

American Dental Association

**ADACommons**

---

[ADA News](#)

[ADA Products and Publications](#)

---

3-16-2020

## ADA News - 03/16/2020

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 - 03/16/2020" (2020). *ADA News*. 347.  
<https://commons.ada.org/adanews/347>

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).



**Expectant dentists**  
Resource focuses on balancing family planning, practice

2



**Wisconsin**  
State dental association seeks to turn tide on anti-fluoridation efforts

6



**ADA Stanford Award**  
Illinois orthodontist wins for retainer research

11

# ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

MARCH 16, 2020

VOLUME 51 NO.6



Join us on Facebook: American Dental Association

YouTube

Follow us on Twitter @ADANews

## BRIEFS

### ADA seeks applicants for standards awards

The American Dental Association is accepting submissions for awards that honor standards-based research.

Applications are due by May 15 for the 2020 Robert H. Ahlstrom New Investigator Award, which highlights the role dental informatics standards play in improving the quality of patient care, assuring patient health and safety, and increasing efficiency through the use of information technology, and



by Oct. 1 for the 2020 John W. Stanford New Investigator Award, which recognizes how standards are developed by dental professionals to establish specific technical, performance and safety requirements for dental products.

ADA dental student members, members who earned their dental degree since 2015 and members pursuing an additional degree or specialty are eligible to apply for either award.

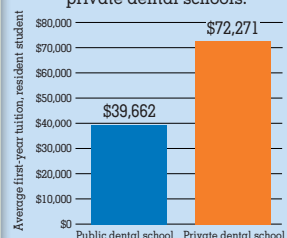
Submissions may include an original standards-related research report completed

See *APPLICANTS*, Page 15

## JUST THE FACTS

### First-year tuition

In 2018-19, average first-year resident tuition at public U.S. dental schools was \$32,609 less than at private dental schools.



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

## Vaping bill passes House

### Bipartisan legislation calls for banning most flavored products, imposes tax

BY JENNIFER GARVIN

Washington — The U.S. House of Representatives Feb. 28 passed a comprehensive bill designed to address the youth tobacco epidemic.

HR 2339, the Protecting American Lungs and Reversing the Youth

**INSIDE** FDA approves ibuprofen-acetaminophen drug, Page 19

Tobacco Epidemic Act of 2020,

bans the majority of flavored tobacco and vaping products, including mint and menthol, and imposes a tax on the nicotine in e-cigarettes. It also calls for the Food and Drug

See *VAPING*, Page 19



**Becoming a Dentist:** Dan, seated, works on soldering a wire during a November seminar on wire bending taught by Dr. Kuei-Ling Hsu, pictured, far right.

## The decision to specialize

### Dental students ponder life after school

*Editor's note: In November 2017, the ADA News launched Becoming a Dentist, a series of stories that follows three dental students at the University of Maryland School of Dentistry — Dan Yang, LaShonda Shepherd and Ben Horn — during their journey to becoming dentists. See all the stories in the series at ADA.org/BeADentist.*

BY JENNIFER GARVIN

Baltimore — The question surfaces at the beginning of dental

school, maybe even sooner, when the dream first takes hold.

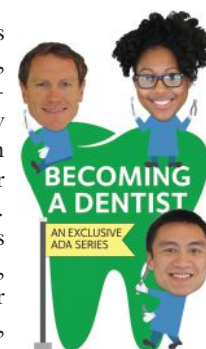
What kind of dentist do I want to be?

Do I want to be a general dentist? An oral surgeon? A pediatric dentist?

Every student's path to becoming a dentist is unique. Choosing whether to specialize is no different. Some students go in knowing they might want to specialize. Others may follow

in the footsteps of a relative, shadow a dentist they know or develop an interest after starting school.

"Our aim is to ensure that, through their coursework, discussions with faculty, clinical experience and mentoring from faculty and alumni, the students have a chance to really learn about the full range of specialties as well as other career options



## Oral medicine recognized as a dental specialty

BY KIMBER SOLANA

Oral medicine becomes the 11th dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

The recognition comes after the National Commission on March 2 adopted a resolution based on an application from the American Academy of Oral Medicine to recognize oral medicine as a dental specialty.

"So often patients and their health care providers lack awareness of the expertise held by oral medicine in diagnosis and management of mouth sores, taste change, dry mouth, oral burning sensation and jaw or facial pain," said Dr. Lauren L. Patton, AAOM president. "Specialty recognition will facilitate patient awareness and access to our clinicians who also provide primary dental care for those with complex medical issues that require long-term management and/or modifications in the delivery of oral health care because of their medical status."

The ADA House of Delegates in 2017 established the National Commission to oversee the decision-making process for recognizing dental specialties. The Requirements for Recognition of Dental Specialties is still managed by the

See *MEDICINE*, Page 17

within the oral health profession," said Dr. Karen Faraone, associate dean of student affairs.

The choices for those who choose a recognized specialty over general practice now total 11. The National Commission on Recognition of Dental Specialties and Certifying Boards has recognized the following specialties: dental anesthesiology; dental public health; endodontics; oral and maxillofacial pathology; oral and maxillofacial radiology; oral and maxillofacial surgery; oral medicine; orthodontics

See *SPECIALIZE*, Page 18



# New ADA resource supports expectant dentists

## Managing Pregnancy module guides dentists in balancing family planning, practice

BY DAVID BURGER

A positive pregnancy test can be a reason for celebration for expectant mothers and soon-to-be fathers, and the test often leads to myriad questions about how to achieve a new norm of balancing pregnancy and a new baby while still leading or working in a busy dental office.

The ADA's Council on Dental Practice, in collaboration with the New Dentist Committee and several external dental consultants, developed the new Guidelines for Practice



Dr. Mattingly



Dr. Aflatooni



Dr. Liddell

Success module on Managing Pregnancy, a resource that combines best practices with practical information to guide new dentists through the process of managing a new chapter in their lives and careers.

Dr. Emily Mattingly, ADA New Dentist

Committee chair, helped develop the content.

"I was an associate dentist when I had my first child, who was premature," Dr. Mattingly said. "Navigating my second year in practice and then having a child with extreme medical needs was a lot to take on with no resources available to my profession. Later, I had two more children as an owner dentist. The burden of maternity leave and other aspects of pregnancy were different stressors than that of an employee dentist. I am extremely happy with my current work-life balance as a mother of three and would love to share my knowledge with other female dentists and dental professionals."

The resource was developed to recognize that the individual dentist's needs and concerns would vary depending on whether they were a pregnant dental practice owner, a pregnant associate/employee dentist or a dentist responsible for managing and coaching a staff that may include a pregnant woman or expectant parent.

The issue is especially relevant since, in 2018-19, for the first time ever, female students comprised more than half (50.5%) of enrolled students for all four years in U.S. dental schools, according to the ADA Health Policy Institute.

"The Council on Dental Practice is pleased to provide new dentists with this comprehensive resource," said Dr. Nima Aflatooni, who is both a member of the council and the father of a 1-year-old daughter. "Pregnancy and the years that come after it should be a time of joy. This special time often begins with the realization that pregnancy, managing a family and performing dentistry, either as a practice owner or associate or employee dentist, can be a complicated balancing act that requires you to constantly reassess and shift priorities."

Some of the topics covered in the GPS module on Managing Pregnancy include: the pregnant individual's rights during pregnancy; maternity leave; child care; safety in regards to radiation and nitrous oxide; returning to the office after maternity leave; ergonomic issues; breastfeeding and pumping; and more.

Seventh in the ADA's Guidelines for Practice Success suite of practice management resources, the module offers up-to-date original resources, such as checklists, tip sheets and videos created specifically for this project and designed to make it easier for ADA members to address pregnancy whether it happens with the dentist or staff. Content is available free online to ADA members at [ADA.org/GPSpregnancy](https://ada.org/GPSpregnancy); the resource is available in print and eBook formats through the ADA Catalog.

"Regrettably, no one can provide hard and fast answers for what decisions to make in any single situation," said Dr. Rudy Liddell, council chair. "But the ADA Guidelines for Practice Success module on Managing Pregnancy offers helpful information and resources on many of the health-related concerns that can be worrisome to expectant parents."

The ADA will stream a webinar March 17 on the topic, and a recording of it will be available at [ADA.org/Accelerator](https://ada.org/Accelerator). The webinar is part of the ADA Accelerator Series, a new online, on-demand program specifically designed to provide information that is tailored to the early-career dentist's unique work-life balance needs. ■

—burgerd@ada.org



Never a dull moment™

And no wasted ones either!



### Solo Diamond®

Always sharp, Solo diamonds are engineered to provide a superior cut. And because each Solo Diamond® is pre-sterilized, you're ready to go right out of the package. That means ideal workflow efficiency. Every patient. Every time.

**Take advantage of our current offers!**

**5+1, 20+8 FREE on boxes of 25 Solo Diamonds\***

Available through your authorized dealer.

\*Valid 3/1/20-3/31/20. Redeem by 4/15/20. Excludes spiral shapes.



[premierdentalco.com/promise](https://premierdentalco.com/promise)



Inspired solutions  
for daily dentistry®

Premier® Dental Products Company • 888-670-6100 • [premierdentalco.com](https://premierdentalco.com)

©2020 Premier Dental Co. | All Rights Reserved



# ADA News

(ISSN 0895-2930)

March 16, 2020

Volume 51, No.6

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. © 2020 American Dental Association. All rights reserved.

**ADA** American Dental Association®

America's leading advocate for oral health

**PUBLISHER:** Michelle Hoffman

**SENIOR DIRECTOR, EDITORIAL STRATEGY &**

**SERVICES:** Judy Jakush

**NEWS EDITOR:** Kelly Ganski

**WASHINGTON EDITOR:** Jennifer Garvin

**SENIOR EDITORS:** David Burger, Kimber Solana,

Mary Beth Versaci

**EDITORIAL NEWS ASSISTANT:** Matt Carey

**TECHNOLOGY MANAGER:** Paul Gorski

**GRAPHIC DESIGN & PRODUCTION:** David Molinatto,

Geralyn Novotny, Thomas Rutherford

**SENIOR MANAGER, PRODUCTION & ADVERTISING**

**OPERATIONS:** Rebecca Kiser

**COORDINATOR, PRODUCTION & ADVERTISING**

**OPERATIONS:** Molly Walsh

**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, 17110 Gunn Highway, Odessa, FL 33556, 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.



## Report on age assessment by dental analysis available for review

The ADA Standards Committee on Dental Informatics has approved the following document for circulation and comment:

Proposed ADA Technical Report No. 1077 for Human Age Assessment by Dental Analysis: Forensic dental age assessment is the estimation of an individual's chronologic age through scientific evaluation of the dentition and maxillofacial structures. The goal of this technical report is to provide the best available current information and guidance for estimating age from the human dentition. It includes guidelines on how to obtain forensic dental data and the selection of recommended methodologies to establish accurate assessments of human chronologic age. The



draft technical report is available by calling the ADA at 1-312-440-2500, ext. 2506, or emailing [standards@ada.org](mailto:standards@ada.org). The comment

deadline is April 17.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical reports for products and information technology used by dental professionals and consumers.

Currently, there are more than 100 national standards, and more are under development.

National standards developed by the ADA serve the dental profession by ensuring product safety and efficacy for both clinician and patient and providing information on new and emerging technologies.

To learn more about dental standards, visit [ADA.org/dentalstandards](http://ADA.org/dentalstandards). ■



### ENVISION MORE FOR YOUR PRACTICE

It's unspoken, but you feel it. That "at ease" reassurance of knowing that your equipment is predictable, responsive and intuitive, complementing your every skillful movement. So, you can focus on what matters most: your patient.



[a-dec.com/ENVISIONMORE](http://a-dec.com/ENVISIONMORE)

# VIEWPoint

## MyView

### Will the perfect doctor please stand up?



Joe Vaughn, D.M.D.

**I**'ll never forget the night that the most popular guy at my high school broke down and cried on my shoulder minutes after a varsity basketball playoff game.

We were huge underdogs to the No. 1 team in our division and were playing on their home court. We probably played our best game of the year that night, but we lost at the final buzzer, bringing our season to a painful end. As an 11th grade basketball player in rural Alabama, there was nothing more important in the world than winning that game and proving our relevance and worth as a team.

I'll always remember that moment, standing in the rain in the parking lot out behind the gym, consoling my teammate. I'll remember it because it was a moment of pure vulnerability for him. Completely out of character for one of the coolest, smoothest guys that I have ever known. In that moment, I realized that even the most untouchable guy at my high school...was human. He was just like me, felt the same things I felt, experienced the same emotions that I did.

That happened 14 years ago. But like many of those defining moments in our lives, the memory has remained submerged in mint condition, just waiting for the right time to resurface to the spotlight. For me, it happened the other day as I was watching a Dr. Frank Spear lecture online.

It was standard Spear, talking about how to elevate your practice to the next level. But then about halfway through...

"I'd go to work every day, see a full schedule...and feel like I was in jail."

What did he just say?

Dr. Frank Spear, the founder of Spear Education and one of the most respected dentists in the world, has had days where he was...stressed out? Discontent? Even unhappy?

"You mean...he's just like me?"

This really resonated with me. So much so that I went back and listened to his story again. It was refreshing to hear a confession of weakness, when usually all I see and interact with socially is a world of perfection.

Everybody's a rock star on Instagram these days.

Intense, bloody surgeries (but always successful). Incredible cosmetic rehabilitations (and in only two visits with no refinements because that's just how good our protocol is!). Beautiful occlusal composite staining on a maxillary second molar (but why though?).

I think we need more vulnerability in our profession. I think we need to pull back the reins a bit on the digital ego stroke that has become the world of dental Instagram.

Because the honest-to-tooth truth? That stuff isn't the full reality. The truth is that everybody has failures. Everybody has had bad days. Everybody has made mistakes. And personally, I think you lose some credibility if you pretend otherwise.

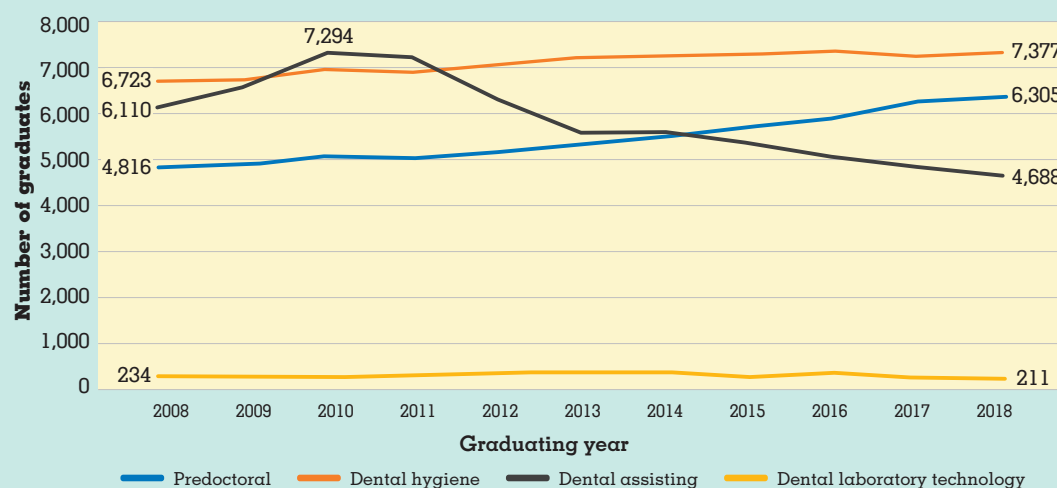
After that night in high school, I never saw my teammate the same way again. I not only respected him more. Our friendship was stronger. Our

See MY VIEW, Page 5

## SNAPSHOTS OF AMERICAN DENTISTRY

### Allied dental vs. predoctoral dental graduates

**F**rom 2008-18, the number of graduates from predoctoral dental programs in the U.S. consistently increased. Trends differed among allied dental programs in the same time period. The number of dental assisting graduates was 4,688 in 2018, down from a peak of 7,294 in 2010. The overall number of dental assisting graduates decreased by 23% since 2008, while the number of dental hygiene graduates increased by 10%.



Source: ADA Health Policy Institute, 2018-19 Survey of Dental Education and Survey of Allied Dental Education reports. Available at: [ADA.org/en/science-research/health-policy-institute/data-center/dental-education](https://ada.org/en/science-research/health-policy-institute/data-center/dental-education).

## Letters

### The Dentist's Prayer

**I** commend the ADA's decision to take a neutral policy stance with respect to religion; rescinding The Dentist's Prayer and permitting a moment of silence at the start of meetings to accommodate prayer or personal reflection ("House Rescinds The Dentist's Prayer, Amends Recognition of Religious Diversity Policy to be More Inclusive," Feb. 3 ADA News). Unfortunately, judging from his letter to the editor (Feb. 3 ADA News), Dr. Joseph Kalil, the author of "The Dentist's Prayer," remains unconvinced that religion should not be endorsed by a secular, science-based organization like the ADA.

In hopes of combating this and with the hope of convincing my colleagues who hold strong convictions of faith to remain ADA members, I offer my version of "The Dentist's Prayer": Thank you, O ADA's Diversity and Inclusion Committee, for the privilege of being a member of a professional organization that remains neutral with respect to the religious beliefs or lack thereof of its members. May I always be treated with no more and no less reverence than every other dues-paying human life that upholds the ethical principles of the ADA. Deepen my love for my fel-

low members who lean on their religious beliefs to foster their professional ethics and compassion while taking care to avoid making colleagues feel unwelcome if they do not believe in the supernatural. Help me and each member understand that what unites us as an organization must be stronger than what divides us or surely we shall perish. Teach me to tolerate my colleagues' need to engage in silent

ADA understands that the best way to herd cats is to politely, but firmly, guard its secularity in the interest of inclusivity. We can certainly remain respectful of the religious beliefs of each member while barring religious endorsement or favoritism. As H. L. Mencken put it, "We must respect the other fellow's religion, but only in the sense and to the extent that we respect his theory that his wife is beautiful and his children smart."

Frank A. Cornella, D.D.S., M.D.  
Springfield, Missouri

### ADA policy on prayer

**I** was very saddened by the ADA's new policy to have a moment of silence rather than an invocation that centered around ethical care for patients. I am shocked that the ADA has put political correctness above unity in membership. Why become more diverse and splintered instead of promoting unity? We all have differences on many various issues that hinge on values, morals and ethics. We should all be working toward ethical and legal care for our patients. There is nothing wrong to give attention to the many various cultures and beliefs. But to throw out a unifying invocation is sad and disappointing. Those that do not

See LETTERS, 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).



# Letters

Continued from Page 4

want to take part in such a unifying invocation need not do so. But to take that away from others in the name of politically correct diversity is wrong. Now, in the interest of being more diverse, imploring less unity, the ADA has just shot itself in the foot. I have been an ADA member since I graduated from the Ohio State University Dental School in 1977. Rather than take the higher road of unity, the ADA is now pursuing a nonunited, more divisive membership.

Joseph P. Graskemper, D.D.S.  
Bellport, New York

## MyView

Continued from Page 4

team bond was stronger.

With just one brief moment of weakness, Dr. Spear became more to me than just a guy on a screen. He became part of our story as dentists. A success story, for sure. But a believable and relatable success story that I really connected with and that I really learned from. I'm thankful that there are still dentists out there who are willing to talk about their un-Instagrammable days. Because it's becoming increasingly more taboo.

Just last night, I sat in a lecture about a relatively new composite technique. And throughout the presentation, the presenter (who indeed has a considerable Instagram presence) would put a slide up that had a photo of their composite work and a photo of a friend's composite work.

"So here is my work on the left and this is my friend's work on the right. Pretty similar situations but our techniques are different. And here is the two year follow-up, and you see his has already failed. But mine did not." And it went on like this throughout the presentation.

How did we get here?

If you do amazing work, that's awesome. There's legitimate reason to celebrate that and I think you should show others your amazing work.

But let's also be honest. Let's be vulnerable. Let's find where pride and humility meet, and let's all learn from each other in that space. Where there's no more fear of judgment. No more worry about making mistakes. No more "arms race" of who can get the most followers, the most likes, the most whatever. Instead, it's just a bunch of imperfect dentists connecting and learning and collectively moving the profession forward.

I want to follow that Instagram page.

There used to be a phrase I'd hear all the time in dental school. "Your career will be a lifetime of making mistakes and then learning from them. That's why they call it the practice of dentistry."

But what's ironic is that as a practicing dentist, I don't hear that anymore. And it's in this culture of never showing your cards that it takes constant reminders to realize that it's OK if I make a mistake. Yeah, mistakes are no fun. Yeah, mistakes hurt ... for a moment. But then the very next moment?

I'm a better dentist.

This editorial, reprinted with permission, originally appeared Feb. 27 in the New Dentist Now blog, [newdentistblog.ada.org](http://newdentistblog.ada.org). Dr. Joe Vaughn is a general dentist who graduated from the University of Alabama and currently practices in Seattle, WA. He works both as an associate in a private practice as well as in a public health clinic. Dr. Vaughn currently serves in roles with both the Seattle King County Dental Society and the Washington State Dental Association.

## Private practice pays \$100,000 settlement

### Office for Civil Rights finds lack of risk management plan

BY MATT CAREY

Ogden, Utah — The Office for Civil Rights announced March 3 that it had reached a settlement with Dr. Steven A. Porter's medical practice to settle a potential violation of the Health Insurance Portability and Accountability Act security rule.

The OCR began investigating when Dr. Porter's practice filed a breach report

with the OCR related to a dispute with a business associate. During the investigation, the OCR found that Dr. Porter had failed to conduct a risk analysis or create a risk management plan, both HIPAA requirements.

In addition to the settlement, Dr. Porter will undertake a corrective action plan and be monitored for two years.

The ADA has a Complete HIPAA Com-

pliance Kit available on its website. This item will assist in training staff and implementing a comprehensive program for HIPAA compliance.

The kit includes The ADA Practical Guide to HIPAA Compliance: Privacy and Security Manual with digital forms and training videos. Use promo code 20109 before May 15 to receive a 15% discount. ■

## Transform your patients' lives with *better sleep.*



**\$299\***  
each



Medicare approved for mild to moderate obstructive sleep apnea



\*Price does not include applicable shipping and taxes. OASYS Hinge Appliance is a trademark of Dream Systems LLC.



PDAC Medicare Approved



10 mm Advancement




Custom Fit



Telescope Hinge

 **Glidewell**

Sleep appliances from  
the lab that never sleeps™

 800-411-9721

 [glidewelldental.com](http://glidewelldental.com)



# Wisconsin faces wave of anti-fluoridation efforts

ADA, Wisconsin Dental Association collaborating with other organizations to turn the tide

BY DAVID BURGER

The ADA and the Wisconsin Dental Association are partnering up with other fluoridated water proponents to counter February anti-fluoridation movements in three Wisconsin municipalities: Lake Delton, Berlin and Hayward.

The state association is part of a fluoride response team that monitors situations like those in the three communities by sharing information and working together to develop a response when a municipality considers ending—or has already decided to end—community water fluoridation, said Brenna Sadler, WDA director of membership and communications.

“The response is customized based on the particular situation and rationale behind it (cost, junk science, etc.) and can include written letters and submissions of factual Centers for Disease Control and Prevention and ADA information supporting community water fluoridation, securing local dentists and oral health professionals to speak at council meetings and public hearings, media outreach and more,” Ms. Sadler said.

According to the Wisconsin Department of Health Services’ public water supply fluoridation census, about 90 percent of the population in Wisconsin on public water supplies receives the benefits of optimal levels of fluoride. The optimal level for fluoridated systems in Wisconsin is 0.7 parts per million of fluoride, as recommended by the federal government.

Part of the problem in encountering opposition to water fluoridation is that the state



does not have an early notification law, said Dr. Russell Dunkel, state dental director.

An early notification law, which can be enacted through legislative action, is in place in Tennessee, Alabama, Texas, New York and

Missouri. The laws generally require water systems to provide advance notice to the public and state health officials of proposed changes to fluoridation programs, thereby giving the public greater opportunity to express concerns regarding the elimination of fluoridation.

“We need to get some momentum in getting a law passed,” Dr. Dunkel said. “We find out so late in the game. It would make a big difference.”

For example, in Texas, legislation was passed and went into effect in 2019 that prohibits water systems from permanently terminating the amount of fluoride in the water unless written notice is provided at least 60 days before reduction or termination to the customers of the system and state authorities.

Dr. Leon Stanislav, chair of the ADA National Fluoridation Advisory Committee, was instrumental in getting his home state of Tennessee to pass the law and lamented Wisconsin’s lack of a similar measure.

“If Wisconsin had a statute that required a public water system to notify the state health department and the consumers that an action was being taken to start or remove water fluoridation by a vote of local lawmakers, then all parties could be at the table from the onset,” said Dr. Stanislav, who is closely watching the recent anti-fluoride wave in Wisconsin. “Hayward could have saved some time simply by having stakeholders at the first meeting. Perhaps Berlin would have been more properly positioned to debate the issues.

Perhaps it would have made no difference in Lake Delton, but it should always be a transparent process. The only equitable way to do that is with reasonable notification.”

The lack of notification was an issue for Dr. David Clemens, a Lake Delton dentist and past WDA president. He said he didn’t realize his village in south central Wisconsin was even considering the termination of its fluoridated water program until he read in the paper that village officials voted to discontinue it.

After Lake Delton discontinued its fluoridated water program Feb. 10, Dr. Clemens addressed the village board at its Feb. 24 meeting. Despite that and letters of support that included one from Dr. Kathleen T. O’Loughlin, ADA executive director, the board adjourned without discussion, keeping termination in place.

Also on Feb. 10, the Hayward City Council voted to discontinue fluoridation of the water in the northern Wisconsin city.

“This has been something they have been considering since at least 2018 when they had a similar vote but decided to continue until this most recent vote,” said Ciara Lotzer, water supply engineer with the Wisconsin Department of Natural Resources. “They are currently just using their remaining supply and will stop feeding in the next

month or so when it runs out.”

Jennifer Martinson, secretary of the American Fluoridation Society, criticized Hayward’s officials for their decision.

“The claim was money,” Ms. Martinson said, but “it became absolutely clear the reason had little to do with money and everything to do with opposition. We have decades of research supporting community water fluoridation. It’s shocking and scary to know that people serving our public health are easily swayed with false information.”

Berlin is a city in northeastern Wisconsin that is considering ending community water fluoridation. A vote on the matter was scheduled for Feb. 26, but a decision was tabled until April.

The CDC and ADA have sent letters to Berlin officials recommending community water fluoridation.

“Through decades of research and nearly 75 years of practical experience, fluoridation of public water supplies has been responsible for dramatically improving the public’s oral health,” Dr. O’Loughlin wrote. “The ADA is truly gratified when, in the interest of the public’s health and welfare, communities provide optimally fluoridated water to their residents.”

The ADA, Wisconsin Dental Association and American Fluoridation Society are not the only advocates working to respond to communities in the Badger State considering or terminating community water fluoridation.

“The Wisconsin Dental Association is part of a very active and robust fluoride response team, which also includes the Wisconsin Department of Health Services’ Oral Health Program, the Children’s Health Alliance of Wisconsin & Wisconsin Seal-A-Smile, the Wisconsin Oral Health Coalition, Oral Health Workforce Educators and the Wisconsin Dental Hygienists’ Association,” Ms. Sadler said. “The team

works closely with the state Department of Natural Resources, the Wisconsin Rural Water Association, the Wisconsin Water Association and local health departments, as well as national partners like the Children’s Dental Health Project, the American Academy of Pediatrics, the

ADA and others.”

Dr. Johnny Johnson, president of the American Fluoridation Society, said he hopes the interprofessional team results in overturning communities’ votes to discontinue fluoridation.

“We never give up,” Dr. Johnson said. “And the best time to approach a cessation is immediately following its cessation. We’ve had cessations overturned in as little as one day with our support.”

Village and city officials in Lake Delton and Hayward did not respond to requests for comment. The mayor of Berlin referred ADA News to the city’s Water & Sewer Commission president, who did not respond to an interview request.

For additional community water fluoridation information, contact Tooka Zokaie, manager of ADA fluoridation and preventive health activities, at [zokaie@ada.org](mailto:zokaie@ada.org).

For ADA fluoride resources, go to [ADA.org/fluoride](http://ADA.org/fluoride). ■

—burgerd@ada.org

**YOUR NEW BFF**

**DAMN GOOD BURS**

Single-Patient-Use burs have and always will be the faster, safer and just plain better way to practice dentistry.

**Join the SPU movement.**  
#DamnGoodBurs #DamnGoodDentist #SPUmovement

**Take us for a FREE test drive!**  
**1116.8C Sample**  
call or visit:  
[microcopydental.com/ndan](http://microcopydental.com/ndan)

**microcopy**

**NEODIAMOND**  
**800.235.1863**  
[microcopydental.com](http://microcopydental.com)

NDCMW0320



# Study: Evidence does not support classifying fluoride as threat

Academies reviewed monograph that alleges fluoride a 'presumed' cognitive neurodevelopmental hazard

BY DAVID BURGER

Washington — The National Academies of Sciences, Engineering, and Medicine announced March 5 that it does not find that the National Toxicology Program adequately supported its conclusion that fluoride is “presumed” to be a cognitive neurodevelopmental hazard to humans.

The academies released its 37-page review of the National Toxicology Program’s draft monograph, “Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects” after months of concern and anticipation from all who are invested in the developing science around water fluoridation.

The ADA’s National Fluoridation Committee, a multidisciplinary team composed of experts from dentistry, academia and research, issued a statement after the review was released: “Based on the major concerns raised by the National Academies of Sciences, Engineering, and Medicine review, it is hoped that the National Toxicology Program will substantially revise their draft monograph and provide an adjusted statement to better reflect the status of current science with respect to the cognitive neurodevelopmental hazard of fluoride to humans.”

The National Toxicology Program, run by the National Institutes of Health, conducted a systematic review to evaluate the evidence that exposure to fluoride could be associated with neurodevelopmental or cognitive effects. The National Academies then assembled a committee to review the monograph, assessing whether the scientific evidence in the monograph supports the NTP’s hazard category conclusions for fluoride in children and adults.

After the draft monograph was first issued, the ADA affirmed its support for the effectiveness and safety of community water fluoridation by sending comments Nov. 19, 2019, to the National Toxicology Program. The Association’s letter, signed by Dr. Chad P. Gehani, ADA president, and Dr. Kathleen T. O’Loughlin, ADA executive director, was sent the same week as similar letters from the American Academy of Pediatric Dentistry and the Association of State and Territorial Dental Directors.

All questioned the validity and methodology of many of the studies included in the review. The National Fluoridation Advisory Committee helped to assess the monograph and its findings.

“Our panel of experts concluded that the available literature is insufficient to establish causation between fluoride exposure as experienced in the United States and neurocognitive development,” wrote Drs. Gehani and O’Loughlin in the November letter. “It found that the literature generally is either lacking, unreliable, inconclusive, conflicting or subject to widespread interpretation. Given the state of the literature, we ask that you revisit the monograph’s draft hazard rating that fluoride is ‘presumed to be a cognitive neurodevelopmental hazard to humans.’”

Drs. Gehani and O’Loughlin also called into question the monograph’s inclusion of studies that used higher-level exposures, above 1.5 parts per million.

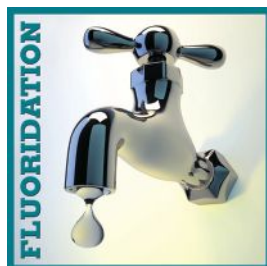
“It is also critical to the public’s health that you include some type of modifier to distinguish the health benefits of optimally fluoridated drinking water, currently recommended at 0.7 parts per million, from the higher level exposures the monograph addresses,” wrote Drs. Gehani and O’Loughlin.

The ADA letter was accompanied by “Fluoridation Facts,” an Association-published reference on the latest evidence-based information on water fluoridation.

The ADA National Fluoridation Advisory Committee concluded, “The ADA is truly

gratified when, in the interest of the public’s health and welfare, communities provide optimally fluoridated water to their residents. The current classification is misleading to the public, could scare them unnecessarily and could ultimately decrease the oral health status of individuals and communities.”

The National Academies’ review committee emphasized its finding does not mean that the National Toxicology Program’s conclusion is incorrect. Rather, further analysis or



reanalysis is needed to support conclusions in the monograph, the review committee said. The committee did not conduct its own independent evaluation of the evidence or a data audit.

The report states that the monograph was initiated in part because of a nomination from the Fluoride Action Network — which according to its website “seeks to broaden awareness among citizens, scientists, and policymakers on the toxicity of fluoride compounds” — prompting the National Toxicol-

ogy Program to conduct its systematic review.

The review committee also recommended that the National Toxicology Program should state clearly that the monograph is not designed to be informative regarding decisions about fluoride concentrations for water fluoridation.

“Fluoridation Facts” is among a number of free ADA resources on community water fluoridation, which the ADA has supported since 1950, according to the publication.

Other resources are located online at ADA.org/fluoride. ■

—burgerd@ada.org

## TURN YOUR CROWNS INTO CHIPS

Send Your Lab Work to Studio 360 for a  
**FREE VEGAS VACATION!**

PRICES STARTING AT:

**\$54 FCZ**

Full Contour Zirconia



**\$199 FCZ +**

Custom Titanium Abutment Bundle



- FCZ Crown
- Custom Abutment
- Analog
- Screw

**SAVE 20% ON YOUR FIRST CASE  
WITH CODE 'VEGAS2020'**

**CALL TO GET STARTED!**

**(866) 358-9388**



6363 S. Pecos Road Suite 109  
Las Vegas, NV 89120  
studio360dentallab.com  
customerservice@studio360dentallab.com

Full Promo Details Available at:  
[studio360dentallab.com/vegaspromo](http://studio360dentallab.com/vegaspromo)



## GOVERNMENT

# ADA, AAPD file joint comments with CMS

## Groups ask to expand procedures included in value-based insurance

BY JENNIFER GARVIN

Baltimore — The American Dental Association and American Academy of Pediatric Dentistry filed comments Feb. 28 on the Centers for Medicare and Medicaid Services' proposed 2021 notice of benefit and payment parameters for the Affordable Care Act.

In a joint letter to CMS, ADA President Chad P. Gehani and AAPD President Kevin J. Donly stressed the need for "adequate and

appropriate preventive care coverage as the basis to assure value in a dental plan."

The two organizations said they appreciated CMS soliciting feedback on stand-alone dental plans in value-based insurance designs but urged the agency to consider comprehensive preventive oral health practices in the future as an effective means of promoting optimal oral health.

To do that, they recommended CMS include the following procedures as covered

services in all dental benefit plans:

- Prophylaxis and periodontal maintenance services.
- Topical fluoride applications.
- Application of pit and fissure sealants and reapplication as necessary.
- Interim caries arresting medicament application (e.g., silver diamine fluoride).
- Space maintainers at appropriate developmental stages.

- Oral health risk assessments.
- Screening and education for oral cancer and other dental/medical-related conditions.
- Preventive resin restorations.
- Resin infiltrations.
- Fixed and removable appliances to prevent malocclusion.

- Athletic mouth guards.
- Prescription or use of supplemental dietary or topical fluoride for home use.

- In-office patient education (i.e. oral hygiene instruction, dietary counseling and tobacco cessation counseling with regard to the promotion of good oral and overall health).

The ADA and AAPD also noted that in order for plans to be identified as "high value," all stand-alone dental plans must provide 100% coverage for these preventive services without additional co-insurance for beneficiaries.

"Further, arbitrary annual frequency limits or age limits without consideration for the patient's needs does not support the notion of 'value' in a dental plan," wrote Drs. Gehani and Donly. "Plan design should also consider incentives to promote positive patient home care behaviors as well as incentives to support continuity of care."

**Automatic reenrollment is 'critical':** On CMS' proposal to reduce the Advance Premium Tax Credit for those enrolled in a plan with zero premium, the ADA and AAPD told the agency that it should continue automatic reenrollment for this population.

"Automatic reenrollment is critical for ensuring that beneficiaries continue to be enrolled and do not lose coverage due to forgetfulness, lack of knowledge about the deadlines and requirements, or other factors. It also reduces the administrative burden on plans," said Drs. Gehani and Donly, pointing out that of the beneficiaries automatically reenrolled during the 2019 open enrollment period, 15% were enrolled in a plan with zero premium after application of the Advance Premium Tax Credit.

"The ADA and AAPD oppose [reducing the tax credit] since even the most robust of educational programs as proposed by CMS would fail to capture the attention of all those affected, especially since low-income consumers could be more difficult to reach. The risk of harm to those who would potentially lose their health insurance and oral health benefits far outweighs any perceived benefit."

The comments also addressed:

**Premium adjustment percentage:** The ADA and AAPD are concerned that CMS' proposal to change the way premium assistance is calculated would continue to increase premiums for exchange plans and decrease enrollment for consumers who receive the premium tax credit.

**Maximum annual out-of-pocket limit on cost sharing:** The proposed change in calculating the premium adjustment will also affect the maximum annual limitation on cost sharing. The new limitations will be \$8,550 for self-only coverage, a \$400 increase from 2019, and \$17,100 for other than self-only coverage, an \$800 increase from 2019. The ADA and AAPD believe that these increases in cost sharing will further increase the cost for consumers.

**Quality rating system:** The ADA and AAPD continue to encourage CMS and plan issuers to seek input from the Dental Quality Alliance as the Meaningful Measures Initiative is implemented into quality reporting and quality improvement programs. The DQA was established at the request of CMS and as a multi-stakeholder coalition, is well-positioned to collaborate, coordinate and lead efforts on quality measures.

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



NEW!

## Achieve beautiful esthetics with simple alignment.

Give your patients the smile they deserve.

From DenMat, the company most-trusted with comprehensive esthetic full-arch restorations, comes OrthoClear®. A simple yet highly effective clear orthodontic solution.



 OrthoClear®



©2020 Den-Mat Holdings, LLC. All rights reserved.

801362900 02/20SN

Call 800-872-8384 or visit [denmat.com/OrthoClear](http://denmat.com/OrthoClear)

# Organized dentistry supports oral health literacy bill

BY JENNIFER GARVIN

Washington — The Organized Dentistry Coalition is applauding Congress for introducing legislation aimed at improving oral health literacy.

In a Feb. 26 letter to Reps. Tony Cárdenas, D-Calif., and Gus Bilirakis, R-Fla., the coalition — led by the Academy of General Dentistry — thanked the lawmakers for introducing HR 4678, the Oral Health Literacy and Awareness Act. The bill authorizes the Health Resources and Services Administration to develop a five-year evidence-based oral health literacy campaign across the agency's relevant programs.

"As dentists, we believe oral health literacy is the foundation of a lifetime of wellness," the coalition wrote. "Most oral health ailments can be avoided by increasing oral health literacy among all populations, with an emphasis on children to ensure they develop and maintain healthy habits into adulthood. Additionally, oral health literacy must be a cornerstone of improving the utilization of care by underserved populations."

The dental groups pointed out that the Health Resources and Services Administration has demonstrated a commitment to improving oral health among vulnerable populations and said the coalition believes the agency's efforts will be bolstered through greater integration of effective oral health literacy strategies.

"The work this legislation directs HRSA to undertake will provide insights into the outcomes and effectiveness of targeted oral health literacy strategies and will help inform future initiatives to improve the oral health literacy for all Americans," they wrote.

The dental groups expressed concern with U.S. Department of Health and Human Services data showing that the number of people who visited a dentist in the past year has decreased from 44.5% in 2007 to 43.3% in 2016, noting "an apparent lack of progress" towards the HHS Healthy People 2020 initiative target of 49%.

"These findings demonstrate the timeliness of HR 4678 and the need for the federal government to meaningfully approach oral health literacy in a way that produces results for the Americans," the letter concluded. "Oral health literacy is a vital component in the fight against oral disease, which left untreated can result in pain, disfigurement, loss of school and work days, nutrition problems, expensive emergency room use for preventable dental conditions and even death." Follow all of the ADA's advocacy efforts at [ADA.org/advocacy](http://ADA.org/advocacy). ■

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

## ADA seeks clarification from HHS regarding chief dental officer

BY JENNIFER GARVIN

Washington — The ADA is applauding the U.S. Department of Health and Human Services' decision to appoint a chief dental officer at the Centers for Medicare & Medicaid Services but seeks to confirm the position is exclusive to CMS.

"This announcement is most welcome news to the dental community, and we are also grateful to hear of your passion for oral health and its importance to overall health," wrote ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin in a March 5 letter to HHS Secretary Alex M. Azar II.

"We also seek clarification on whether this position will be a shared position with the Health Resources and Services Administra-

**"We are concerned that having one person in both roles will diminish the ability of the CMS [chief dental officer] to fully oversee oral health within the agency."**

tion. We are concerned that having one person in both roles will diminish the ability of the CMS [chief dental officer] to fully oversee oral health within the agency," they wrote.

"As you know, the chief dental officer at CMS is charged with providing oral health

expertise and support for Medicare, Medicaid and the Children's Health Insurance Program," the letter continued. "Together these three programs provide health care to millions of Americans, including children, pregnant women and older Americans."

"While oral health in the United States has improved overall in the past several decades, there is still much work to do, and we hope the next chief dental officer will work to build upon the progress that has been made. We also seek clarification on timing of this new appointment and when an official announcement on who has been appointed will take place," it concluded.

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

## TWO WAYS TO HELP PROTECT YOUR FAMILY AND YOUR SAVINGS FROM UNEXPECTED MEDICAL EXPENSES.

**Hospital Indemnity Insurance with the Extended Care Rider:** pays up to \$1,000 for each day of hospitalization, or for outpatient surgeries and ER visits. The Extended Care Rider pays benefits for up to 200 days to help cover home healthcare, skilled nursing and nursing facility expenses after hospitalization.<sup>1</sup>

**Critical Illness Insurance:** pays up to \$50,000 in a lump sum cash payment to you if you or a covered family member are diagnosed with one of 17 covered illnesses. You can use it however you want and can help cover everything from high deductibles to copays to non-medical expenses.

ADA supplemental medical insurance issued by Great-West Financial® helps you pay the bills your health insurance won't. Contact an Insurance Plan Specialist to learn more or apply online:



888.212.8617



[planspecialist@greatwest.com](mailto:planspecialist@greatwest.com)



[insurance.ada.org/apply](http://insurance.ada.org/apply)

ADA American Dental Association®

**GREAT-WEST**  
FINANCIAL™

<sup>1</sup>Benefits for confinement in a Skilled Nursing Facility or Home Healthcare will be payable only if such post-hospital confinement begins within seven days after at least three consecutive days of confinement in a hospital.

ADA members under age 65 are eligible to apply for the ADA supplemental medical insurance plans.

Effective June 1, 2019, Protective Life Insurance Company (for policies issued outside New York) and Protective Life and Annuity Insurance Company (for policies issued in New York) assumed administrative responsibilities for ADA Members Insurance Plans issued by Great-West Life & Annuity Insurance Company.

This material is not a contract. Benefits are provided through a group policy (Nos. 1117GH-HIP Hospital Indemnity and 1127GH-CIP Critical Illness) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association by Great-West Financial®. The ADA is entitled to receive royalties from the group policies issued to the ADA by Great-West Financial®. Coverage is available to eligible ADA members in all fifty states and US territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial® is a marketing name of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates. GWL&A is not licensed in New York, but eligible members residing in New York may apply for coverage under the aforementioned group policy. ©2019 Great-West Life & Annuity Insurance Company. All Rights Reserved. RO871176-0619

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



# Phishing email claims to be from ADA president

## ADA members should not click on links in suspicious emails

BY MARY BETH VERSACI

At least two American Dental Association members have reported receiving a phishing email appearing to come from an address containing ADA President Chad P. Gehani's name and including a link to "view member's details."

The email was not sent by Dr. Gehani. A phishing email disguises itself as coming from a trustworthy source in an attempt to obtain sensitive information, such as usernames and passwords, by tricking the recipient into clicking on a link or opening a document and then providing sensitive information.

If recipients clicked the link and entered their username or password, they should change their password as soon as possible. If they use that same username and password combination for any other online account, they should change their passwords for those as well.

If members receive a suspicious email regarding their member information or dues payment and they are not sure if it is legitimate, they should contact their state association or call the ADA toll-free number to confirm or deny the authenticity of the email.

The Federal Trade Commission also rec-

ommends phishing victims forward phishing emails to [spam@uce.gov](mailto:spam@uce.gov) and [reportphishing@apwg.org](mailto:reportphishing@apwg.org) and report the incident to the commission at [FTC.gov/complaint](https://www.ftc.gov/complaint).

The ADA Center for Professional Success offers several ways member dentists can protect themselves against cyberattacks.

Steps include training staff on basic data security, backing up data regularly and keeping a copy off-site, being wary of attachments and web links included with suspicious emails, and maintaining cyber defenses such as anti-virus and anti-malware software.



To learn more, visit [Success.ADA.org](https://Success.ADA.org).

The ADA also offers a continuing education course on phishing at [ebusiness.ADA.org](https://ebusiness.ADA.org). ■

**Dr. John W. Ihnen**  
Lexington, Kentucky



For years Preat has been my go to source for anything implant related.

**All of my 12 offices utilize them because of their timeliness and expertise...**

Preat is such a critical and essential piece to our growth within the implant field.

**A HUGE thank you to Preat Corporation!**



1-800-232-7732  
[preat.com](https://preat.com)

## Thousands of Dentists Trust Preat Make Us Part of Your Team

### IMPLANT SUPPORTED ATTACHMENTS



### IMPLANT COMPONENTS FOR ALL MAJOR IMPLANT SYSTEMS



...More Available at [Preat.com](https://Preat.com)

### IMPLANT IDENTIFICATION & TECHNICAL SUPPORT

Don't Know your Implant or Attachment?

**Submit your photos and we will identify it for you!**



Download  
for  
**FREE**  
in the  
APP store

For ANDROID and iOS Devices

## ADEA cancels annual session due to coronavirus concerns

BY KIMBER SOLANA

*National Harbor, Md.* — The American Dental Education Association announced March 9 it has canceled its annual session due to the coronavirus disease, now named COVID-19.

The 2020 ADEA Annual Session & Exhibition, along with the ADA GoDental Recruitment Event and the William J. Gies Awards for Vision, Innovation and Achievement gala, were scheduled March 14-17 in National Harbor, Maryland.

"After discussions with the ADEA principal officers and Board of Directors and with much deliberation, we feel that it is our responsibility to safeguard the health of all honored guests, students, attendees, presenters, exhibitors and staff who contribute to this important event," said Dr. Karen P. West, ADEA president and CEO, and Dr. Henry A. Gremillion, ADEA Board of Directors chair, in a message posted on ADEA's website, [adea.org](https://adea.org).

"This is an unprecedented decision but necessary if we are to uphold the ethical principles on which our profession exists, that of 'do no harm,'" Drs. West and Gremillion added.

Those planning on attending the meeting can expect to receive additional information about governance, elections, refunds and other associated topics.

They are also encouraged to contact their hotel to cancel their reservations and to check [adea.org](https://adea.org) for continuing updates.

In addition, citing concerns over COVID-19, the boards of directors of the International Association for Dental Research and the American Association for Dental Research announced March 10 the cancellation of the groups' General Session & Exhibition. The event was scheduled for March 18-21 in Washington, D.C.

The coronavirus has led to tens of thousands of cases of respiratory illness in China, where the virus was first detected in Wuhan, and infections have been reported in many other countries as well, including the U.S. Coronaviruses are a large family of viruses that are common in animals and people, causing the common cold or more severe illnesses, such as SARS and MERS.

The American Dental Association has released an informational handout for dentists on the coronavirus disease.

To download the resource, visit [ADA.org/virus](https://ADA.org/virus). ■

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



# Illinois orthodontist wins ADA Stanford Award for retainer research

## Paper evaluates effects of eight cleaning methods on copolyester polymer

BY MARY BETH VERSACI

An Illinois orthodontist won the American Dental Association's 2019 John W. Stanford New Investigator Award for her research paper evaluating the effects of eight cleaning methods on copolyester polymer, a material commonly used in clear thermoplastic retainers.

Using technical standards from both dental and material science committees, Dr. Emily Wible evaluated the long-term effects on light transmittance, surface roughness and flexural modulus of clear thermoplastic material in her paper titled "Long-term Effects of Different Cleaning Methods on Copolyester Retainer Properties."

"Given the rise in popularity of esthetic thermoplastic retainers, understanding the effects of different cleaning methods on the properties of retainer thermoplastic material is important for properly maintaining these

**"I hope others see the crucial role of standards research and choose to contribute to this area of research in their future projects."**

retainers," Dr. Wible said. "This research provided evidence-based information for long-term maintenance of thermoplastic retainers."

Dr. Wible works as an orthodontist in the Chicago suburbs. She received her dental degree in 2015 from the University of Pennsylvania School of Dental Medicine, as well as a master's degree in oral sciences in 2017 and a certificate in orthodontics in 2018 from the University of Illinois at Chicago College of Dentistry.

She conducted her research with her master's degree thesis adviser, Dr. Phimon Atsawasuwan, and in collaboration with the ADA Laboratory of the ADA Science & Research Institute, where she performed her mate-



Dr. Wible

rial characterization measurements.

Dr. Wible was selected for the award by an awards committee and the ADA Council on Scientific Affairs. She received a \$1,000 honorarium and will display a poster on her paper at the ADA Standards Committee on

Dental Products and the U.S. Technical Advisory Group for the International Organization for Standardization Technical Committee 106 on Dentistry meeting March 16-18 in Washington, D.C.

"I am honored to have been chosen for the 2019 Stanford Award that recognizes the importance and significance of standards-based research," Dr. Wible said. "I hope others see the crucial role of standards research and choose to contribute to this area of research in their future projects."

The award is named for Dr. John W. Stan-

ford, who was responsible for the establishment of the ADA's current standards program. It was designed to highlight the role dental standards play in patient health and safety and the efficacy of dental products.

The application period for the 2020 award runs through Oct. 1. ADA dental student members, members who earned their dental degree since 2015 and members pursuing an additional degree or specialty are eligible to apply.

To learn more, visit [ADA.org/stanford-award](http://ADA.org/stanford-award). ■

# TRILOR / CRYSTAL ULTRA HYBRID

## OralArts

Bridge starting at

**\$1,800\***

\*Call for full pricing options

**60%** **60% Lighter Than Zirconia**

A finished arch of Ultra / Trilor weighs about **21 grams**, compared to a monolithic zirconia arch weighing about 51 grams.

**6X** **6X Stronger Than Acrylic**

At **490MPa**, Crystal Ultra's compressive strength is greater than that of any other nanoceramic, acrylic, or PMMA making it one of the strongest nanoceramic materials in use for cosmetic and implant dentistry.

**.7GPa** **Shock Absorbing**

Crystal Ultra's **.7GPa** modulus of durability makes it the only ceramic that feels like natural dentition. The gentle, shock absorbing material eliminates "heavy clacking" typical of traditional zirconia restorations. The material also closely resembles the experience of natural tooth elasticity, and will not wear out natural or denture teeth on the opposing.

**Adjustable** **Adjustable / Relineable Chairside**

Ultra is finished using only light cure instead of an oven for zirconia or press for Emax, meaning that **repairs can be done chairside** by the Doctor with any light cured composite.

**\$150 OFF\***

# TRILOR® / CRYSTAL ULTRA™ HYBRID

\*Terms: May not be combined with any other offer or discount. One coupon per dr/practice, and coupon is applicable for one arch. Send coupon with final processing step, and discount will be applied to final prosthesis invoice. Account must be current with no outstanding balance. Call for full pricing options. Coupon Code: TCUHADA150.

OralArts | [www.oralartsdental.com](http://www.oralartsdental.com) | 800-354-2075

## AADEJ to host workshop in Anaheim

*Anaheim, Calif.* — The American Association of Dental Editors & Journalists is hosting Dental Editors University West May 14-15 at the Anaheim Hilton in Anaheim, California. The workshop is in conjunction with the California Dental Association's Art and Science of Dentistry Continuing Education and Exhibit conference.

The AADEJ workshop is aimed at the editors and staff of dental publications. Others interested in dental journalism are eligible to join as well. Presented by 12 speakers, the workshop will cover topics such as website design, photography for newsletters, building a social media community and how to write dental editorials. The registration fee is \$200 before May 1 and \$300 after.

For more information on the workshop and to register, visit [www.aadej.org](http://www.aadej.org) and look for the "DEU West" link at the top of the page. ■



# Top 5 Reasons to Attend ADA FDC 2020

ADA FDC 2020 is a joint meeting of the American Dental Association and Florida Dental Association.



**Captivating discussions on hot topics** affecting dentistry across the nation and world-class CE to bring back to your operator.



**An all-new, multifaceted opening session** that promises to surprise and delight with the unexpected.



**Enchanting evening events** such as A Night at Universal's Islands of Adventure.



**Camaraderie with your fellow dental professionals**, from old friends to new acquaintances.



**Fun and sun.** Bring the team, bring your family for some well-earned R&R!

Visit [ADA.org/meeting](https://ada.org/meeting) for more information.



OCTOBER 15-18, 2020 • ORLANDO

#ADAFDC  
HARNESS THE POWER OF CONNECTION



# ADA to stream free webinar in April tackling insurance anxieties

Dr. Hope Watson, vice chair of ADA Council on Dental Benefit Programs, to present

BY DAVID BURGER

Trying to plot a course through the world of dental benefits can be hampered by choppy seas, but the ADA is holding a free webinar in April to help dentists and their staff find a safe harbor full of information.

The ADA Council on Dental Benefit Programs will stream Understanding Dental Insurance: An Introduction on April 7 from noon-1 p.m. Central time.

Participants will be eligible for one hour of continuing education credit.

Dr. Hope Watson, vice chair of ADA Council on Dental Benefit Programs, will lead the webinar.

"This is a must-see webinar for new office managers trying to navigate the dental insurance maze and for dentists starting a new practice," said Dr. Watson.

"We feel that continued education on dental benefit programs is not only necessary, but vital to the health of a dental practice," said Dr. Watson. "I think most dentists would agree that dental benefit understanding is a lot of trial by error and on-the-job training. I feel that if we all had a better understanding of dental benefits from the get-go, it would help to not only establish great in-office systems but would also help us have better relationships with our patients and with third-party payers."

"My experience has been that dentists want to work hard to do the right thing — after all, we are caregivers first and foremost," Dr. Watson continued. "That being said, we are also business people who want to do the right thing the first time to ensure less administrative time by having to refile claims and collect fees after treatment is rendered."

**"This is a must-see webinar for new office managers trying to navigate the dental insurance maze and for dentists starting a new practice."**

This free webinar will explain the basics of preferred provider organizations to help dentists and staff assist patients with those plans. Topics for discussion include:

- The current dental plan marketplace.
- PPO plan design and terminology.
- Contract clauses and processing policies that affect revenue.
- Avoiding coordination of benefits write-off mistakes.
- How to file an effective and proper appeal.
- How to talk to patients about their dental insurance.
- ADA resources to help practices succeed.

"We want to review many dental benefit plan basics, from contract language and definitions to walking a provider through the claim process," Dr. Watson said. "Understanding how to file a proper claim and how a third-party payer may adjudicate your claim based on individual plan provisions is crucial. Patients often do not understand their personal benefit and when a plan may not pay what they think it should. Being able to decode these basics before the patient receives treatment leads to a much more symbiotic relationship with the dentist and the patient."



Dr. Watson



Dr. Watson said she appreciates the value of webinars.

"I love webinars," she said. "You don't have to leave your office or put on your business suit. The convenience of grabbing lunch at your desk or in the breakroom with your staff is fabulous. The free ADA webinars are a great way to get some awesome CE that

you can put into practice that day. Webinars are a fantastic member benefit."

Dr. Watson, a native of Bluefield, Virginia, received her dental degree from the University of Alabama, Birmingham. She has maintained a private general practice in Maryville, Tennessee, for the past 22 years.

To register, visit [https://zoom.us/webinar/register/WN\\_YFNynmMCSm6pUE2Tk-3Efg](https://zoom.us/webinar/register/WN_YFNynmMCSm6pUE2Tk-3Efg).

For more information on ADA's activities on third-party payer advocacy and dental benefits, visit [ADA.org/dentalbenefits](https://ADA.org/dentalbenefits). ■

—burgerd@ada.org

## DEPEND ON DAL FOR PREMIUM REMOVABLE SERVICES

✓ RELIABLE ✓ PREDICTABLE ✓ CONSISTENT

**DAL Esthetic Full Dentures**

**DAL Second Nature® Tooth-Colored Partial Denture**

**DAL Second Nature® Clear Partial Denture**

**Vitallium® 2000 Plus Partial Denture**

**Valplast® and DuraFlex™ Flexible Partial Dentures**

**Featuring Premium VITAPAN® EXCELL® and LINGOFORM® Teeth**

**Call 1.855.557.6242 to request a FREE DAL Starter Kit and SAVE with our Removables Coupon Book!**

**DAL** Dental Arts Laboratories, Inc.  
241 NE Perry Avenue, Peoria, IL 61603-3625  
[www.dentalartslab.com](http://www.dentalartslab.com)

All cases are proudly fabricated in our laboratories located in the USA.





# New compendium summarizes best practices in oral health service delivery

BY DAVID BURGER

Albany, N.Y. — Everyone loves a success story.

How about 25 success stories?

That's exactly what readers will find in a new compilation that details best practices in innovative oral health service delivery programs drawn from over 40 case studies conducted by the Oral Health Workforce Research Center, part of the Center for Health Workforce Studies. The latter is an academic research center based at the School of Public Health on the Health Sciences campus at the University at Albany, State University of New York.

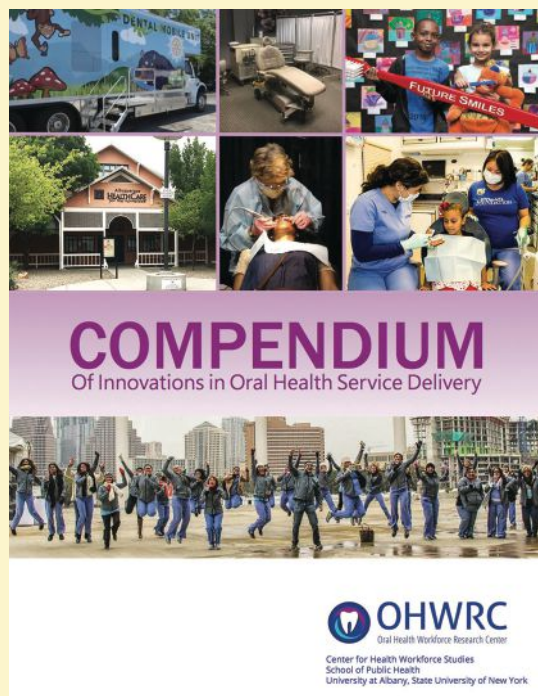
Titled "Compendium of Innovations in Oral Health Service Delivery," the 64-page digital booklet features organizations from across the country that have found success through varied measures in expanding oral care to underserved populations.

Organizations included were early adopters of:

- Oral health integration with primary care.
- Teledentistry.
- Mobile/portable dentistry services.
- Integration of primary care, oral health and behavioral health services.

Brief summaries of each organization include infographics on available services and patient populations and describe the problem, solution, facilitators, barriers and benefits that the highlighted organizations encountered.

Margaret Langelier, co-deputy director of the Oral Health Workforce Research Center,



said the compilation is intended as a resource for other community-based health care centers that are looking for solutions to their own challenges. These success stories, she said, are meant to give inspiration and offer

practical solutions for other centers.

"This was written because there are problems with access to care for certain population groups," Ms. Langelier said.

Lack of access to oral health services is recognized as a serious public health problem that results in poor oral health status for many high-need populations, Ms. Langelier said. Oral health providers in the safety net, highlighted in the compendium, have used innovative strategies to expand access to oral health services in community-based settings, including federally qualified health centers, schools and nursing homes, among others.

One of the featured success stories comes from NYU Langone Dental Medicine, hailed for its teledentistry program and included in the compendium as a model.

Mary E. Northridge, Ph.D., director of dental research at NYU Langone Hospital-Brooklyn, said she was gratified that the teledentistry program was recognized by the Oral Health Workforce Research Center and can be used as a model for others.

"We hope to share all that we are learning about our oral pathology asynchronous tele-mentoring intervention with the larger community of dental providers, especially those working with underserved populations," Dr. Northridge said. "We believe that our tele-

mentoring intervention, which was designed to aid in the detection of oral lesions, holds promise for reaching patients in rural areas and communities with limited access to care, who otherwise would be unable to consult with an oral pathology expert."

The compendium reported that at NYU Langone, dental residents needed to gain exposure to the oral health needs of diverse populations and experience practice in settings other than private dentistry, so NYU Langone Dental initiated a successful dental residency program using teledentistry modalities to maximize learning and to promote exposure to diverse patient populations and cases, with the engagement of a network of health centers such as federally qualified health centers.

In addition, each dental resident was required to select and present a case through videoconferencing to dental residents and faculty located at other residency sites. Clinical training was also delivered to residents in real time using video-conferencing equipment on a platform that allowed for interactive synchronous learning.

As a result, the compendium's authors conclude, "Graduates are prepared to provide culturally competent and patient-centered dental care to socially and economically disadvantaged patients and those with special needs including a variety of complex medical conditions."

The compilation is available at [chwsny.org](http://chwsny.org) by searching for the word "compendium." ■

—burgerd@ada.org



## Save money and become environmentally compliant!

**The Simple One® Chairside Amalgam Separator** is a fraction of the cost of central systems both for the unit and installation. It removes hazardous mercury build-up from your system making it compliant with new Federal EPA rules.

- Quick, chairside installation; easy to maintain
- 100% self-contained separator; just 10 x 3.5 inches in diameter
- Problems with clogs or build-ups, can be checked at individual lines preventing shut down of entire office
- Connects to existing suction system
- No filters to clean
- Isolated unit located near each chair
- Prevents hazardous mercury buildup from chair to central suction system
- ISO certified 11143
- Recycling service available
- Compliant in all 50 states

## Get organized! Comp-Caddie™



Comp-Caddie is a practical storage solution for single dose composite units. It allows for organization of composite types and shades and conveniently holds two dispensers on top of the unit. Made in the USA.

**For more information, visit our website or give one of our representatives a call today!**

**DDS <sup>hg</sup> Solutions**

**DDS<sup>hg</sup>Solutions.com | 815-382-8333**



**Tour:** Dr. John Stooksberry, center, along with a dental student and patient, pause to welcome (from left) ADA President Chad Gehani; Dr. Lawrence Wolinsky, dean; and Dr. Stephen Griffin, associate dean, during a Feb. 28 tour of Texas A&M College of Dentistry's new Clinic and Education Building in Dallas. Dr. Gehani recognized the dental school's role in the community and the importance of outreach, its goal to increase patient visits by 40 percent and how whole-health care starts with good oral health care.



**World-class:** ADA President Chad Gehani, left, learns of the member benefits through the Dallas County Dental Society Dental Assisting School from DCDS members, from left, Drs. Hilton Israelson, Lee Oneacre, Brad Crump and John Findley during a tour of the school on March 3. The school, which is a subsidiary of DCDS, opened in June 2019 with the goal of providing a world-class dental assisting education to students.



# ADA standards committees seek volunteers for new projects

The American Dental Association's Standards Committee on Dental Products and Standards Committee on Dental Informatics are looking for volunteers to help in the development of new projects.

The Standards Committee on Dental Products is seeking volunteers for the following projects related to dental products and materials:

- Proposed revision of ADA Standard No. 101, Root Canal Instruments: General Requirements: This standard defines the general requirements and test methods for endodontic instruments used for endodontic purposes, including enlargers, compactors and shaping and cleaning instruments. It also provides a numbering system, color-coding and identification symbols and packaging requirements.

- Proposed ADA Technical Report No. 189 for Guide to Photobiomodulation in Oral Health Care: The Use of Low Level Laser and Light Therapy — Technology, Science and Safety Considerations: The use of photobiomodulation is rapidly expanding in oral health care with the use of low laser and light energy to stimulate or inhibit a biologic response. The goal of this document is to provide a guide to the role, value and limitations that photobiomodulation has in oral health care and to discuss the science, technology, applications and safety considerations of which dental clinicians need to be aware when incorporating photobiomodulation therapy into patient care.

The Standards Committee on Dental Informatics is seeking volunteers for the following project:

- Proposed ADA Standard No. 1102 for Electronic Dental Benefits Eligibility Verification: Current electronic health record systems used by providers are not interoperable with payers in the

verification of dental eligibility, resulting in the requirement to use numerous nonuniform payer portals, clearinghouses and other intermediary services. This standard will address the steps that must be taken to implement interoperable electronic solutions among the various stakeholders involved. This standard will point to the implementation of current base standards in order to develop a uniform approach that will allow interoperability in electronic dental benefits eligibility verification, thereby reducing administrative burden for all stakeholders.

The following new ADA standards will be identical adoptions of the corresponding international standards published by the International Organization for Standardization.

Members can review these proposed new standards by contacting the ADA:

- Proposed revision of ADA Standard No. 38 for Metal-Ceramic Dental Restorative Systems: adoption of ISO 9693:2019 Dentistry — Compatibility testing for metal-ceramic and ceramic-ceramic systems.

- Proposed revision of ADA Standard No. 100 for Orthodontic Brackets and Tubes: adoption of ISO 27020:2019 Dentistry — Brackets and tubes for use in orthodontics.

- Proposed ADA Standard No. 190 for Single-Use Dental Cartridges for Local Anesthetics: adoption of ISO 11499:2014 Dentistry — Single-use dental cartridges for local anaesthetics.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical reports for products and information technology used by dental professionals and consumers.

Currently, there are more than 100 national standards, and more are under development. National standards developed by the ADA serve the dental profession by ensuring product safety and efficacy for both clinician and patient and providing information on new and emerging technologies.

For more information on participating in the standards committee working groups that are developing these documents, email [standards@ada.org](mailto:standards@ada.org). ■

## Applicants

*Continued from Page 1*

within the 2019-20 academic year but not published, a standards-related article published within the 2019-20 academic year or a standards-related extended abstract or poster developed within the 2019-20 academic year.

Applications for the Ahlstrom Award must explain how the paper addresses the use of informatics standards in research or in the development of dental software, dental digital imaging systems or the electronic dental record or contributes to the development of dental informatics standards.

Stanford Award submissions must explain how the research incorporates current dental standards or contributes to the development of dental standards.

The Ahlstrom Award winner, who will be notified in June, will receive a \$1,000 honorarium, as well as domestic airfare and a three-night hotel stay to present his or her paper at the ADA Standards Committee on Dental Informatics meeting in October in Orlando, Florida.

The Stanford Award winner, who will be announced in December, also will receive a \$1,000 honorarium, as well as domestic airfare and a three-night hotel stay to present his or her paper at the ADA Standards Committee on Dental Products and the U.S. Technical Advisory Group for the International Organization for Standardization Technical Committee 106 on Dentistry meeting in March 2021 in Boston.

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



## Screw-Retained Crowns and Custom Abutments

### Choose Your Solution

Available for most major implant systems

**With over 2 million implant cases restored, Glidewell is here to serve your needs with restorations that seat quickly and precisely — whatever the indication.**

Prescribe **Custom Abutments** for:

- **NEW** milled grooves for improved crown retention
- Angle correction and flexibility in implant positioning
- Ideal margin placement for ease of cement cleanup



Prescribe **BruxZir® Screw-Retained Crowns** for:

- Simplified, cement-free restoration delivery
- Proven resistance to chips and fractures
- Limited interocclusal space; ease of retrieval

**BruxZir®**  
SCREW-RETAINED

**\$299\*** per unit  
Complete with all parts and labor

(\$259\*\* from digital file using scanning abutments)



To start your case  
**800-411-9721**  
[glidewell dental.com](http://glidewell dental.com)

\*Price does not include shipping or applicable taxes. \*\*We accept digital impressions from most major implant systems. Scanning abutments are available at [glidewell direct.com](http://glidewell direct.com). Custom abutment warranty includes replacement of abutment at no charge, including a Hahn™ Tapered Implant if needed.



MKT-012558\_2 GL-1050311-022820



# ADA launches new ADA Science & Research Institute

BY MARY BETH VERSACI

The American Dental Association launched the new ADA Science & Research Institute LLC on Jan. 1, bringing together the Science Institute in Chicago and research group in Gaithersburg, Maryland, that previously reported to the ADA Foundation.

The formation of the new subsidiary follows a Board of Trustees vote in June 2019 to narrow the focus of the foundation to science and research and dedicate more resources to evidence-based dentistry and the health of the public.

"We all are very excited about the launch of the American Dental Association Science & Research Institute," said Dr. Raymond Cohlma, chair of the institute's Board of Directors and dean of the University of Oklahoma College of Dentistry. "ADASRI is about discovery, knowledge and education. This establishment demonstrates our unwavering support for improving lives through oral health, science and research."

The board met for the first time Jan. 22-23 at ADA Headquarters in Chicago, where members developed a vision statement and formed committees. The group will meet again April 22 to work on finalizing a strategic plan, among other actions.

"The board was created based on expertise," said Dr. Marcelo Araujo, Ph.D., CEO of the institute and foundation and chief science officer of the ADA. "It is a very diverse board in terms of knowledge and background."

The institute is made up of five depart-

## ADA Science & Research Institute



Dr. Cohlma

ments: Innovation & Technology Research, based in Maryland, and Research & Laboratories, Evidence Synthesis & Translation Research, Science Governance and Science Projects, all based in Chicago. These departments will position the institute to focus on the ADA's core value of being a science- and evidence-based organization.

"The institute will allow the ADA to continue supporting that core value and expanding the work that we do in science in different areas, from basic research all the way to translation to clinical practice and making scientific information available to our members," Dr. Araujo said.

The institute also supports the ADA's Common Ground 2025 strategic plan, which states "the ADA will be the preeminent driver of trusted oral health information for the public and profession."

"The main goal is to continue supporting science in a broader aspect, in a cross-disciplinary way, to open opportunities for more funding from external agencies, including government and industry," Dr. Araujo said.



Dr. Araujo

Researchers with the Department of Innovation & Technology Research have already been awarded a federal grant from the National Institutes of Health to combat osteogenesis imperfecta, a rare disease characterized by bone fragility. The two-year grant totaling \$275,000 comes from the NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases.

This is not only the first grant awarded to a scientist of the recently created subsidiary, but it also is the first major fund the ADA has received from an NIH institute focused on systemic diseases.

Researchers will use the grant to develop new strategies for personalized osteogenesis

imperfecta treatment decisions and to understand pathogenic mechanisms involved in the disease via organ-on-a-chip technology, said Styliani (Stella) Alimperti, Ph.D., the team's principal investigator and an Innovation & Technology Research project leader.

Dr. Alimperti said she hopes their efforts will result in the discovery of the first-ever treatment for osteogenesis imperfecta and possibly new treatments for bone diseases such as osteoporosis, osteoarthritis and bone cancer.

"The next three years will be pivotal to set the presence of the ADASRI in the research community and establish great collaborations," Dr. Cohlma said. "The board is committed to support the organization and set strong directions that will benefit ADA members and the public."

To learn more about the institute, visit [ADA.org/SRI](http://ADA.org/SRI). ■

—versacim@ada.org

## Howard, New York County Dental Society celebrate Give Kids A Smile



**Counting teeth:** Howard University College of Dentistry students Kristina Fabi, right, and Ariel Banks perform an exam on a patient during GKAS. All students were supervised by a licensed dentist. Dental students treated 35 students from Raymond Elementary School at a Feb. 7 Give Kids A Smile event in Washington. During the event, the dental school's third- and fourth-year students and pediatric and orthodontic residents performed cleanings, fluoride treatments, sealants, extractions, restorative treatments and orthodontic consults. The event was organized by Dr. LaToya Barham, a pediatric dentist and the school's clinic coordinator.



**Dental teamwork:** The New York County Dental Society's Give Kids A Smile program on Feb. 7 included volunteers screening 1,632 children at five different sites in the East Harlem community in New York. From left, Columbia University College of Dental Medicine student Paul Sim (in costume), Dr. Jennifer Zuckerman, New York University College of Dentistry student Navdeep Sodhi, Hunter College student Linda Lazimi, Dr. Gabriel Saland (who performed magic tricks for the children), Dr. Benjamin Ganjian, DentaQuest volunteer Bosede Akamiokhor and Dr. Amarilis Jacobo, former president of the Bronx County Dental Society and Hispanic Dental Association.

HAPPY 40TH  
BIRTHDAY!



— 40 Years of —  
Outstanding Products  
& Exceptional Service

Celebrating with NEW Products!

### EndoRing® II

Hand-held Endodontic Instrument  
with Reduced Glare Black Metal Ruler  
ER2GYRG-S



NEW  
Gray EndoRing II

NEW  
Reduced Glare  
Black Metal Ruler

### EndoRing® Reduced Glare Black Metal Ruler

ERRRG-S



- \* Significantly reduces headlamp glare
- \* Increased contrast improves instrument calibration
- \* Ruler available separately or combined with any Jordco EndoRing II colored ring sets.



Contact your dental supply dealer  
Or order online at [jordco.com](http://jordco.com) for FREE shipping!  
Visit our Facebook page for special discounts!  
[facebook.com/jordcoinc](https://facebook.com/jordcoinc)





# Medicine

*Continued from Page 1*

ADA Council on Education and Licensure and the House of Delegates.

Oral medicine now joins the following dental specialties: dental anesthesiology; dental public health; endodontics; oral and maxillofacial pathology; oral and maxillofacial radiology; oral and maxillofacial surgery; orthodontics and dentofacial orthopedics; pediatric dentistry; periodontics; and prosthodontics.

Dental specialties are recognized “to protect the public, nurture the art and science of dentistry and improve the quality of care,” according to the National Commission website, [ADA.org/ncrdscb](http://ADA.org/ncrdscb).

A sponsoring organization seeking specialty recognition for discipline of dentistry must document that the discipline satisfies six requirements, as outlined in the “Requirements for Recognition of Dental Specialties.” The sponsoring organization of the proposed specialty must provide documentation to show that it is a distinct and well-defined field that requires unique knowledge and skills beyond those commonly possessed by dental school graduates; that it requires advanced knowledge and skills and that it scientifically contributes new knowledge, education and research in both the field and the profession.

**“AAOM is thrilled to be one step closer to achieving our vision of integrating medicine and dentistry to promote optimal health with this important recognition,” Dr. Patton said.**

The American Academy of Oral Medicine submitted its application to the National Commission in June 2019. Following a review by the National Commission’s Review Committee on Specialty Recognition, the National Commission invited public comment for a 60-day period.

At its March 2 meeting, the National Commission determined that the application did indeed meet the Requirements for Recognition of Dental Specialties and adopted a resolution recognizing dental anesthesiology as a dental specialty. A resolution needs a two-thirds majority vote to be approved.

Following specialty recognition by the National Commission, now the certifying board with a close working relationship with the recognized sponsoring organization must also apply for recognition that is in accordance with the Requirements for Recognition of Dental Certifying Boards.

The National Commission on Recognition of Dental Specialties and Certifying Boards is comprised of 10 general dentists, appointed by the ADA Board of Trustees; one specialist from each of the 10 recognized specialties, appointed by their respective sponsoring organization; and a public/consumer member appointed by the National Commission.

“AAOM is thrilled to be one step closer to achieving our vision of integrating medicine and dentistry to promote optimal health with this important recognition,” Dr. Patton said. “This provides a wonderful opportunity to further develop our specialty in concert with our 75th year anniversary celebration for our academy this April.” ■

## Dental anesthesiology specialty gets national certifying board

**BY KIMBER SOLANA**

The National Commission on Recognition of Dental Specialties and Certifying Boards announced March 4 it recognizes the American Dental Board of Anesthesiology as the national certifying board for dental anesthesiology.

The National Commission adopted a resolution March 2 based on an application from the American Dental Board of Anesthesiology to be recognized as the national certifying board for the dental specialty.

As the national certifying board, it

will administer the board certification examination certifying qualified dentists as diplomats in the specialty of dental anesthesiology. According to the Requirements for Recognition of National Certifying Boards for Dental Specialists, the National Commission will recognize only one certifying board that has a close working relationship with the sponsoring organization.

The decision comes about a year after the National Commission had adopted in March 2019 a resolution to recognize

dental anesthesiology as a dental specialty, based on its determination that the American Society of Dentist Anesthesiologists’ application met all the ADA’s Requirements for Recognition of Dental Specialties.

The American Dental Board of Anesthesiology examines and certifies dentists who complete an accredited program of anesthesiology training in the U.S. or Canada. The group had submitted its application for recognition in July, followed by a 60-day period of public comment in November 2019. ■



**NEW!**

# Beauty

in a Class of Its Own



**FREE REPLACEMENT**  
**7-YEAR**  
**GLIDEWELL WARRANTY**

Prescribe For  
**\$109\***  
per unit

**Glidewell**  
**50 YEARS**  
1970 - 2020

**dental townie choice**  
awards 2019

# BruxZir®

## esthetic

800-411-9721 | [bruxzir.com/esthetic](http://bruxzir.com/esthetic)

LEADING LASTING LOVED

\*Price does not include shipping or applicable taxes.

GL-1330315-022820



# Specialize

*Continued from Page 1*

and dentofacial orthopedics; pediatric dentistry; periodontics; and prosthodontics.

The University of Maryland School of Dentistry offers a broad range of electives and clinic rotations to provide students with the “knowledge, skills and values” to prepare them for the practice of general dentistry.

Students are introduced to the specialties as part of their formal curriculum throughout years 1-3. In their fourth year, they are given the option of participating in the school’s clerkship program — a clinical elective program that allows selected students to pursue further studies in activities specially designed to meet their needs and interests, said Dr. Patricia Meehan, associate dean for academic affairs. The students then devote a portion of their clinic time to this specialized program, and their remaining clinic time is spent comprehensively treating patients in the school’s regular program.

Another unique opportunity is an elective course — “Research with Mentor” — which is open to all dental students.

“The goal of this course is to integrate research into dental education and to provide individual mentorship to the students who are interested in research,” said Dr. Meehan. “Through the personalized training in research, students have the opportunity to prepare themselves well for future career development.”

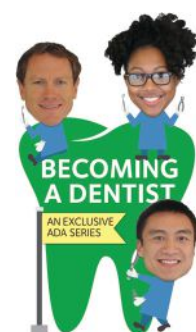
The students are also required to assist the residents in the school’s advanced dental education program. All D3 and D4 students participate in block rotations, including oral surgery, radiology, special patient care and geriatrics and pediatric dentistry.

Dan has been considering pursuing an orthodontics residency since his second year. This year, he’s taking an elective seminar in pediatrics, which he considers a natural fit since so many orthodontists treat a younger population.

“It’s a great opportunity to learn more about the field of dentistry, since dentistry on kids is naturally different than dentistry on adults,” he said. “With ortho, a significant portion of your patients will be kids so I’m seeing this as an opportunity to gain expo-



**Lunch break:** LaShonda and Ben discuss their different clinic rotations during a break from clinic.



sure to this population, learn about patient management — and many concepts are shared between the two specialties, as well. And the seminars during lunch have been really interesting so far.”

Even if he wasn’t considering applying for an orthodontics residency, Dan would learn about the specialty during scheduled rotations in the school’s orthodontics clinic.

“We’re required to stop by during their clinic sessions and assist the residents in whatever they are doing at their appointments,” he said. “It’s up to the residents to give us assignments, and it’s different every time we go. Everyone is very friendly, loves to teach those of us that show interest in the specialty, and the assistants there are really nice, too. All of it

adds up to me having a really good experience whenever I get the chance to stop by.”

In addition to specialty practice, there are other career pathways such as a career in federal services or academics.

As a Navy Health Services Collegiate Program recipient, Ben has known since he began school that following graduation he will continue on active duty as a Navy dentist. (He previously served from 2005-2017.)

Now that he’s got five-plus semesters under his belt, he’s also starting to consider a specialty.

“Specializing was always in the back of my mind,” he said. “The Navy has just about every specialty available. There is something for everyone.”

He’s enjoyed all the specialty rotations he’s done at UMSOD, but periodontics has captured his interest the most.

“When I’ve assisted residents in periodontics, I have really loved what I’ve seen. I have enjoyed every aspect of dentistry, but perio-

has sparked the most interest and makes the most sense for me,” he said.

He plans to apply for a residency in the Navy’s periodontics program at the Navy Post Graduate Dental School in Bethesda, Maryland, but knows competition is fierce. “At the end of the day, I will be a Navy dentist and that’s what matters. Someone once told me there are no bad aircraft to fly as a Naval Aviator. I’m confident the same will be true as a Navy dentist,” he said.

As for LaShonda, like Dan, she’s also been doing an elective in pediatrics, but she’s also keeping her options open.

“I haven’t made definitive plans regarding life after dental school yet, but I have started to research residency programs,” she said. “We’ll have to wait and see.”

For more information on advanced dental education programs accredited by the Commission on Dental Accreditation, including data on student enrollment, visit the ADA Health Policy Institute and search “advanced dental education.” ■

## Study: Dental fluorosis generally less noticeable over time

**BY DAVID BURGER**

**Iowa City, Iowa** — Results from a University of Iowa College of Dentistry study suggest that mild and moderate dental fluorosis is generally less noticeable over time, validating the beliefs of some supporters of community water fluoridation that there have been overestimates of fluorosis prevalence made by anti-fluoridation activists.

The Journal of Dental Research, a peer-reviewed journal published by Sage Publications on behalf of the International Association for Dental Research and American Association for Dental Research, published the study Feb. 24.

The researchers included Dr. Steven Levy, the Wright-Bush-Shreves-endowed professor of research in the College of Dentistry’s Department of Preventive & Community Dentistry and a member of the ADA National Fluoridation Advisory Committee, a subcommittee of the ADA Council on Advocacy for Access and Prevention.

“Our study supports that fluorosis is less of a concern than some have stated,” Dr. Levy told the ADA News in a joint email in-



**Dr. Levy**

terview with his fellow researchers Dr. John J. Warren, professor and director of the College of Dentistry’s Dental Public Health graduate program, and Alexandra Curtis, Ph.D. candidate in biostatistics at the University of Iowa College of Public Health. “Our data support the continued use of community water fluoridation as the best and most efficient way to prevent dental caries on a population basis. Our results also suggest that many statements and photographs used by opponents of community water fluoridation that present data on fluorosis prevalence probably exaggerate the true severity.”

The study, titled “Decline in Dental Fluorosis Severity during Adolescence: A Cohort Study,” builds on data collected from 1992-2019 in the Iowa Fluoride Study and Iowa Bone Development Study concerning fluoride

exposures and intakes from birth to age 23.

The researchers said there are only four prior studies of fluorosis patterns across two time points, and that this is the first study to present results with more than two time points for the same individuals.

“Our results show clearly that the level of fluorosis seen on early-erupting teeth around age 9 is generally less noticeable at ages 13, 17 and 23, and that fluorosis on late-erupting teeth around age 13 is generally less noticeable at ages 17 and 23,” the researchers said. “The data shows that early presentation of dental fluorosis soon after eruption will generally be less noticeable later, presumably due to post-eruptive maturation, tooth wear, mastication, toothbrushing, demineralization and remineralization.”

The researchers said that further study is needed.

“Additional research is warranted to assess patterns of dental fluorosis as children get older in study samples from other geographical regions and with different levels of fluoride exposures,” they said.

Dr. Levy said the study’s findings should buoy supporters of community water fluoridation.

“Hopefully these results are able to help some people who are fighting in the trenches,” he said.

The research was supported by National Institutes of Health grants, the Roy J. Carver Charitable Trust and the Delta Dental of Iowa Foundation.

Dr. Leon Stanislav, National Fluoridation Advisory Committee chair, said the committee is proud to have Dr. Levy as a member and was pleased with the study’s findings.

“Dr. Levy’s work is world renowned, and he is widely published,” Dr. Stanislav said. “In the most recent study on fluorosis, it’s nice to have proof of what most dentists who have practiced for a couple of decades see within their own patient population. Anti-fluoridationists typically overstate the effects of fluorosis in arguments against water fluoridation.”

More information on fluoride can be found at [ADA.org/fluoride](http://ADA.org/fluoride). ■



# FDA approves combination ibuprofen-acetaminophen drug for U.S.

ADA has long advocated for over-the-counter combination medicine

BY JENNIFER GARVIN

The Food and Drug Administration has approved the first over-the-counter ibuprofen and acetaminophen combination drug for the U.S.

The product — called Advil Dual Action — will be available nationwide later in 2020 and contains 250 mg of ibuprofen and 500 mg of acetaminophen, said GlaxoSmithKline, the drug's manufacturer, in a news release.

The ADA has long advocated for the de-

velopment of a single strength-controlled acetaminophen-ibuprofen combination drug to be available over the counter for dental patients — particularly as the nation continues to battle the opioid epidemic.

Dr. Mia Geisinger, chair, ADA Council on Scientific Affairs, cheered the news and pointed to the ADA Science Institute's 2018 overview of systematic reviews of acute pain medications that concluded combinations of ibuprofen and acetaminophen "offered the most favorable balance between benefits and harms" for treating dental pain.

"Many other studies point to using nonsteroidal medications with or without acetaminophen as being safe, effective and a preferred alterna-

tive to opioid medications in most patients," said Dr. Geisinger, who also cited studies led by past and present CSA members published in the Journal of the American Dental Association. "The introduction of this medication may simplify this medication protocol for use in dental practice and further reduce the use of opioid prescriptions as first-line pain control therapy."

The approval was based on data from several clinical studies, including three efficacy and safety trials, for the product, according to GlaxoSmithKline. The company also noted the data demonstrated "a fixed-dose combination of ibuprofen and acetaminophen achieves a superior level of pain relief compared to the individual components alone."

"For decades, many consumers have been using ibuprofen and acetaminophen to get the benefits of both active ingredients when safely treating their headaches, muscle aches, backaches, arthritis and other joint pain," said Franck Riot, head of research and development, GlaxoSmithKline, Consumer Healthcare. "[Advil Dual Action] will offer U.S. consumers the first-ever alternative option — a single, fixed-dose combination pain reliever."

For information on the ADA's advocacy efforts, visit [ADA.org/opioids](http://ADA.org/opioids). Online resources can be found on the ADA Center for Professional Success. The ADA Catalog also features "The ADA Practical Guide to Substance Use Disorders and Safe Prescribing." ■

## Vaping

Continued from Page 1

Administration to regulate vaping devices and liquids in the same manner the agency regulates cigarettes and other tobacco products.

Ahead of the vote, the Association sent a letter to House Speaker Nancy Pelosi, D-Calif., and Minority Leader Kevin McCarthy, R-Calif., reiterating its support for the legislation.

"We are alarmed by recent efforts to characterize a new generation of nicotine products as being less harmful than cigarettes, particularly electronic nicotine delivery systems," wrote ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin. "While the oral health effects of vaping are not fully studied, there is some evidence that vaping is associated with first-time and continuing tobacco use."

"The ADA supports regulating deemed tobacco products, including vaping devices and liquids, in the same way that FDA regulates cigarettes, smokeless tobacco and other tobacco products. HR 2339 provides an avenue for doing that," the letter concluded.

The ADA was also part of a coalition, along with 75 other stakeholders, that championed the legislation. The group — known as the Partners for Effective Tobacco Policy — is chaired by the Campaign for Tobacco-Free Kids, American Cancer Society, American Lung Association and American Heart Association.

"This legislation is exactly what's needed to reverse the youth e-cigarette epidemic and end the tobacco industry's long and lethal history of targeting kids and other vulnerable groups with flavored products," said Matthew L. Meyers, president, Campaign for Tobacco-Free Kids, in a statement.

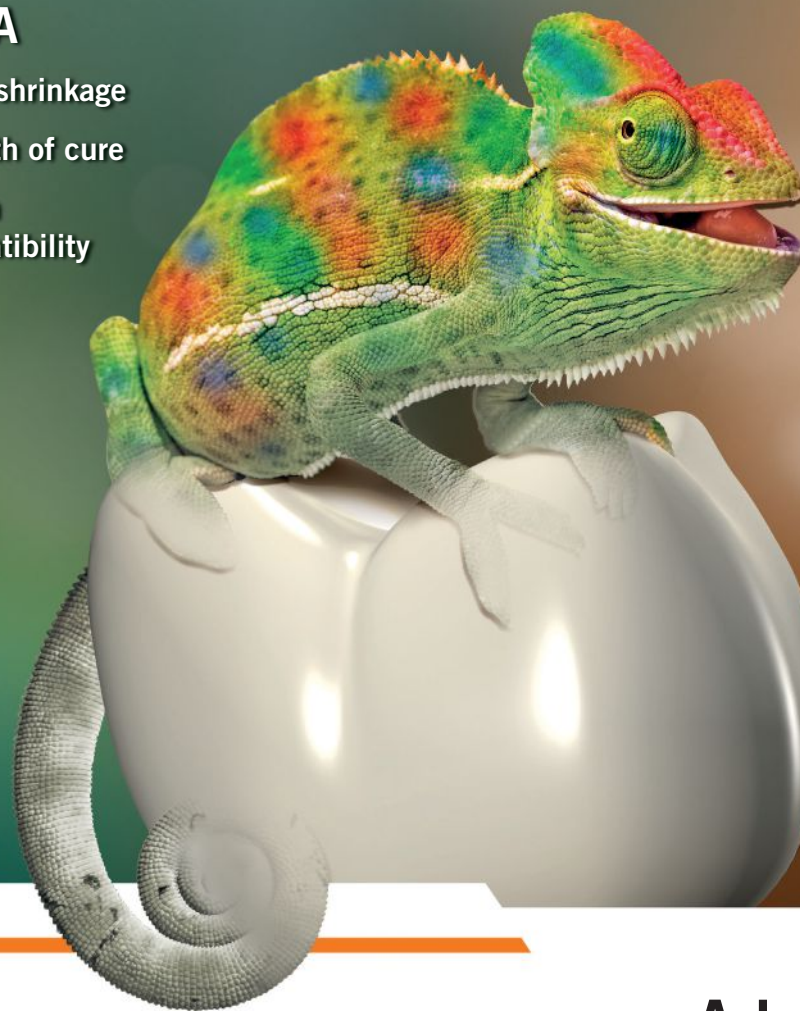
In December 2019, the ADA Board of Trustees adopted an interim policy directing the Association to "advocate for regulatory, legislative, and/or legal action at the federal and/or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those approved by the FDA for tobacco cessation purposes and made available by prescription only." It also calls on the ADA to advocate for research funding to study the safety and effectiveness of e-cigarettes and vaping products for tobacco cessation purposes and their effects on the oral cavity.

For more information on the ADA's advocacy efforts, visit [ADA.org/tobacco](http://ADA.org/tobacco). ■

## SIMPLICITY IN 1 SHADE

### + X-TRA

- x-tra low shrinkage
- x-tra depth of cure
- x-tra high biocompatibility

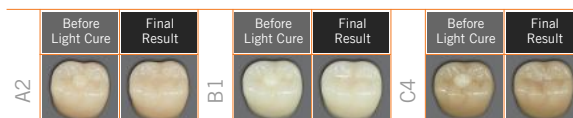


Visit  
[vocoamerica.com](http://vocoamerica.com)  
for your  
**FREE Sample**



### Single-shade Omni-chromatic Restorative

- Only one omni-chromatic shade: no guess work and no more wasted shades
- 4 mm depth of cure – saves time
- Easy to polish, highly stain resistant with a high gloss
- Exceptional longevity with low initial shrinkage of only 1.25 %
- 100 % BPA Free and no classic monomers for higher biocompatibility



## Admira Fusion x-tra

SINGLE-SHADE  
OMNI-CHROMATIC  
NANO-ORMOCER  
RESTORATIVE



Call 1-888-658-2584

VOCO • 1245 Rosemont Drive • Suite 140 • Indian Land, SC 29707 • [www.vocoamerica.com](http://www.vocoamerica.com) • [infousa@voco.com](mailto:infousa@voco.com)

**VOCO**  
THE DENTALISTS



# STILL PAYING FOR SOME PAST DECISIONS?

## INTRODUCING PLANMECA EMERALD™ S

The S in our new, premium Planmeca Emerald™ S scanner stands for *Speed*. It also stands for *Savings, Slim, Sleek, Simple, Small, Silent, Safe, Seamless, and Superior*. Of course, since it brings you the lowest cost of ownership in intraoral scanners with no hidden fees,\* while offering patients a more comfortable experience, the S should really stand for *Smart*.

**CALL 800.718.4598 TO LEARN MORE**



**PLANMECA**  
Better care through innovation

**PLANMECA.COM**

\*For the first five years of ownership.  
© 2020 Planmeca, Inc. All rights reserved.