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6-15-2020

## ADA News - 06/15/2020

American Dental Association, Publishing Division

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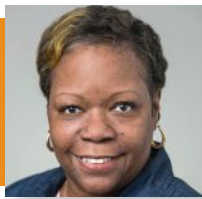
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# ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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## BRIEFS

### ADA endorses Bento to provide alternative to administration of dental benefit plans

On June 15, the ADA announced its endorsement of Bento, a dental benefits technology company. Known for its advanced cloud-based solutions, Bento is also endorsed by the Florida Dental Association and the Massachusetts Dental Society.

"We believe Bento's solu-



tion is optimal for creating transparency in dental care for as many patients as possible because it streamlines payments and allows patients and dentists to come up with appropriate dental care plans without interference," said ADA President Chad P. Gehani.

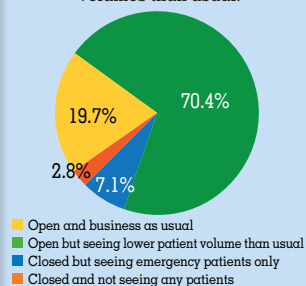
"It's the best we've seen thus far in addressing the needs of everyone from

See BENTO, Page 13

## JUST THE FACTS

### Dental practices reopening

According to data collected the week of June 1, with more states reopening, the majority of dental practices are open but seeing lower patient volumes than usual.



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

## Paycheck Protection Program Flexibility Act now law

BY JENNIFER GARVIN

Washington — The Senate passed a bill June 3 aiming to reform the Paycheck Protection Program to give small businesses more time and flexibility to use their funds.

In a June 4 Issues Alert email to members, ADA President Chad P. Gehani praised Congress for passing the Paycheck Protection Program Flexibility Act, calling it "good news" for borrowers who have or will receive funds from the Paycheck Protection Program — a loan established by the Coronavirus

INSIDE

HHS releases provider funds, Page 6

Aid, Relief, and Economic Security Act to provide incentives for small businesses to keep or rehire their workers. The bipartisan legislation previously passed the House on May 28 and was later signed into law by President Donald J. Trump.

"As our profession slowly embarks on the path to recovery, den-

tists across the country are navigating the challenges of managing a small business during the COVID pandemic," wrote Dr. Gehani. "The ADA has advocated for this increased flexibility for Paycheck Protection Program loans since the program was enacted. I, along with [ADA Executive Director Kathleen O'Loughlin], have sent letters of support for various versions of these bills as Congress was drafting the final compromise."

The final bill included the following provisions the ADA and other

dental organizations supported or advocated for:

- Increasing the Paycheck Protection Program loan forgiveness coverage period from eight weeks to 24 weeks. This will help dental practices make better decisions on when to spend the money based on what is best for their businesses.
- Deferring payroll tax for borrowers. Requiring that 50% of the deferred amount to be due Dec. 31, 2021,

See LAW, Page 10

## Dental College of Georgia team 3D prints nasal swabs for statewide COVID-19 testing

BY KIMBER SOLANA

Augusta, Ga. — When Augusta University's medical center began running low of nasal swabs for COVID-19 testing, a group of dental residents at its Dental College of Georgia assembled to help.

Their goal: utilize 3D printing technology at the school's printing labs to produce and supply 300 swabs a day for the hospital.

It didn't take long for Gov. Brian Kemp's office to learn of their effort, and asked Dr. Jeffrey N. James, program director of the department of oral and maxillofacial surgery, in a late April meeting to increase his team's output to 5,000 swabs a day to test Georgians across the state.

"It's in our nature as oral surgeons to get the job done, so I said, 'No problem,'" Dr. James said. "Then I left the room and basically had a panic attack."

Nonetheless, his team was up for the challenge.

From April 24 to May 8, the team of dental residents printed over 70,000 swabs that would be used throughout the state — bridging a gap until the state acquired more testing swabs just as it became one of the first states to reopen amid the pandemic. Georgia's shelter-at-home order had expired May 1.

"We did it, and I couldn't be prouder of the team who worked the print lab 24 hours a day," Dr. James said.

From jaw surgeries to cranial reconstructions, 3D printing has been instrumental in the maxillofacial world.

See SWABS, Page 15



**Team:** Dental College of Georgia residents who 3D printed nasal swabs used by the state of Georgia to test for COVID-19 pose for a photo at Augusta University's print lab. From left, Drs. Jeffrey James, Jasmine Salis, Bryan Benton, Alex Faigen, Christian Dahl, David Pearson, Michael Thompson, Matthew Yeung and Will Baldock. Not pictured: Dr. Kyle Frazier.

## 'The healing of our communities is in our hands'

BY KIMBER SOLANA

From speaking up for those disenfranchised to committing to empathy and understanding, national organized dentistry leaders, including ADA President Chad P. Gehani, are calling on dentists to help heal their

respective communities amid the ongoing national protests sparked by the death of George Floyd.

"This is the moment of the dental community — as a robust tapestry of people from all backgrounds and walks of life — to live its values,"

the leaders said in a June 3 joint statement. "We must live each day with intention. We must choose to live with integrity and respect toward our fellow human beings.

See HEALING, Page 14

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– ADAPT participant



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## ADA receives masks from national stockpile

### Association will distribute to open states in low supply

BY JENNIFER GARVIN

The ADA has received 350,000 3M-made KN95 masks from the national stockpile that the Association is distributing to dentists working in open states where personal protective equipment is in low supply.

To secure the masks, ADA staff met with officials from the Federal Emergency Management Agency, the U.S. Department of Health and Human Services and the White House Task Force for COVID-19 Response. FEMA has promised to send additional masks — up to 1.5 million total — in future installments. HHS is providing the 3M-manufactured masks in periodic allotments, and the ADA will distribute to the states and territories most in need.

The ADA collaborated with Rep. Drew Ferguson, R-Ga., Henry Schein Dental and 3M Oral Care on the federal effort and said all were very helpful in making the case that dental professionals need proper PPE to protect themselves, their team and their patients. The Association said it looks forward to continuing to work with 3M Oral Care, Henry Schein Dental and other dental manufacturers and distributors to fulfill the needs of dentistry as the supply and demand imbalance improves.

The ADA also worked with state and local dental societies to procure masks and other PPE through governors' offices and state and local emergency management agencies.

"We are proud to help dentists get these masks to help them practice more safely," said ADA President Chad P. Gehani during a June 2 call with state dental leaders.

"We talked to the task force and told them it was imperative to include dentists on its list of health care workers in need," said Mike Graham, ADA senior vice president, government and public affairs. "They listened to us and recognized that dentists need personal protective equipment in order to treat emergency and near-emergency cases in their offices to keep patients from ending up in hospital emergency departments."

"Supporting the dental industry as we attempt to reopen America is critical and is a priority for my team," said Brig. Gen. David Sanford, deputy director, Supply Chain Task Force, White House Task Force for COVID-19 Response. "We recognize that as our nation moves into a new normal, we must identify and provide critical personal protective equipment to protect our essential health care workers, such as the dental industry."

Henry Schein also said it plans to continue working with the federal government and other stakeholders to deliver supplies to health care professionals and institutions.

"Since the inception of our involvement with the Task Force we have consistently ad-



Brig. Gen. Sanford

vocated for the delivery of PPE to oral health care professionals and will remain steadfast in our efforts," said Stanley Bergman, chairman and CEO, Henry Schein Inc. "We remain optimistic that the availability of PPE will continue

to improve in the next few weeks and we are committed to furthering our efforts to advocate for the needs of the dental profession."

The Association said it prioritized which states receive the masks first by utilizing survey information derived from the ADA Health Policy Institute and data provided to the ADA Department of State Government Affairs. Seventeen states and one territory were in the first wave and invited to request masks.

"Our main goals remain to get the masks to dentists in states we know are broadly open for patients and who have not received PPE from other sources," said Jim Goodman, senior vice president, ADA Business Group, whose division is coordinating distribution efforts. "We wish we could provide masks to all dentists, but right now there is a limited supply. We will continue working with federal agencies to secure more PPE."

Dentists in the states on the priority list received email invitations late June 2 to request their 25-pack of KN95 masks. The cost of the masks is free; however, recipients are paying a shipping and handling fee of \$26.50. Based on additional inventory from HHS, states will

be added in priority order.

"The ADA recognizes that these types of distributions of PPE are only a short-term solution," Dr. Gehani said. "We will continue to work on the dental community's behalf with manufacturers, distributors and government agencies. We want to ensure that PPE supply meets demand in the months to come."

### State successes

State dental organizations are also working with government officials to secure PPE.

The Washington State Dental Association said May 31 it had received 150,000 KN95 masks from the Washington State Emergency Management Division. This is the second distribution WSDA has received from the state.

According to WSDA, "One box of 50 KN95 masks is available to any actively practicing licensed Washington dentist" on a first-come, first-served basis, and a \$10 shipping fee applies.

The Texas Dental Association has also had success advocating on this issue. Following TDA's May 1 reopening plan, Texas Gov. Greg Abbott pledged an emergency shipment of 300,000 N95 masks for distribution to Texas dentists.

"This is an extraordinary benefit to TDA members and the dental patients they safely care for," TDA wrote on its website. Beginning May 26, TDA members were eligible to order a box of 50 N95 masks and nonmembers were eligible on May 29 for a \$40 shipping and handling fee.

ADA encourages all states and local societies to continue to petition their government agencies for potential sources of PPE.

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

—garvinj@ada.org

## Registration open for three ADA Foundation awards

BY MATT CAREY

Registration for three ADA Foundation awards that provide financial assistance and leadership opportunities to dentists and researchers is now open.

The deadline for each of the below opportunities is June 25.

- **Dr. David Whiston Leadership Program:** Provides \$5,000 to a promising leader, who is a member of a diverse group that has been traditionally underrepresented in leadership and whose research excellence and leadership has made substantial contribution to improve the oral health of the

public. The award funds will cover the costs of attending the ADA Institute for Diversity in Leadership.

- **ADA Foundation Crest + Oral-B Promising Researcher Award:** Provides up to \$5,000 in financial assistance to promising researchers to pursue a career in research that advances preventive dentistry.

- **ADA Foundation Dentsply Sirona Research Award for Dual Degree (D.D.S./Ph.D. or D.M.D./Ph.D.):** Candidates: Provides up to \$10,000 in financial assistance to promising oral health researchers.

For more information and how to apply, visit ADAFoundation.org. ■

—careym@ada.org

# ADA Foundation®

# VIEWPoint

## MyView

### Electronic fund transfers: Now is a better time than ever



Amy Adair, D.M.D.

**A**s dentists, our lives have been rocked by this global pandemic. We are re-evaluating every aspect of our business, from updating clinical protocols to streamlining administrative systems. We are creating our new normal in our dental offices.

I am a relatively new business owner, having purchased a solo pediatric dentistry practice a year and a half ago in Burke, Virginia. To make a smooth transition for patient care, I enrolled in the same three insurance companies as the retiring pediatric dentist. I also enrolled in the respective electronic fund transfer transactions, also known as automated clearinghouses. These are transactions in which insurance companies directly deposit claim payments into the business's bank account. My experience has been that the initial application for electronic fund transfer enrollment can take around four to six weeks, but once enrolled, it is a very smooth system.

After purchasing the practice, I learned that some out-of-network insurance companies would pay for services via check or virtual credit card. Checks take time to process and virtual credit card payments cost our business money to process (credit card fees). In this day and age every penny counts, especially as credit card fees continue to rise.

On March 17, our office followed the recommendations from the Virginia Dental Association and elected to postpone routine and elective care until further notice. Like many others, I had to furlough my staff. It was a deeply upsetting and emotional time for all of us. During this phase of winding down and ceasing operations, there was still a significant amount of administrative work to be done. Patients needed to be notified of canceled appointments, mail was coming in, insurance claims and payments needed to be processed and accounts receivable needed to be addressed.

To help with these overwhelming tasks, I arranged for my administrative assistant to work from home on a limited part-time basis. Efficient systems were of utmost importance. As one can imagine, processing a check received at the office and having your administrator process it remotely is not impossible, but it does take a lot of administrative gymnastics. Fortunately, most of our insurance payments were received via electronic fund transfer, minimizing the steps involved in processing payment. This was one system we did not have to alter as a result of the pandemic!

If you receive insurance payments via check or virtual credit card, now might be a good time to consider enrolling in electronic fund transfer transactions. This will eliminate waiting (up to two weeks) for a check to be mailed to you and be processed. You can also eliminate credit card transaction fees if your business processes virtual credit cards. Not to mention, you can reduce the risk of fraud. Your earned money will be deposited in your bank account faster and with fewer hassles.

Nacha, the steward of the automated clearinghouse Network, recently did a case study on my practice, and in the process, I learned several key facts about electronic fund transfer insurance claim reimbursement:

See MY VIEW, Page 5

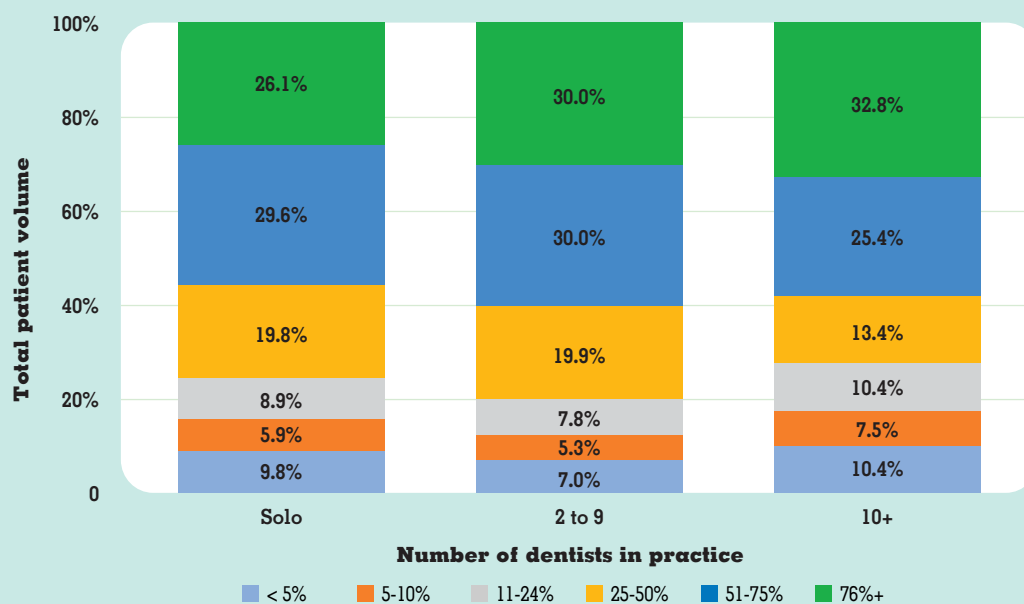
#### LETTERSPolicy

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## SNAPSHOTS OF AMERICAN DENTISTRY

### Patient volume by practice size

As more states lift restrictions on dentistry, some dental practices are seeing a rebound in patient volume. About one-third of large dental practices are seeing three-fourths or more of their typical patient volume according to a June 1 poll.



Source: ADA Health Policy Institute, COVID-19: Economic Impact on Dental Practices (Summary Results).

## Letters

### Reopening during pandemic

**T**he COVID-19 pandemic has shaken the world. It has directly or indirectly affected all mankind (womankind too). We have a responsibility; we can and will do whatever is necessary, and as effective as practical, to provide for our patients, staff, and our families while keeping in mind, and in practice, the latest information we have on the behavior and effects of this novel virus. Much of what we do is merely based on hypotheses of what we know from the most current data about the pandemic along with the “rules and suggestions” set down by scientists, politicians and the public psyche.

Many changes have to be made in reopening and reconfiguring the standard operating procedures of our practices. We have done this by employing the steps needed to protect ourselves, our staff, our patients, and our community.

Implementing these practices, in order to keep the curve flat enough as to not overwhelm the entire health care system, becomes our responsibility in fulfilling our commitment to provide safe and effective treatment to our patients.

The costs incurred by dental offices are not insignificant. We are

constrained by the “time costs” in the rate of operator turnover, pre-screening, and health assessment not only for our patients, but by daily health assessment of our staff. The difficulty in patient scheduling becomes a quandary of giving too much or too little time as a result of the ever-changing guidelines and the back-and-forth nature of reopen-

staff and having an adequate supply and storage space for the best available PPE is a financial burden. The fact that procedures themselves will take longer and our former ease of movement from one operator to another and back again, will be either limited or troublesome from a standpoint of cross contamination.

So, reduction in productivity, plus a significant rise in overhead costs now leads us to the “business-of-dentistry” side of the equation. We cannot provide these essential services for very long if we don’t have concomitant income to meet these challenges. This means our office will be raising fees. I hope third-party payers recognize our challenges and will rise to the occasion and provide reimbursement levels that will prevent many from closing due to the economics of our essential service rather than the viral infectivity. I would assume that most dental insurers are sitting on a great deal of the premiums paid for dental care without having to pay out many claims from mid-March to mid-May. Going forward, it is reasonable to assume the volume of claims will be down due to the restrictions that dental offices have in being as productive (billable services rendered) as pre-pandemic.

See LETTERS, Page 5





# ADA Accelerator Series webinar focuses on pregnancy preparation

BY KIMBER SOLANA

Whether a dentist is pregnant or has an associate who is expecting, pregnancy impacts someone on virtually every dental team.

“Navigating pregnancy and motherhood while practicing dentistry is not easy and it takes a learned balance to managing your time and energy,” said Dr. Emily Ishkanian, former ADA New Dentist Committee chair.

Dr. Ishkanian is among panelists of the webinar “Preparing for Pregnancy: Managing Your Business and Your Health,” scheduled for June 25 at 1 p.m. Central time. It’s the second webinar of the ADA Accelerator Series, an online, on-demand program specifically designed to provide information — from parental leave to financial support — that is tailored to the early-career dentist’s unique financial, leadership and work-life balance. These resources help dentists navigate and

thrive through life’s changes, according to the Association.

Dr. Ishkanian will be joined by Dr. Katie Vincer Sears, adjunct professor at the Ohio State University College of Dentistry, and Cathryn E. Albrecht, ADA senior associate general counsel. The program will be moderated by Dr. Nima Aflatooni, member of the ADA Council on Dental Practice.

“Being a father, my parental leave only consisted of a week due to being a sole proprietor of a busy private practice,” said Dr. Aflatooni. “I can only imagine how hard it would be if I was a mother giving birth and needing to attend to the needs of the practice. This is a huge issue.”

The panelists plan to discuss the specific issues that dentists face when it comes to pregnancy. These matters include providing accommodations in the workplace for the pregnant dentist, providing safeguards, allowing for flexibility in the schedule and understanding the special physical and ergonomic challenges a pregnant dentist can have.

“Once it is time for labor, and the post-natal period, there are other and much different challenges and considerations,” Dr. Aflatooni said. “Same is true as the new parent transitions into child care.”

The webinar, Dr. Ishkanian said, will also focus on the limitations and restrictions of practice during pregnancy, preparation for

maternity leave and postpartum depression, healing and the return to practice.

Dr. Ishkanian, whose maternity leave was eight weeks, said she was fortunate to work with a dentist who was understanding and compassionate when discussing maternity leave.

To register for the webinar, visit [ADA.org/Accelerator](http://ADA.org/Accelerator). In addition, ADA members can view a recording of the series’ first webinar, “What Makes Humans Happy,” originally held on May 26. The hour-long webinar sought to reveal misconceptions about happiness and provide insights on the science of well-being. To view the webinar and earn one continuing education credit, visit [ADACEOnline.org](http://ADACEOnline.org). ■

## MyView

*Continued from Page 4*

1. Based on the 2019 CAQH Index, while 80% of dental claims are submitted electronically, only 13% of claims are paid electronically. That is well below the medical industry figures of 96% and 70%, respectively.

2. The index estimated that full adoption of electronic administrative transactions could save the dental industry \$3.4 billion annually, of which \$2.9 billion would come from dental providers.

3. Signing up for electronic fund transfer payments is an option for several dental insurance companies, regardless of your network participation.

4. Some insurance companies may include a “red carpet services” contract in their enrollment application which is often a small percentage of the payments. You are not required to pay for these additional services if you do not want them. Instead, you can request to enroll for electronic fund transfers without those extra service fees. (It may be some extra paperwork up front.)

5. Most banks do not charge a fee for receiving automated clearinghouse payments, but you should check with your bank.

6. My experience has been that the turn-around time for electronic payments is typically 48 hours. Therefore, your administrator can quickly track if a payment is not made and check on its status.

Now, more than ever, we cannot afford to wait for insurance claims to be processed and paid. Electronic funds transfers allow dental practices to receive payments faster and more securely, ensuring that we can keep up with payroll and the myriad expenses associated with our operations.

Dr. Amy Adair is a pediatric dentist practicing in Burke, Virginia.

## Letters

*Continued from Page 4*

This is something that each practice should evaluate on their own as we all reassemble our offices and staffs. These new accommodations that we must make in the face of the pandemic will have us working harder (and hopefully smarter) than ever. Being compensated fairly is a small price to ask of those who accept the liabilities while putting their own physical and financial health on the line.

Jeffrey Levin, D.D.S.  
Bowling Green, Ohio



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## GOVERNMENT

## HHS announces provider relief funds for eligible Medicaid, CHIP providers

BY JENNIFER GARVIN

Washington — Beginning June 10, eligible Medicaid or Children's Health Insurance Program dental providers can apply to receive funding from the U.S. Department of Health and Human Services' Provider Relief Fund Payment Portal, the department announced June 9.

Approximately 39% of dentists participate in Medicaid or CHIP, according to the ADA Health Policy Institute. The Provider Relief Fund Payment Portal will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their payment, which "will be at least 2 percent" of the provider's reported gross revenue.

To be eligible for the Provider Relief Fund, dentists must not have received payments from an earlier \$50 billion distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018, and May 31 of this year. The amount of relief a provider receives will be determined after the data is submitted and will be based on the number of Medicaid patients the provider serves, HHS said.

The Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act — known as the CARES Act — which directed \$175 billion in relief funds to hospitals and other health care providers, particularly those impacted by the COVID-19 pandemic.

"Health care providers who focus on treating the most vulnerable Americans, including low-income and minority patients, are absolutely essential to our fight against COVID-19," HHS Secretary Alex Azar said.

Securing these funds for dentists has been a key issue for the ADA since the CARES Act became law on March 27.

"In mid-April, both ADA and HHS leadership began working on how this fund could best provide relief to dentists. Soon after our



initial talks, HHS confirmed dentists would be included and today I am happy to report many dentists will see some relief from this fund," ADA President Chad P. Gehani said in a June 9 Issues Alert to members.

In the last two months, the Association has had several discussions with HHS and also sent an April 17 coalition letter with other dental stakeholders to HHS Secretary Azar to make sure dentists were prioritized.

In that letter the ADA told Secretary Azar that dentists took on "significant financial risk due to postponing nonessential procedures and visits" during the pandemic. The letter also noted that dentists were among the first providers to recommend postponing all nonurgent procedures at the onset of the crisis.

### Provider reactions

"I'm very excited to hear that HHS is providing some relief for dentists who see patients that rely on Medicaid," said Dr. Jessica Meeske, a pediatric dentist who estimates 60% of her Nebraska-based practice is children who rely on Medicaid. "We definitely are committed to these children in our community and partnering with their parents to be sure they are free from den-



Dr. Meeske



Dr. Czerepak

tal disease, pain and infection. Participating in Medicaid can be a tough business due to challenges many of the patient families have and the lower reimbursement."

Dr. Charles Czerepak, a Chicago-area pediatric dentist, was thrilled to hear dentists would be receiving some relief.

"For the Medicaid lifelines, every little bit helps," said Dr. Czerepak, whose hospital-based practice sees dental Medicaid patients who also have medical needs. "Medicaid is a hard arena anyway. Right now, with the increased concern during COVID-19, anything you can give that population of dedicated dentists is welcome. Treating Medicaid patients is more an advocacy than profession. You have to be dedicated and work hard to get these kids in and to survive as a dentist."

As states start to open up, many providers are also focused on obtaining ample amounts of personal protective equipment and reconfiguring their offices in order to see patients in the safest manner possible.

Dr. Meeske, vice chair of the ADA Council on Advocacy for Access and Prevention, added that the Nebraska Medicaid program, its dental contractor, MCNA, and fellow state dental Medicaid provider dentists have worked together during the pandemic to assure that these patients continue to receive needed dental care. They've also worked hard to acquire PPE.

"Knowing that federal relief may be coming to states and to dentists will help our practices

continue to see these children and encourage other dentists to stay in the program," she said. "I feel strongly that these kids and low-income adults, particularly those with special health care needs, deserve a dental home with a dentist that is close to home."

Dr. Czerepak, a member of CAAP's Medicaid Provider Advisory Committee, said he appreciated the Association's advocacy efforts on the issue.

"The ADA has held its end of the bargain. They wrote letters and used our government advocacy system to help the kids that need us the most by helping them get access to care," he said. "The core group of Medicaid providers, the ones who see 90% of the patients are a dedicated group of people who should be acknowledged for their work. They are a resource for all of us in oral health and I tip my hat to all of them. We want to show these kids growing up [in the pandemic] that oral health is important."

The last few months have been a whirlwind for Dr. Meeske, but she said things are beginning to return to normal. A woman recently brought in her two young daughters for early appointments ahead of a very special occasion: their mother's wedding.

"What a joyous day it was for us. The girls were in perfect oral health," Dr. Meeske said. "We wished them off to the wedding, all three in their beautiful dresses and happy smiles. It felt good knowing this mom made oral health a priority. I don't know anyone who visits the dentist and gets married the same day by choice."

The June 9 announcement is the first of many the Association expects to receive from HHS. The department has also indicated it will be allocating additional relief funds at a future date for dentists who practice outside of Medicaid and CHIP.

For more information about the ADA's advocacy efforts during COVID-19, visit [ADA.org/COVID19Advocacy](https://ADA.org/COVID19Advocacy). ■

—garvinj@ada.org

## Dental groups thank Sen. Cardin, Rep. Barragán for prioritizing dental care

BY JENNIFER GARVIN

Washington — The ADA, Organized Dentistry Coalition and state dental associations are applauding Sen. Ben Cardin, D-Md., and Rep. Nanette Diaz Barragán, D-Calif., for spearheading Congress' efforts to include dental care in the next COVID-19 legislation.

In May 21 letters to the lawmakers, the groups said that the dental community was one of the first to recommend postponing all nonemergency procedures at the onset of the coronavirus pandemic, which helped slow community spread, preserved medical supplies and contributed to alleviating emergency departments from non-COVID-19 visits. They also said that the Occupational Safety and Health Administration has classified dental health care personnel in the "very high exposure risk category" and noted that the ability to fully reopen dental practices is "more contingent on the ability of a dentist to use appropriate personal protective equipment and future use of rapid testing kits."

The coalition said that a "specific and temporary increase" in the nation's Federal Medical Assistance Percentages would be "most welcome" if used to support state

Medicaid programs with adult and child dental services as dentists across the country continue to navigate the "unique challenges" presented by the pandemic. The dental groups added that the lawmakers' proposed \$75 million public health oral infrastructure fund could be used to support efforts by dentists to acquire personal protective equipment and rapid testing kits.

"When times are tough with state budgets and cuts are on the table for state Medicaid programs, there is a tried and true group of dentists who stay committed to seeing these Medicaid high risk patients for lower fees and they should get some relief with an increase in Federal Medical Assistance Percentage funding," said Dr. Jessica Meeske, vice chair, ADA Council on Advocacy for Access and Prevention.

The coalition concluded by saying the dental organizations "look forward" to continuing to work with legislators to ensure dental practices can move our economy forward and provide essential oral health care to their patients.

"Thank you again for your commitment to oral health." ■

## Organized Dentistry Coalition supports Paycheck Protection Program loan forgiveness for PPE and services.

BY JENNIFER GARVIN

Washington — The ADA and other stakeholders are urging Congress to "enact temporary and targeted liability relief legislation" in response to the COVID-19 pandemic to help protect businesses.

In a May 27 letter, the coalition — led by the U.S. Chamber of Commerce — told lawmakers that many organizations are currently working "around the clock to get our nation through this pandemic" but worry that "despite doing their best to follow applicable guidelines, they will be forced to defend against an onslaught of lawsuits, the prospect of which is a deterrent to re-opening" and noted many small businesses are "one lawsuit away from closing for good" absent a targeted safe harbor.

To keep this from happening, the groups are asking Congress to quickly enact temporary liability protections for the following:

- Businesses, nonprofit organizations and educational institutions that work to follow applicable public health guidelines against COVID-19 exposure claims.

- Health care workers and facilities providing critical COVID-19-related care

and services.

- Makers, donors, distributors and users of vaccines, therapeutics, medical devices, and certain personal protective equipment and other equipment critical to the COVID-19 response.

- Public companies targeted by "unfair and opportunistic COVID-19-related securities lawsuits."

In addition to being temporary, "we believe that these liability protections should be limited in scope and preserve recourse for those harmed by truly bad actors who engage in egregious misconduct," the groups said.

"The need for liability protections and relief is clear," the letter concluded. "Several governors and state legislatures have already implemented COVID-19-related liability protections for key sectors in their states, but a uniform national response is necessary. Now is the time for Congress to take strong action to stop a growing wave of lawsuits from getting in the way of what we all want and need: healthy citizens and a strong economy."

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



# CDC guidance for dental settings echoes ADA guidance

## Organizations recommend how to move forward with dental care during phased reopening

BY DAVID BURGER

The Centers for Disease Control and Prevention issued updated interim infection prevention and control guidance for dental settings during the COVID-19 response on May 19, similar to science-based guidance issued earlier in May by the ADA.

The ADA welcomed the Centers for Disease Control and Prevention's updated guidance, which is in close alignment with the ADA's Return to Work Interim Guidance Toolkit.

"Oral health is an important part of overall health," said ADA President Chad P. Gehani. "Resuming regular dental visits are important because treatment, as well as prevention of dental disease, helps keep people healthy. The guidances from the ADA and the CDC give dental professionals the information they need to practice as safely as possible. I am pleased to see dental practices reopening to provide patients with the dental care they need. The safety of patients, dentists and dental team members has been and always will be ADA's utmost concern."

The CDC guidance iterates the ADA's earlier recommendations by describing how dental professionals, building upon existing infection control measures, can help protect patients and the dental team when re-engaging in providing the full range of oral health care.

**"The guidances from the ADA and the CDC give dental professionals the information they need to practice as safely as possible. I am pleased to see dental practices reopening to provide patients with the dental care they need."**

In March, the CDC recommended that dental settings should prioritize urgent and emergency visits and delay elective visits and procedures to protect staff and preserve personal protective equipment and patient care supplies, as well as to expand available hospital capacity.

"As the pandemic continues to evolve, and health care settings are responding to unique situations in their communities, CDC recognizes that dental settings may also need to deliver nonemergency dental care," according to the new CDC guidance. "Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental health care personnel."

CDC and ADA recommendations include:

- Request that dental staff call patients prior to the scheduled appointment to ask questions about their current health status.
- Advise patients to wear a face covering when entering the dental practice.
- Limit the number of people who accompany a patient to the appointment. If possible, the patient should make the visit alone.
- Assess all patients upon arrival; temperature checks may be completed.
- Remove items in office waiting rooms such as toys or reading material to limit potential transmission through high-touch surfaces.

- Encourage social distancing practices by minimizing the number of patients in the waiting room by spacing appointments thoughtfully and perhaps by asking patients to wait in their car until the dental staff is ready to treat the patient.

- Advise dental staff members to wear additional personal protective equipment as appropriate, such as surgical masks or N95 masks, full-face shields or goggles with side shields to ensure an environment that is as safe and healthy as possible for patients and

the dental team.

- Place hand sanitizer generously around the office for use and ensure surfaces are cleaned regularly.

Both the CDC and ADA guidances are recommendations and not regulations. States control what procedures are allowed to be provided, largely through their licensing boards. According to the CDC guidance, "Dental health care professionals should regularly consult their state dental boards and state or local health departments for current

local information for requirements specific to their jurisdictions."

The ADA had urged the CDC 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.

For more resources on the Association's response to the pandemic, visit [ADA.org/virus](http://ADA.org/virus). ■

—burgerd@ada.org

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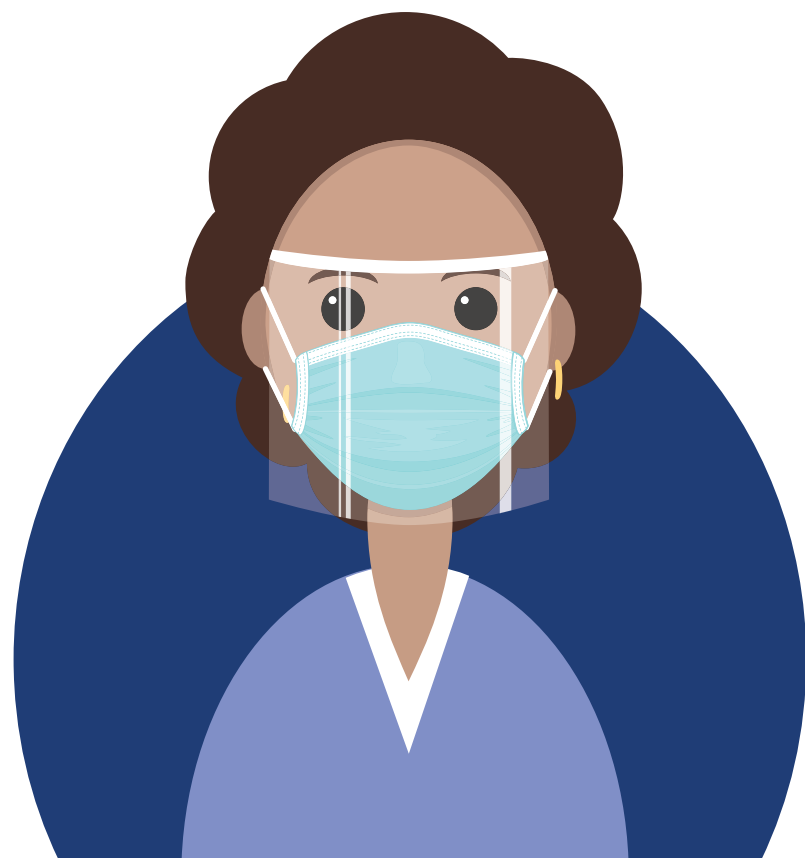






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# Ethics still important when it comes to advertising during recovery

## ADA council reminds dentists to avoid overstepping boundaries of Code-approved conduct

BY DAVID BURGER

The ADA Council on Ethics, Bylaws and Judicial Affairs is cautioning dentists to avoid crossing ethical lines when it comes to advertising, especially during these turbulent times when many patients may be reluctant to make appointments for fear of coronavirus transmission.

As dental offices across the country began reopening, concern has been expressed that some dental practices could seek to capitalize on physical plant renovations and equipment purchases by indicating or implying that their practices could very well be “safer” than other dental offices in order to boost patient appointments.

“There will be a natural reticence by some patients to return for routine dental care,” said Dr. Mike Kurkowski, chair of the council. “Dentists will strive to reassure and instill confidence that their office is doing everything necessary to safeguard the health of their patients and community.

“However, it is easy to overstep in communication and marketing and imply superiority that may not be science-based or be substantiated by fact,” Dr. Kurkowski continued. “Such claims may materially mislead the public and risk denigrating other practices. These

unsubstantiated claims create public confusion and prey upon the fear that our pandemic has created.”

The ADA Principles of Ethics and the Code of Professional Conduct is still the ongoing touchstone for decision-making and behavior for the profession, Dr. Kurkowski said, and it explicitly applies to this concerning behavior.

“In times of uncertainty or rapid change, utilizing our Code provides guidance and reassurance concerning the multitude of decisions that dentists make daily,” Dr. Kurkowski said. “A moral compass like our Code facilitates how we interpret and fill in the gaps. Our Principles of Ethics inform much of our decision-making beyond simple business considerations.”

Dr. Guenter Jonke, member of the council, agreed that even though no one could predict the pandemic, the Code should be used as a valuable instrument to help the member dentist navigate through the recovery process.

Of the Code’s five core principles, veracity — in other words, truthfulness — is particularly most applicable with respect to dental offices’ infection control policies, according to Dr. Jonke.

In the Code, the principle of veracity states



Dr. Kurkowski

that “the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception and maintaining intellectual integrity.”

Later, in the same section, dentists are advised, “No dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material aspect.”

“It would be inappropriate to make claims of superiority relative to other offices based upon infection control,” said Dr. Kurkowski. “A dental office will not have day-to-day information regarding current infection control protocols being performed by another office. Any claims of superiority would be based on assumptions or likely outdated information. In our current, rapidly changing environment, comparisons to another office would likely be inaccurate at best.”

Dr. Jonke affirmed the Code’s ongoing rel-

evance when it came to advertising.

“Besides all the customary appropriate personal protective equipment, new technologies including powered air purifying respirators, UV light sanitizers, High Volume Evacuation Units and HEPA filtration units are currently being marketed and utilized by many offices,” Dr. Jonke said. “However, it would be unethical to advertise that it is superior or the only way to have dental treatment performed than any other office’s techniques. Social media marketing firms utilized by dentists need to be reminded that claims of superiority in this or any other area without substantiation will be not acceptable and violate our code. Simply listing your updated infection control policies with your patients is most appropriate and accordance to our Code of Ethics.”

Dr. Jonke summarized the council’s overarching concerns and emphasized that they did not intend to moralize, but to guide.

“Many will say the Code is a living and always evolving document since its introduction in 1866. But the preamble in our Code says it best: The ethical dentist strives to do that which is right and good.” ■

—burgerd@ada.org

## ADA offers steps to take if patient tests positive for COVID-19 after appointment

### Guidance covers team with varying risk exposures

BY MARY BETH VERSACI

The American Dental Association has created a resource to help dentists manage the health of their team members if they are exposed to a patient who later tests positive for COVID-19 or has a household member test positive.

The document includes steps clinical and administrative staff members who had contact with the patient during the appointment should take depending on their risk exposure.

“It’s important for dentists to consider, and plan for, the possibility that someone recently treated in the practice has a confirmed case of COVID-19,” said Dr.

Duc “Duke” Ho, vice chair of the ADA Council on Dental Practice. “The Centers for Disease Control and Prevention has issued many interim recommendations to guide health care professionals through this pandemic. Relying on that information, and our best professional judgment, will help us navigate this situation and support our staff and our patients.”

Staff determined to have experienced a higher risk exposure should actively monitor their health, isolate and refrain from working for 14 days after the exposure. Those who do not develop a fever or other symptoms of COVID-19 may return to work with appropriate personal protective

equipment.

Staff who experience symptoms should be tested, and those who test positive should immediately move to case management protocols outlined by the CDC and state and local public health departments. Those who test negative but experienced fever or other symptoms should still actively monitor their health, isolate and refrain from working for 14 days after the exposure.

Staff determined to have experienced a lower risk exposure may continue to work with appropriate personal protective equipment as long as their temperature is normal and they do not exhibit any other symptoms of COVID-19. They should actively monitor their health for 14

days after the exposure.

Staff who experience symptoms should be restricted from working and get tested. If they test negative and their symptoms resolve, they may continue to work while monitoring themselves for 14 days. If they test positive, they should immediately move to case management protocols outlined by the CDC and state and local public health departments.

For all of the ADA’s COVID-19 resources, visit [ADA.org/virus](https://ada.org/virus).

The CDC also offers guidance on infection control in health care settings at [CDC.gov](https://cdc.gov). ■

—versacim@ada.org

## Dentists advised to do homework about offshore production

BY DAVID BURGER

As dental practices across the country begin to recover from the COVID-19 pandemic, the ADA and National Association of Dental Laboratories are encouraging dentists to conduct the necessary due diligence when sending work out in order to determine whether dental labs are offshoring production.

“ADA policy supports dental laboratories letting dentists know if the prescribed dental prostheses, components or materials are to be manufactured or provided by a foreign dental laboratory,” said Dr. Rudy Liddell, chair of the ADA Council on Dental Practice. “It also notes that state registration of dental labs is one way to achieve this.”

According to Travis Zick, immediate past president of the National Association of Dental Laboratories and co-founder of Apex Dental Laboratory Group, offshore companies offering bargain-basement prices for cheap products and material has been a source of frustration for lab owners for years.

“Buyers should definitely beware,” Mr. Zick said. “If a lab is offering products at half the average cost you typically see, you should be very skeptical.”

Knowing the source of prosthetics is especially important as dentists return to their practices after the COVID-19 pandemic as they consider using labs with discounted pricing as a way to cut operating expenses, Mr. Zick said. In addition to knowing the materials used in the devices dentists provide to patients, he said, dentists also need assurance that the lab manufacturing those devices follow the appropriate infection control protocols. ■

## Law

Continued from Page 1



and the other 50% of the deferred amount to be due Dec. 31, 2022.

- Deferring Paycheck Protection Program loan repayment for 10 months instead of six months.

- Allowing borrowers to use 40% of Paycheck Protection Program funds to pay for nonpayroll expenses as opposed to only 25% and still be eligible for full forgiveness.

- Extending the rehiring deadline to offset the effect of enhanced Unemployment Insurance beyond June 30 of this year. This accounts for those businesses who have employees making more on unemployment and are facing a harder time rehiring staff as a result.

The final bill did not include a grant or tax credit to borrowers who received Paycheck Protection Program funds early nor did it give borrowers the ability to use funds to purchase personal protective equipment — two provisions the ADA advocated for.

“The ADA will continue to advocate for [those issues] and other policies that support dentists, dental team members and patients both during the pandemic and beyond,” Dr. Gehani concluded.

The ADA will be holding an upcoming webinar on Paycheck Protection Program loans. The ADA News will share details as soon as they are available.

Follow all of the ADA’s advocacy efforts in response to the pandemic at [ADA.org/COVID19Advocacy](https://ada.org/COVID19Advocacy). ■

—garvinj@ada.org



# ADA Humanitarian Award submission period open until Sept. 15

BY DAVID BURGER

The call for nominations for the 2021 ADA Humanitarian Award is open through Sept. 15 with a focus on domestic service this year.

For 2021, the ADA Board of Trustees is shifting the award to highlight volunteer access to care programs within the U.S., with the change prioritizing sustainable programs that benefit communities stateside, not abroad.

The ADA Humanitarian Award has traditionally recognized dentist members who have distinguished themselves by giving a minimum of 10 years to improving the oral health of underserved populations in the U.S. and abroad.

“The Humanitarian Award is one of the highest honors the Association bestows on an individual,” said Dr. Richard A. Stevenson, chair of the ADA Council on Advocacy for Access and Prevention, which is overseeing the award. “Every year, the recipient’s actions continue to inspire the rest of us to fulfill the most meaningful aspirations of the profession by helping those who need care when so often it can be hard to be found. Volunteerism often brings out the best of all of us.”

The award will include a monetary component of \$10,000 given to the dental charity/project of the recipient’s choice.

Any individual may nominate any active, life or retired ADA member in good standing by submitting a nomination for consideration by the Board of Trustees. Nominations received after the Sept. 15 deadline will be placed on file along with the required docu-



**Honoree:** Dr. Loree Bolin, of Edmonds, Wash., was the 2020 recipient of the ADA Humanitarian Award for her work breaking the cycle of poverty for women and children in underserved communities around the world and in the U.S. The ADA Board of Trustees will bestow the next award on a humanitarian who focuses on extraordinary volunteerism stateside, as opposed to humanitarians who primarily work overseas. The submission period is now open through Sept. 15.



**“The Humanitarian Award is one of the highest honors the Association bestows on an individual.”**

mentation for consideration the following year.

A nominator is limited to one Humanitarian Award nomination per year. Criteria include:

- Contributing significantly to alleviating human suffering and improving the quality of life and oral health of individuals in the U.S.
- Demonstrating significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession.
- Serving as an inspiration to the dental profession, colleagues and those treated.
- Showing through the scope of work undertaken a commitment to humanity and selflessness without regard to direct personal or organizational gain or profit.
- Establishing a legacy and/or sustainable program that is of ongoing value and benefit to others.

The 2020 ADA Humanitarian Award recipient was Dr. Loree Bolin of Washington.

Previous award recipients include:

- 2019: Dr. Charles F. Craft.
- 2018: Dr. T. Bob Davis.
- 2017: Dr. Usa Bunnag.
- 2016: Dr. Frank Andolino.
- 2015: Dr. Francis G. Serio.
- 2014: Dr. Raymond Damazo.
- 2013: Dr. Sherwin Shinn.
- 2012: Dr. Ronald Lamb.

For more information or to nominate an individual, contact the ADA Council on Advocacy for Access and Prevention at CAAP@ada.org or search for the name of the award at ADA.org. ■

—burgerd@ada.org

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# ADA Board recognizes honorary members for contributions to dentistry

BY MARY BETH VERSACI

The American Dental Association Board of Trustees has awarded honorary membership in the Association to three people for their “outstanding contributions to the advancement of the art and science of dentistry.”

In April, the Board named Tommi Cole, retired ADA senior manager of the Department of Board and House Matters; Paul Mulhausen, M.D., chief medical director at Iowa Total Care; and Gary Price, retired president and CEO of the Dental Trade Alliance, as honorary ADA members.

## Tommi Cole

Ms. Cole retired May 22 after nearly 44 years at the ADA. The Board surprised her with honorary membership in advance of her retirement to recognize her many years of service to the organization.

“It means to me that in at least some small way, I made a contribution to the profession,” she said.

When Ms. Cole learned she was being awarded honorary membership, she was “humbled and extremely, extremely, extremely honored,” she said.

“Tommi served the ADA leadership for over 30 years in a manner that was full of joy and respect,” ADA Executive Director Kathleen T. O’Loughlin said. “Her engaging smile, her dedication to family and friends, her devotion to her co-workers has left a lasting legacy in the administrative services area. We miss her laugh, her compassion and her honesty.”

Ms. Cole joined the ADA in September 1976 in the Division of Education, where she held positions in several areas, including the Dental Admission Testing Program, the Council Hospital and Institutional Dental Services, and the Council on Dental Education. She also served as the assistant to three assistant executive directors of the division, and in 1998, she began working for the ADA’s executive offices.

In 2003, Ms. Cole became the manager of Board and House Matters and was promoted to senior manager in 2012. Her responsibilities



Ms. Cole



Dr. Mulhausen



Mr. Price

ties included overseeing activities of the Board and House of Delegates, specifically managing all resolutions submitted for consideration by those bodies and serving as the primary resource for reference committee personnel.

“It is hard to think of the ADA without Tommi,” said Jerry Bowman, ADA chief of governance and strategy management. “Her humor, patience and willingness to do anything necessary endeared her to all, from ADA presidents to all of her co-workers.”

Ms. Cole said her favorite part of her job was getting to work with trustees throughout their tenures.

“Just having them come in as new trustees, working with them and getting to know them, that was the best part for me,” she said.

## Paul Mulhausen, M.D.

As a geriatrician, Dr. Mulhausen is a member of the ADA’s National Elder Care Advisory Committee and Elder Care Work Group.

“Working with the American Dental Association has been one of the most gratifying experiences of my professional life,” Dr. Mulhausen said. “It is an honor to collaborate across professions with colleagues in care who are so dedicated to the well-being of their patients and the health of their communities. Being formally welcomed into the fold makes my experience even sweeter.”

He was nominated for honorary membership by Dr. Cesar R. Sabates, ADA 17th District trustee, who has worked with Dr. Mulhausen for nearly 10 years. Dr. Sabates said the physician brings a valuable perspective to the table on how oral health is essential to overall health.

“Dr. Mulhausen represents the spirit of interdisciplinary approach to health care,” Dr. Sabates said in his nominating letter. “He is a champion for the integration of oral health in overall health and is a consummate professional.”

Having worked side by side with ADA experts in special care dentistry, geriatric dentistry, general dentistry, hospital dentistry and organizational leadership, Dr. Mulhausen said he deeply respects their dedication to a shared vision for better health.

“I am overjoyed to learn that the respect has been mutual,” he said.

Dr. Mulhausen is not new to interprofessional collaboration. During his cross-disciplinary geriatric fellowship at Duke University, he worked with a dental fellowship director who made an impression on him as an advocate for oral health and mentor in interprofessional approaches to care, he said.

Now, in his work at Iowa Total Care, which partners with the Iowa Medicaid Enterprise to help improve health outcomes and the value of care, Dr. Mulhausen continues to work to better the health care experiences of seniors.

“I am exceedingly proud of my professional identity as a geriatrician and my formal training experience in geriatrics,” he said. “My current work to make the safety net work well for the vulnerable and the elderly, especially in Iowa, has been one of my three primary career goals: try to understand, try to help others and try to make things better.”

## Gary Price

Mr. Price retired in January after 19 years with the Dental Trade Alliance, an association of companies that provide dental equipment, supplies and services to dentists and other oral health care professionals.

“I have benefited from dozens of friendships

in the dental community over two decades,” he said. “These personal and professional relationships became an important part of my daily life. Working with dentists across the country to improve oral health has been incredibly rewarding. Those who know me well know that I like to run under the radar. To receive this recognition from my friends at the ADA is something I never expected and is very special.”

Dr. O’Loughlin nominated him for honorary ADA membership and said in her letter that he enhanced the dental profession’s “relationship with the dental industry by maintaining a collaborative spirit and open communications throughout his tenure.”

Mr. Price has been involved with the ADA Foundation Give Kids A Smile program and the Dental Education: Our Legacy — Our Future campaign and was a founding member of The Journal of the American Dental Association’s Industry Advisory Board.

Under his leadership, the Dental Trade Alliance and Dental Trade Alliance Foundation joined with the ADA and other organizations to form a coalition that partnered with the Ad Council on the 2min2x public awareness campaign, which Dr. O’Loughlin called one of his “most outstanding achievements.”

“The thing of which I am the proudest is the collaborative work with the broader dental community to improve oral health literacy,” Mr. Price said. “Our work with the Ad Council to change oral health for children was special to me and impactful to people around the world.”

The oral health campaign encouraged parents to have their children brush their teeth twice a day for two minutes.

“Over three years, this public awareness campaign measurably raised the health literacy of parents and children regarding the importance of brushing twice a day especially among high risk children,” Dr. O’Loughlin said. “His passion for oral health equity, for [giving] back to his community, and for his ability to connect industry to the profession for the betterment of society is remarkable.” ■

—versacim@ada.org

# HPI polling shows robust sustained rebound in dental care

BY MATT CAREY

The sixth wave of the ADA Health Policy Institute impact of COVID-19 poll shows a robust, sustained rebound in the dental care sector in response to states lifting restrictions on elective dental care.

Conducted the week of June 1 and with data from 5,675 dentists in private practice, results indicate that 90% of dental practices are open for elective care according to the sixth round of results. In comparison, 65% of dental offices were open in mid-May and only 3% in early April.

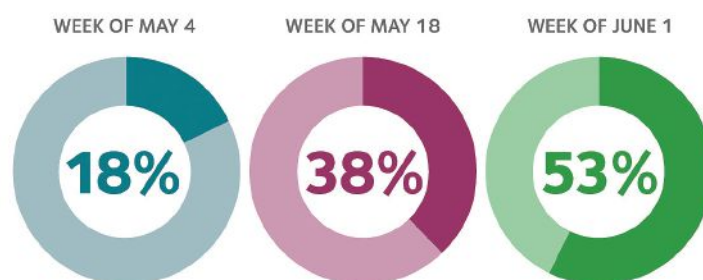
Also showing signs of recovery, the U.S. Bureau of Labor Statistics’ Employment Situation report, released on June 5, reported that dental offices added 244,000 jobs in May. The latest HPI poll data show that 77% of dentists reported paying their staff fully the week of June 1. Employee dentists are being hired back, but not as rapidly as other staff.

Patient volume has rebounded to 58% of pre-COVID-19 levels, compared to 38% in the HPI poll taken the week of May 18.

PPE stockpiles have increased in dental offices. HPI poll data for the week of June 1 show that 8% of dental offices indicated they do not have any N95/KN95 masks in stock. Two weeks ago this was at 15%, and in early May this was at 31%.

A new question introduced in this wave asked dentists

## REBOUND IN PATIENT VOLUME\* SINCE STATES BEGAN REOPENING (ON AVERAGE)

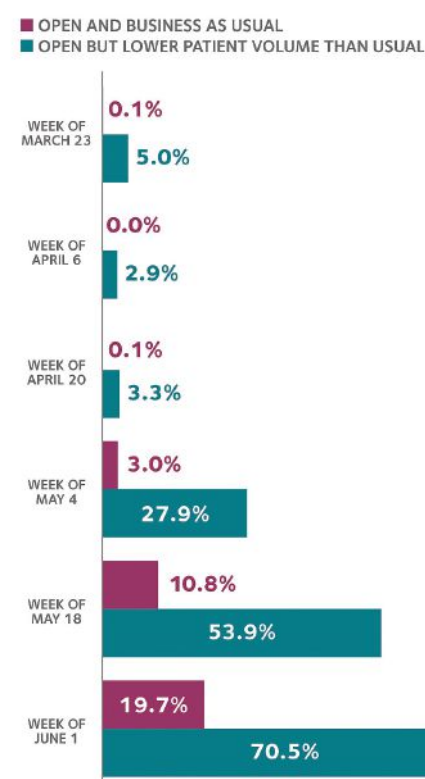


\*PERCENTAGE OF PRE-COVID-19 PATIENT VOLUME LEVELS

how full their appointment schedule is for June. Nearly two-thirds of dentists indicated their appointment schedule is at least half full, and 8% said they are fully booked for the month of June.

HPI will continue to track data every two weeks in every state to provide a glimpse into how the pandemic is unfolding. Dentists who wish to view complete results, including results broken down by practice size, dental service organization status and at the state level, and results from all waves of this survey, including a special wave on dentists in public health settings, can do so at ADA.org/HPI. ■

## PERCENTAGE OF DENTAL PRACTICES THAT ARE OPEN





# Bento

*Continued from Page 1*

individuals to group members while optimizing the experience for patients and dentists,” Dr. Gehani added. “With COVID-19, a digital transformation is underway throughout the world and in every aspect of our lives. The Bento model not only supports employers and group discount plans but also offers dentists the flexibility to offer in-office plans. We want to make sure ADA members have the best path forward following these unprecedented times and we believe that these twin solutions offered by Bento could provide the market disruption that we have been waiting for.”

Bento was founded in 2017 by Boston-based serial entrepreneurs Ram Sudireddy and Saty Mahajan, who, according to Bento’s website, “set out on a mission together to give every American lifetime access to affordable oral health care through a modern, transparent experience.”

Bento’s software provides a model that seeks to support the dentist-patient relationship without undue interference. Although Bento’s platform allows employers to establish self-funded PPO plans with negotiated fee schedules, their award-winning technology is a marked improvement over traditional dental benefit administration, according to some ADA members who have already started to use Bento’s products.

“It has been awesome,” said Dr. Amit Lala, Ph.D., a lecturer at the Harvard School of Dental Medicine and a provider in Bento’s network. “The enrollment is so fast and it’s easy to understand the benefits. It’s a great direct patient-to-doctor communication without a middle man. The insurance no longer decides what procedures are needed — it is decided by the doctor and the patient mutually — so therefore it serves the best interests of both the provider and the consumer.”

Bento allows employers to administer ben-

weeks for a preauthorization to come back. This eliminates these issues. Bento is trying to set themselves apart in the dental benefits market and it shows.”

Dr. Lala said that creating and setting up his own in-office plan using Bento was easy.

“Bento allows you to install an in-office plan for people who do not have insurance and it helps tremendously to keep the patient flow in the office,” said Dr. Lala. “The best part is that Bento is providing the IT platform for free for these types of plans. It’s a win-win situation. In a nutshell, Bento saves money and time for the providers and consumers and brings the doctor-patient relationship to the forefront, which is conducive to successful and efficient dental treatment management.”

There are no setup fees for any dentist to

offer in-office plans using Bento’s technology. Once a patient purchases an in-office plan, the patient will pay for the plan in monthly installments. Bento deducts a flat fee per-patient per-month for each plan purchased in-office. ADA members who use Bento to offer in-office plans will save 20% off all per-patient per-month fees by entering their ADA member information in the Bento Dentist Portal when setting up their in-office plans.

“The biggest benefit is ease of use,” said Dr. Stuefen. “Their portal and app are user-friendly. They make it clear to patients what they owe and clear to dental offices on what to collect. This means accurately collecting what is owed by the patient the same day of the procedure. There’s no more guessing and hoping you determined the benefits correctly.”

“It must be adopted all over the country,” rec-

ommended Dr. Lala, who also uses a Bento self-funded plan as an employer for his staff. “We providers lose so much money on the middle man — current dental insurance companies — and lose so much time waiting on insurance plans for payment, eligibility and coverage verification.”

Becoming a Bento dentist is free. Visit [bento.net/dentist-signup](http://bento.net/dentist-signup), provide information about the practice and dentists, choose a fee schedule tier or tiers and set up a bank account for direct deposit. Setup takes minutes, and the practice will be up and running with Bento within two business days.

For detailed answers to questions, how-to guides and extensive lists of FAQs, visit [bento.net/bentopedia](http://bento.net/bentopedia). Contact Bento at 1-800-734-8484 to speak with a Bento team member or email them at [smile@bento.net](mailto:smile@bento.net). ■

## ADA Publications. Your need-to-know news.

**“There’s no more guessing and hoping you determined the benefits correctly.”**

efits without getting in the middle of the dentist-patient relationship regardless of the dentist’s participation with Bento’s network. Eligibility and benefits verification is done in real time, and treatment plan decisions remain between the dentists and their patients. After the appointment is complete, dentists participating with Bento get paid with a single click and eliminate the cost of collections and chasing unpaid bills. And their patients can see in advance how much the prescribed services will cost them and offers what the company refers to as “pay-as-you-go-dental.”

“Bento appears to respect my clinical judgment and, most importantly, my relationship with my patient,” said Dr. Jessica Stilley, a member of the Council on Dental Benefit Programs. “Bento simply administers the benefit without making clinical determinations about what is needed. I’m really excited about what the Bento network could bring to our patients and I look forward to working with them more in the future.”

“Bento has great potential,” said Dr. Sara Stuefen, a member of the ADA Council on Dental Benefit Programs who has demoed the system. “Their app and online portal provide real-time information to the patient and the dental office. A top complaint of dental offices is the amount of time front office staff spends determining a patient’s benefits. We also have all experienced waiting many long

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# After dental practice is set on fire, Minneapolis dentist vows 'We'll rebuild'

Dr. Ali Barbarawi calls George Floyd's death 'absolutely unacceptable'

BY KIMBER SOLANA

*Minneapolis* — It was just past midnight when the notification popped up on Dr. Ali Barbarawi's cellphone.

The security alarm in his dental practice had just gone off, and captured on video on his phone was a group of people who had broken in. Rioters had shattered the glass front door with some leaving with computers, personal protective equipment, cameras, a watch, work shoes and dental equipment.

Dr. Barbarawi's security system service called Minneapolis police but quickly learned no officer would be able to respond until at least six o'clock in the morning.

Rioting and vandalism had erupted late May 29 and through the early morning hours throughout Minneapolis following largely peaceful protests over the death of George Floyd.

"There was so much going on in the city," Dr. Barbarawi said. "I was sad, aggravated, but I had hoped that was the worst."

But minutes later, security called again. The smoke alarm was activated. Someone had set a fire in the lobby. And like the police response, the fire department couldn't respond to the fire until after 6 a.m.

"That's when I thought to myself that I've lost everything," Dr. Barbarawi said.

Without sleep, Dr. Barbarawi left for his practice at 5:30 a.m. on May 30, and he was shocked by what he saw. Firefighters, police officers and the National Guard seemed to be everywhere.



**After:** Dr. Barbarawi's dental practice was damaged after rioting and vandalism erupted late May 29 following largely peaceful protests over the death of George Floyd.



**Dr. Barbarawi**

"It was like a war zone," he said. "This is not something we're used to in our peaceful city of Minneapolis."

It wasn't until 7 a.m. that Dr. Barbarawi reached his office. The street to the practice had been closed due to a gas explosion near his building.

He could see other businesses were hit — a restaurant across the street was reduced to rubble, and the bookstore next to his office burned to ashes, he said.

Only two days away from reopening his practice after closing its doors for about two

months due to the COVID-19 pandemic, Dr. Barbarawi said he knew he'll have to wait much longer.

"I immediately called my dental team one-by-one," Dr. Barbarawi said. "I told them I'm glad they were safe. I'm glad we're healthy, our families are safe, and that we're going to rebuild. We're not going to do nothing."

Dr. Barbarawi said he estimates the property loss to be between \$500,000

to \$1 million, and he is in communication with his insurance company to figure out what will be covered. Nothing could be salvaged, he said, due to smoke and water damage.

However, encouraged by his dental colleagues in Minneapolis, Dr. Barbarawi decided to launch a GoFundMe page with a goal to help jumpstart the rebuilding process and help his dental team financially.

Dr. Barbarawi, who graduated from dental school in 2012, purchased the practice, Chicago Lake Family Dental, only two years ago. The practice had been at its current location since 1995. Prior to the fire, it had seven operatories and eight team members.

The clinic is one of a handful of critical access dental providers in the city's southside community, providing dental care for underserved and underprivileged children, along with uninsured patients, Dr. Barbarawi said.

A father of two young daughters, Dr. Barbarawi added a kid's play area in his practice to help make children's experience of visiting the dentist an enjoyable one.

"The surrounding community will suffer with the loss of this resource, as access to affordable dental care is already a challenge for many in urban and underprivileged areas like this one," he said. "Everything was going well until that day."

Located only a mile away from where Mr. Floyd died after a police officer was filmed kneeling on his neck for almost nine minutes, Dr. Barbarawi said he understands the emotions his community is feeling and sympathizes with Mr. Floyd's family.

"What happened to George Floyd was a terrible thing. It was appalling and absolutely unacceptable," he said. "It's unfortunate that there were people who took advantage of the peaceful protests that led to destruction."

Dr. Barbarawi said he knows that there are reports that many of the people arrested for rioting and theft were not from Minneapolis.

"And our community suffered because of them," he said.

But amid the destruction, Dr. Barbarawi also saw something that touched him. Around the time he arrived to his practice to survey the damage, dozens of volunteers had shown up with brooms and buckets to help him clean up. Some had brought sandwiches to feed other volunteers.

"It was very helpful to receive that support, and it was nice to see," he said.

That support has since extended to his online fundraising efforts. As of June 9, Dr. Barbarawi's GoFundMe has raised over \$51,000. To donate, visit [gofundme.com](https://gofundme.com) and search for "ChicagoLakeDental."

"We'll rebuild better than before," he said. "My team is looking forward to serving our community again." ■

## ASDA: 'We stand with you' against racial injustices

Group sends message as protests sparked by death of George Floyd continue

BY KIMBER SOLANA

Citing a responsibility to reduce inequalities and barriers to care, the American Student Dental Association offered a message on June 3 to dental students: it stands in solidarity with the black community and with all students against injustice.

The message, addressed to ASDA members and sent on behalf of its board of trustees, comes as protests continue across the country in response to the death of George Floyd in Minneapolis, along with others who have died due to racial injustices. These include recent high-profile deaths of African-Americans, such as the March 13 officer-involved fatal shooting of Breonna Taylor in Louisville and the Feb. 23 shooting of Ahmaud Arbery while jogging in Glynn County, Georgia.

"Our thoughts are with their families and the communities that surround them," according to ASDA. "As an association that serves to protect and advance the rights, interests and welfare of dental students, we do not tolerate racism and discrimination."

ASDA announced it has postponed its

annual Diversity Day, originally scheduled to be held June 1, and all ASDA webinars as communities across the country respond to the deaths and protests against racial injustice.

"We recognize the need for people to self-reflect and process the losses and injustice we have witnessed," according to ASDA, adding it will notify members when events are rescheduled.

ASDA said it recognizes that systemic change is needed, however challenging. It highlighted its responsibility to reduce inequalities and barriers to care, its efforts to cultivate a welcoming environment for students of all identities, and fostering relationships among students and their communities as part of its Diversity and Inclusion Initiative.

"It is the diverse experiences and perspectives of our association's more than 23,000 members that make ASDA a strong community and resource for all dental students," ASDA said. "To those who have been affected by the recent events across our nation, we stand with you." ■

## Healing

*Continued from Page 1*

We must choose to recognize that their lives matter, too."

Dr. Gehani is joined in the message by Dr. Edwin A. del Valle-Sepulveda, Hispanic Dental Association president; Dr. Frederick Jeremy John, Society of American Indian Dentists president; and Dr. Daphne Ferguson-Young, American Association for Women Dentists president. The statement was released to demonstrate solidarity with the National Dental Association, which issued an independent statement on June 3.

"The healing of our communities is in our hands," the group said.

The joint statement comes as protests denouncing the acts of racism and violence continue across the country following the death of George Floyd, who died May 25 while he was being restrained by police in Minneapolis.

"We are faced with a hurt that is, unfortunately, all too familiar," the leaders said in the statement. "The ensuing outcry over Mr. Floyd's death is not just about this singular incident, but instead a centuries-long history of discrimination and brutality against black people and other communities of color."

Mr. Floyd's death followed recent high-profile deaths of African-Americans, including the March 13 officer-involved fatal shooting of Breonna Taylor in Louisville and the Feb. 23 shooting of Ahmaud Arbery while jogging in Glynn County, Georgia.

"We add [Mr. Floyd's] name to the list of

others whose lives have also been cut short under the heinous, yet enduring legacy of racial injustice," the leaders said in the statement. "And with every addition to this list, there is a wound that weeps from repeated injury."

The group recalls the Rev. Martin Luther King Jr., who in 1963, shared his dream that society would one day "hew a stone of hope" for his children and generations then unborn, all in the name of democracy and in the security of justice.

"Instead, 57 years later, we continue to reach new altitudes on what he called 'a mountain of despair,'" the group said. "Today, our organizations stand alongside the National Dental Association...to say NO MORE."

Denouncing the acts of racism and violence, the leaders said they "stand with our colleagues who have been affected by current events, and with those whose longstanding fears and heartaches have been stoked once again."

The group implored dentists to embrace diversity and inclusion, "not as buzzwords or intellectual exercises."

Instead, they asked their respective members to advocate for the people they serve, to become allies, recognize personal biases, to listen and to speak up for those who have been disenfranchised, to commit to empathy and understanding.

"We won't dismantle systemic inequality overnight," the group said. "To paraphrase Theodore Parker, the 19th century abolitionist minister whose work inspired the writings of Dr. [Martin Luther King Jr.], the arc of the moral universe is long. But, today, we must do what we can — by actions and conscience — to ensure that the arc bends toward justice." ■

—solanak@ada.org



# Swabs

*Continued from Page 1*

"We use it every day," Dr. James said. "We'd fix a problem on the computer first, then go to the operation room."

So when he learned of the limited supply of nasal swabs at the medical center, which houses the department of oral and maxillofacial surgery, two of his residents — Drs. Alex Faigan and Kyle Frazier — had an idea: take that 3D technology and apply it to printing swabs.

In mid-April, Dr. Faigan found a file from the University of South Florida designed by Dr. Summer Decker for printing nasal swabs. And on April 17, Dr. James reached out to different program directors at the dental school and formed what he called the "DCG Print Team."

It consisted of dental residents, including Drs. Faigan, Frazier and Bryan Benton from the oral and maxillofacial department; Dr. William Baldock, periodontics; Dr. Matthew Yeung, advanced education in general dentistry; Dr. Christian Dahl, endodontics; Dr. David Pearson, orthodontics; Dr. Michael Thompson, pediatric dentistry; and Dr. Jasmine Silas, prosthodontics.

**"I can't even tell you how many man hours it took to perfect it. These guys deserve all the credit. They learned and knew everything about the materials, the physics of the acrylics, testing the swabs and calibrations."**

"Everyone was cautiously optimistic about 3D printing swabs," Dr. James said. "When we printed the exact file from [the University of South Florida], it was a little bulky, and we still didn't have verification it would work."

The team of residents began modifying the design, making adjustments to construct a swab more appropriate for the COVID-19 test.

They shrunk the diameter, extended its length and added hash marks to let health care providers conducting the tests know that the swab has been inserted far enough.

Allison McMullen, Ph.D., a medical director of microbiology at the department of pathology, tested the 3D printed swabs to ensure they worked.

"I can't even tell you how many man hours it took to perfect it," Dr. James said. "These guys deserve all the credit. They learned and knew everything about the materials, the physics of the acrylics, testing the swabs and calibrations."

On April 24, Dr. James brought the sec-

ond prototype to a meeting that included a liaison to the governor. By the end of the meeting, the team, with the assistance of the National Guard, was tasked with printing 5,000 a day.

It took another week before the print team reached the daily goal of 5,000 swabs.

Using seven printers, the team of residents rotated between two daily 12-hour shifts.

"Our swabs have been used from the southeast to the northwest corner of our state," Dr. James said.

"It wasn't a perfect solution, but it was a solution. Of all places, the Dental College of Georgia was there to help because a group of dentists from every specialty pulled together to accomplish this." ■

—solanak@ada.org



**Design:** The Dental College of Georgia modified a nasal swab print design from the University of South Florida to construct a swab more appropriate for COVID-19 testing.



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## Clarification

In the May 18 issue of ADA News, Dr. Ryan S. Lee was identified as a "dental oncologist" in the story "Dental Oncologist Manages Massachusetts Army National Guard Citizen-soldiers During Pandemic." While Dr. Lee's practices focus on cancer patients, dental oncology is not a specialty recognized by the ADA.



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