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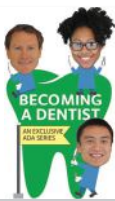


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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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BRIEFS

PracticeUpdate Clinical Dentistry Channel unveiled

The ADA announced May 1 the creation and launch of the PracticeUpdate Clinical Dentistry Channel, which delivers free clinical content in general dentistry and specialty topics curated by a world-renowned editorial and advisory board. The web channel, featuring updates from peer-reviewed journals, news and educational resources 24/7, will keep dentists current with clinical advances from across the spectrum of dentistry.



The channel is a partnership with Elsevier, publisher of The Journal of the American Dental Association. Dr. Michael G. Newman, channel editor-in-chief, said it will provide a bridge between clinical dentistry and other therapeutic areas, bringing the best and most-current thinking in general and specialty dentistry to all practitioners.

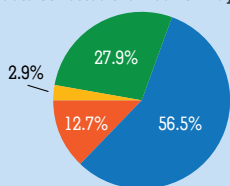
"Dentistry is a clinical

See CHANNEL Page 15

JUST THE FACTS

COVID-19 and dental offices

Over one-fourth of U.S. dentists have their practices open at a lower patient volume than pre-pandemic levels, according to data collected the week of May 4.



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

Association asks Congress to help dental community in next COVID-19 legislation

BY JENNIFER GARVIN

Washington — As Congress works on the next COVID-19 relief package, the ADA is asking lawmakers to include a number of provisions to assist the dental profession in recovery efforts.

In a letter to leaders of the House and Senate, Dr. Chad P. Gehani and

INSIDE CMS updates COVID-19 FAQ, Page 6

ADA Executive Director Kathleen T. O'Loughlin told lawmakers the dental community continues to face

additional challenges — both economically and logistically — in the wake of the pandemic.

The ADA is urging Congress to:

- Increase flexibility within the Paycheck Protection Program. This flexibility includes modifying the loan forgiveness provision of the program to allow small businesses

to make more appropriate decisions about staffing and payroll based on when they plan to fully reopen. The Association would also like for Congress to allow Paycheck Protection Program loan funds to be used for purchasing additional personal

See LEGISLATION, Page 15

Dentist manages citizen soldiers during pandemic

BY DAVID BURGER

Boston — As recently as a few months ago, Dr. Ryan S. Lee, a dentist with four offices in the Northeast, never thought he'd show up at a nursing home one day to find residents — still in their beds — who had died of COVID-19 the night before.

But the tragic experience is just of one of many that Dr. Lee, a major in the Massachusetts Army National Guard, has been through since being called to active duty in early April to help coordinate COVID-19 testing for some of the commonwealth's most vulnerable.

"There's a lot of fear, and a lot of anxiety, but that's not the only thing we're experiencing," said Dr. Lee, a father of two who hasn't seen his wife and kids in person in more than a month as he lives in a nearby hotel reserved for frontline responders.

The other things he's experiencing, he said, are witnessing the inspiring actions of his fellow soldiers and other collaborative health care partners mobilized to help where it's needed, for as long as it takes.

Servant leadership

"We all know nursing home and mental health facilities have been hit pretty hard with COVID-19," Dr.



Service: Outside of a nursing home and assisted living facility in the Boston suburb of Woburn, Mass., Dr. Ryan Lee stands after giving a brief on proper testing techniques and updates from the Department of Health. The soldiers are about to go in to conduct tests on up to 200 staff members and residents.

Lee said.

The National Guard is determined to do everything possible to prevent widespread infection rates in facilities they are working in, Dr. Lee said.

Overall, 60% of the state's COVID-related deaths have occurred in

See SOLDIERS, Page 10

ADA tip sheet includes CDC guidance on identifying counterfeit N95 masks



BY MARY BETH VERSACI

The American Dental Association has created a tip sheet with guidance from the National Institute for Occupational Safety and Health group at the Centers for Disease Control and Prevention to help health care professionals avoid buying or using counterfeit N95 respirators, which are often simply referred to as masks.

Tips for spotting suspicious websites or marketplaces before buying a mask include unfinished content, broken links, a primary email contact that uses a free email service, and typos, bad grammar and other errors. Other red flags in the third-party marketplace include the use of terms like "legitimate" and "genuine," customer feedback that seems suspicious, inconsistency in the type of products sold, prices that are too good to be true and claims of "unlimited stock" during times of shortage.

Signs that an N95 mask may be counterfeit include lacking or misspelling NIOSH on its marking, lacking an approval number or any type of marking and having ear loops instead of a headband. Counterfeit masks also may claim approval for use by children and have decorative add-ons.

For more information, including examples of counterfeit N95 masks, visit Counterfeit Respirators/Misrepresentation of NIOSH-Approval at cdc.gov/niosh/npptl/usernotices/counterfeitResp.html.

The ADA also offers a free, on-demand webinar called Respiratory Protection in the Era of COVID-19 that includes presentations from two infection control experts from the Organization for Safety, Asepsis and Prevention and focuses on the steps necessary to introduce the use of N95 and other masks into the dental office.

The ADA also created a chart that highlights the characteristics of several common types of masks and their appropriate uses. Visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/virus. ■



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– ADAPT participant, practice sale

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ADA Member Advantage endorses Best Card for credit card processing

ADA Member Advantage announced May 1 that it has selected Best Card as its exclusively endorsed credit card processing solution for Association members.

Best Card, which began in 2004 as an in-house program created by the Colorado Dental Association to offer their members credit card processing services, provides credit card processing solutions for credit card payments processed in person, online and over the telephone. It also includes a technology solution that automates the posting of payments into popular dental practice management software.

"We have a long history of working with state dental societies and have saved thousands of dentists an average of \$3,256 per year



(24%) on their processing fees while working hard to offer a better standard of customer service for dental offices," said Phil Nieto, Best Card Team president.

Best Card was founded by Mr. Nieto's mother, Jennifer Nieto, and Rose McKee. Both women were Colorado Dental Association employees in 2008.

According to Deborah Doherty, ADA Member Advantage CEO, Best Card has an outstanding reputation in dentistry and

passed a rigorous selection review process.

"Something that really impressed us is the strong relationship they already have with 28 co-endorsing state dental societies," Ms. Doherty said.

From May 1-July 31, new customers will receive \$100 towards new equipment or a \$100 Amazon card as a welcome gift (sent in the third month with Best Card). ADA members can submit a recent credit card processing statement to get a free analysis from Best Card on how much they might be able to save by switching to the platform by fax at 1-866-717-7247 or email to CompareRates@BestCardTeam.com. For more information, call Best Card at 1-877-739-3952. ■



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Dental school during a pandemic

Becoming a Dentist: Students adjust to learning at home

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 journeys to becoming dentists. See all the stories in the series at ADA.org/BeADentist.

BY JENNIFER GARVIN

Baltimore — If this were a typical day, and if these were typical times, LaShonda would be in her pediatrics competency exam, fresh off a cup of coffee, before heading to a three-hour simulation lab.

Dan might try to squeeze in a quick lunch between lab and appointments — maybe at Nando's with Kevin, his fourth-year "big brother."

Ben might be presenting a patient with his final implant crowns.

But nothing is typical during the COVID-19 pandemic, including at the University of Maryland School of Dentistry and dental schools everywhere. Clinic appointments are canceled. Lectures and exams have all moved online. The school's dental faculty tend to the emergency cases.

"The thing that I'm sure all of my classmates are worried about is the appointments that we had to cancel," Dan said. "I think we all just want to provide and care for our patients' needs."

Dentures. Implants. Crowns. These things are all on hold as the students wait for life to return to normal. If there is a "normal."

"By design, the D-3 spring semester schedule is geared heavily to clinic time," Dan said. "But really, a large portion of my time would be devoted to providing patient care, including partial and complete dentures."

"Before the break, I had several operative and removable prosthetic appointments scheduled," LaShonda said. "Some are pretty extensive cases, which have spanned over months, so I was looking forward to finally starting the dentures."

Ben had a patient who was days away from receiving his final implant crowns and custom abutments. He'd been along for the entire journey — from the patient's first appointment after a bike accident to performing extractions and restorations. Ben even assisted on an implant placement.

"Now I'm not sure when he will get his two front teeth," he said. "I feel badly for him. It is a rather helpless feeling. I text message with my patients to catch up with them and make sure they are not in acute pain, but besides that, my hands are tied."

Another patient was waiting on a posterior crown. To her, the treatment symbolized much more than just another restoration.

"She was looking forward to having the work done to avoid her occasional symptoms and to update her esthetics before interviewing for a job," Ben said. "The pandemic means so much to so many people. I see my job as a dental student and the hiatus from the clinic as a relatively small issue when compared to what some people are facing right now."

Going from a stimulating classroom environment to a solo learning experience at home has presented its own challenges.

Dan misses the structured learning environment — from class schedule to having a professor right there to answer questions. LaShonda's had to deal with a spotty internet connection.

"Online learning is a lot more on your own," Dan said. "I have to sort of discern for myself the main points on each slide of a PowerPoint presentation. When course material is just available online, I feel as though sometimes the main points that the professor wants us to understand



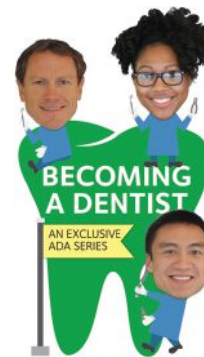
Lessons: Ben gives his 6-year-old daughter, Kendall, riding tips.



Family: LaShonda takes a break from studying to FaceTime with her sister and mother.



Old times: Dan, left, along with fourth-year Kevin Son, eat at Nando's back in January.



can be missed, or we spend too much time on something that the professors did not intend on us to focus on."

One of the ways the dental school is adjusting to administering exams and competencies online is by requiring students to set up webcams on their home computers, Dan said.

"This way [an instructor] can monitor and track programs that are running during the exam, as well as track the students physically like if they stay seated during the exam and what their eyes are looking at," he added.

Ben has had to figure out how to do classes alongside his three children — two of whom are school age.

"My wife and I have learned we are not the best pandemic home schoolers, and we are so very thankful for the teachers who are working hard to adapt to an online forum, even for preschoolers. They deserve a raise for teaching our children day in and day out — it is not easy."

Along with missing the classroom aspect of school, LaShonda was bummed to miss out on her remaining Generation NeXT sessions — the mentoring program she volunteers at through the University of Maryland dental school — along with other extracurriculars, including the ADA Dentist and Student Lobby Day and Student National Dental Association banquet.

But as with everything in life, some silver linings have emerged.

"I am thankful for the time that I get to spend at home and the conversations that I can have with my folks and brother that I wouldn't normally have," said Dan, who moved back home for the duration of the pandemic. "I also have two cats. I am sure they are happy that we are all home."

Dan said another bonus is being able to take advantage of the university's continued education courses.

"In school, we have a rigid curriculum, and you take courses that you have to take. It is refreshing to cherry-pick topics and lectures that you personally want to hear more about."

He's also getting more sleep. So is LaShonda.

"Even with my wacky sleep schedule, I have more energy than I've had in a while. I've also started to work out — as much as I can — and cook again, so that probably helps," she said. "I've been able to spend more time with family and friends. We've had virtual brunches, book club meetings, and even a few group workout sessions. I rarely go a day without FaceTiming my mom now. If nothing else, COVID-19 has reminded us of what is truly most important. And, I'm hopeful that once the dust settles, we'll emerge from this experience with a renewed sense of purpose and a greater appreciation for the small things. Until then, we have Netflix."

"My oldest turned 6 yesterday, and my wife, Caitlin, and I — mostly her — organized a drive-by celebration with a parade of cars all slowly driving by with signs and decorations wishing her a happy birthday," Ben said. "In a strange and peculiar way, her COVID-19 pandemic birthday was perfect, and she had a great time. My 4-year-old started riding a real pedal bike today, and the look on her face was pure gold. Our youngest started walking and mostly skipped that stage for running, so that has been fun to see him become fully mobile. This has been valuable time for us. It's kind of overwhelming to think of, but we might not ever get to spend this much consecutive time together again." ■

GOVERNMENT

Organized dentistry asks Congress for flexibility in Paycheck Protection Program

Coalition stresses need to cover necessary personal protective equipment purchases

BY JENNIFER GARVIN

Washington — The Organized Dentistry Coalition is asking Congress for flexibility in the Paycheck Protection Program to allow dentists to purchase personal protective equipment as states begin the reopening phase of the COVID-19 pandemic.

In an April 30 letter to leaders in the House and Senate, the dental organizations thanked Congress for providing additional funding to the Paycheck Protection Program and other critical loan programs but said small business health care providers — “especially those in dentistry” — will need a “significant increase” in personal protective equipment in order to protect themselves, dental team members and patients from COVID-19 infections.

“Given the nature of oral health care treatments and procedures, the exposure to this virus through aerosol-generating procedures and droplets in the air is especially concerning for dental offices,” the groups wrote.

The coalition told Congress that many of

in future guidance from the Department of the Treasury and the Small Business Administration.

“However, if congressional action is required, we are asking that this change be included in the next COVID-19 relief package.

“On behalf of our collective organizations, we would like to thank you for recognizing the need for small businesses, including dental practices, to receive finan-



cial support during these difficult times. Dental offices are eager to reopen to treat their patients and rehire their employees, but patients, providers and employees need to feel safe to return. [Paycheck Protection Program] loan fund flexibility is a simple way to help address this,” the letter concluded.

For the latest news on the COVID-19 pandemic, visit ADA.org/virus. ■

—garvinj@ada.org



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An Ode to Recovery

Dear Doctor,

By now, I hope you’ve found it safe to return to the office and resume non-emergency services for your patients. The past couple of months have proven for many to be the most trying and uncertain in recent memory, and I know we’re all craving a return to some semblance of normalcy.

It’s also become clear that “normal” will have a new meaning in dentistry. For patients and staff to feel comfortable, we’re going to have to double down on infection control. We’re going to have to overcome near-term shortages of PPE for dental personnel. More than ever, we’re going to have to offer predictable, reliable, affordable solutions that make it easier for patients to accept treatment, and for you to maximize the value of your services.

Since the onset of the COVID outbreak, Glidewell has been working with industry experts and everyday practitioners to understand and help dentists prepare for this new reality. In keeping with our 50-year mission to improve patient access to quality dentistry and help practices thrive, we’ve compiled a straightforward plan that we believe clinicians can use to return to profitability sooner rather than later.

In this environment, “business as usual” is not a safe path to success. Innovation and growth are required. So I’m inviting you to visit glidewelldental.com/recovery to learn what Glidewell is doing to help practices like yours get back on track, and explore some of the steps we might take toward restoring dentistry as a whole.

We can’t heal *all* of the sickness and anxiety our communities are enduring. But we can do our part to alleviate discomfort and improve quality of life where we can. That much isn’t new—it’s what we do on a routine basis. It just matters a little more right now.



Yours in health,

James R. Glidewell, CDT
President and CEO

“Given the nature of oral health care treatments and procedures, the exposure to this virus through aerosol-generating procedures and droplets in the air is especially concerning for dental offices.”

their dentist members have already received their funding and are now tasked with making decisions on what nonpayroll costs they will use these funds for in order to receive full loan forgiveness.

“It is clear that access to [personal protective equipment] is of primary concern, but the cost of more robust and additional [personal protective equipment] is also causing many of our members to believe that this will have a considerable economic impact on their businesses,” the groups said.

“At this time, we are asking that the non-payroll costs that are allowable for [Paycheck Protection Program] be expanded to include the cost of [personal protective equipment]. Further, a borrower that uses [Paycheck Protection Program] funds for [personal protective equipment] — so long as it stays within the threshold for non-payroll related costs — should not be prevented from receiving full forgiveness of these loans.”

The organizations pointed out that the intent of the Paycheck Protection Program was to encourage small businesses to retain or rehire staff in a timely manner but said dentists who own practices cannot do that without first ensuring the health and safety of everyone.

“Allowing this flexibility for [Paycheck Protection Program] loan proceeds will help to mitigate the increased costs of the [personal protective equipment] that will be required in order to provide care to our patients and protect ourselves and our employees. We believe that this flexibility could be done through agency action and be included

CMS updates COVID-19 FAQ

Expanded resource addresses topics relevant to dentistry

BY JENNIFER GARVIN

Baltimore — The Centers for Medicare & Medicaid Services announced May 5 the agency has created a new Frequently Asked Questions page to aid state Medicaid and Children's Health Insurance Program agencies in their

response to the COVID-19 pandemic.

The new FAQ addresses a number of topics relevant to dentistry, including questions on teledentistry, expanded information on financing flexibilities and payment rates and methodologies.

Those topics are summarized here:

Question: What flexibilities are available to provide dental care via telehealth for individuals who are quarantined or self-isolated to limit risk of exposure?

Answer: According to CMS, “no federal approval is needed for state Medicaid programs to reimburse providers for teledentistry services” and “states have broad flexibility to cover teledentistry through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use.” The agency added

that providing services “such as oral screenings, assessments, problem-focused evaluations, or re-evaluations via teledentistry can help to limit in-person visits, determine when dental procedures can be deferred and avoid unnecessary trips to hospital emergency departments.” The FAQ also pointed to ADA guidance on delivering dental services during COVID-19 that recommends the “clinically appropriate use of teledentistry.”

Q: During the public health emergency period, can states receive federal funding to provide advanced payments to providers as an interim payment and reconcile the advanced payments with actual processed claims at a later point?

A: According to CMS, “states can submit a state plan amendment to add an interim payment methodology that says, under certain specified conditions, states will make periodic interim payments to the providers.” The in-

terim payment methodology “must describe how states will compute interim payment amounts for providers (e.g., based on the provider’s prior claims payment experience), and subsequently reconcile the interim payments with final payments for which providers are eligible based on billed claims.” The agency said CMS will consider state plan authorities “on an expedited basis” and said states should contact their designated reimbursement contact for technical assistance with the state plan amendment submission process.

Q: Is there flexibility to request/implement temporary rate increases or retainer payments in a 1915(i) state plan amendment similar to those found in Appendix K for 1915(c) Home and Community-Based Services waivers?

A: According to CMS, “states may increase Medicaid payment rates to offset losses to providers during the COVID-19 pandemic, if consistent with all applicable requirements, including section 1902(a)(30)(A) of the Act.” The agency said that federal financial participation “is not available under the Medicaid state plan to pay providers directly for the time when care is not provided to beneficiaries” but noted in March of this year, CMS released a template that states may use to request a section 1115 demonstration to combat the COVID-19 public health emergency. To download the template, visit [Medicaid.gov](https://www.medicare.gov).

Q: In what ways might states use the Medicaid disaster relief state plan amendment template to increase payments to providers during COVID-19?

A: According to CMS, states can use the Medicaid disaster relief state plan amendment template to increase payments to providers during the emergency period. State plan amendment approvals and other COVID-19 related waiver documents may be downloaded on the [Medicaid.gov](https://www.Medicare.gov) COVID-19 resources page.

The new FAQ addresses a number of topics relevant to dentistry, including questions on teledentistry, expanded information on financing flexibilities and payment rates and methodologies.

Q: During the public health emergency, some providers are experiencing significant cost increases. Without knowing how much costs will increase right now, how should states approach making adjustments to Medicaid payment rates and methodologies to ensure that Medicaid costs are paid during the public health emergency period?

A: According to CMS, states have the flexibility to “make reasonable adjustments to Medicaid payments to better align Medicaid payments with the increased cost of providing services to Medicaid beneficiaries during [COVID-19] under the Medicaid state plan through base and supplemental payments.” The agency noted that these adjustments could include “an increase in resource utilization to account for the need for more personal protective equipment or other increased safety measures” but said the agency would need to consider a state’s justification for these increases in payment rates during the pandemic.

To see a complete list of all COVID-19 Frequently Asked Questions for state Medicaid and Children’s Health Insurance Program agencies, visit [medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf](https://www.medicare.gov/state-resource-center/downloads/covid-19-faqs.pdf). To directly access the questions covered in this story, dentists should visit pages 30, 40 and 42.

For the latest news on the COVID-19 pandemic, visit [ADA.org/virus](https://www.ADA.org/virus). ■

JADA

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JOB ANNOUNCEMENT

EDITOR IN CHIEF

for The Journal of the American Dental Association (JADA) ADA's Flagship Publication

The ADA seeks an outstanding clinician scientist to serve as editor in chief of its flagship publication, the Journal of the American Dental Association (JADA). Published twelve times a year, JADA is among the most widely distributed and well-read peer-reviewed journals dedicated to advancing all areas of clinical and evidence-based dentistry.

The ideal candidate will have at a minimum the DDS or DMD degree or equivalent with a significant history of and academic research experience in clinical oral health. An additional advanced degree in a relevant basic or applied science—a PhD, MS, or equivalent is highly desirable.

The editor will be a strategist and visionary, able to equip the journal to prepare clinicians and researchers for future challenges. They will be a dedicated, proven, and inspirational leader, eager to bring fresh ideas, rigor, and new authors into the publication. They will be committed to attracting and mentoring early-stage scientists and researchers, authors, and reviewers to help develop and invite a cadre of next-generation scientists to participate with JADA. Prior experience serving on the editorial board of a peer-reviewed journal is highly desirable.

The editor will also have an interest in developing additional commentary, synthesis, analysis, and explanatory features that relate journal articles to clinical practice. The editor will operate with the highest integrity and professional values, leading an editorial board of specialists and overseeing a rigorous peer-review process to ensure that editorial decisions are made objectively and fairly and are free from commercial or political influences.

The editorship will be a part-time contract position, responsible for shaping the content vision and recruiting articles to align with that vision, working with an editorial board, and overseeing peer review.

The position is available January 1, 2021 and carries an annual stipend. Successful candidates will be invited to interview via video in June, 2020, and via video and/or in-person in July, 2020.

Applicants will be asked to submit their full curriculum vitae; a two-page vision statement articulating a view of the journal as it will be in 5-10 years, with a brief outline of how they will achieve it; and the names and contact information of three colleagues who can serve as professional references.

Applications are being accepted through May 25, 2020.



For more information, please contact:

Michelle Hoffman, VP Publishing: hoffmanm@ada.org
or apply at [ADA.org/JADA_Editor](https://www.ADA.org/JADA_Editor)

Department of Labor releases COVID-19 Pandemic Unemployment Assistance FAQ

BY JENNIFER GARVIN

Washington — The Department of Labor released an FAQ April 27 that addresses common questions about work search and job refusal when an individual receives Pandemic Unemployment Assistance.

The Pandemic Unemployment Assistance program was established under the Coronavirus Aid, Relief and Economic Security Act, known as the CARES Act, which became law March 27. The program provides financial assistance to unemployed or partially unemployed individuals, including dentists and dental team members, who are not eligible for regular unemployment insurance and who are unable to work as a direct result of the COVID-19 pandemic.

According to the CARES Act's Unemployment Insurance Provisions section, those reasons include:

- An individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. This includes if a member of their household has been diagnosed with COVID-19 or if they are providing care for a family or household member with the disease.
- If the individual is a primary caregiver for a child or other member in the household needing care due to a school or facility closing as a direct result of COVID-19.
- The individual is unable to reach the place of employment because of a quarantine or if they have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of COVID-19.
- The individual is now the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.
- The individual has to quit their job as a direct result of COVID-19.
- The individual's place of employment is closed as a direct result of the COVID-19

public health emergency.

The ADA has received numerous questions from members about the Pandemic Unemployment Assistance program. Labor addresses many of the ADA members' concerns in the FAQ.

Here are two examples from the 57-question FAQ:

Question No. 49: "Is an individual who refuses an offer of work eligible for Pandemic Unemployment Assistance?"

Answer: "No, unless the individual is unable to work as a direct result of COVID-19. Eligibility for [Pandemic Unemployment Assistance] requires that the individual be able to work and available to work within the meaning of applicable state law, unless the individual is unable or unavailable to accept the offer of work because of a reason listed" in the CARES Act.

Question No. 50: "If the jurisdiction's stay at home order due to the COVID-19 emergency is lifted and an employer has called his or her employees back to work, is an individual who refuses to return to work due to a general fear of exposure to the coronavirus still eligible for [Pandemic Unemployment Assistance]?"

Answer: To qualify for [Pandemic Unemployment Assistance], the individual "must be unemployed, partially unemployed, or unable or unavailable to work because of a COVID-19 related reason listed in [the CARES Act]. An individual who does not go to work due to general concerns about exposure to COVID-19, and who does not meet any of the other COVID-19 related criteria for [Pandemic Unemployment Assistance], is not eligible for [Pandemic Unemployment Assistance] because general concerns about exposure to COVID-19 is not one of the reasons listed" in the guidance."

To see the FAQ in full, visit wdr.doleta.gov/directives/attach/UIPL/UIPL_16-20_Change_1.pdf

For the latest information on COVID-19, visit ADA.org/virus. ■

—garvinj@ada.org

Agencies submit final rule extending ERISA deadlines during pandemic

BY JENNIFER GARVIN

Washington — The U.S. Department of Labor said April 28 that it is extending the Employee Retirement Income Security Act of 1974 filing deadlines for certain notice and disclosure requirements in the wake of the COVID-19 pandemic.

To help employers, including dentists, affected by the virus, the agency's Employee Benefits Security Administration submitted a final rule extending the time for health plans to furnish benefit statements, annual funding notices, and other notices and disclosures required by Title I of the Employee

Retirement Income Security Act "so long as they make a good faith effort to furnish the documents as soon as administratively practicable." The rule was submitted jointly with the Internal Revenue Service and U.S. Department of Treasury.

"[The Employee Benefits Security Administration] will continue to safeguard

the employee benefits of American workers while ensuring that employers and plans have the flexibility they need to continue delivering benefits during this challenging time," said Preston Rutledge, assistant secretary of labor, Employee Benefits Security Administration, in a news release.

The notice explains that good faith "includes the use of electronic alternative means of communicating with plan participants and beneficiaries who the plan fiduciary reasonably believes have effective access to electronic means of communication, including email, text messages and continuous access websites."

The notice also provides compliance assistance guidance.

For more information, visit the Employee Benefits Security Administration's website at www.dol.gov/agencies/ebsa for a FAQ on health benefit and retirement benefit issues.

For all COVID-19 resources from the ADA, visit ADA.org/virus. ■

—garvinj@ada.org



ADA urges CDC to update guidance for dental personnel

BY JENNIFER GARVIN

Washington — The ADA is urging the Centers for Disease Control and Prevention to "quickly provide guidance" on how to safely reopen dental practices during the deceleration phase of the COVID-19 outbreak.

In a May 6 letter to CDC Director Robert R. Redfield, M.D, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin applauded the agency's current interim guidance and thanked the agency for acknowledging COVID-19 "as an emerging and rapidly evolving situation that would require adjustments" as more information became available.

"The latest CDC guidance (as of April 27) is still appropriate for those parts of the country where COVID-19 infection rates are accelerating or peaking," Drs. Gehani and O'Loughlin wrote. "However, the situation is much different in areas where infection rates are now declining — and the risk(s) of acquiring or transmitting COVID-19 are very low. It is critical for dentists to have a new or revised guideline recognizing a risk-based approach."

"We respectfully ask the CDC to update

its guidance to address how to protect dental personnel returning to work during the deceleration phase of COVID-19. Such guidance will give states the confidence to permit the safe reopening of dental offices and enable patients to access essential dental care," the letter concluded.

During a May 12 Senate committee hearing, Sen. Susan Collins, R-Maine, singled out dentists and their efforts in reopening their practices safely.

"If dentists are following ADA guidelines on infection protocols, strict protection measures and closely examining and seeing decline of COVID-19 patients in their county, are these reasonable factors to consider for re-opening dental practices?" Sen. Collins asked. "Dental health is so important."

Dr. Redfield, who was one of the witnesses at the hearing, testified that the agency is working closely with the ADA and dentists and that he "would not disagree" with ADA guidance.

"We are in the process of updating CDC guidelines, which will include dental practice guidelines," he said. ■

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'How sweet will that be?'

Touro's inaugural graduating class to celebrate virtually amid COVID-19 pandemic

BY KIMBER SOLANA

Westchester County, N.Y. — The excitement started building early this year for the graduation of Touro College of Dental Medicine at New York Medical College's inaugural class, which in 2016 became the first dental school in New York to open in 50 years.

Then came the COVID-19 pandemic.

"Over the past few weeks, I, like most, have had to pause and remind myself that this is not a bad dream," said dental student Morgan Atanasio, student body president. "Who would have thought that with two months left until graduation, our world would undergo such a tumultuous shift?"

The ceremony would have celebrated the more than 100 students who took a chance in 2016 on the once-empty campus. In the next four years, they created clubs and student government, started an American Student Dental Association local chapter, conducted research and treated residents in the community.

Their graduation ceremony was scheduled to be held at the Westchester County Center. But in March, the center was converted to house hospital beds as part of the state's response to the COVID-19 pandemic. Classes then switched to distance learning, and the students have sheltered in place ever since, scattered around the country.

"Now, we're no longer together," said Dr. Ronnie Myers, Touro College of Dental Medicine dean. "And to me that's very sad and upsetting to me."

Nevertheless, Dr. Myers said, nothing is going to stop the school from applauding these students.

On May 27, the dental school will conduct a virtual "Celebration of the Class of 2020" via Zoom for the Class of 2020. With a mixture of live presentations and prerecorded videos, the graduates will get a chance to be together and recap the past four years.

"We'll be celebrating where they came from and where they are going," Dr. Myers said, noting that about 85 of the graduates have matched to residency programs.

The celebration will take place eight days after the entire New York Medical College campus's May 19 prerecorded virtual commencement ceremony, similar to what several other dental



First class: Touro College of Dental Medicine at New York Medical's Class of 2020 becomes the first graduating class of New York's first dental school in 50 years.



White coat: Touro College of Dental Medicine at New York Medical's Class of 2020 during their white coat ceremony held June 7, 2018.

schools are opting for during the pandemic.

At Touro's virtual commencement ceremony, the students will take their oath, and the names of each graduate from the dental school, along with graduates from the Graduate School of Basic Science, the School of Health Science and Practice and the New York Medical College of New York State, will be read. The ceremony will stream live at nymc.edu/commencement.

In honor of the dental school's inaugural graduating class, the collegewide ceremony will hear from two prominent dentists: Dr. Bruce Donoff, M.D., former dean of Harvard School of Dental Medicine, and Dr. Chad P. Gehani, ADA president.

"I had the pleasure of being the first dentist from the ADA to address this class four years ago," Dr. Gehani said. "Graduation

symbolizes their induction within the practice of dentistry. The title of 'doctor' confers tremendous responsibility. These students should be proud that they are the first class of what will be a long legacy."

The celebration doesn't end there. Dr. Myers said the dental school plans to hold an in-person celebration for the graduating class at some point in the future.

"Someday, somehow," he said. "These individuals deserve recognition for what they accomplished. They made this community, they made us who we are, and they took a chance on us. I call them my trailblazers."

Touro College of Dental Medicine held its grand opening ribbon-cutting ceremony Sept. 28, 2016, with its first 112 students. The dental school includes a four-year predoctoral program for students, a continuing education program for practicing dentists, and a 109-chair community dental clinic.

"As New York State's first new dental school in nearly half a century and the only dental school in the Hudson Valley, the Touro College of Dental Medicine at NYMC will fill a void in dental education and improve access to oral health care, particularly in underserved rural and urban communities throughout the region," Alan Kadish, M.D., president of the Touro College and University System, told ADA News in 2016.

Today, the dental school has grown to 432 students and 90 faculty members, and its clinic welcomes about 200 patients a day.

"As dental students in the inaugural class, we have grown accustomed to an expectation vs. reality lifestyle and we have practiced the need to adjust when things are not what they were supposed to be," said Ms. Atanasio.

She recalls arriving to a brand-new school without a classroom or laboratory yet in place.

"When we joined a newly established dental clinic still working out operational kinks, we adapted and persevered," Ms. Atanasio said.

The students will now have to continue to adapt and persevere as they move forward with their careers as new dentists in this age of COVID-19.

"We will celebrate even more when this ends," Ms. Atanasio said. "It's not a matter of how, it's only a matter of when. How sweet will that be?" ■

Dental schools celebrate class of 2020 in online ceremonies

BY KIMBER SOLANA

From Zoom and Facebook Live to airing prerecorded videos on YouTube and their respective websites, dental schools around the country are finding ways to celebrate the class of 2020 amid the COVID-19 pandemic.

"We had three choices: cancel graduation, postpone the live graduation to the fall or to as late as December, or do it virtually," said Dr. Cherae Farmer-Dixon, dean of Meharry Medical College School of Dentistry. "We went with a virtual graduation, and will do a live traditional format ceremony in December for those who want to come back or can come back."

Meharry is not the only one.

A.T. Still University at Arizona School of Dentistry & Oral Health held its virtual commencement ceremony on May 8, while A.T. Still University at Missouri School of

Dentistry & Oral Health took place on May 15. Both ceremonies will be aired at atsugrads.com.

The University of Michigan School of Dentistry held its virtual commencement event on May 8 at dent.umich.edu/commencement; the Indiana University School of Dentistry hosted a virtual recognition ceremony on May 15 on Facebook; and Touro College of Dental Medicine at New York Medical College will celebrate its inaugural graduating class with a prerecorded YouTube video on May 19.

Meharry held its virtual graduation May 16 on Facebook Live and its website. Every aspect of the virtual commencement will be prerecorded, which includes the reading of the names while showcasing each student photographed in their regalia, taking their oath and speeches from speakers.

"These students have worked hard," said



After four years: Meharry Medical College School of Dentistry's Class of 2020 pose for a group photo during their white coat ceremony. The dental school will celebrate the graduates' accomplishments on a May 16 virtual commencement ceremony via YouTube due to the COVID-19 pandemic.

Dr. Farmer-Dixon. "Our students come from different backgrounds, and becoming a dentist has been a dream by some of them

since they were young. Virtual graduations do not minimize their degrees; it's celebrating their accomplishments." ■

Dental benefit guides address hurdles anticipated when reopening practices

Eligibility verification, contract negotiation are subject of documents prepared by ADA

BY DAVID BURGER

As dental offices open, they may find that their costs have increased, and find themselves seeing unemployed patients who have lost the coverage they used to have when they were employed.

In the face of these economic challenges, the ADA has released two guides relating to third-party payment programs available at ADA.org/virus that are intended to help smooth the path of reopening practices: Handling Contract Negotiations and Handling Eligibility Verification.

Both are brief, to-the-point guides to handling these situations in practices.

The first guide, Handling Contract Negotiations, opens by saying that dentistry faces increasing standards for infection control during and following the pandemic.

“To limit transmission, the ADA has issued interim recommendations aligning with those from the Centers for Disease Control [and Prevention] for infection control and use of personal protective equipment,” according to the guide. “The ADA anticipates that the cost of care will substantially increase for dental procedures. Under these circumstances, dental offices may see the need to readjust their fee schedules.”

The guide goes on to outline how dentists can individually negotiate fee increases with third-party payers, which includes doing homework beforehand to know the information that payers might need to know.

As the first guide closes, it offers a reminder: “It is good practice to always review your contracted fee schedules annually The fee schedules are typically part of the participating provider agreement — a legal contract between the dentist and the third-party payer ... It is important to review these documents carefully before trying to project revenues and negotiating fees with the payer.”

“While some payers may not be willing to negotiate, it is important to help them understand that just the cost of the additional personal protective equipment — not including any of the expenses related to additional safety precautions — may result in an added expense of about \$15-20 per patient visit,” said Dr. Randall Markarian, chair of the ADA Council on Dental Benefit Programs.

Dr. Markarian added, “Dentists are equally concerned about the financial difficulties that some of our patients face. However, when third-party payers choose not to cover the additional expense, they must leave the decision to the individual dental office on whether to charge the patient. We believe that it is unfair for third-party payers to refuse to negotiate fees and refuse to allow the office the option to charge the patient for additional overhead costs.”

The second guide, Handling Eligibility Verification, states that with high rates of unemployment, it is likely that patients coming in for appointments may have recent changes in their employment situation. It is essential, then, that dental offices verify eligibility on the date of service to avoid recoupment requests in the future.

“Often dental offices face recoupment situations because of retroactive changes to eligibility,” according to the second guide. “Third-party payers are able to reflect eligibility changes retroactively and clauses within the participating provider contracts allow them to recoup funds from the participating dentist when treating a patient who has lost benefit coverage. Out-of-network dentists are not contractually obligated to return payments received in this situation; however, it is not uncommon for payers to withhold funds



from future payments.”

The second guide goes on to include questions to ask patients during the visit to screen for potential eligibility changes.

“Documenting the interactions with the payer may assist in any future dispute resolution, although payers generally place the burden on the provider by refusing to reimburse or by clawing back reimbursement already paid,” the second guide states.

Dr. Markarian had a message to his colleagues about verification of eligibility.

“Make sure as you begin to see patients and check insurance some may not be eligible for the plans they had before. Employers will take longer to communicate employment changes to payers, and in turn, the payers may not

have their systems updated to reflect correct eligibility. So use the new guide to ask questions when patients come in so that you don’t potentially increase your financial hardship. If the patient has a new plan, make sure you receive the summary of benefits and understand what services are covered because plan designs are always different.”

The guides are available at ADA.org/virus by clicking on “Practice Resources” and then scrolling down to the “Vendors and Third-Party Payers” section. ■

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ADA members have governors' ears as states consider reopening

BY DAVID BURGER

New York — On April 6, Dr. Amarilis Jacobo's best friend died from COVID-19.

Exactly one month later to the day, the New York City-based dentist participated in the first virtual convening of the New York Forward Re-Opening Advisory Board.

She was appointed by Gov. Andrew Cuomo by virtue of her being a former president of the National Hispanic Dental Association, and she and other state leaders were tasked with guiding New York's coronavirus reopening strategy.

Dr. Jacobo is not the only ADA member dentist tapped to help governors navigate their plans on reopening the states and their economies.

From coast to coast, dentists have stepped up to provide their perspective and voices to the chorus of how to safely get back to business during a time of unprecedented challenges.

Dr. Natasha Lee, past president of the California Dental Association; Dr. Rudy Liddell, Florida Dental Association president and chair of the ADA Council on Dental Practice; and members of the Virginia Dental Association have all, like Dr. Jacobo, brought their thoughts and opinions to governors who are considering, or have already decided, to relax social distancing and stay-at-home mandates that would pave the way for dental offices to reopen.

Florida

"Dentistry has been ahead of the curve in areas such as infection control and personal protective equipment for a long time," said Dr. Liddell, who is also co-chair of the ADA Advisory Task Force on Dental Practice Recovery. "We're ready to safely get back to work."

Dr. Liddell is a member of the industry working group on agriculture, finance, government, health care, management and professional services of Florida Gov. Ron DeSantis' Re-Open Florida Task Force, and the working group has met twice. He said that during the

first meeting, he spoke up twice, and then heard that night from the governor's office that they wanted him to deliver a 10-minute presentation about dentistry's views on recovery at the next meeting.

Dr. Liddell said his presentation was not one of doom and gloom but one of optimism, emphasizing that dentists could lead and are leading the charge to reopen responsibly, given their long history of treating patients safely for decades.

The task force had an effect, Dr. Liddell said. After hearing from the task force, the governor moved up the day when the phased approach to reopening the state would begin.

California

Dr. Lee was appointed by Gov. Gavin Newsom to California's Task Force on Business and Jobs Recovery, along with former Federal Reserve Chair Janet Yellen, Disney Executive Chairman Bob Iger, Apple CEO Tim Cook and all former living California governors, to help California pave the way toward a fast, safe economic recovery.

Dr. Lee is a private-practice dentist in San Francisco, and said that the California Dental Association has a good working relationship with the governor's office in advocating for issues important to dentistry and oral health in the state.

"He seems to understand dentistry," Dr. Lee said. "He's willing to engage with us and has attended our CDA Cares events in the past."

Despite an imposing number of high-pro-



Dr. Galstan



Dr. Lee



Dr. Jacobo



Dr. Liddell

file task force members, Dr. Lee said she ensures that her voice is heard.

"I'm quick to raise my hand on Zoom," she said with a laugh.

The governor's office appointed Dr. Lee to the task force's small business subcommittee, which met for the first time the week of May 11 (although the task force has been in existence for longer). She said her overarching messages will be that dentists are an important part of the overall health care infrastructure and that small

businesses like hers need to be sustainable and stay in business, but that it is going to require adequate PPE and economic relief. In addition, she said she wants to emphasize dentistry as a health care leader in infection control and patient safety.

Virginia

Many state dental societies and associations formed their own recovery task forces in response to the pandemic.

One of them is the Virginia Dental Association, which convened its recovery task force of more than a dozen members, including Dr. Samuel W. Galstan, immediate past president of the Virginia Dental Association. He shares a practice in Chester with his wife, Dr. Sharone Ward, who is also on the task force.

Dr. Galstan said the state association has had a long relationship with the governors of the state, including the current one, Gov. Ralph Northam, a physician, and said the governor and his Secretary of Health and Human Services were especially receptive to the task force's recommendations —

so much so that the governor and secretary participated in a webinar in which the two answered questions from Virginia Dental Association members about the pandemic.

The collaboration continued on April 29, when Gov. Northam invited Dr. Elizabeth Reynolds, president of the Virginia Dental Association, to give a presentation on dentistry's recovery plans during his own regularly scheduled press conference.

One of the task force's main goals was creating a go-back-to-work toolkit.

"We have the fortune of being on a great task force with some very smart, talented and energetic dentists," Dr. Galstan said. "In my opinion, we have tried to be proactive and to give our members some crucial guidance and real-world solutions, while at the same time giving our governor some information and assurances that we are moving forward in a way that is reasonable and safe, so that we can safely reopen, rather than just stay closed indefinitely. Many of our members are overwhelmed at this time that we have tried to sort through all of the research and best practices, so that we can give them the tools to reopen their practices in the proper manner, and to be a trusted, invaluable, go-to source."

Dr. Galstan reported that an unintended but welcome surprise came when 16 dentists joined the association during the pandemic.

As for New York's Dr. Jacobo, she said that as a former president of not only the National Hispanic Dental Association but also the past president of both the Bronx County Dental Society and the Dominican Dental Association, she represents a large and diverse constituency. Those positions, she said, "put [her] in the right spot" to be an advocate for dentists not just in New York but across the country.

"We need to stay strong," Dr. Jacobo said.

For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists. ■

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Soldiers

Continued from Page 1

long-term care facilities, said Dr. John Giordano, a lieutenant colonel and as Massachusetts National Guard state dental officer, Dr. Lee's commanding officer.

"These individuals are among the most fragile and susceptible citizens of our commonwealth," said Dr. Giordano. "One of the many responses to the pandemic was establishing a strike force capable of testing on a large scale. This information would be essential to monitor the COVID-19-positive percentage in our state."

Dr. Lee added, "We need to do a lot of testing to learn more about the virus, and how it spreads."

Dr. Lee's world changed when he was activated on April 3 to lead 18 Massachusetts Army National Guard strike teams and help train 300 soldiers. Those soldiers under his supervision have administered more than 30,000 COVID-19 tests in nursing homes, hospitals, veterans' homeless shelters and mental health facilities in partnership with the Massachusetts Department of Public Health.

Dr. Lee credited his other officers and enlisted service members, such as his friends Drs. Jeremiah Granados and Sean Lee (no relation), both captains and private-practice

dentists based in Connecticut, for their devotion to duty in the face of trying times. He is also continually amazed at the commitment his fellow citizen-soldiers, who include lawyers, truck drivers and computer programmers, have showed as they stepped up to become temporary health care workers.

"It's such an inspiration to see these non-health care people answer the call," Dr. Lee said. He had to instruct infantry and artillery soldiers on how to properly conduct nasopharyngeal swab tests and wear appropriate personal protective equipment.

Citizen-soldiers

Dr. Giordano complimented Dr. Lee's readiness and abilities.

"Dr. Lee is a motivated, professional and dependable team dental officer who is eager to assist in any capacity to complete whatever mission he is assigned," Dr. Giordano said.

Dr. Giordano said dentists are well-equipped to help during a pandemic.

"Being well-versed in infection control, patient management and precision-driven procedures, it seemed a good fit for actively engaging them," the lieutenant colonel said. "It was my intent to utilize the talent of my dental officers in this mission. The vast knowledge they [have] in the civilian world augments their military training. This allows them to be flexible, adaptable and a great asset to our National Guard organi-

zation. We all used our talents and training as a team to move our mission forward and make a difference. I'm proud of my dental officers for accepting this challenge and doing what we do best to serve our community and nation as professional soldiers ready at a minute's notice."

Other duties of the Massachusetts National Guard at this time, according to its website, include:

- Supporting the Massachusetts Emergency Management Agency with daily transportation missions to distribute personal protective equipment to police and fire departments, hospitals and nursing homes.
- Providing support at a drive-thru testing site at Gillette Stadium in Foxborough.
- Providing medical supply delivery and armed law enforcement in Springfield.

Home of the brave

As for Dr. Lee, he is committed "100 percent" to his mission, despite shutting down four practices, having to furlough his dental staff members for a month and missing his daughter's birthday in April. He is scheduled to be released from active duty at the end of May, but, of course, that could change.

Dr. Lee's service in the National Guard is emblematic of who he is, said his wife, Dr. Nicole Holland.

"Ryan and I have never viewed dentistry as confined to the four walls of private practice,"

said Dr. Holland, an assistant professor at the Tufts University School of Dental Medicine and member of the ADA National Advisory Committee on Health Literacy. "And yet, while there are still practices to maintain and academic responsibilities to pursue for both of us, he and the other dental officers on his team demonstrate how dentists, equipped with the expertise and perspective we bring to the health professions, are truly making a difference during this pandemic."

For the time being, Dr. Lee FaceTimes his family every evening. That doesn't mean that it is the only thing he does for them, his wife said.

"While he's out caring for the most vulnerable in Massachusetts by day, he still finds time to care for his family, albeit in more unique ways now," Dr. Holland said. "We jokingly call him the Grocery Fairy in the Lee household, as he has gone to the store during his downtime on a couple of occasions to get some of the kids' favorite foods that were out of stock when I placed my grocery order. He'll then leave them on our doorstep at night, and the kids are beyond thrilled the next day to know their daddy got them their favorite food."

It gives him a sense of normalcy.

"Even though I'm deployed with the National Guard and somewhat up to my neck with the COVID-19 response, I am a private-practice dentist with multiple offices I own and operate daily," he said. "I share in the same hopes, dreams and concerns of the constituent dentists in our nation." ■

Dental licensure testing agencies move to nonpatient examinations

Final decisions remain with state boards as to licensure process during pandemic

BY KIMBER SOLANA

Clinical test administration agencies will soon offer manikin-based licensing examination for dental students as an alternative to their patient-based examinations.

Along with the Joint Commission on National Dental Examinations' Dental Licensure Objective Structured Clinical Examinations, or DLOSCE, launching in June, these non-patient options are providing state dental boards alternatives when addressing the public health concerns caused by the COVID-19 pandemic.

All testing agencies have stepped up to coordinate efforts to move towards exams that utilize manikin-based or computer-based examinations and eliminates human subjects in some of their models, said Dr. Robert B. Zena, president of the American Association of Dental Boards, in an April 15 message to its members.

"Some of the testing entities have already officially announced the changes according to their own regulatory process," Dr. Zena said in the message.

This includes the American Board of Dental Examiners, which has released its official announcement that the board is readying its new exam for summer 2020.

"This will enable [the Commission on Dental Competency Assessment] and [Council of Interstate Testing Agencies Inc.] to have this capability shortly," he said. "[Southern Regional Testing Agency Inc.] communicated that they also will have their manikin-based exam ready during the same time frame. These tests are dependent on logistics such as the supply of testing materials needed. [Central Regional Dental Testing Services Inc.] and [Western Regional Examining Board] have also been working very hard towards this objective."

in skill typically revealed by the treatment of natural teeth."

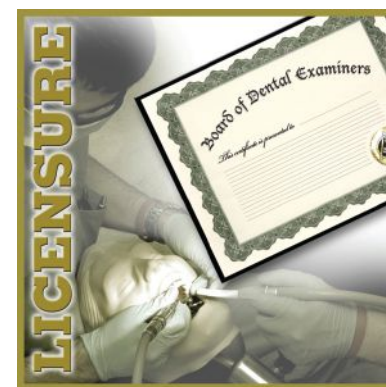
The Joint Commission indicates that the DLOSCE is comprehensive in its assessment of clinical judgment, including content in the following areas: restorative dentistry; prosthodontics; oral pathology; pain management and temporomandibular disorders; periodontics; oral surgery; endodontics; orthodontics; medical emergencies; and prescriptions.

The Joint Commission on National Dental Examinations' DLOSCE is a professionally developed, content-valid examination built

specifically for clinical licensure purposes that assesses candidates' clinical judgment and skills using sophisticated 3D models, without the need to involve patients or manikins.

About 6,500 dental students are expected to graduate this summer.

"Of course, it is the final decision of state boards as to how they deal with the licensure process in their state per existing laws and regulations," Dr. Zena said in the communication to AADB members. "Our state boards need to be cognizant of the changes going forward so that they make informed decisions." ■

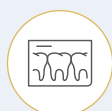


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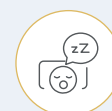
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"Of course, it is the final decision of state boards as to how they deal with the licensure process in their state per existing laws and regulations. Our state boards need to be cognizant of the changes going forward so that they make informed decisions."

"In response to the coronavirus pandemic, SRTA has approved the release of its manikin-based restorative dentistry module, using cutting-edge dental products that are highly effective in simulating a live patient's dental procedures such as fillings, crowns and bridges," said George Martin, SRTA president, in a news release.

According to CRDTS, it has spent the last few years developing all-manikin examination procedures as an option for the periodontal and restorative procedures traditionally administered on a patient. It has already offered manikin procedures for the endodontic and prosthodontic sections of its dental examination.

The CDCA, in a news release, announced that its non-patient-based restorative examination, when compared to the ADEX patient-based exams, showed that the "simulated tooth identified the same critical deficiencies

Northern California dentist volunteers in Uganda to champion oral health

Dr. Jean L. Creasey serves as foundation's dental proponent in Bwindi community

BY DAVID BURGER

Kanungu, Uganda — Dr. Jean L. Creasey lists her hobbies on her CV.

One of them is, “travel with purpose.”

Traveling with purpose is what has led the Nevada City, California-based general dentist to a rural district in the southwestern region of Uganda over the past 15 years as a member of the Kellermann Foundation, treating and helping educate the villagers on the importance of good oral health as a way to a better future.

“Ironically, I used to be pretty risk-averse and never expected to be a part of any project like this,” said Dr. Creasey, whose dentist husband, Dr. C. Craig Creasey is also involved with the Kellermann Foundation. “But I am a true believer in the power of global health collaboration and grateful for an opportunity to share the message of hope with others.”

Kellermann Foundation

Dr. Creasey, a 2001 graduate of the University of California, San Francisco School of Dentistry, and former member of the ADA Council on Dental Practice, was a member of the board of directors for a number of years with the Kellermann Foundation.

The latter is a nonprofit that began to support the outreach work of Scott Kellermann, M.D., and his wife, Carol Kellermann in rural Uganda, where they were conducting mobile medical clinics, often hanging IV bottles from trees, dripping quinine into the veins of children suffering from cerebral malaria.

Now an adviser to the group, Dr. Creasey has been to Uganda seven times, most recently this past September, with a team of ADA member dentists she recruited to join her.

In 2001, the Kellermanns founded the Bwindi Community Hospital in Kanungu, now a 125-bed facility providing health care to a population of over 120,000 people, with a mission of providing “hope and health to the Batwa pygmies and adjacent community in Uganda,” according to Dr. Kellermann. The Kellermann Foundation also financially supports the affiliated Uganda Nursing School Bwindi, a bachelor's-level nursing program, as well as school scholarships for Batwa children.

While the Batwa pygmies and their neighbors have been welcoming, the remoteness of the region where the Kellermanns work has been unforgiving.

“In the rural southwestern Ugandan sub-county where we work, they have no paved roads, no running water and until just last year they lacked dependable electricity,” Dr. Creasey said. “In the rainy season, the roads can be impossible. They rely primarily on subsistence farming. The Batwa community is one of the most marginalized and poor people group in the world. They had lived as nomadic hunter-gatherers, for time and eternity, in the Bwindi Impenetrable Forest, alongside the famed mountain gorillas. When the forest was turned into a national park in 1991 to protect the gorillas, the Batwa were evicted without compensation. They have long been held in low status among the more dominant tribal ethnicities.”

The reason Dr. Creasey joined the Kellermanns in the first place was simple.

Dr. Kellermann was the Creaseys' family physician for a number of years — “the kind of family doctor who would show up at your front door if someone was too sick to go to his office,” she said. When Dr. Kellermann and his wife, after spending a summer in rural Uganda conducting a medical needs survey on the Batwa pygmy community, decided to sell their home and medical practice and move to Uganda, many of his former patients, includ-

ing the Creaseys, rallied to support their work.

Eradicating ebino

The dental facility at the hospital is a modest one-chair unit and is chronically under-resourced, so Dr. Creasey has set out to expand it. But initially, she encountered a situation she didn't expect, she said, and demanded her attention.

On one of her first excursions in Uganda, she surveyed the young children's dental health and noticed that 12-15% were missing their lower canines. Her investigations determined that local traditional healers had a tradition of extracting the lower incisors — a practice they called “ebino,” or otherwise known as infant oral mutilation. The lower canine tooth buds appeared prominent at times coinciding with mild infections in children due to the waning of maternal antibodies, Dr. Creasey said.

The tribal doctors associated the infections with the teeth, removing the unerupted canines as a presumed corrective.

“While results of this practice are usually limited to loss of primary canines and collateral damage to permanent teeth, occasionally there are consequences far more serious, including sepsis, tetanus, HIV transmission or death,” Dr. Creasey said. “The procedure itself is performed utilizing a variety of instruments, including wire, bicycle spokes or razor blades. Because this remedy has no relationship to the underlying illness, critically needed medical care is often postponed and complicated when ebino is performed.”

Dr. Creasey said that her ultimate goal is to design an effective community education outreach that will reduce the incidence of ebino.

“Dr. Creasey engaged the traditional healers and community members, concluding that the path to solving this situation was through education,” Dr. Kellermann said. “She then initiated dental education not only among the [healers] but also in the community in general. The results are encouraging and the rates of ebino appear to be decreasing. Through Dr. Creasey's leadership, vision and engagement, quality dental care and education will be brought to a remote region of the world where previously dental care was only a dream.”

“Being of service in health care seems to resonate as a meaningful experience with almost everyone and they are glad to find a successful, and noncorrupt, project to engage with,” Dr. Creasey said.

Routes of progress

Dr. Creasey has established a working partnership every year with the region's lone dental health officer, providing lectures to hospital staff and nursing students and also giving presentations in the local elementary schools.

“I think increasing oral health literacy among the key decision makers has been important,” she said. “As far as integrating oral health at the hospital as a priority in overall health, it has been a long process relying on repeated messaging and a little consistent nagging. My sense was that in the early years, the hospital rightly focused its resources and attention on more pressing matters of malaria prevention, HIV, maternal health and childhood malnutrition. As better outcomes have been achieved in these areas, they now have the luxury to look to vision and dental care.”

Another strategy that Dr. Creasey said made a difference was creating a business plan for the dental officer to present to the hospital management team. It made a case for the cost effectiveness in hiring a dental assistant, with dental assistants a rare commodity in rural Uganda.

“The infection control standards greatly



Education: Dr. Jean L. Creasey teaches procedures for oral exams and cancer screenings to nursing students at the Uganda Nursing School Bwindi, operating under the Bwindi Community Hospital and founded by the Kellermann Foundation.



Joy: Dr. Jean L. Creasey holds a newborn in a maternity ward of the Bwindi Community Hospital, where she spends time educating new parents on the importance of dental care for not only themselves but also for their children, including information on the hazards posed by the practice of ebino.

improved and with the assistant able to do very simple extractions, cleanings and interim restorative techniques, the number of patient visits has dramatically risen,” Dr. Creasey said. “Prior to presenting a plan that included conservative estimates of cash flow, the politics of the hospital had not been favorable for expanding the dental team. Now they are believers. I'd love to explore developing a dental assistant training program as well.”

Dr. Carol Gomez Summerhays, past ADA president, is a friend of Dr. Creasey and applauds both her service and character.

“Dr. Creasey is a great humanitarian who has spent a significant amount of time in improving health not only in California but globally, through direct care, teaching, lecturing, publishing and establishing clinics,” Dr. Summerhays said. “Beyond her significant work to improve oral health and overall health in Uganda, Dr. Creasey has kept the peace. There was a major dispute between two tribes of Batwa pyg-

mies. Through Dr. Creasey's wisdom and mild manner, she was able to help negotiate peace.”

Dr. Creasey recognizes the current and future obstacles she and others have faced in Uganda, but is optimistic.

“Coming as an outsider with an agenda into a community to make changes in their cultural practices can be risky business,” she said. “My expectations here are tempered by my experiences back home as a dentist who daily tries to inspire patients toward more positive oral health behaviors, always with mixed results. One outcome is certain though. Stronger relationships will be established, information will be exchanged, and friendships will be forged.”

Traveling with purpose is no longer a hobby for Dr. Creasey.

It is a way of life.

To explore international oral health volunteer opportunities, go to the ADA's international volunteer website at ADAFoundation.org/en/adaf-international-projects. ■

Delta Dental of California, Massachusetts offer pandemic relief to dentists

Economic assistance of \$202 million earmarked for dental providers in 16 states, D.C.

BY DAVID BURGER

Two additional Delta Dental member companies announced details April 27-28 of programs that will provide economic assistance and post-COVID-19 pandemic relief for members of its independent provider networks across 16 states and the District of Columbia.

This is in addition to a number of other Delta Dental member companies that have announced similar programs. The ADA maintains a tracker as a reference for dental offices interested in these programs.

“We recognize and appreciate the Delta Dental member companies coming forward with financial assistance programs for dentists,” said Dr. Randall Markarian, ADA Council on Dental Benefit Programs chair. “While we have contacted other major carriers, the Delta system has been the first to respond.”



Dr. Markarian

Delta Dental of California, which offers oral health care coverage to more than 36 million patients, announced April 27 the details of a \$200 million loan program that will provide economic assistance and post-COVID-19

pandemic relief for its independent provider network in 15 states and the District of Columbia.

Delta Dental of Massachusetts, which covers more than 2 million patients, announced April 28 that it is donating \$2 million to the Massachusetts Dental Society Foundation COVID-19 Recovery Fund, established to support the continued viability of community dental offices and dentists across the Commonwealth. This would be the first, but not only, step that Delta Dental of Massachusetts is taking to support dentists through this unprecedented time, said Dennis Leonard, president and CEO of Delta Dental of Massachusetts, in a Delta Dental news release.

The Delta Dental of California program is a partnership with Lendeavor, a digital lender that provides financial solutions to health care practices, which will manage the program.

The Delta Dental of California loan assistance program, which launched April 30, features a combination of cash flow relief and interest savings, according to a Delta Dental news release, including:

- The first 12 months of interest on refinancing and working capital loans covered by Delta Dental.
- The second 12 months of interest on working capital loans arranged by Delta Dental and covered by Lendeavor.
- Deferred payments for six months.
- Working capital up to 15% of previous year’s collections, capped at \$200,000.
- A 126-month term, which can reduce monthly payments significantly.

The loan program will be available to Delta Dental of California’s independent network provider practices, which includes those in Delta Dental of California’s operating areas of Alabama, California, Delaware, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah, West Virginia and the District of Columbia.

For more information about the Delta Dental of California loan program, qualifi-

cation details and application process, Delta Dental providers can visit lendeavor.com/apply/refinance-delta-dental or call the Lendeavor program support line at 1-415-874-5420.

The Massachusetts Dental Society Foundation estab-

“We recognize and appreciate the Delta Dental member companies coming forward with financial assistance programs for dentists. While we have contacted other major carriers, the Delta system has been the first to respond.”

lished its COVID-19 Recovery Fund on April 21, with an internal commitment of \$300,000 and a goal of raising \$2 million from other parties. The Delta Dental of Massachusetts contribution fully funds the fundraising target, and the society will identify and determine the most meaningful ways

to distribute these funds, according to the news release.

The tracker on other state programs receiving assistance from third-party payers is available on ADA.org/virus and clicking on the tab that says “Practice Resources,” then clicking on “Financial Assistance from Third-Party Payers.”

For COVID-19 resources from the ADA, including more information on billing and coding guidance during the pandemic, visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/virus. ■

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Maine law eliminates insurance waiting periods for children

BY KIMBER SOLANA

Portland, Maine — Gov. Janet Mills signed into law a bill that eliminates insurance waiting periods in dental insurance plans for children in Maine.

LD 1975, An Act to Facilitate Dental Treatment for Children, enacted on March 17, enables children with private dental insurance to receive care without having to wait up to several months for coverage to start.

“The passage of [this legislation] is timely since we are postponing dental care for children now because of the coronavirus,” said Dr. Jonathan Shenkin, a pediatric dentist practicing in Augusta. “When dental care resumes again, this law will help expedite get-

ting dental care to children and reduce parental financial barriers to that care.”

Dr. Shenkin, a former ADA vice president and past president of the Maine Dental Association, advocated strongly for the passage of the legislation.

“This bill was of particular interest to me because waiting periods have had a direct impact on my own patients’ ability to access dental treatment when they were in pain but couldn’t afford treatment,” he said. “Eliminating waiting periods after enrollment for children is just one more way to ensure children get proper care.”

According to the law, which does not include orthodontic treatment, it prohibits in-

surers that issue individual and group dental insurance or health insurance that includes coverage for dental services from imposing a waiting period for enrollees under 19 years of age.

“As a small business owner who provides health benefits to my employees, I expect that those benefits will cover the urgent needs of my employees and their families,” Sen. Heather Sanborn, the bill’s primary sponsor, told ADA News in December 2019. “Forcing a child who has tooth decay to wait for months before it can be dealt with (or forcing an insured parent to pay out of pocket in order to get timely access) is deeply disturbing to me. In the end, rather than con-

trolling costs, these delays may actually drive them up. This bill seems like an important first step in ensuring that insurance companies are covering needed care in a timely manner.”

Dr. Shenkin had said that MaineCare, the state’s Medicaid program, has “always provided immediate coverage for dental treatment for eligible children” and noted private insurers have had waiting periods for treatment for decades.

Previously, he added, most families with private dental insurance waited an average of three to 12 months after signing up for a plan. ■

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JADA OPEN ACCESS
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JOB ANNOUNCEMENT

EDITOR IN CHIEF for JADA Open

ADA’s New Interdisciplinary Open Access Research Journal

The ADA seeks an editor in chief for a new peer-reviewed, open access journal spanning basic and clinical sciences to advance research in oral health. This interdisciplinary journal will provide a forum for researchers in basic and applied sciences—biology, chemistry, engineering, and computer science, for example—to make their work visible to experts in clinical dentistry and medicine as well as with investigators in epidemiology and public health—with the aim of applying new and emerging scientific ideas, tools, and techniques to research questions in oral health.

The editor of the journal should have advanced training and experience in scientific and/or clinical research. S/he should hold a PhD and have extensive experience in oral health research. An advanced degree in a clinical field—DDS, DMD, MD, for example—would also be desirable.

The editor will be a visionary able to articulate a mission for the new journal with the skill to execute on it and a passion for fostering cross-disciplinary research to tackle complex problems in healthcare. They will actively work to create a community of authors, scholars and clinicians with a shared commitment to accelerate the pace of discovery in oral health.

The editorship will be a part-time contract position (25-30% of time), responsible for shaping the journal’s content vision and recruiting articles to align with that vision, recruiting and working with an editorial board, overseeing peer review, and helping to develop additional features that provide insights, analysis and synthesis of research reports. The editor will receive support from ADA’s editorial and production team.

The position is available January 1, 2021 and carries an annual stipend. Successful candidates will be invited to interview via video in July, 2020, and in-person in August, 2020.

Applicants will be asked to submit their full curriculum vitae; a two-page vision statement, articulating their 5-year plan for the journal with a brief outline of how they will achieve it; and the names and contact information of three colleagues who can serve as professional references.

Applications will be accepted through May 25, 2020.



For more information, please contact:
Michelle Hoffman, VP Publishing: hoffmanm@ada.org
or apply at ADA.org/JADA_OAEditor

3M granted injunction against company in price-gouging scheme

A federal judge on May 4 granted 3M, the maker of N95 masks, an injunction against a New Jersey-based company accused of using 3M’s trademarks and deliberately inflating the price of the face masks.

3M had filed legal action April 10 in federal court in New York City against Performance Supply LLC, alleging price gouging and deceptive trade practices in the sales of N95 respirators used in the fight against the COVID-19 pandemic, according to a news release.

According to 3M, Performance Supply LLC offered to sell \$45 million in N95 masks to New York City officials at prices 500-600% over 3M’s list price.

U.S. District Court Judge Loretta Preska ordered Performance Supply LLC to cease using 3M trademarks, stating in her order that the “defendant is trading off the widespread commercial recognition and goodwill of the 3M Marks and 3M Slogan in connection with offering to sell products that 3M is widely known for manufacturing and selling, namely, N95 respirators.”

“Accordingly, it is no surprise that [Performance Supply LLC] confused New York City procurement officials into believing that [Performance Supply LLC] was an authorized vendor of 3M-brand N95 respirators,” the judge added in her order.

The judge’s order marks the first win for 3M in a series of price-gouging lawsuits against companies in Florida, California, Indiana and Wisconsin.

“3M does not – and will not – tolerate price gouging, fraud, deception, or other activities that unlawfully exploit the demand for critical 3M products during a pandemic,” said Denise Rutherford, 3M’s senior vice president, corporate affairs, in a press release. “3M will not stop here. We continue to work with federal and state law enforcement authorities, and around the world, to investigate and track down those who are illegally taking advantage of this situation for their own gain.” ■

Legislation

Continued from Page 1

protective equipment and making safety improvements to the office. In addition to flexibility in using these loan funds to pay for this equipment, the ADA is asking that tax credits be provided for personal protective equipment.

“This will assist financially stressed practices in providing an additional layer of safety and protection,” Drs. Gehani and O’Loughlin wrote.

- Ensure adequate oversight over the distribution and loan forgiveness provisions in the Coronavirus Aid, Relief, and Economic Security Act for Paycheck Protection Program loans. This will guarantee that only those small businesses that were economi-

cally distressed as a result of the pandemic receive the funds and forgiveness. The ADA and Organized Dentistry Coalition are also asking Congress to permit nonprofit dental and medical organizations to utilize the Paycheck Protection Program or future small business loan programs to ensure they can continue to serve as a “trusted resource for their health care professionals and patients.”

- Intensify the production of personal protective equipment and focus its distribution to dentists and health care providers “who

are treating emergency cases or near-emergency cases now and in the future without an adequate supply of N95 masks and face shields.”

- Extend the Department of Health and Human Services’ authority to allow licensed dentists to conduct Food and Drug Administration-authorized, point-of-care COVID-19 diagnostic tests until the end of the year. This will alleviate the burden of hospital emergency departments

across the country coping with the pandemic.

“With your help, we can lessen the burden of this difficult crisis and restore a more stable

.....
“With your help, we can lessen the burden of this difficult crisis and restore a more stable and safe environment in the provision of dental care.”

and safe environment in the provision of dental care,” the ADA letter concluded.

The Association also asked dentists to contact their legislators on these provisions. In a May 5 Issues Alert email sent to dentists nationwide, ADA President Chad P. Gehani urged dentists to visit the ADA Legislative Action Center to contact their senators and representatives for support.

“As Congress looks to its next legislative package to help our country deal with this extraordinary crisis, we ask you to urge your members of Congress to include the following recommendations aimed at assisting dental practices, dentists, their staffs and patients,” the alert said.

For the latest information on COVID-19, visit ADA.org/virus. ■

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Channel

Continued from Page 1

discipline that includes the diagnosis, prevention and treatment of oral health conditions and the maintenance of oral health,” he said. “This channel offers dental professionals a source of curated, cross-disciplinary information focusing holistically on all aspects of dentistry. PracticeUpdate Clinical Dentistry will also provide a bridge between clinical dentistry and other therapeutic areas in medicine such as cardiology, diabetes and primary care. We hope this information will help dentists and physicians consider their patients’ overall health.”

Dr. Newman is joined by two associate editors: Drs. Satheesh Elangovan and Donald A. Curtis, along with an advisory board of multi-disciplinary experts in dentistry and oral health.

The ADA believes the channel will provide added value for members, said Michelle Hoffman, ADA vice president of publishing.

“It is difficult for busy clinicians to remain abreast of the professional literature, a challenge we hope to address with the Clinical Dentistry Channel,” Ms. Hoffman said. “Every day subscribers can expect to receive a curated selection of content from general and specialty peer-reviewed journals, allowing them to quickly and easily stay current in their areas of clinical interest. The Clinical Dentistry Channel represents the evolution of the very popular ADA Specialty Scans, which it replaces. Whereas Specialty Scans were published quarterly, our partnership with Elsevier allows us to serve similar content daily.”

The Clinical Dentistry Channel is an offering of PracticeUpdate, a free service providing physicians, dentists and other clinicians the latest research and medical information selected and summarized by leading experts. The site provides a highly customized experience for members by tailoring content to each user’s chosen specialty and communication preferences.

PracticeUpdate, which highlights abstracts and offers take-home messages, conference coverage and expert opinions, was created in the fall of 2012 with six channels. It now has 12 channels, seven Centers of Excellence and two Disease Spotlights, including a COVID-19 Disease Spotlight.

For additional information on the Clinical Dentistry Channel and instructions on how to register for free, visit clinicaldentistry.practiceupdate.com. ■

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