts called the proposed cuts “drastic” and said that the “unprecedented 20-percent”

- Despite appropriators recommending the agency set aside at least \$10 million each for general dentistry and pediatric dental residen-

The budget is expected to be heavily revised following markups by the House and

“There are areas of the federal budget that need trimming, but cuts like the ones proposed by the White House would be a devastating, and completely uncalled-for step backward after years of progress in improving the nation’s oral health,” Dr. Roberts said. ■

# Office for Civil Rights meets with health care groups, receives input on Sec. 1557

- The requirement to include the notice of nondiscrimination in “significant” publications and communications is burdensome and vague, requiring dentists to place the notice on multiple documents and to determine which documents are considered “significant.” The ADA has suggested that, similar to the Health Insurance Portability and Accountability Act Notice of Privacy Practices, a Notice of Nondiscrimination should be provided to



—garvinj@ada.org

# JADA

Continued from Page 1

“Dental professionals must understand that a complex set of factors drive oral health, including broad economic policy of state and federal governments,” said Marko Vujicic, Ph.D., an author of the article and the chief economist and vice president of the ADA Health Policy Institute. “The research suggests that lower income inequality in the U.S. would improve oral health. We are currently in the midst of a pretty major policy debate in the U.S. on taxation, entitlement programs and the role of

Every month, JADA articles are published online at [JADA.ADA.org](http://JADA.ADA.org) in advance of the print publication. ■

<div>  <b>Prevident®5000</b><sup>DSM</sup> <small>Rx ONLY</small>  <b>DRY MOUTH</b>  <small>1.1% Sodium Fluoride</small>  <small>Prescription Strength Toothpaste</small> </div>	<div>  <b>Prevident®5000</b><sup>DSM</sup> <small>Rx ONLY</small>  <b>BOOSTER PLUS</b>  <small>1.1% Sodium Fluoride</small>  <small>Prescription Strength Toothpaste</small> </div>
<p><b>DESCRIPTION:</b> Self-topical neutral fluoride toothpaste containing 1.1% (w/w) sodium fluoride.</p> <p><b>Active Ingredient:</b> Sodium fluoride 1.1% (w/w)</p> <p><b>INDICATIONS AND USAGE:</b> A dental caries preventive; for once daily self-applied topical use. It is well established that 1.1% sodium fluoride is safe and extraordinarily effective as a caries preventive when applied frequently with multipiece applicators. Prevident® 5000 Dry Mouth and Prevident® 5000 Booster Plus brands of 1.1% sodium fluoride toothpaste in a squeeze bottle are easily applied onto a toothbrush. These prescription toothpastes should be used once daily in place of your regular toothpaste unless otherwise instructed by your dental professional. May be used in areas where drinking water is fluoridated since topical fluoride cannot produce fluorosis. (See WARNINGS for exception.)</p> <p><b>CONTRAINDICATIONS:</b> Do not use in pediatric patients under age 6 years unless recommended by a dentist or physician.</p> <p><b>WARNINGS:</b> Prolonged daily ingestion may result in various degrees of dental fluorosis in pediatric patients under age 6 years, especially if the water fluoridation exceeds 0.6 ppm, since younger pediatric patients frequently cannot perform the brushing process without significant swallowing. Use in pediatric patients under age 6 years requires special supervision to prevent repeated swallowing of toothpaste which could cause dental fluorosis. Pediatric patients under age 12 should be supervised in the use of this product. Read directions carefully before using. Keep out of reach of infants and children.</p> <p><b>PRECAUTIONS:</b>  <b>General:</b> Not for systemic treatment. DO NOT SWALLOW.  <b>Carcinogenesis, Mutagenesis, Impairment of Fertility:</b> In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.1 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer. Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. In vivo data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results. Potential adverse reproductive effects of fluoride exposure in humans has not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.</p> <p><b>Pregnancy: Teratogenic Effects:</b> Pregnancy Category B. It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during in utero development may result in skeletal fluorosis which becomes evident in childhood.</p> <p><b>Nursing Mothers:</b> It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (98-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.</p> <p><b>Pediatric Use:</b> The use of Prevident® 5000 Dry Mouth and Prevident® 5000 Booster Plus in pediatric age groups 6 to 16 years as a caries preventive is supported by pioneering clinical studies with 1.1% sodium fluoride gels in tooth trays in students age 11 to 14 years conducted by Englander et al. Safety and effectiveness in pediatric patients below the age of 6 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.</p> <p><b>Geriatric Use:</b> Of the total number of subjects in clinical studies of 1.1% (w/w) sodium fluoride, 15 percent were 65 and over, while 1 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.</p>	<p><b>DESCRIPTION:</b> Self-topical neutral fluoride toothpaste containing 1.1% (w/w) sodium fluoride and 5% potassium nitrate.</p> <p><b>Active Ingredients:</b> Sodium fluoride 1.1% (w/w), Potassium nitrate 5%</p> <p><b>INDICATIONS AND USAGE:</b> A dental caries preventive and sensitive teeth toothpaste; for twice daily self-applied topical use, followed by rinsing. Helps reduce the painful sensitivity of the teeth to cold, heat, acids, sweets or contact in adult patients and children 12 years of age and older. It is well established that 1.1% sodium fluoride is safe and extraordinarily effective as a caries preventive when applied frequently with multipiece applicators. Prevident® 5000 Sensitive and Prevident® 5000 Enamel Protect brands of 1.1% sodium fluoride toothpaste with 5% potassium nitrate in a squeeze bottle are easily applied onto a toothbrush. These prescription toothpastes should be used twice daily in place of your regular toothpaste unless otherwise instructed by your dental professional. May be used in areas where drinking water is fluoridated since topical fluoride cannot produce fluorosis. (See WARNINGS for exception.)</p> <p><b>CONTRAINDICATIONS:</b> Do not use in pediatric patients under age 12 years unless recommended by a dentist or physician.</p> <p><b>WARNINGS:</b> Not for systemic treatment. - DO NOT SWALLOW. Keep out of reach of infants and children. Children under 12 years of age, consult a dentist or physician. Note: Sensitive teeth may indicate a serious problem that may need prompt care by a dentist. See your dentist if the problem persists or worsens. Do not use this product longer than 4 weeks unless recommended by a dentist or physician.</p> <p><b>PRECAUTIONS:</b>  <b>General:</b> Not for systemic treatment. DO NOT SWALLOW.  <b>Carcinogenesis, Mutagenesis, Impairment of Fertility:</b> In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.1 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer. Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. In vivo data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results. Potential adverse reproductive effects of fluoride exposure in humans has not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.</p> <p><b>Pregnancy: Teratogenic Effects:</b> Pregnancy Category B. It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during in utero development may result in skeletal fluorosis which becomes evident in childhood.</p> <p><b>Nursing Mothers:</b> It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (98-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.</p> <p><b>Pediatric Use:</b> Safety and effectiveness in pediatric patients below the age of 12 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.</p> <p><b>Geriatric Use:</b> Of the total number of subjects in clinical studies of 1.1% (w/v) sodium fluoride, 15 percent were 65 and over, while 1 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.</p>
<p><b>ADVERSE REACTIONS:</b> Allergic reactions and other idiosyncrasies have been rarely reported.</p> <p><b>OVERDOSEAGE:</b> Accidental ingestion of large amounts of fluoride may result in acute burning in the mouth and sore tongue. Nausea, vomiting, and diarrhea may occur soon after ingestion (within 30 minutes) and are accompanied by salivation, hematemesis, and epigastric cramping abdominal pain. These symptoms may persist for 24 hours. If less than 5 mg fluoride/kg body weight (i.e., less than 2.3 mg fluoride/lb body weight) have been ingested, give calcium (e.g., milk) orally to relieve gastrointestinal symptoms and observe for a few hours. If more than 5 mg fluoride/kg body weight (i.e., more than 2.3 mg fluoride/lb body weight) have been ingested, induce vomiting, give orally soluble calcium (e.g., milk, 5% calcium gluconate or calcium lactate solution) and immediately seek medical assistance. For accidental ingestion of more than 15 mg fluoride/kg of body weight (i.e., more than 6.9 mg fluoride/lb body weight), induce vomiting and admit immediately to a hospital facility.</p> <p>A treatment dose (a thin ribbon) of Prevident® 5000 Dry Mouth contains approximately 2.5 mg fluoride. A 3.4 FL OZ (100 mL) bottle contains approximately 610 mg fluoride. A treatment dose (a thin ribbon) of Prevident® 5000 Booster Plus contains approximately 2.5 mg fluoride. A 3.4 FL OZ (100 mL) bottle contains approximately 605 mg fluoride.</p> <p><b>DOSAGE AND ADMINISTRATION:</b> Follow these instructions unless otherwise instructed by your dental professional:</p> <p>1. Adults and pediatric patients 6 years of age or older, apply a thin ribbon of Prevident® 5000 Dry Mouth or Prevident® 5000 Booster Plus to a toothbrush. Brush thoroughly once daily for two minutes, preferably at bedtime, in place of your regular toothpaste. 2. After use, adults expectorate. For best results, do not eat, drink, or rinse for 30 minutes. Pediatric patients, ages 6-16 years, expectorate after use and rinse mouth thoroughly.</p>	<p><b>ADVERSE REACTIONS:</b> Allergic reactions and other idiosyncrasies have been rarely reported.</p> <p><b>OVERDOSEAGE:</b> Accidental ingestion of large amounts of fluoride may result in acute burning in the mouth and sore tongue. Nausea, vomiting, and diarrhea may occur soon after ingestion (within 30 minutes) and are accompanied by salivation, hematemesis, and epigastric cramping abdominal pain. These symptoms may persist for 24 hours. If less than 5 mg fluoride/kg body weight (i.e., less than 2.3 mg fluoride/lb body weight) have been ingested, give calcium (e.g., milk) orally to relieve gastrointestinal symptoms and observe for a few hours. If more than 5 mg fluoride/kg body weight (i.e., more than 2.3 mg fluoride/lb body weight) have been ingested, induce vomiting, give orally soluble calcium (e.g., milk, 5% calcium gluconate or calcium lactate solution) and immediately seek medical assistance. For accidental ingestion of more than 15 mg fluoride/kg of body weight (i.e., more than 6.9 mg fluoride/lb body weight), induce vomiting and admit immediately to a hospital facility.</p> <p>A treatment dose (a thin ribbon) of Prevident® 5000 Sensitive or Prevident® 5000 Enamel Protect contains approximately 2.5 mg fluoride. A 3.4 FL OZ (100 mL) bottle contains approximately 575 mg fluoride.</p> <p><b>DOSAGE AND ADMINISTRATION:</b> Follow these instructions unless otherwise instructed by your dental professional:</p> <p>1. Adults and children 12 years of age and older: Apply at least a 1 inch strip of Prevident® 5000 Sensitive or Prevident® 5000 Enamel Protect onto a soft bristle toothbrush. Brush teeth thoroughly for at least 1 minute, expectorate, and rinse mouth thoroughly.</p> <p>2. Use twice a day (morning and evening) or as recommended by a dentist or physician. Make sure to brush all sensitive areas of the teeth. Children under 12 years of age: Consult a dentist or physician.</p> <p>Rev. 05/17</p>
<p>©2017 Colgate Oral Pharmaceuticals, a subsidiary of Colgate-Palmolive Company, New York, NY 10022, USA</p>	<p>©2017 Colgate Oral Pharmaceuticals, a subsidiary of Colgate-P</p>



# Testify

Continued from Page 1

nation,” said Rep. Kelly, chair of the Congressional Black Caucus Health Braintrust. “I’m so honored to have Dr. Watson-Lowry and the American Dental Association supporting the Action for Dental Health Act. By working together and providing seed funding, we are opening the door to new innovations that will help bring dental and oral health care to all American families.”

Dr. Watson-Lowry’s testimony on the ADH focused on two of the program’s initiatives: emergency room referral programs and the ADA’s Community Dental Health Coordinator program.

“This bill will allow organizations to qualify for oral health grants to support activities that improve oral health education



**On the Hill:** Dr. Cheryl D. Watson-Lowry, a Chicago-area general dentist, testifies on behalf of the ADA’s Action for Dental Health initiative during a May 17 congressional hearing.

and dental disease prevention and develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly, blind and disabled,” Dr. Watson-Lowry testified. In addition to exploring public health ideas for increasing access to dental care, the hearing also looked at legislation aiming to improve liability protection laws for health care providers, a national cancer registry for fire fighters, and how to train health care professionals on recognizing victims of sex trafficking. The dental initiative drew bipartisan interest from members of the subcommittee. “There are very serious gaps in dental care in America,” said Rep. Kathy Castor, D-Fla., who praised the work being done by the Florida Dental Association

and Missions of Mercy events in her state. Rep. Brett Guthrie, R-Ky., wanted to know if ADH could help patients find access to dentists who accept Medicaid, which historically has been a problem. Dr. Watson-Lowry used this opportunity to talk about CDHCs, who not only help connect patients with care, but also help provide transportation to their appointments. “It improves care and cuts costs,” she said. Rep. Buddy Carter, R-Ga., was curious: If federal agencies such as the CDC support dental health with funding and community water fluoridation, why is Action for Dental Health legislation necessary? “It’s necessary because this is grassroots,” Dr. Watson-Lowry answered. “It’s local solutions for local problems.” ■

## State dental associations petition HHS

BY JENNIFER GARVIN

*Washington* — State dental associations are asking the U.S. Department of Health and Human Services to rescind certain federal regulations that they believe adversely affect access to dental care across the nation.

In a May 4 letter to Tom Price, M.D., HHS secretary, the dental associations from all 50 states and Washington, D.C., urged the agency to consider eliminating the Medicare mandate enrollment requirement for providers who don’t perform Medicare-covered services and who are not reimbursed for these services. They also asked that HHS enforce Section 1557 of the Affordable Care Act as written without the promulgation of regulations.

“Our associations believe that [these regulations] unnecessarily contribute to the cost of providing care, making it more difficult for our members to deliver oral health care services at an affordable price,” they wrote.

Regarding the CMS-mandated enrollment for all providers performing certain activities where a Medicare beneficiary is the patient, the coalition noted that these actions were initiated in an effort to “tamp down waste, fraud and abuse within the Medicare program.”

Fewer than 4 percent of all dentists provide Medicare services and are enrolled in Medicare as full providers and others have enrolled or opted out in response to the mandate, the coalition noted.

Therefore, “we ask that you eliminate the enrollment mandates for those providers, including dentists, who do not perform Medicare-covered services and are not reimbursed for these services.”

Per the current regulations, dentists must enroll in Medicare if they perform any of the following:

- Ordering and referring. Providers who order covered clinical laboratory services or imaging services for Medicare-eligible patients must be enrolled in Medicare’s Provider Enrollment, Chain and Ownership System, or opt-out of Medicare.

See HHS, Page 10

## Smiles That Last

a Lifetime from **OralArts**  
DENTAL LABORATORIES HUNTSVILLE, ALABAMA

**\$2,778\***  
for 4 implants

**ElementZ™**  
HybridZ



- Fixed, all ceramic implant option offering **stability and high esthetics**
- Constructed from **100% Solid Zirconia** with pink porcelain tissue
- Predictable lab fees, easy retrievability, **7 year replacement warranty**

**CAD/Printed**  
Surgical Guides

**\$225\*\***



- **Optimal location** and angulation of implants
  - Less chair time and **faster patient recovery time**
  - **Affordable**, even for single implant cases
- \*\*Surgical planning not included in price

**\$4,778\***  
for 4 implants

**ORALARTS SELECT**  
Zirconia Hybrid



- Fabricated in our **high-end SELECT** department, you’ll work directly with a **master ceramist** for case planning
- Gingival tissue is **multi-layered** with various pink porcelains
- Optional **cutback and layering of anterior teeth** with e.max porcelain for enhanced vitality

\*Prices shown are for 4 implants including all preliminary steps. Contact us for details.

**\$500\* OFF** or **\$50\* OFF**  
Your *Next* Hybrid Case      Your *Next* Surgical Guide

\*May not be combined with any other offer or discount. One coupon per dr/practice. Account must be current with no outstanding balances. For hybrid case, send coupon with final processing step and **discount will be applied to final prosthesis invoice**. Prices shown above are start to finish package pricing including preliminary appointment steps. Coupon Code: ZIRCHYADA

**OralArts**  
DENTAL LABORATORIES HUNTSVILLE, ALABAMA

● **FREE SHIPPING**

● **866-912-9619**



# Arizona restores emergency dental benefits

BY JENNIFER GARVIN

Phoenix — The Arizona Dental Association tallied a win for access to dental care May 12, when Gov. Doug Ducey approved the budget for fiscal year 2018, which includes restoring emergency dental benefits for adults in the state's Medicaid program.

"We can't thank the governor and the legislature enough for recognizing this need," said Dr.

Eric Curtis, Arizona Dental Association president, in a news release. "We've heard a lot about lack of access to dental care. The best way to increase access is to break down barriers, which is what this budget item does. It's the right diagnosis and solution."

Arizona is currently one of eight states without any adult dental benefit, according to Kevin Earle, executive director of the Arizona Den-

tal Association. The adult dental benefit was eliminated from the Arizona Health Care Cost Containment System in 2009 during the Great Recession, according to the Arizona Dental Association. Since then, Arizona Dental Association has fought to have the benefit restored. Beginning in 2018, adults age 21 and older enrolled in Medicaid will be entitled to emergency dental care and extractions up to \$1,000.

"This is a major improvement that will help lower-income adults take care of serious health issues that can stand in the way of them getting employment," Dr. Curtis said. "We'd also like to see more comprehensive benefits added for adult Arizona Health Care Cost Containment System patients."

The budget also includes \$220,900 for AHCCCS to combat opioid addiction. ■

## ADA, dental organizations to merge annual meetings

BY DAVID BURGER

To maximize the impact of the meeting experience, five dental professional organizations, including the ADA, are collaborating to combine three dental conferences in 2019 and two in 2020.

The ADA will be co-locating its annual meeting with several state, local and international dental organizations over the next several years.

"Because of the willingness to partner, a number of dental tradeshows will be combined," said ADA President Gary L. Roberts in a news release. "This approach makes great sense because it saves everyone time and money. Rather than wonder which meeting to attend or exhibit at, the choice is now easy."

The arrangement of the ADA's partnership is as follows:

- ADA 2019 - America's Dental Meeting will be held in San Francisco Sept. 5-9, 2019, in a joint meeting with the California Dental Association and San Francisco Dental Society. This meeting will also serve as the 2019 FDI World Dental Congress and commemorate



Dr. Roberts

the 160th anniversary of the ADA and former ADA trustee Dr. Kathryn Kell's term as FDI president. "CDA is once again proud to welcome the ADA annual meeting to San Francisco as part of our ongoing partnership spanning many years," said Dr.

Clelan Ehrler, California Dental Association president. "We are excited and look forward to the addition of the FDI World Dental Federation."

Dr. Patrick Hescot, current FDI president, said in the release that FDI has a "long and fruitful working relationship with the ADA" and that the "FDI is excited to combine organizational expertise to produce an engaging scientific program, as well as host what should be one of the largest exhibitions ever seen at FDI's World Dental Congress."

- ADA 2020 - America's Dental Meeting will be held in Orlando Oct. 15-18, 2020 in

a joint meeting with the Florida Dental Association. "The Florida Dental Association is thrilled to partner with the American Dental Association to host ADA 2020 in Orlando," said Dr. Bill D'Aiuto, president of the Florida Dental Association and Orlando practicing dentist, in the news release. "This will be a great opportunity to shine a light on our state, and we look forward to working together to make this an impactful event."

ADA 2017 - America's Dental Meeting will be held in Atlanta Oct. 19-23 in collaboration with the Georgia Dental Association. The Georgia Dental Association will hold its own annual convention and expo in July in Amelia Island, Florida.

ADA 2018 - America's Dental Meeting will be held in Honolulu Oct. 18-22, 2018, in collaboration with the Hawaii Dental Association. The Hawaii Dental Association will hold its own convention in January 2018.

In addition, the New Dentist Conference is held in conjunction with the ADA annual meeting. ■

## NYC hospital center settles HIPAA breach

Washington — The federal government in May settled a potential violation of the Health Insurance Portability and Accountability Act with a New York City hospital that reportedly disclosed sensitive health information to a patient's employer.

St. Luke's-Roosevelt Hospital Center paid \$387,200 to settle the potential violations of the HIPAA Privacy Rule and agreed to implement a comprehensive corrective action plan, according to a news release from the Office for Civil Rights of the U.S. Department of Health & Human Services.

The hospital center operates the Institute for Advanced Medicine, formerly the Spencer Cox Center for Health, which provides health services to persons living with HIV or AIDS and other chronic diseases.

In September 2014, the Office for Civil Rights received a complaint alleging that a staff member of the Spencer Cox Center impermissibly disclosed a patient's protected health information to the patient's employer.

The subsequent investigation revealed that staff at the Spencer Cox Center impermissibly faxed the patient's health information to his employer rather than sending it to the requested personal post office box.

In addition, the Office for Civil Rights discovered that the Spencer Cox Center was responsible for a related breach that happened nine months prior to the aforementioned incident but had not addressed the vulnerabilities in its compliance program to prevent impermissible disclosures.

To help dentists implement a step-by-step HIPAA compliance program, the ADA offers the ADA Complete HIPAA Compliance Kit. Readers can save 15 percent on all ADA Catalog products with the promo code 17125 until June 30. To order, visit [ADACatalog.org](http://ADACatalog.org) or call 1-800-947-4746. ■

## FTC announces crackdown on tech support scams

Washington — The Federal Trade Commission, along with federal, state and international law enforcement partners, May 12 announced, "Operation Tech Trap," a new initiative to crack down on technology support scams.

According to the FTC, these types of scams "trick consumers into believing their computers are infected with viruses and malware, and then charge them hundreds of dollars for unnecessary repairs," the agency said in a news release.

The FTC also announced 16 new law enforcement actions — including complaints, settlements, indictments and guilty pleas — to stop deceptive tech support operations.

"Tech support scams prey on consumers' legitimate concerns about malware, viruses and other cyber threats," said Tom Pahl, acting director of the FTC's Bureau of Consumer Protection. "The FTC is proud to work

with federal, state and international partners to take down these scams, and help consumers learn how they can safeguard their computers against real cybersecurity threats."

One example of a tech support scam the FTC gave involves scammers using consumers' computers to "display advertisements designed to resemble pop-up security alerts from Microsoft, Apple or other technology companies."

The ads "warned consumers that their computers are infected with viruses, are being hacked or are otherwise compromised. The pop-up messages urged consumers to immediately call a toll-free number for assistance. Some of the pop-up ads even included a countdown clock, allegedly representing the time remaining before the computer hard drive would be deleted."

"Once consumers called the toll-free number, they were connected to a call center and

pitched by telemarketers who claimed to be affiliated with well-known technology companies such as Microsoft or Apple. Consumers were told that in order to diagnose the problem, they must provide the telemarketers with remote access to their computer. After gaining access, the telemarketers purported to run a series of "diagnostic tests" that inevitably revealed the existence of grave problems requiring immediate repair by one of their 'certified technicians.' Through these high-pressure tactics, the defendants would persuade consumers to pay hundreds of dollars for unnecessary computer repair services, service plans, anti-virus protection or software and other products and services."

The ADA Center for Professional Success offers resources for dentists on ways to steer clear of scams. Visit the center's website, [Success.ADA.org](http://Success.ADA.org) and search for "scams." ■

## HHS

Continued from Page 9

- Medicare Part D. Dentists writing prescriptions to Medicare Part D beneficiaries are required to enroll in Medicare as a full provider or as a referring and prescribing physician, or opt-out of the program in order for a pharmacist to be reimbursed for the

drugs prescribed and dispensed.

- Medicare Advantage. All providers or suppliers that furnish health care items or services to a Medicare beneficiary with a Medicare Advantage plan must be enrolled in Medicare for the beneficiary to utilize the benefit.

Regarding Section 1557 and the HHS Office for Civil Rights' final rule on nondiscrimination in health care, the groups said that while they "strongly support nondiscrimination in health care and equal access to health

care for all patients without regard to race, color, national origin, sex, age, religion or disability," it has proven "exceedingly difficult" to advise their members on compliance with the final rule because the final rule has increased confusion and costs for ADA members, many of whom own and operate small businesses.

"We believe the OCR rule is unnecessary, does not benefit patients and should be rescinded," the coalition wrote.

"The statute is already in effect and regu-

lations are not required to implement it. Instead, we recommend that OCR simply enforce Sec. 1557 as written without the promulgation of regulations."

"Thank you for your consideration of our requests," the letter concluded. "Addressing these issues will help free dentists from unnecessary administrative burdens and allow them to focus on getting care to patients who need it." ■

—garvinj@ada.org

# Renew for 2017

Membership makes all the difference — in your career,  
your life and your profession!



**YOUR VOICE  
IS HEARD IN  
WASHINGTON**



**STAY CURRENT  
WITH CONTINUING  
EDUCATION**



**ATTRACT NEW  
PATIENTS WITH ADA  
FIND-A-DENTIST®**



**SUCCEED IN  
PRACTICE  
AND IN LIFE**

**ADA®**

**RENEW TODAY!**

Contact your state dental  
society or the ADA.

**ALREADY RENEWED?**

Our thanks!



**ENRICH YOUR  
SCIENTIFIC  
KNOWLEDGE**



**DISCOVER TIMELY  
RESOURCES ON  
THIRD-PARTY PAYERS**



**MORE VALUE AT  
THE STATE AND  
LOCAL LEVELS**



**VISIT  
[ADA.org/membercenter](http://ADA.org/membercenter)  
to learn more.**



# Connecting communities with oral health: CDHC students in New Mexico

BY MICHELLE MANCHIR

*Albuquerque, N.M.* — A bridge to oral health care and education is only useful if patients feel confident enough to cross it.

With that in mind, one of the major elements of the ADA's Community Dental Health Coordinator initiative involves making sure patients have a friendly face associated with a dental office to help them navigate appointment scheduling and sometimes transportation and childcare so they don't have to miss an appointment.

That's why oral health advocates are glad to hear that almost half of the current Community Dental Health Coordinator cohort in training at the Central New Mexico Community College are from the Navajo Nation.

"By having CDHCs who have the cultural knowledge and understanding working in the Navajo community, I think it has an impact on the whole community in terms of how it will prioritize oral health care. It will improve understanding on how oral health impacts their quality of life," said Dr. Tom Schripsema, director of the New Mexico Dental Association, which has worked with the ADA and the Arizona Dental Association in promoting oral health in tribal communities.

The Navajo Nation covers three states —

Arizona, New Mexico and Utah — and includes about 180,000 people, but access to health care facilities, including dental, for many of its residents, is limited.

One resource the Navajo Nation has been using to meet health needs is with Community Health Representatives, community health workers who work with residents by serving as interpreters, offering health screenings, providing home visits, encouraging preventive activities and more.

Last year, organized dentistry and the Navajo Nation collaborated to help improve the community's oral health care, in part by recruiting Community Health Representatives to Community Dental Health Coordinator programs.

The collaboration was successful. The CDHC cohort that started in January includes 10 students, four of whom are from the Navajo Nation.

Melanie Upshaw, program director of the dental assisting and CDHC programs at Central New Mexico Community College, said the work of the CDHC program helps put into action the college's vision of "changing lives, building community."

"Our focus for the CDHC program is oral health through prevention, assessment, navigation and advocacy," said Ms. Upshaw. "Our graduates are from regions where oral

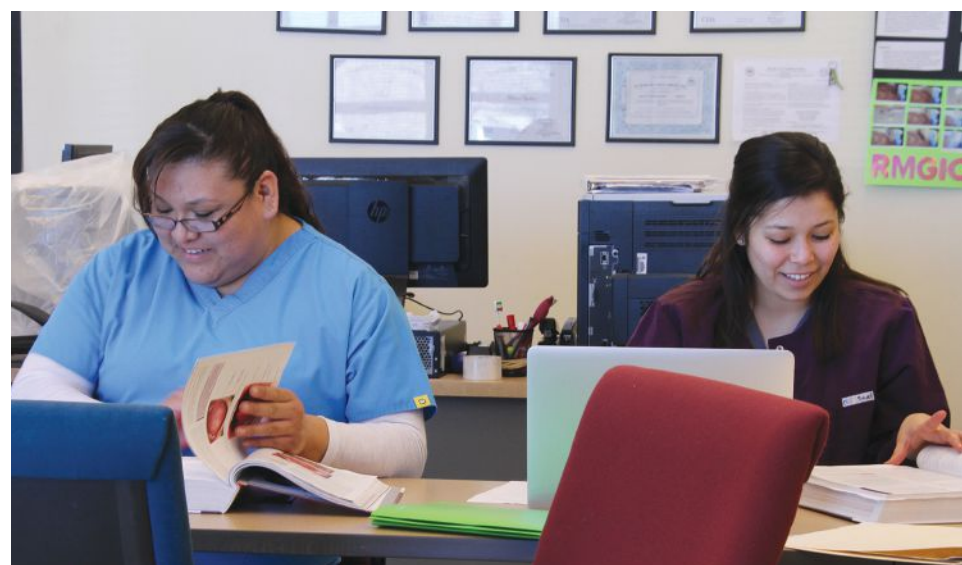


Photo courtesy of Native Laboratories

**Hitting the books:** Central New Mexico Community College students Stephanie Blanchard, left, and Venessa Trujillo are among the current cohort of Community Dental Health Coordinators at the school.

care is difficult to access or there are social determinants such as geography, employment, nutrition or affordable health care that create barriers that the graduates understand and can navigate to create a change within their community."

The one-year program certificate program includes courses on dental science, dental materials, the principles and techniques of dental radiology, palliative care and foundations for dental advocacy and outreach. Students also take on an internship situated in a variety of settings, including Federally Qualified Health Centers, tribal clinics or private practice settings.

Dr. Schripsema said a dental assistant who works in his private practice office in Albuquerque is currently a CDHC student, and he

foresees her enhanced dental education as a way to help not only his patients, but also his office.

"From a practice standpoint, the CDHC can be one part of reducing the barriers to care by making it feasible for the patients to get to their appointments," he said. "The CDHC is someone who specializes in making that work."

The ADA launched the CDHC program in 2006, and as of May there were 12 colleges offering the certification, with three more schools finalizing a license agreement. There are currently more than 80 CDHC graduates around the country.

For more information about the program, visit [ADA.org/CDHC](http://ADA.org/CDHC). ■

—manchirm@ada.org

## Informatics standards award nominations due

The ADA is accepting applications until July 15 for the 2017 Robert H. Ahlstrom New Investigator Award, which highlights the role dental informatics standards play in dentistry.

The award is open to dental students who are ADA members; ADA members who earned their dental degree after 2012 and members pursuing an additional degree or specialty.

Permissible application submissions include an original standards-related research report that has been completed within the 2016-17 academic year but not published; a standards-related article that was published within the 2016-17 academic year; and a standards-related extended abstract poster developed within the academic year 2016-17.

Submissions must also address in 250 words or less how the research incorporates current dental standards and/or contributes to the development of dental standards.

Recipients of the Robert H. Ahlstrom award, which is named after the first chairman of the ADA Standards Committee on Dental Informatics, receive a \$1,000 honorarium and airfare and a two-night hotel stay to present their paper at ADA 2017 — America's Dental Meeting in Atlanta in October.

For more information or application materials, visit [ADA.org/dentalstandards](http://ADA.org/dentalstandards). ■

## ADA weighs in on ideas for future NIDCR research efforts

BY MICHELLE MANCHIR

The ADA has provided input for a National Institute of Dental and Craniofacial Research initiative that seeks ideas from the public for future workshops and research efforts.

Dr. Jeffrey Platt, chair of the ADA Council on Scientific Affairs, submitted five ideas on behalf of the council in May to NIDCR 2030, a "strategic visioning initiative designed to advance dental, oral and craniofacial research over the next 15 years." The NIDCR invited the public to submit ideas online at [nidcr2030.ideascale.com](http://nidcr2030.ideascale.com).

"The ADA has an interest in this conversa-

tion because it is about ongoing research that provides the evidence to direct significant change in the provision of care that our members provide," said Dr. Platt. "The Council on Scientific Affairs has a research agenda that fits well into this conversation. The NIDCR 2030 areas receiving comment from the ADA (precision health, oral health and overall health, workforce diversity) reflect that research agenda. The ADA input into NIDCR 2030 reflects our strong presence in the national discussion of the future of dentistry."

The submissions included:

- Build the supporting infrastructure for

oral health research. Strengthen the nation's investment in the oral health research infrastructure and increase the number and scope of oral health research collaborations across the health sciences at all research institutions, including federal agencies, academic institutions, industry and private non-profit organizations.

- Emphasize research on caries, periodontal disease and oral cancer. Secure long-term support for basic, clinical and translational research addressing caries, periodontal disease and oral cancer.

- Support longitudinal studies to improve disease prevention and care. Secure support for long-term longitudinal studies aimed at improving the diagnosis, prevention and treatment of oral diseases and conditions. Such studies include the analysis of electronic health record data, as well as dental and medical claims data, to assess and improve treatment outcomes in dental patients across their lifespan.

- Advance precision health for oral conditions. Promote studies on the pathogenesis of dental caries, periodontal diseases and oral cancer to advance precision health and establish foundational knowledge for risk-based prevention and therapies.

- Promote the integration of principles and practices of evidence-based dentistry. Support and advance research designed to identify and overcome barriers to the adoption and delivery of known effective preventive and therapeutic interventions.

The NIDCR said it will use submissions to "advance the goals of NIDCR 2030 and identify themes for potential funding opportunities."

To read more about NIDCR 2030 and see all comments submitted, visit [nidcr2030.ideascale.com](http://nidcr2030.ideascale.com). ■

## Rinses earn Seal acceptance

BY MICHELLE MANCHIR

Two CloSYS Alcohol-Free Oral Health Rinses are the first mouth rinses to be awarded the ADA Seal of Acceptance for the management of oral malodor.

The ADA Council on Scientific Affairs in May accepted the rinses based on the council's finding that the products are safe and have shown efficacy in helping to reduce oral malodor when used as directed.

CloSYS Alcohol-Free Oral Health Rinse, marketed as "gentle oral care" for sensitive mouths, received the ADA Seal for both its Unflavored and Gentle Mint varieties.

"As the ADA Seal of Acceptance program is a well-established and well-re-

spected symbol of excellence in dentistry, we are delighted to have CloSYS Unflavored Oral Rinse and CloSYS Gentle Mint Oral Rinse be the first mouth rinses awarded the ADA Seal for the management of oral malodor," the makers of the mouthwash, Rowpar Pharmaceuticals, Inc., said in a statement to ADA News. "Dental professionals and patients have a lot of products to choose from and this new ADA Seal helps dental professionals and the general public better understand the CloSYS difference. We are honored and excited to receive this recognition."

To see the complete list of ADA Seal-accepted over-the-counter products, visit [ADA.org/Seal](http://ADA.org/Seal). ■



**Introducing**

**New parodontax™ toothpaste**  
A new tool to help patients  
take action against bleeding gums!



Clinically proven to reduce plaque,  
inflammation, and bleeding gums\*<sup>1,2</sup>

\*Change from baseline compared to a sodium monofluorophosphate toothpaste following 24 weeks of twice-daily brushing.

To learn more and get free resources for your practice,  
visit [www.parodontaxprofessional.com](http://www.parodontaxprofessional.com)

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

parodontax™ is a trademark owned by or licensed to the GSK group of companies.

©2017 GSK group of companies or its licensor.

All rights reserved.

Printed in USA.

CHUS/CHPAD/0009/17

February 2017



# Dr. Roberts to graduates: Look for that 'little piece of gold'

BY KIMBER SOLANA

*Dallas* — When ADA President Gary L. Roberts was a dental student, he occasionally found himself in the bushes looking for a small piece of gold.

He had a crown and bridge professor who, if he didn't like the student's cast crown, would throw it out from the third floor window.

Gold was \$32 an ounce back then, said Dr. Roberts, who graduated from Baylor University School of Dentistry in 1977.

"We had no money, let alone money to buy gold," he said. "So down I went into the bushes. I found that little piece of gold."

Dr. Roberts shared this story May 23 in a commencement speech to this year's graduating class of his alma mater (renamed Texas A&M College of Dentistry in 2016) as a lesson in resiliency as they leave dental school and become practicing dentists. He also spoke June 3 at the University of Alabama.

"Dentistry isn't an easy career," he said. "You'll face roadblocks that you'll be powerless to change."

Comparing dental school to running a marathon, Dr. Roberts told the students that the exhaustion and stress they experienced better equipped them to keep the pace with their post-dental school careers. However, from providing patient care and managing a practice to learning about new regulations and raising a family, that feeling of stress and exhaustion won't go away, he said.

"What sets successful dentists apart from unsuccessful ones is their ability to confront change, and not be immobilized by it," he said.

It's important, he added, to not waste time on things a person can't change, and instead



Photo by Steven Doll/Dentistry Insider

**President lessons:** ADA President Gary L. Roberts gave a commencement speech May 23 at Texas A&M College of Dentistry. Sharing stories from his time in dental school, Dr. Roberts told the graduating class to stay resilient. "What sets successful dentists apart from unsuccessful ones is their ability to confront change and not be immobilized by it," he said.

only focus energy on those you can.

"If you do that, you'll find something more valuable than a career," he said. "You'll find purpose, and you'll find success."

Like searching for a piece of gold crown, it takes effort and work to find purpose and success. It's often not about the size of your practice, the car you drive, the house you live in or even the amount of care you donate, Dr. Roberts said.

"Each of those might be part of your success, but it shouldn't define it," Dr. Roberts said. "Instead, set high expectations for yourself. Always expect more from yourself than you do from anyone else."

Which goes back to a lesson he learned from his dental school days.

"Stay resilient," he said. "Never stop looking for that little gold crown in the bushes." ■

## ADA supports bill to make facilities for veterans smoke-free

BY JENNIFER GARVIN

*Washington* — The ADA, along with 44 organizations, is asking Congress to support H.R. 1662, legislation that would make facilities of the Veterans Health Administration completely smoke-free.

In a May 11 letter to Rep. Brad Wenstrup, R-Ohio, Subcommittee on Health Committee on Veterans' Affairs chair, the coalition urged support for the bill, which includes banning most forms of tobacco, including electronic cigarettes, cigars and pipes, in buildings under the jurisdiction of the Department of Veterans Affairs.

"As a nation, we must do more to improve and protect the health of our veterans. Providing a smoke-free VHA system for our veterans is an important step in the right direction," the coalition said. "Tobacco use is the leading preventable cause of death in the United States and exposure to secondhand smoke has a significant impact on Americans' health."

Because the U.S. surgeon general has determined "there is no safe level of exposure to secondhand smoke," sick and disabled veterans should not be subjected to secondhand smoke in order to receive medical care, the coalition said.

People with heart disease are at higher risk for health complications if they are exposed to secondhand smoke, according to the Surgeon General's Report on Smoking and Health. A 2015 health survey of 5.7 million veterans determined that nearly 1.5 million (25.5 percent) had hypertension; and 439,000 (7.7 percent) had coronary artery disease. That same survey also found that 300,000 veterans (5.2 percent) suffer from chronic obstructive pulmonary disease. The Centers for Disease Control and Prevention notes that people with lung disease are also at an increasing risk for health complications from secondhand smoke.

The coalition also said it was pleased the bill included cigarettes, e-cigarettes, cigars, pipes and other combustible tobacco products in its definition of smoke and recommended that it include smokeless tobacco products as well. They also urged legislators to shorten the lengthy five-year implementation date regarding the smoke-free outdoors policy at VHA facilities. ■

## Enticing visitors to western Nebraska with CE credits — and the total solar eclipse

BY KIMBER SOLANA

*Gering, Neb.* — ADA members curious to see a total solar eclipse and earning continuing education credits on the same weekend only have to travel to western Nebraska in August.



Dr. Schliep

Dentists can earn six hours of CE by hearing Dr. J. William Robbins speak on diagnosis and treatment planning as part of the West District Dental Society annual meeting, held Aug. 18 in at the Gering Civic Center.

On Aug. 21, attendees can drive 45 minutes northeast to Alliance, Nebraska, which is on the path for a total solar eclipse — when the moon moves between the sun and the Earth. It'll be the first total solar eclipse visible in North America since 1991, according to NASA.

"It's a rare opportunity to combine quality CE and camaraderie, explore the beauty

of this part of Nebraska and see a rare astronomical event," said Dr. Bronsen Schliep, president of the West District Dental Society.

Dr. Schliep said non-West District Dental Society members are welcome to register for the CE course "Global Diagnosis — A New Vision of Dental Diagnosis and Treatment Planning," led by Dr. Robbins, adjunct clinical professor in the department of comprehensive dentistry at the University of Texas Health Science Center at San Antonio.

"Dr. Robbins speaks about interdisciplinary care and how dentists can apply it in every facet of dentistry," Dr. Schliep said. "It's not theoretical. You can take what you learned back home and utilize it on day one."

The CE course costs \$150 for Nebraska Dental Association members; \$295 for non-NDA members.

For those interested in observing the solar eclipse, Alliance is on the path of totality — a thin ribbon of about 70 miles wide where people can see the moon fully cover the sun for about two and a half minutes. According to NASA, the path of totality in the U.S. will begin at 10:16 a.m. Pacific Time in Lincoln



Beach, Oregon, and travel east, ending near Charleston, South Carolina. It'll reach Alliance around 11:49 a.m. Mountain Time.

Attendees of the CE course and solar eclipse must book their own lodging and provide their own transportation. However, Dr. Schliep said that if there's enough interest, he can plan additional excursions between the meeting and the solar eclipse.

"There's a lot of beauty in this part of Nebraska," he said. "Combining a CE course with this unique event is a good excuse to visit."

For more information or to register for the course, visit [nedental.org/meetings-events/west-district-meeting](http://nedental.org/meetings-events/west-district-meeting) or contact Dr. Schliep at [bronsen@webbortho.com](mailto:bronsen@webbortho.com). ■

## ADA, others urge HHS to ensure deeming rule is implemented

BY JENNIFER GARVIN

*Washington* — The ADA is one of 51 organizations asking the U.S. Department of Health and Human Services to ensure that the final rule on tobacco products is implemented in accordance with its provisions following the Food and Drug Administration's decision to delay enforcement of the rule.

The final rule, also referred to as the "deeming rule," was published last year and was designed to expand FDA's regulation of tobacco products to include e-cigarettes, hookah, cigars and pipe tobacco. It was expected to go into effect Aug. 8 but will now be delayed for three months, FDA said.

In a May 17 letter to HHS Sec. Tom Price,



# ADA, Partnership for Medicaid ask Senate to remain committed to Medicaid

BY JENNIFER GARVIN

Washington — As the U.S. Senate considers health care reform legislation, the Partnership for Medicaid is encouraging legislators to focus on ways to enhance and improve the Medicaid program.

In a May 23 letter to Sen. Orrin Hatch, R-Utah, Senate Finance Committee chair, the partnership urged members of Congress to continue supporting Medicaid, noting the program serves as a “lifeline of support for millions of Americans.” The coalition also noted that Medicaid currently serves more

than 70 million low-income individuals, including children, pregnant women and seniors by providing them access to necessary health services, including dental care.

“We are united in our concern over policy proposals that represent a significant shift in the cost of the Medicaid program to states, local governments, providers and beneficiaries,” wrote the Partnership for Medicaid, a non-partisan, nationwide coalition comprising organizations representing doctors, health care providers, safety net health plans, counties and labor. “We urge the Senate to ensure that fu-

ture financing of Medicaid-covered services is sufficient to secure timely access to high-quality, necessary care for Medicaid enrollees.”

The coalition urged Congress to consider proposals to develop a national Medicaid quality data reporting system.

“A uniform, state-level reporting mechanism for the Medicaid program would ensure program efficiency and would provide a national perspective that could create a pathway for innovation,” the coalition said. “The Partnership also supports the improvement of program eligibility pathways.”

The coalition also asked legislators to take advantage of the Senate’s regular order by bringing any health care bills through the Finance Committee for open, bipartisan committee hearings and mark-up.

“As Congress looks to reform the U.S. health system, the members of the Partnership urge congressional leaders to take the time needed to develop and enact effective policies that ensure coverage and access to affordable care for all Americans,” the coalition concluded.

For more information about the Partnership for Medicaid, visit [partnershipformedicaid.org](http://partnershipformedicaid.org). ■

## Center for Professional Success has resources for ransomware

BY DAVID BURGER

The ADA Center for Professional Success has resources to help dentists fend off malware cyberattacks in the wake of WannaCry ransomware being reported in several countries around the world in early May, with hospitals among the organizations targeted.

While the attack is unlikely to pose an urgent threat for most dentists, according to Christopher Maag, director of the ADA Department of Technology Architecture and Infrastructure, dentists should be mindful of the threat and know that the Center for Professional Success can help. Articles on the Center for Professional Success site list several tips on protecting dental offices from ransomware, as well as an example of how ransomware can be particularly devastating. Visit [Success.ADA.org](http://Success.ADA.org) and search “ransomware” to access the article.

Ransomware is a type of malicious software that infects a computer and restricts users’ access to it until a “ransom” is paid to unlock it. Individuals and organizations should be aware that paying the ransom does not guarantee that access will be restored. Ransomware can spread easily when it encounters unpatched or outdated software.

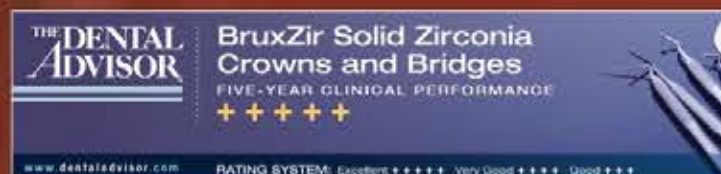
On May 12-13, Microsoft took an unusual step and issued patches to protect older unsupported operating systems — Windows XP, Windows 8.0, Windows Server 2003 — against this malware, according to the United States Computer Emergency Readiness Team of the Department of Homeland Security.

Mr. Maag said that now is the time to replace unsupported operating systems — or the computers running them — with a newer version that is still being patched regularly by Microsoft. He also stressed the importance of keeping your computer up to date in regards to security patches and antivirus programs.

Additional information on ransomware can be found at [hhs.org](http://hhs.org) by searching for “ransomware.” ■

—burgerd@ada.org

## High-strength solutions for an expanded range of indications



Conclusion: Over the five-year evaluation period, BruxZir Solid Zirconia Crowns and Bridges has proven to be an excellent restoration with respect to esthetics and dependability. It is highly recommended for posterior crowns and three- and four-unit bridges as well as implant-supported crowns and bridges. In select cases, it can be used confidently for anterior restorations. It received a 97% clinical rating.



**BruxZir®**  
ANTERIOR  
— SOLID ZIRCONIA —

**More Beauty**

Maximum strength: 720 MPa

- Individual anterior and posterior crowns
- Anterior veneers, inlays and onlays
- 3-unit anterior bridges



**BruxZir®**  
FULL-STRENGTH  
— SOLID ZIRCONIA —

**More Brawn**

Maximum strength: 1,465 MPa

- Crowns and bridges anywhere in the arch
- Screw-retained and cemented implant crowns and bridges
- Full-arch implant supported prostheses

**Brawn**

— Unsurpassed strength —

*Beauty*

— Natural esthetics —

**Confidence**

— Zero compromise —

Find an authorized lab at  
**bruxzir.com** ■ 800-411-9721



**GLIDEWELL  
DENTAL**



# Dental Office Shopper

For advertising information, call: 877.394.1388 or email us at: [adanews@russelljohns.com](mailto:adanews@russelljohns.com)

Disclaimer: Classified advertisements in ADA News are limited to job opportunities for dentists and auxiliaries, continuing education, professional services, practice and equipment sales and offices for rent. Advertising that appears to discriminate on the basis of race, religion or gender will be rejected. The publisher reserves the right to decline, withdraw or edit copy at its discretion.

## Opportunities Available

### NATIONWIDE - Associate Dentist Blackford Dental Management

We are looking for full-time and part-time Dentists who are ready to help run successful, private, family FFS/PPO offices and are confident in their abilities to practice general dentistry and lead a successful team. We offer a full range of cosmetic and specialized dental services. Our highly-trained staff ensure efficient clinical production without the headaches associated with practice management.

We take pride in knowing that our experienced team of professionals offer the highest standard of care by enriching the lives of our patients and the community. We are therefore Doctor Lead and Patient centered! In addition to offering top compensation, we are offering relocation assistance and a sign on bonus up to \$30,000 based on the office location.

We make the following benefits available to all our full-time dentists:

- Health Insurance
- Dental Services
- 401K
- Life Insurance
- Short Term Disability, Long Term Disability and Vision
- Malpractice Insurance
- Continuing Education and Training
- National, State and Local Professional Dues

We invite you to join our team of professionals in Pennsylvania, New Jersey and the metro Atlanta, Georgia area.

Please e-mail your CV to [careers@blackforddental.com](mailto:careers@blackforddental.com), call 717-590-1503 or visit our website at [www.blackforddental.com](http://www.blackforddental.com)

**NATIONWIDE — General Dentists/Orthodontists.** Familia Dental has great opportunities for General Dentists and Orthodontists in New Mexico, Texas, Illinois, Wisconsin, Iowa and Indiana. We show our doctors how much we value their skills by offering high compensation with earning potential over \$300,000 annually and \$500,000 for Orthodontists. Other benefits include sign-on bonuses, relocation bonuses vacation package, health insurance, malpractice insurance, continuing education, and H1B and Permanent residency sponsorship. **For more information contact (847) 915-3019 or send your resume to Doctor@familiadental.com.**

**ALASKA — Associate.** Fairbanks. Established state-of-the-art Endodontic office seeks full-time associate leading to ownership. Requirements: Alaska State Dental License/graduation from an accredited Endodontic residency. **Contact: (907) 460-2052 or email: [associatesinendo@alaska.net](mailto:associatesinendo@alaska.net).** practice. Competitive Salary with Benefits. Plus potential bonuses. **For additional inquiries, please contact Dr. Pawel Bielecki at: (720) 435-1550 or email at: [pawel.bielecki@me.com](mailto:pawel.bielecki@me.com).**

**FLORIDA — Periodontist - Group** Periodontal Practice with offices in West Palm Beach and Wellington, Florida looking for part-time associate with possible partnership opportunity. **Please email CV to: [LCotherman@flipdi.com](mailto:LCotherman@flipdi.com)**

**ILLINOIS — Dentist.** Dentist needed for modern dental office in Mundelein and Buffalo Grove area. **Send resume to: [Jacoblakedds@gmail.com](mailto:Jacoblakedds@gmail.com).**

## Opportunities Available

**KANSAS — General Dentist.** Wichita. General Dentist needed to join our dynamic practice and a team oriented office. We offer great incentives and benefits, great hours and lifestyle. **Wakim Cosmetic and Family Dental Group: [www.wakimdentistry.com](http://www.wakimdentistry.com), e-mail: [Doct1313@gmail.com](mailto:Doct1313@gmail.com).**

**MISSOURI — Dentist.** Seeking part-time or full-time dentist for Missouri practice. Locations include St Charles, St Peters, Ballwin, Ozark and Lake of the Ozarks. Practice dentistry your way. **Email CV: [sheila@forumdental.com](mailto:sheila@forumdental.com).**

**MISSOURI — Orthodontist.** Multiple location practice seeking part- or full-time orthodontist. Generous pay, ownership possibility and flexible hours available. **Email CV: [sheila@forumdental.com](mailto:sheila@forumdental.com).**

**NORTH CAROLINA — Dentist Associate.** Full-time in Tryon, North Carolina. Work a 4 day week. General Practice. 90% retired patients. Prefer someone who likes root canals. New office building. In Mountains of Western North Carolina. **Fax CV: (828) 859-5502 or email: [fdcnoble@gmail.com](mailto:fdcnoble@gmail.com).**

**NEW YORK — Endodontist.** Hudson Valley. Associate position available in established, renovated, multi-specialty private practice 1 hour from NYC. We are known in the community for state-of-the-art, quality dental care for over 25 years. Join our team of highly skilled specialists in a great work environment with professional support staff and trained clinical assistants. You will have the ability to focus on quality patient care while we take care of the administrative responsibilities. Join our practice for a great opportunity to learn and grow within a patient centered practice while being financially rewarded. **Send resume to: [info@windsordental.com](mailto:info@windsordental.com) or call: (845) 565-6677. Visit: [www.Windsordental.com](http://www.Windsordental.com).**

**PENNSYLVANIA — Associate Dentist.** Doylestown, Pennsylvania. Associate Dentist needed. 2-3 day/week to start. Busy modern general office. High emphasis on minimally invasive operative, cosmetics, crown and bridge, implant. Fully digital/3 Shape Trios scanner/ Dexis/Dentrix/ I-CAT. Candidate must have, excellent hands, hardworking, polished chair side manner, good working knowledge of modern dental procedures, Crown lengthening/Endo a plus. Will be happy to train the right person. **Please forward Resume/CV, attention Peggy Yurcho, to: [info@drscarazzo.com](mailto:info@drscarazzo.com).**

## Professional Services

### GET CASH For Unwanted Handpieces & Attachments



Clear Out Your Cluttered Drawer!

3 EASY STEPS



- 1 Request Free Shipping Box
- 2 Send Items You Want to Sell
- 3 Approve Offer & Get Paid CASH

Bill\$ for Drills

Click or Call Today!

[BillsForDrills.com](http://BillsForDrills.com)  
1-855-544-1900



## IV SEDATION TRAINING

60 HRS OF DIDACTIC, ADMINISTRATION OF IV SEDATION TO 20 DENTAL PATIENTS.  
100 HRS OF CE.

### Didactic & Clinical Sedation Training

**Upcoming Events: Register Today!**  
San Diego California - Jan/Feb 2017  
Colorado Springs Colorado - March 2017  
Seattle Washington - April 2017  
More Coming Soon...

### Sedation Permit Renewals Online

ADA CERP® | Continuing Education Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

CONSCIOUS SEDATION CONSULTING

888.581.4448

[SEDATIONCONSULTING.COM](http://SEDATIONCONSULTING.COM)

## Professional Services

## REDUCE YOUR CREDIT CARD PROCESSING FEES

• **FREE Placement, Credit Card Terminal**  
Wireless / Land Line / High Speed / Dial-Up

• **Easy Setup - Quick Approval**

• **Integrate with your current POS**

• **Free Paper\*\***

• **No set-up fee**

• **Check Services Available**

• **NAB will reimburse your business up to \$295\*\***  
if you have an early termination fee with your current processor

WHOLESALE RATES  
INTERCHANGE % RATES AS LOW AS

.05%\*

ENROLL NOW - CALL A SPECIALIST TODAY!

866-481-4604

©2017 North American Bancard is a registered ISO of Wells Fargo Bank, N.A., Walnut Creek, CA, and The Bancorp Bank, Philadelphia, PA. American Express may require separate approval. \* Dublin regulated Check Card percentage rate. A per transaction fee will also apply. \*\*Some restrictions apply. This advertisement is sponsored by an ISO of North American Bancard. Apple Pay is a trademark of Apple Inc.

PROCESS CREDIT CARDS ON YOUR SMARTPHONE

NEXT DAY FUNDING AVAILABLE

BECOME EMV READY

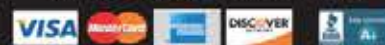
NFC & EMV ENABLED FREE

WIFI

TERMINAL & PIN PAD or WIRELESS TERMINAL

TABLET TERMINAL

NorthAmerican<sup>®</sup> BANCARD  
[www.nynab.com](http://www.nynab.com)





## Professional Services

**M Dent**  
CREDENTIALING SERVICES  
New York/New Jersey

**Tired of wasting time, money and hours on paperwork?**

We have an experienced team ready to serve all your credentialing needs.

**Request a quote today!**

(516) 229-1441 • [contactus@mdentcs.com](mailto:contactus@mdentcs.com)  
Visit our website at: [www.mdentcs.com](http://www.mdentcs.com)

## Professional Services

**INTRAORAL X-RAY SENSOR REPAIR** — We repair Kodak / Carestream 5100 / 6100 / 6200, Gendex & Dexis dental X-Ray sensors. Repair and save thousands. We buy, sell and refurbish. [www.RepairSensor.com](http://www.RepairSensor.com), (919) 924-8559.

**NATIONWIDE DENTAL PRACTICE APPRAISALS** — DENTAPPRAISE™ since 1992. "Ballpark" and "Premier" editions. For buyers, sellers, planning, mediation, partnership. General or specialty. For information: [www.dentappraise.net](http://www.dentappraise.net); Polcari Associates: (800) 544-1297, [info@polcariassociates.com](mailto:info@polcariassociates.com).

## Continuing Education

## Online Masters of Science Programs

Orofacial Pain Medicine and Pain Medicine | Geriatric Dentistry

The Herman Ostrow School of Dentistry of USC offers online master's programs designed for highly motivated dental professionals who currently have full-time clinical employment in either private practice or academia. Programs involve video lectures, live video conferences regarding patient cases, short visits to the USC campus and the preparation of a research article.

Herman Ostrow School of Dentistry of USC

<http://dentistry.usc.edu/programs/online-programs/>

For more information:  
(213) 740-9158  
[offpam@usc.edu](mailto:offpam@usc.edu)

## Practices/ Offices Available

**HAWAII** — Great price. Hawaii's Best practice For Sale in Kona, Hawaii. High tech Modern 7 operatories, 2 DENTIST 1.2 Hygienists 1.5 million grow average over last 5 years. Web Page [konadentist.com](http://konadentist.com). Email [gary.ault@hawaiiantel.net](mailto:gary.ault@hawaiiantel.net) phone 808-276-3083.

**MARYLAND** — Maryland Periodontal practice for sale. Tremendous growth potential with a steady flow of new patients (>25/mo.). Collections over \$875,000 (overhead <40%) in a 4 day work week. Digital CBCT/Pan and xray. Great location with referrals from a wide radius. Seller will help with transition and make personal introductions to referral sources. For information call: (410) 218-4061 and ask for Tom Bonsack DDS.

**MARYLAND** — Successful Prosthodontic Dental Practice for sale in the heart of Columbia, Maryland. Excellent location and office space. 2 fully equipped operatories with plumbing for 5. Asking \$200,000 for turnkey operation. Seung Paik at: (410) 262-3690 or [spaik001@gmail.com](mailto:spaik001@gmail.com).

**NEW HAMPSHIRE** — Established implant and extraction practice in a beautiful northern New Hampshire town. There is little competition and excellent opportunity for expanding the practice. For more information please email: [JADA@russelljohns.com](mailto:JADA@russelljohns.com) refer to Box 165.

**NEW JERSEY** — Dental office space to share. Englewood, beautiful 4 operator modern facility with Digital X-Ray and Pano for GP or Specialist to start or continue practice. Close to hospital and town. Possible future buyout. [Rbdentist@yahoo.com](mailto:Rbdentist@yahoo.com).

**OREGON** — Albany. G/P practice for sale. 3 fully-equipped operatories. Digital X-rays. 40+ new patients per month. \$400,000 annual gross. Contact: [Wholetooth32@aol.com](mailto:Wholetooth32@aol.com).

**TEXAS** — Corpus Christi. Newly renovated office for lease. Three operatories, lab and private office with half bath. Reception area shared with two practicing dentists. Drive-by visibility on a busy street with established high school. Call: (281) 414-1912.

**VIRGINIA** — Harrisonburg, well established general practice in the beautiful Shenandoah Valley. Net of 60% allows dentist to take home \$450,000 of \$750,000 collections! I refer all but general dentistry and enjoy a 4 day work week. 2,000 sq. ft. practice, fee-for-service, loyal patients and excellent staff will stay. Reply to: [dentalhburg@gmail.com](mailto:dentalhburg@gmail.com).

# Oral Health Month targets dental wellness in Hispanic communities

BY KIMBER SOLANA

The ADA and Colgate are teaming up for the second year this June to celebrate Oral Health Month: Share More Time, Share More Smiles, an annual campaign to educate families, especially in Hispanic communities, about the importance of proper oral care.

The campaign is also encouraging the public, including ADA members, to share photos and a video from the campaign on social media and using the hashtag #TimetoSmile to benefit the ADA Foundation's Give Kids A Smile program.

The campaign speaks to parents, especially moms, who can influence the health and wellness of their families. The campaign will communicate that an effective way to teach children good oral care habits is for parents to model the behavior.

"Educating patients about healthy habits — like brushing for two minutes, twice a day with fluoride toothpaste and visiting a dentist regularly — is part of the ADA's mission as America's leading advocate for oral health," said Dr. Gary L. Roberts, ADA president. "This is work ADA members do daily, and we are proud to collaborate, educate and celebrate this effort with Colgate during Oral Health Month."

Goals of the Oral Health Month campaign include educating the public, empowering them to develop healthy habits and encouraging them to visit their dentist regularly.

"When parents instill good oral care habits in their kids by brushing, flossing and spending time together, the whole family wins," said Carla Kelly, general manager of U.S. multicultural marketing for Colgate-Palmolive.



The campaign for Oral Health Month, which Colgate began in 2012, is utilizing social media and digital platforms. This includes promotion through MouthHealthy.org, ADA member publications and social media, as well as Colgate's channels. Co-branded activity sheets will be promoted from the Oral Health Month web page on MouthHealthy.org/oralhealthmonth.

Members of the public can share photos of themselves or their families practicing oral hygiene using the hashtag #TimetoSmile on Facebook, Twitter, Instagram or Google during Oral Health Month. As part of the campaign, Colgate will donate \$1 to the ADA Foundation's Give Kids A Smile program every time someone shares or likes a photo. Colgate has committed to a minimum donation of \$10,000 and a maximum donation of \$40,000.

At a grassroots level, "Dispierra America" TV host Karla Martinez conducted a meet-and-greet with families in Houston on June 3, where she shared oral health tips in Spanish at Fiesta mart stores.

"Oral Health Month is the perfect moment in time to raise awareness of the issue and provide education around proper oral health," Ms. Kelly said. ■

## ADA launches JADA+ Scan on osseointegration

The family of JADA+ Scans and Specialty Scans has grown to nine quarterly digital newsletters with the launch of the JADA+ Scan — Osseointegration.

This quarterly e-newsletter summarizes the latest research from the discipline of osseointegration. The inaugural issue, which was delivered to members' inboxes May 4, focuses on studies that examine the factors affecting the prevalence of peri-implantitis.

"The use of oral implants to replace missing teeth is an important part of our profession," said Dr. Clark Stanford, University of Illinois at Chicago College of Dentistry dean and consulting editor for the new scan. "The quality of life patients enjoy from this therapy is a key to our success. Yet, it is a challenging treatment and we welcome the profession to continue to learn and understand the day-to-day changes in science and clinical expertise that we will bring to the JADA+ scans."

JADA+ Scans and Specialty Scans are

designed to update dentists on the latest research in selected specialties and disciplines in dentistry. ADA Publishing and the consulting editors from the represented specialties and disciplines aggregate and summarize published research from a variety of dental journals. Currently, there are newsletters for endodontics, oral pathology, orthodontics, pediatric dentistry, periodontics, prosthodontics, and radiology, cosmetic/esthetic and osseointegration. Learn more about these newsletters or view the archives at [ADA.org/en/publications/jada/jada-specialty-scans](http://ADA.org/en/publications/jada/jada-specialty-scans).

To ensure delivery of these digital newsletters, as well as the quarterly Dental Practice Success e-magazine, visit [ADA.org/MyADA](http://ADA.org/MyADA) to verify or update your email address and ensure that you are opted in to receive ADA emails. For assistance, contact the Member Service Center at the toll free number on your membership card or call 1-312-440-2500. ■

## Deeming rule

Continued from Page 14

M.D., the coalition expressed its concern with the FDA's decision saying, "the administration appears to be taking steps to reconsider" the rule and is "delaying implementation of important provisions of the rule, to the detriment of public health."

"The deeming rule was the product of a multiyear rulemaking proceeding and is supported by overwhelming evidence in the administrative record at the FDA," the groups wrote, adding that the U.S. Department of

Justice strongly defended the rule in *Nicopure Labs LLC v. FDA*, one of several pending industry challenges to the rule.

"The public health justification for regulation is as compelling now as it was a year ago, when the FDA issued the final deeming rule," the coalition said.

"Every day of delay in its full implementation subjects the public to the continuing public health threat of unregulated, highly addictive and dangerous tobacco products, many of which come in sweet or candy flavors which are designed and marketed to appeal to children," the coalition said.

Follow the ADA's advocacy efforts at [ADA.org/advocacy](http://ADA.org/advocacy). ■

**DENTAL PRACTICES FOR SALE?**

**Advertise in ADA NEWS!**

**Call Today! 877.394.1388**



# Award

*Continued from Page 1*



**Dr. Blanton**

Trustees will bestow upon her the ADA Distinguished Service Award at ADA 2017 – America’s Dental Meeting this October for Dr. Blanton’s lifelong devotion to advancing the art and science of dentistry.

“I was proud to nominate Dr. Blanton for the 2017 ADA Distinguished Service Award,” said Dr. Gary L. Roberts, ADA president. “Her distinguished career in dentistry, which has included service as vice president of the ADA and as the first female president of the Texas Dental Association, is something to which we can all aspire. With a half-century of service in the classroom and now as interim dean of the James B. Edwards College of Dental Medicine at the Medical University of South Carolina, she continues to be a role model for the next generation of dentists. I look forward to presenting her with the award at this year’s annual meeting in Atlanta.”

Dr. Blanton also served as president of the American College of Dentists Foundation; Dallas County Dental Society; Texas Society of Periodontists; and Southwest Society of Periodontists.

Dr. Blanton’s numerous honors and awards include the William John Gies Award of the American College of Dentists, Gold Medal for Distinguished Service from the Texas Dental Association, Lifetime Achievement Award of the Dallas County Dental Society and Baylor College of Dentistry Hall of Fame.

She has also been recognized as a Distinguished Alumna of the Baylor College of Dentistry and Distinguished Alumna of Hardin-Simmons University in Abilene, Texas.

Her impressive list of accomplishments did not prepare her emotionally for receiving the highest honor conferred by the ADA Board of Trustees. When Dr. Blanton received the phone call notifying her, she said she went into “absolute shock followed by disbelief,” she recalled. “Ultimately I was profoundly grateful.”

## Distinguished life

After receiving her bachelor’s degree in chemistry from Hardin-Simmons University, Dr. Blanton earned a master’s degree and doctorate in anatomy at Baylor. She received her dental degree from the Baylor College of Dentistry seven years after she earned her anatomy doctorate and earned her periodontics certificate at Baylor and the Veterans Administration Hospital in Dallas.

Dr. Blanton became a teaching assistant in 1960, first at Hardin-Simmons then at Baylor. Teaching was always important to her, she said, because she enjoys the opportunity to engage with students on “their journey to a goal of lifelong learning.”

The study of anatomy attracted Dr. Blanton because “I see human anatomy as the

foundational tenet as well as the biological basis for all things scientific. Anatomy combines art and science in a way that no other traditional discipline can — it lends to translation as well as transformation. Two things that define my philosophy as an educator are the translational deployment of the basic sciences and the transformation of the learner.”

Upon receiving her doctorate in anatomy, she was assigned to be an assistant professor in the Baylor College of Dentistry. It was there where she saw dental students exploring the head region, which she calls “the most complex part of the body.” Being introduced to dentistry and encouraged by colleagues and deans, she decided to go to dental school at Baylor.

After graduation from dental school, Dr. Blanton became a professor at Baylor, and she is a professor emerita at the Texas A&M College of Dentistry (the current name for the Baylor College of Dentistry). In 1985, she started her practice in periodontics, continuing to teach at Baylor and lecturing around the world.

In 2014, the opportunity to sell her practice presented itself, Dr. Blanton said, and she “reluctantly departed with

**“She is a fantastic leader. She’s one of the finest people I’ve worked for. She wears leadership with such grace and humility. I’m 45, and I can’t keep up with her. There is nothing interim about her.”**

her beloved patients and staff of nearly 30 years.” But she still wanted to be involved in dentistry, so, although she considers herself to be a “Texan through and through,” she moved to South Carolina to join a practice of some friends she had in the Charleston area. With her reputation preceding her, she quickly was asked to be a professor in the department of stomatology at the Medical University of South Carolina.

In 2016, in the wake of the retirement of the dean of the James B. Edwards College of Dental Medicine, she was asked to be interim dean.

“With transitions in leadership and an upcoming accreditation, the sense of uncertainty felt like a Category 4 hurricane,” said Dr. Amy Martin, “But Dr. Blanton calmed the waters.” Dr. Martin, director of population oral health in the department of stomatology at the college, continued: “She is a fantastic leader. She’s one of the finest people I’ve worked for. She wears leadership with such grace and humility. I’m 45, and I can’t keep up with her. There is nothing interim about her.”

Dr. Tariq Javed, vice dean at the dental school, said Dr. Blanton has a unique style of leadership in which she has an ability to quickly put people at ease. “She leads by example,” he said. “She never leaves the circle of decency. Due to her expertise in surgical anatomy and applied anatomy, she has been a sought-out speaker at the national and international levels.”

## Respect of colleagues

Dr. John S. Findley, ADA president from 2008-09, said, “I have known Dr. Blanton for many years and in many facets of the profession — through the eyes of a first-year dental student in her gross anatomy lab; I have seen her as a skilled and dedicated leader in the Dallas County Dental Society, the Texas Dental Association and the ADA; as a talented, caring and compassionate practitioner; and finally, as a true and loyal friend. In all her endeavors she has always exhibited qualities that endear her to fellow practitioners and others with whom she has worked: a questioning mind, willing attitude, dedicated and committed work ethic and always a spirit of respect and concern for all involved. There is no better example of distinguished service to the profession than Patricia Blanton.”

Dr. Stephen A. Ralls, executive director of the American College of Dentists, praised the selection of Dr. Blanton for the award.

“She is extraordinarily gifted,” he said. “She is a charismatic leader who inspires others to achieve. She leads from the front and by example. Dr. Blanton is highly skilled at creating a vision and using that vision to effectively focus efforts on consistently producing exceptional outcomes. Those leadership qualities were routinely showcased to the Board of Regents of the American College of Dentists, particularly during her tenure as president from 2011 to 2012. She seeks the best for dentistry, always striving to elevate its standards. Additionally, Dr. Blanton has been a truly exceptional role model for others over the course of her career. She has positively impacted many lives. Dr. Blanton upholds the highest ethical principles and is greatly esteemed by her peers and colleagues. She has also generously given back to her community and profession. Dr. Blanton is most worthy and deserving of the ADA Distinguished Service Award.”

Dr. Jerry Miller, past president of the American College of Dentists and a retired pediatric dentist, first encountered Dr. Blanton when she was a teaching assistant in his anatomy class in 1962 at Baylor. “She’s such a kind individual,” he said. “She’s an ideal speaker around the world on implants because of her doctorate in anatomy. She is highly, highly respected and she’s won every honor that’s out there. Just a delightful friend.”

Dr. S. Jerry Long, of the Professional Resource Center at the University of Texas School of Dentistry in Houston, commended his fellow Texan. “Dr. Blanton’s commitment to dentistry spans academia, private practice, the specialty of periodontics, and organized dentistry,” he said. Her exceptional leadership qualities are legendary, surpassed only by her keen interest in preserving and advancing the ethical standards of our profession. Dr. Blanton’s career has always been about exceeding expectations, and the ADA Distinguished Service Award is a fitting recognition of her lifetime commitment to leadership and placing the needs of others above self.”

He continued: “Congratulations, Pat. Texas dentists are very proud to call you one of our own.” Dr. Long served as ADA 15th District trustee from 2007-11.

Registration is now open for ADA 2017, where Dr. Blanton will speak, at [ADA.org/meeting](http://ADA.org/meeting). ■

—burgerd@ada.org

# AAP: No juice for babies, limited servings for children

**BY MICHELLE MANCHIR**

Citing its relationship with dental decay, among other health-related concerns, the American Academy of Pediatrics in May released a policy statement recommending no fruit juice for children under 1 year.

“We know that excessive fruit juice can lead to excessive weight gain and tooth decay,” said co-author of the statement Steven A. Abrams, M.D., in a news release.

The American Academy of Pediatrics recommendations say juice should not be introduced into the diet of infants before 12 months of age and that it should be given in limited amounts to children 1-18.

The group also said, citing recommendations from the American Academy of Pediatric Dentistry, that toddlers should not be given juice at bedtime or from bottles or easily transportable, covered cups that allow them to consume juice easily throughout the day.

Dr. Valerie Peckosh, a pediatric dentist in Iowa and a member of the ADA Council on Advocacy for Access and Prevention, applauded the statement, calling it a “strong message that fruit juice is not a necessary or even a desirable part of a healthy diet for young children.”

“We still have a lot of parents who think fruit juice is a health food and that their children need it,” said Dr. Peckosh. “Dentists may want to familiarize themselves with the new statement so they can counsel families on the appropriate use of fruit juices.”

The full policy can be read online at [AAPublications.org](http://AAPublications.org) and using the search tool to find “Fruit Juice Recommendations” in Pediatrics.

The ADA encourages dentists to stay abreast of the latest science-based nutrition recommendations and nutrition related screening, counseling and referral techniques. It also encourages collaborations with dietitians and other nutrition experts to raise interprofessional awareness about the relationship between diet, nutrition and oral health, according to an ADA House of Delegates resolution (Res. 60H-2016).

Dentists can refer patients to MouthHealthy.org, ADA’s consumer website, for up-to-date and evidenced-based information about nutrition. ■



# Bill

*Continued from Page 1*

Jay Inslee signed it into law May 16.

This was “landmark legislation, which we believe provides the strongest prohibitions and enforcement mechanisms in the nation to curb the unlicensed practice of dentistry by nondentist third parties,” according to a statement Washington State Dental Association Executive Director Bracken Killpack sent to member dentists.

SB 5322 defines the unlicensed practice of dentistry as interference with a licensed dentist’s independent clinical judgment, including any time nondentists engage in any of the following:

- Imposing time limits for patient procedures.
- Limiting or imposing requirements on a dentist’s decision regarding a patient’s course of treatment.
- Requiring or limiting the use or choice of a laboratory, materials or equipment in patient treatment.
- Limiting or imposing requirements on the referrals by dentist to a specialist or any other practitioner.
- Interfering with a dentist’s access to patient records.
- Interfering with a dentist’s decision to refund payments made by a patient for treatment performed by the dentist.

The bill also includes patient protections with procedures for terminating treatment or transfer of care to another dentist. It specifies that a dentist employer or authorized legal entity employer is responsible for the continuing care of a patient should the employee or contractor dentist cease their employment arrangement. It also prohibits a non-licensed person or entity from employing or contracting for the services of licensed dentists, licensed dental hygienists, licensed expanded function dental auxiliaries, certified dental anesthesia assistants and registered dental assistants.

The legislation gives the state department of health and the attorney general authority to investigate and enforce the law, up to and including issuance of cease-and-desist orders to prohibit continued operation by those who violate those conditions.

Violation of this law is a misdemeanor for those that stand between a dentist and a patient to influence clinical decision making, said Dr. Keith Collins, a Vancouver, Washington, dentist involved in advocacy for the alternative bill. He added that this can help to prevent an office manager, scheduler or higher-level manager to avoid mistreating a dentist in a way that compromises patient care.

Mr. Killpack told ADA News that SB 5322 is clearer than the old law in regards to accountability and what is allowed — and what isn’t. “For years, we’ve been adamantly advocating that third parties shouldn’t interfere in the patient-dentist relationship.”

The Association of Dental Support Organizations also approved of the bill’s passage. “Our desire is simply for dentists to have the freedom to choose the practice model that best fits them and their patients, which benefits everyone,” said Dennis LaGanza, senior vice president of government affairs for the Association of Dental Support Organizations.

“It is true, that neither side got everything they wanted,” Mr. Killpack said. But one thing was important to the Washington State Dental Association, he added. “We want dentists in our state to know what their rights are and to reaffirm the importance and sanctity of the doctor-patient relationship.”

“The ASDO applauds the Washington legislature, Gov. Inslee and the Washington State Dental Association for the bipartisan and collaborative work in passing SB 5322, an important step in allowing dentists, hygienists and staff to spend more time serving the

people of Washington state and protect their freedom to choose who to contract with to perform non-clinical functions,” said ADSO President Michael Bileca in a news release after the bill was signed. “By adopting this bill, the state of Washington clearly recognizes the value dental support organizations provide to dentists, who in turn can focus on delivering quality oral health care to their patients.”

ADSO membership includes seven DSOs in Washington state, each of which provides business support to an aggregate of about 100 dental practices, according to the Association of Dental Support Organizations.

SB 5322 was a compromise bill, said Selah, Washington, dentist Dr. Jennifer King, whose father, state Sen. Curtis King, co-sponsored

the bill.

The bill was a response to another bill, SB 5158, which would have loosened restrictions on corporate dentistry, Dr. King said.

SB 5158, a separate bill proposed by state Sen. Ann Rivers, contained language that ended up in SB 5322; however it never advanced out of committee as the alternate bill was introduced. “It was give-and-take from both sides,” said Dr. King, who lobbied for the alternative bill.

“Washington had an 82-year-old statute that didn’t reflect current business realities,” said Mr. LaGanza. This language led to confusion on the part of regulators, WSDA members and ADSO member companies alike.

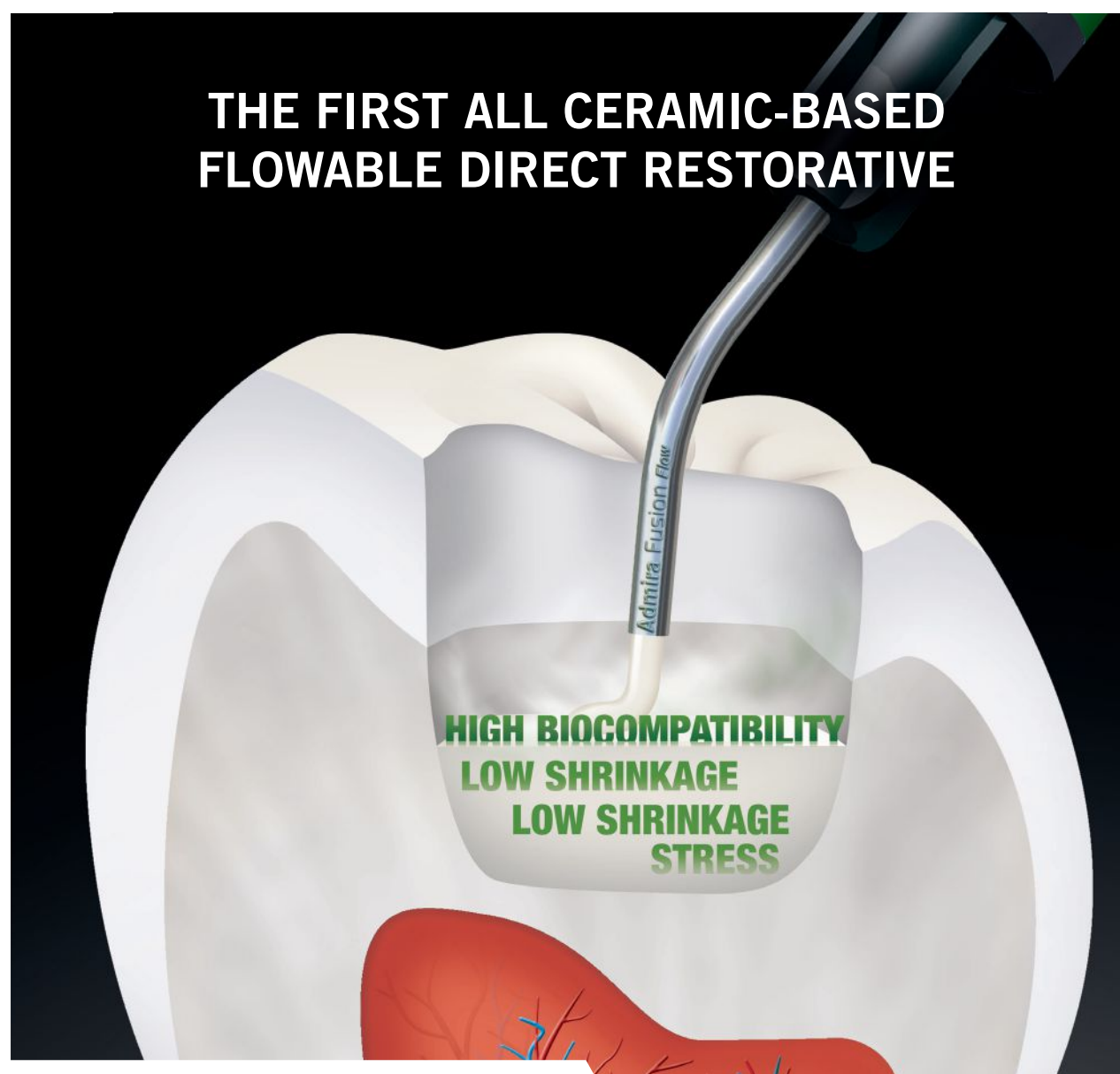
Dr. Collins referred to the bill as the “King

Bill” because the team of Dr. King and her father worked determinedly on revising the bill, with the aid of the Washington State Dental Association and the Association of Dental Support Organizations. “She worked so hard on it that I called her ‘Tiger,’” Dr. Collins said. “Don’t poke the tiger.”

Dr. Collins said SB 5322 was “ground-breaking,” and that he hoped other states would draft similar legislation. “I think we’re creating a movement.”

Mr. LaGanza said, “We are pleased to have worked with the WSDA on legislation that ensures all dentists may continue to choose the model they feel is best to provide quality dental care to Washington state.” ■

— [burgerd@ada.org](mailto:burgerd@ada.org)



- The world’s first all ceramic-based flowable direct restorative material
  - Pure Silicate Technology: Fillers and matrix are based purely on silicon oxide
  - No classic monomers for higher biocompatibility (no BisGMA, UDMA, HEMA or TEGDMA etc.)
  - Nano-ORMOCER® technology reduces shrinkage (2.75% by volume) and shrinkage stress to the level of universal composites
  - Inert for outstanding shade stability
  - Compatible with conventional adhesives
- Easy to polish to a high shine luster
- Excellent wettability
- Thixotropic material that will “flow-on-demand” without slumping
- Non-Dripping Syringe Technology (NDT®)
- Radiopaque (240 %Al)

Call 1-888-658-2584

**Admira Fusion**  
**Flow** **FLOWABLE**  
**NANO-ORMOCER®**  
**DIRECT RESTORATIVE**





## GENTLECLEAN™ SPECIALTY INSERTS

- Removes biofilm plaque and soft calculus from metal and teeth.
- Use on implants and orthodontic brackets.
- Will not scratch Titanium, Zirconia, or Teeth.
- Ideal for use on children or on hypersensitive patients.
- Won't damage restoration margins.



<b>DSG30GC</b>	GentleCLEAN™ 30KHz Soft-Grip Insert (Green)	<b>\$200.00</b>
<b>DSG30GC-P</b>	GentleCLEAN™ 30KHz Soft-Grip Insert (Pink)	<b>\$200.00</b>
<b>DSG30GCT</b>	GentleCLEAN™ Replacement Tips (50 Count)	<b>\$41.00</b>
<b>DSG30GCW</b>	GentleCLEAN™ Tip Wrench	<b>\$15.00</b>

## BURNETT POWER-TIP STAINLESS & SOFT-GRIP INSERTS

- 70% More power—much greater power than a Universal or Perio insert.
- Longer, slim design reaches into narrow spaces.
- Robust enough to smooth plaque-trapping overhangs and remove proximal accretions and stubborn cements.
- Soft-grip provides more comfort and lessens finger vibration.

Description	25K	30K	Price
Burnett Power-Tip™	<b>DTI25</b>	<b>DTI30</b>	<b>\$168.35</b>
Burnett Soft-Grip Insert		<b>DSG30T</b>	<b>\$168.35</b>



### Stainless Steel Inserts



Description	25K	30K	Price
A. Universal: Internal Water	<b>DUI25</b>	<b>DUI30</b>	<b>\$130.50</b>
B. Universal: External Water	<b>DUE25</b>	<b>DUE30</b>	<b>\$168.35</b>
C. Straight Perio: Internal Water	<b>DPI25</b>	<b>DPI30</b>	<b>\$136.85</b>
D. Straight Perio: External Water	<b>DPE25</b>	<b>DPE30</b>	<b>\$168.35</b>
E. Beaver Tail	<b>DBI25</b>	<b>DBI30</b>	<b>\$136.85</b>
F. Curved Perio Right: Internal Water	<b>DPR25</b>	<b>DPR30</b>	<b>\$162.00</b>
G. Curved Perio Left: Internal Water	<b>DPL25</b>	<b>DPL30</b>	<b>\$162.00</b>

### Cushion-Grip Inserts (30K)



Description	Green	Pink	Price
H. Universal: Internal Water	<b>DSG30U</b>	<b>DSG30U-P</b>	<b>\$130.50</b>
I. Straight Perio: Internal Water	<b>DSG30P</b>	<b>DSG30P-P</b>	<b>\$136.85</b>
J. Curved Perio Right: Internal Water	<b>DSG30R</b>	<b>DSG30R-P</b>	<b>\$162.00</b>
K. Curved Perio Left: Internal Water	<b>DSG30L</b>	<b>DSG30L-P</b>	<b>\$162.00</b>



**parkell®**

**Parkell.com**  
**1-800-243-7446**