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## **ADA News - 08/03/2020**

American Dental Association, Publishing Division

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# ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

AUGUST 3, 2020

VOLUME 51 NO.14



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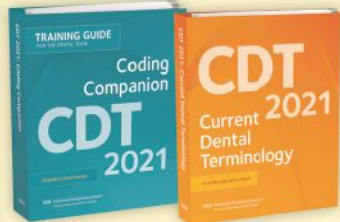
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## BRIEFS

### CDT 2021 guide, companion, app ready for pre-order

The CDT 2021 and Coding Companion Kit with the CDT 2021 App is expected to ship Sept. 8 from the ADA Catalog and delivers the latest additions and changes to the CDT Code — critical information for patient record keeping as well as being reimbursed quickly and avoiding rejected claims as dental offices are opening up again.



The new codes become effective Jan. 1, 2021.

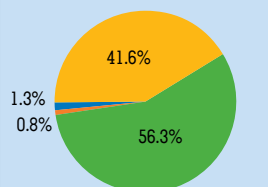
The Code Maintenance Committee, established by the ADA Council on Dental Benefit Programs to evaluate and approve or deny code changes, has been adept

See CDT, Page 15

## JUST THE FACTS

### Dental practices reopening

Ninety-eight percent of dental practices have reopened, according to data collected the week of July 13.



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

## Coalition urges Congress to make provider relief funding tax deductible

BY JENNIFER GARVIN

Washington — The ADA and other health care stakeholders are urging lawmakers to clarify a provision in the Coronavirus Aid, Relief, and Economic Security Act so that providers will not be required to pay taxes on money they receive from the Provider Relief Fund.

INSIDE

Group seeks PPP loan forgiveness, Page 6

In a June 25 letter to leaders of the U.S. House and Senate as well as members of the House Com-

mittee on Ways & Means and Senate Committee on Finance, the groups asked for “Congressional action to clarify and correct” what the groups believe are the unintentional tax consequences of policies meant to provide vital funding to health care providers through the Public Health and Social Services

Emergency Fund (also known as the Provider Relief Fund) and other programs.

They noted that lawmakers raised a similar concern with the Paycheck Protection Program and introduced legislation that is currently under consideration.

The groups are urging Congress for clarification to ensure the following for tax-paying health care providers:

- The Public Health and Social

See RELIEF, Page 15

## Florida dentist outlines extra safety precautions implemented to protect team, patients as practice reopens during pandemic

BY KIMBER SOLANA

Deerfield Beach, Fla. — Dr. Katie Champion is still working on her “smize” — smiling with only her eyes. “But it just doesn’t feel the same,” said Dr. Champion, an associate dentist. “I’m a very face-to-face dentist and value having conversations with my patients about their overall health and oral health.”

Covering her face with a mask and face shield is just among the changes her practice has implemented since reopening on May 8, her first day back to working full-time after Florida lifted its mandatory emergency only dental order due to the COVID-19 pandemic.

Since reopening, the practice is also checking temperatures, asking patients to wait in their cars until their appointment, transitioning to primarily hand-scaling, and using air purifiers that can help filter out viruses and bacteria.

“I’ve heard from other dentists that you can’t practice without ‘XYZ,’ and there are people who are quick to point out flaws,” Dr. Champion said.

“But we have done everything in our power to make sure our office still feels like the safe and friendly space it was before the coronavirus, and I

hope it will continue to be long after this pandemic passes.”

### ‘Historic event’

Dr. Champion remembers having just arrived at Lake Tahoe, California, for a family vacation in early March when she first heard about the impending closures in Deerfield Beach, including her dental practice, due to COVID-19.

“I remember my sister commenting at our first dinner that this was a ‘historic event,’ and I brushed it off thinking that the widespread panic would subside,” she said. “It did not.”

Their resort and nearby businesses closed the following morning, and Dr. Champion and her husband found themselves hastily finding flights back to Florida amid a snowstorm.

“My disappointment at a vacation cut short was quickly turned into a nervousness about what was going to happen to me, my patients and the practice I worked at,” she said.

Dr. Champion said she called the partner owners of her practice — Drs. Joseph Ortlieb and Michelle Rivera — and made plans to come into the office

See REOPEN, Page 4



“Smize”: Dr. Katie Champion smiles with only her eyes. Covering her face with a mask and face shield is just among the changes her practice has implemented since reopening on May 8.

## New ADA flowchart covers steps if staff, household member test positive for COVID-19

BY MARY BETH VERSACI

The American Dental Association has updated its Return to Work Interim Guidance Toolkit and released a new flowchart with guidance to

follow if a staff member or someone in a staff member’s household tests positive for COVID-19.

Available to ADA members, the flowchart includes steps to take for

both the staff member and their coworkers, depending on whether the staff member or a household member

See FLOWCHART, Page 7

# ADA FDC Virtual Connect Conference to bring dental community together

BY MARY BETH VERSACI

Even though the COVID-19 pandemic is keeping many people apart, dental professionals will have the opportunity to come together virtually during the ADA FDC Virtual Connect Conference.

The live and on-demand experience, scheduled for Oct. 15-17, will provide learning, networking and business opportunities for attendees and exhibitors in a flexible and safe setting. Registration opens online Aug. 12 at [ADA.org/meeting](http://ADA.org/meeting).

“Because of the pandemic, everyone is feeling even more isolated. The ADA FDC Virtual Connect Conference is a new and exciting way our dental family can reconnect with live, interactive events that include continuing education and networking opportunities,” said Dr. Nnette Tertel, 2020 ADA meeting chair. “We’ve



## Virtual Connect Conference OCT. 15-17, 2020 • LIVE & ON DEMAND

even planned some fun ways to engage in live events safely from your own home or office.”

The American Dental Association and Florida Dental Association announced the virtual conference July 16 following their decision to cancel the in-person meeting in Orlando, Florida, in light of the COVID-19 pandemic.

The conference will feature keynote sessions, community-building events, wellness sessions and activities, continuing education courses, live workshops and a virtual Exhibit Hall. Par-

ticipants will be able to interact in real time with speakers and other dental professionals or catch up later with on-demand access.

“We hope all attendees will join us in October. There are some exciting surprises,” Dr. Tertel said. “We will be hosting multiple live events and virtual networking parties for our attendees. We will explore self-care topics of happiness and wellness, giving attendees a chance to interact with the speakers on these subjects. We even have live exercise and yoga classes for those who would like to start their day early. Mindfulness, happiness, wellness and truly exceptional continuing education that only the ADA can provide for you while we wait to

meet face to face in Las Vegas 2021.”

Registration is free for the opening session Oct. 15 and the virtual Exhibit Hall. All-access passes include all events, networking and CE courses except for live workshops, which participants have the option to add.

Early-bird pricing, available Aug. 12 until 5 p.m. CDT Aug. 31, is \$99 for ADA members, \$149 for nonmembers and other health care professionals and \$59 for dental team members and guests, and regular pricing is \$199 for ADA members, \$299 for nonmembers and other health care professionals and \$119 for dental team members and guests. Workshop tickets are \$500.

For the latest updates on the ADA FDC Virtual Connect Conference, visit [ADA.org/meeting](http://ADA.org/meeting). ■

—versacim@ada.org

## New Dentist News takes gold at TRENDY Awards

BY KIMBER SOLANA

The ADA New Dentist News received the top award in the Monthly Newsletter or Communication category in this year’s TRENDY Awards, which recognizes association and nonprofit marketing and communications.



The publication was the gold winner at the July 8 virtual ceremony, taking top honors over the American Bar Association’s The ABA Washington Letter and Public Affairs Council’s Impact publication, which received the silver and bronze awards, respectively.

The awards are presented by Association TRENDS, which provides association executives and industry partners training, data and insights to better serve their organizations.

“It’s so exciting that the New Dentist News won this award,” said Dr. Emily Mattingly, New Dentist Committee chair. “New dentists are looking for a reliable source for news as well as guidance from peers, and this publication provides both of those things and in a modern, digestible format.”

The award comes about a year after the ADA New Dentist Committee and the ADA Publishing Division unveiled the redesigned, eight-page quarterly publication, which is distributed with the ADA News as a member resource for new dentists and dental students. Previously, the New Dentist News came as a four-page wrap of the ADA News.

Created by new dentist leaders more than 23 years ago, the New Dentist News includes in-depth stories about new dentists and their experiences across the practice paradigms in dentistry. Topics range from practice management and finances to avoiding burnout and trends in the profession.

Earlier this year, the publication also launched its website, [ADA.org/newdentistnews](http://ADA.org/newdentistnews). It provides a home for individual stories published in the print publication, along with additional content covering the issues unique and relevant to the new dentist experience. ■

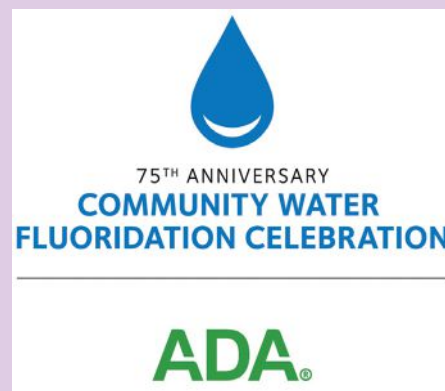
## Eight former leaders in U.S. Public Health Service affirm support of water fluoridation during 75th anniversary commemoration

BY DAVID BURGER

In honor of the 75th anniversary of community water fluoridation, eight former chief dental officers of the U.S. Public Health Service signed a July 7 letter of support for the program, which they said is “the great equalizer in prevention of dental caries because all individuals regardless of income or education are able to access their public tap water.”

Dr. Leon Stanislav, chair of the ADA National Fluoridation Advisory Committee, hailed the public show of support.

“I was extremely pleased to see the statement,” Dr. Stanislav said. “Those eight chief dental officers have a combined 350 years of public health experience. Surgeons general have praised the benefits of community water fluoridation for decades. The U.S. Public Health Service has been fundamental in the understanding, the imple-



mentation and the continuance of the single-best way to combat one of mankind’s most prevalent diseases commonly known as tooth decay, saving untold misery and suffering over the past 75 years, for which we should all be grateful.”

The eight former chief dental officers are Drs. Nicholas S. Makrides, William D.

Bailey, Christopher G. Halliday, Dushanka V. Kleinman, William R. Maas, Stephen B. Corbin, Robert J. Collins and Robert E. Mecklenburg. All are retired rear admirals of the U.S. Public Health Service.

“As the former chief dental officers of the USPHS, we have spent our entire careers dedicated to improving the nation’s oral health,” the officers said in the letter. “Please join us in resolving to support [community water fluoridation], one of the greatest public health achievements and a cornerstone to the prevention of dental caries and improvement of both oral health and overall health.”

Read the letter at [ADA.org/en/advocacy/advocacyissues/fluoridation\\_advocacy](http://ADA.org/en/advocacy/advocacyissues/fluoridation_advocacy).

For more information on fluoride and ADA advocacy of community water fluoridation, visit [ADA.org/fluoride](http://ADA.org/fluoride). ■

—burgerd@ada.org

## Massachusetts executive director remembered as ‘gifted’

BY DAVID BURGER

*Framingham, Mass.* — Conor P. McNulty, executive director of the Massachusetts Dental Society and former executive director of the Oregon Dental Association, died July 6 at his Massachusetts home.

He was 41.

Mr. McNulty was executive director of the Oregon Dental Association from 2014 until March, when he assumed the leadership of the Massachusetts Dental Society. Prior to Oregon, he held various management roles with the California Dental Association.

The Massachusetts Dental Society released a statement: “Even though Conor’s time with the MDS was brief, his impact will be long lasting and cannot be [overstated]. Conor left a lasting impression on organized dentistry through his previous leadership roles with the California Dental Association and the Oregon Dental Association.”

“Conor was a gifted leader who had a unique ability to strategize a vision for our association and to get others to buy into that vision,” said Dr. Barry J. Taylor, Oregon Dental Association executive director and past president.

Mr. McNulty worked for the California Dental Association from 2005 to 2014, part



Mr. McNulty

of that time serving as director of member programs. Peter DuBois, executive director of the California Dental Association, said Mr. McNulty was a trusted asset to the association.

“Conor brought energy, focus and commitment to his work, and he brought a radiant smile, warmth, caring and an easy charisma to his relationships,” said Mr. DuBois. “He was deeply loved and will be missed by us all – rest in peace, dear friend.”

Dr. Kevin Prates, on the Oregon Dental Association board of trustees, said he worked with Mr. McNulty for years before Mr. McNulty moved to Massachusetts. “I knew him from his days at California Dental Association, when I was a dental student and was excited to see him in Oregon when he became the executive director of the Oregon Dental Association,” Dr. Prates said. “He is the main reason I became involved with the Oregon Dental Association and was a huge part in helping me revive the Mid-Columbia Dental Society.”

Rachel A. Wittenberg, a dental student at

the Oregon Health and Science University School of Dentistry, knew Mr. McNulty from her time as the Oregon Dental Association-American Student Dental Association liaison and trustee designate for her school’s class of 2022.

“My heart is broken, and it will break every time I find myself wishing for his jokes and his leadership,” Ms. Wittenberg said. “Conor was not even close to finishing his story. Conor McNulty will be so wholly missed.”

Mr. McNulty held a Certified Association Executive designation from the American Society of Association Executives and was honored as a Forty Under 40 Association Leader by the Association Forum and USAE News in 2017.

Prior to association work, the Oregon native spent time in corporate marketing, publishing and business development.

He earned his bachelor’s degree in marketing from the University of San Francisco.

According to his obituary in *The Oregonian*, Mr. McNulty is survived by his wife, Genevieve McNulty; four children, Russell, Ally, Molly and Libby; parents, Jon and Deb McNulty; sister Erin McNulty; grandmother Dolores Schmidt; and uncles Mike McNulty and David Schmidt. ■

—burgerd@ada.org

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## JADA finds parents comfortable discussing HPV with dentists

BY MARY BETH VERSACI

Parents feel comfortable having discussions about human papillomavirus and its vaccine in the dental setting, according to a study published in the August issue of The Journal of the American Dental Association.

The cover story, “Parent Perceptions of Dental Care Providers’ Role in Human Papillomavirus Prevention and Vaccine Advocacy,” looked at the responses of 208 parents of adolescents aged 9-17 who were recruited from the Minnesota State Fair to survey their awareness and knowledge of the HPV vaccine, as well as their attitudes and comfort in receiving HPV vaccination recommendations and counseling from dental health care providers.

The survey found 66.4% of the parents felt dentists were qualified to counsel about HPV and 72.6% felt they were qualified to counsel about the vaccination, while 60.9% felt dental hygienists were qualified to counsel about HPV and 58.5% felt they were qualified to counsel about the vaccination.

The study also found children’s vaccination statuses and parents’ education levels were correlated with levels of comfort.

To read the article, visit [JADA.ADA.org](http://JADA.ADA.org).

Other articles in the August issue of JADA discuss salivary factors related to caries in pregnancy, antimicrobial stewardship in the dental practice and direct-to-consumer orthodontics. ■



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# ACE Panel survey covers technique, maintenance of dental light-curing units

BY MARY BETH VERSACI

Responses about technique, eye protection and maintenance when using dental light-curing units varied in the latest American Dental Association Clinical Evaluators Panel survey published online by The Journal of the American Dental Association.

“Dental light-curing units are the second most widely used powered dental instrument in general practices behind dental handpieces,” said Dr. Kevin B. Frazier, a member of the ACE Panel Oversight Subcommittee that led the development of the survey and vice dean of the Dental College of Georgia at Augusta University. “While a decline in the performance and effectiveness of handpieces is immediately obvious to the clinician, the same cannot be said for dental light-curing units without objective testing and understanding the variables involved with effective light-curing of photopolymerizable materials.”

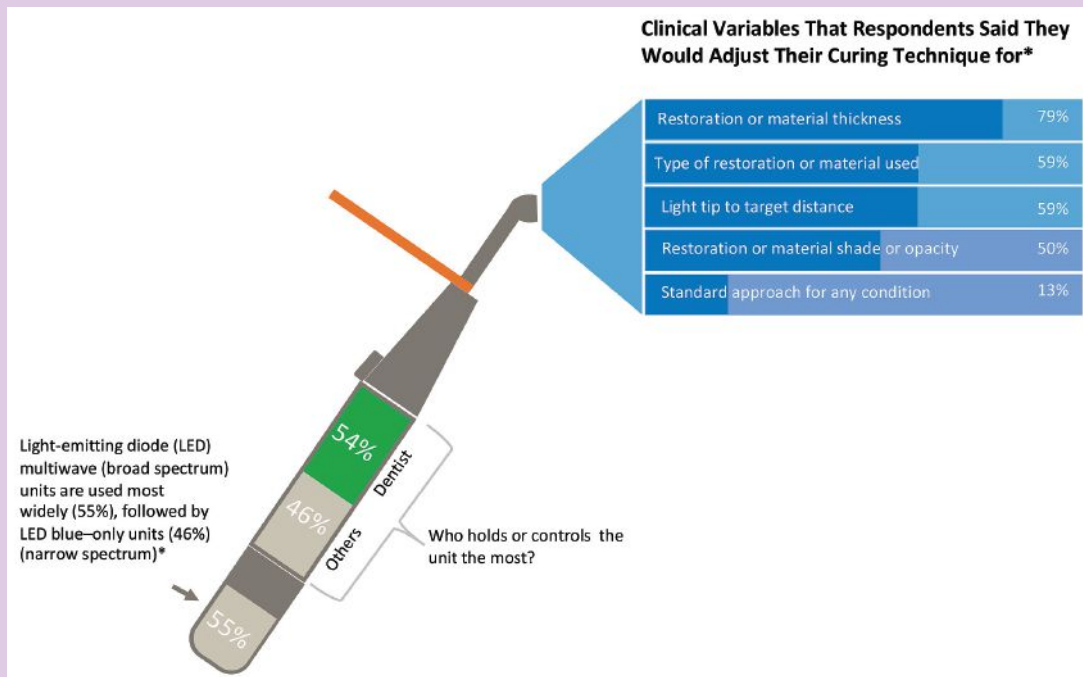
The ACE Panel report includes responses from 353 ACE Panel member dentists in the U.S. on various questions related to dental light-curing units.

“The survey questions were chosen to assess the broad spectrum of dental light-curing unit-related issues and topics, including questions about dental light-curing unit use, unit type and selection, training, maintenance, technique, and safety measures, in order to reveal areas for potential evidence-based continuing education opportunities for our member dentists to enable them to provide optimal treatment for their patients,” Dr. Frazier said.

On average, 59% of dental appointments involve a light-curing unit in a typical day, according to survey responses. Regarding who holds or controls the unit the most, 54% of dentists said themselves and 46% said others.

LED multiwave units are used most widely, followed by LED blue-only units. Dentists who participated in the survey said their top four considerations when selecting a light-curing unit were portability, power, durability and cost.

The survey asked about clinical variables that would make dentists adjust their curing technique, and respondents had the option to make multiple selections. Of the variables



**In response:** The latest ACE Panel report includes responses from 353 ACE Panel member dentists in the U.S. on various questions related to dental light-curing units.

offered, 79% of respondents chose restoration or material thickness, 59% said type of restoration or material used, 59% selected light tip to target distance, 50% chose restoration or material shade or opacity, and 13% said they use a standard approach for any clinical condition.

When light-curing units were used during procedures, 85% of respondents said the operator wore eye protection and 37% said the patient did.

The survey included questions about the type and frequency of curing unit maintenance dentists performed. Of the responding dentists, 72% said they checked the light guide tip ends and cleaned them to remove debris, 67% said they checked the light output, 32% said they checked the batteries of their cordless units, 30% said they replaced batteries demonstrating low charge capacity, and 30% said they periodically test-cured composite samples.

Out of those who checked the light output, 31% said they checked every one to six months, 19% said weekly, 11% said once per year or less, 6% said they did not know, 4% said when the unit is malfunctioning and 3% said daily.

to assess their own dental light-curing unit knowledge, clinical use and maintenance practices.”

Dentists can view the entire ACE Panel report online and download the PDF at [JADA.ADA.org](http://JADA.ADA.org). An online continuing education course that covers the report is also available.

ACE Panel reports feature data from ADA member dentists who have signed up to participate in short surveys related to dental products, dental practices and other clinical topics. The ACE Panel Oversight Subcommittee of the ADA Council on Scientific Affairs writes the reports with ADA Science & Research Institute staff.

The reports aim to offer ADA members a way to understand their peers’ opinions on various dental products and practices, offering insight and awareness on new products and techniques that can benefit patients and the profession.

Members are invited to join the ACE Panel and contribute to upcoming surveys, which occur no more than once every few months and usually take five to 10 minutes to complete.

To learn more or join the ACE Panel, visit [ADA.org/ACE](http://ADA.org/ACE). ■

Four out of five respondents said they read the manufacturer instructions for information on how to effectively use and maintain their curing unit.

“I was encouraged by the clinicians’ appreciation for clinical variables related to materials (thickness, type, shade and distance), and enlightened by the findings that reveal opportunities to provide more practical information on equipment monitoring and ocular safety issues,” Dr. Frazier said.

Because of the variation in technique, safety and maintenance responses, the report suggests dentists could benefit from additional guidance and training on light-curing unit operation.

“The survey highlights most of the important variables involved with effective dental light-curing unit use,” Dr. Frazier said. “The ACE Panel report can be used as a checklist for practitioners to be-

## Reopen

Continued from Page 1

when she returned to figure out the next steps to take.

Based on the ADA recommendation to provide only emergency dental care in March, that’s exactly what Dr. Champion’s practice did.

Normally, the eight-operator practice has three assistants, four hygienists and three full-time front desk personnel, including the office manager.

“It was an exceedingly difficult time, and heartbreaking to tell most of our employees that they would be furloughed for the time being and would need to apply for unemployment,” Dr. Champion said.

The practice had to scale down, keeping a core team in the office for emergencies, including their office manager, two assistants and two doctors.

“As an associate, my position was precarious, and I had originally volunteered to come in on an on-call basis,” she said. “I knew I had a responsibility to continue treating my emergency patients.”

### Staying in touch

Shortly before the practice closed except for emergency-only treatment, the practice started utilizing a patient communication service, to up-



**Plan:** From left, Drs. Michelle Rivera, Katie Champion and Joseph Ortlieb pose for a photo. The trio implemented additional safety precautions to help protect their dental team and patients from COVID-19. Photo taken in 2019.

date patients with what was happening with the practice. Via email blasts, patients were informed about updated personal protective equipment protocols, and what the practice was doing to keep patients safe when it was time to reopen.

Through a group chat with the entire dental team, the practice owners and Dr. Champion also provided updates on how the practice was proceeding amid the pandemic.

“The members of the team that were furloughed knew that May 8 was the tentative reopening date,” she said.

The doctors also kept everyone up-to-date on the changing personal protective equipment and sterilization guidelines, and also keeping them informed about the changes made regarding taking notes and charts.

The ADA, especially its Return to Work

Interim Guidance Toolkit, and other resources have been instrumental in helping guide their reopening, Dr. Champion said.

“We are lucky to have such an understanding team who were both active participants in conversations about infection control and a great support during the many changes we were implementing,” she said.

Every team member could voice their concerns about certain aspects of reopening.

“We did our best to alleviate their valid anxieties,” she said. “We had two hygienists who chose not to return at all, which was eye-opening for me to see how seriously worried they were about their own safety. I knew that we were being diligent and taking all necessary precautions, but I wanted our team and patients to feel the same.”

### Louder than words

The first day back in the office was a little nerve-wracking for Dr. Champion, despite only having four patients on schedule.

“I wanted to be sure we were all doing our best to keep the office disinfected and a safe environment for everyone,” she said.

Before reopening, the practice sent its patients a “Welcome back” reassurance letter,

outlining the new safety precautions.

These include utilizing the ADA medical pre-screening forms before and at appointments, providing sanitizers at the front desk and taking each patient’s and dental team members’ temperatures. In addition, everyone in the office would be wearing masks at all times; decreasing the amount of paper passing hands; spreading out the scheduling system to allow for more disinfection time between patients; and keeping doors closed during aerosol procedures.

“We are utilizing air purifiers in each operator and one in the waiting room to help prevent the spread of infection from aerosols,” she said.

Each day, the team has met to discuss finding new and better ways to best serve their patients and keep everyone safe.

“No one on our team is shy about speaking up for change if it seems warranted,” Dr. Champion said, adding that the team is baseline tested for COVID-19 every three days to make sure everyone is negative.

But of all the changes, the inability to show her face and expressions to her patients, nor shake their hands, was the biggest challenge.

For now, Dr. Champion has to settle on conveying her interest and concern for each patient through her eyes.

“They say actions speak louder than words, but facial expressions really do go a long way in patient comfort and trust,” she said. “And I hope my actions and words can make up for the lack of expressions.” ■

## GOVERNMENT

# Dental organizations urge Congress to assist dentists, practices in next COVID-19 package

BY JENNIFER GARVIN

Washington — As Congress works on the next COVID-19 legislation package, the ADA, Organized Dentistry Coalition and state dental associations are asking Congress to continue providing relief to dental practices facing economic burdens in the wake of the widespread coronavirus pandemic.

In July 10 and July 17 letters to leaders in the U.S. House and Senate, the organizations thanked legislators for their efforts on previous relief packages and asked them to consider the following to continue helping dentists and their patients recover:

- Providing tax credits to small businesses for the purchase of additional personal protective equipment and safety improvements to the office.
- Increasing the federal medical assistance percentage using an economic indicator, while also keeping in place maintenance of effort protections if used to support state Medicaid programs with adult and child dental services.
- Providing temporary and targeted liability protection to small businesses that follow applicable public health guidelines during the pandemic.
- Providing more flexibility for the Paycheck Protection Program loans by allowing borrowers to take out additional Paycheck Protection Program

**In July 10 and July 17 letters to leaders in the U.S. House and Senate, the organizations thanked legislators for their efforts on previous relief packages.**

funds as well as use the funds to purchase PPE; take advantage of the Employee Retention Tax Credit; and deduct expenses paid for with Paycheck Protection Program loans.

- Allow 501(c)(6) organizations to apply for Paycheck Protection Program loans.
- Incentivizing health care practitioners to work in health-disadvantaged communities that have been further undermined by COVID-19 by providing tax credits, federal grants, additional student loan repayment and other incentives.

For updates about issues surrounding the COVID-19 pandemic, visit [ADA.org/virus](http://ADA.org/virus). ■

## IRS offers guidance on sick, family leave reporting requirements

BY DAVID BURGER

Washington — The Internal Revenue Service issued guidance July 8 intended to help employers fulfill the requirement of reporting the amount of qualified sick leave wages and qualified family leave wages paid to employees under the Families First Coronavirus Response Act.

The act generally requires employers with fewer than 500 employees to provide paid leave due to certain circumstances related to COVID-19, including those unable to work due to the virus. It also requires employers to offer up to 10 weeks of partially paid leave to workers who must care for a child whose school or daycare is closed because of the pandemic.

Employers will be required to report these amounts either on Form W-2, Box 14, or on a separate statement.



The IRS guidance says, “In order to provide self-employed individuals who also receive wages or compensation as employees with the information they need to properly claim any qualified sick leave equivalent or qualified family leave equivalent credits for which they are eligible, this notice requires employers to report to employees the amount of qualified sick leave wages and qualified family leave wages paid to the employees.”

This guidance does not pertain to the exemption for employers with less than 50 employees if leave is requested because the employee’s child’s school or place of care is closed, or child care provider is unavailable due to COVID-19-related reasons, provided that the employee’s sick leave would jeopardize the viability of the employer’s business as a going concern.

For more information on the act, visit the U.S. Department of Labor website, [dol.gov](http://dol.gov). ■

—burgerd@ada.org

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# Coalition urges Congress to forgive PPP loans less than \$150,000

BY JENNIFER GARVIN

Washington — The ADA and more than 100 stakeholders are asking Congress to pass a new bill that would ease the process to obtain loan forgiveness of Paycheck Protection Program loans of less than \$150,000.

The Paycheck Protection Program was established by Congress in the Coronavirus Aid, Relief, and Economic Security Act to provide small businesses with economic relief in the wake of the COVID-19 pandemic. According to the coalition, Paycheck Protection Program loans under \$150,000 account for 86% of the total recipients, but less than 27% of Paycheck Protection Program loan dollars overall.

In a July 9 letter to leaders of the Senate Committee on Small Business and Entrepre-

neurship and House Small Business Committee, the groups urged the lawmakers to support S 4117, The Paycheck Protection Program Small Business Forgiveness Act. If enacted, the bill would forgive PPP loans less than \$150,000 upon the borrower's completion of a "simple, one-page forgiveness document."

"This bipartisan legislation would ensure our nation's small business owners can focus their time, energy, and resources back into their business and communities instead of allocating significant time and resources into completing complex forgiveness forms," they wrote.

The groups shared data provided from AQN Strategies, a financial consulting firm, that found expediting the forgiveness pro-

cess could save more than \$7 billion as well as hours of paperwork. The firm based that number after predicting the combined resource requirements of operators' time and/or third-party expenses equaled \$2,000-\$4,000 for each business applying for forgiveness, requiring 20-100 hours of focused time from the businesses.

"With an average loan size of less than \$19,000 for the smallest 60% of loans, this estimate would represent 10-20% of the loan amount itself, which is otherwise intended to support payroll, rent and other obligations necessary to keep businesses alive and ready to restart," the coalition said.

The Paycheck Protection Program Small Business Forgiveness Act is sponsored by

Sens. Kevin Cramer, R-N.D., Bob Menendez, D-N.J., Thom Tillis, R-N.C., and Kyrsten Sinema, D-Ariz.

"Small businesses and their employees are the backbone of our nation's economy and communities," the letter concluded. "Their time and resources would be better focused on getting the economy safely back up and running, not processing burdensome paperwork. We strongly support S 4117 and look forward to working with you, the Committee, and the 116th Congress to pass this bill and have it signed into law. Thank you for your strong, common sense leadership on such a critical issue."

For the latest updates about issues surrounding COVID-19, visit [ADA.org/virus](http://ADA.org/virus). ■

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

## ADA, coalition request Paycheck Protection Program include associations

BY MARY BETH VERSACI

The American Dental Association, together with about 2,200 other organizations, are calling for U.S. leaders to include 501(c)(6) organizations — such as trade, business, professional and membership associations — in the Paycheck Protection Program.

The coalition sent a letter July 1 to Speaker of the House Nancy Pelosi, House Minority Leader Kevin McCarthy, Senate Majority Leader Mitch McConnell and Senate Minority Leader Charles Schumer, requesting Paycheck Protection Program access for these organizations and also asking for the program to be re-authorized until at least Dec. 31.

In the letter, the American Academy of Pediatric Dentistry shared the financial issues it has faced because of the pandemic.

"Our association had to cancel our 2020 Annual Session that was scheduled for Memorial Day weekend, resulting in an estimated \$3.6-4.1 million in lost revenue," the academy stated. "We also had to cancel an in-person continuing education course scheduled for late March and another one scheduled for September. The financial impact forced our association to lay off five staff (approximately 20% of our workforce), institute a hiring and salary freeze, and cancel two summer internship programs."

The letter also calls for the passing of the Pandemic Risk Insurance Act of 2020, which would establish a system of shared public and private compensation for business interruption losses and event cancellations resulting from future pandemics or public health emergencies, and the Skills Renewal Act, which would provide Americans who have been laid off or furloughed because of COVID-19 with a \$4,000 tax credit to pursue post-secondary skills training and career development. ■



## CMS Oral Health Initiative commits to increasing children's access to dental, oral health care

The Centers for Medicare & Medicaid Services said June 25 that it plans to continue the Oral Health Initiative to help states ensure that children enrolled in Medicaid and the Children's Health Insurance Program have access to dental and oral health services.

In a Medicaid Informational Bulletin posted on the agency's website, CMS said that as of September 2018, 48% of children enrolled in Medicaid received a preventive dental service compared to 23% in September 2000. CMS said the Oral Health Initiative's new goal is to have at least 52% of enrollees receive these dental services — which

include exams, fluoride treatments, sealants and more — by 2022.

The Oral Health Initiative, which launched in 2010, helps states reach their goals by:

- Supporting state oral health action plans.
- Hosting webinars on issues related to oral health access, including community partnerships and treatment modalities.
- Hosting learning collaboratives to help states design dental performance improvement projects in managed care delivery systems.
- Developing the Think Teeth campaign.
- Providing technical support through

the Innovation Accelerator Program and for reporting key oral health data.

- Engaging with targeted states.

"Oral health is important and consequential to the overall health of Medicaid-enrolled children," the report concluded. "CMS looks forward to continuing to work with states to improve children's access to needed oral health care. We encourage states to participate in the upcoming oral health learning collaborative, and we are ready to provide technical assistance to help states work toward their goals."

To read the CMS Medicaid Informational Bulletin in full, visit [Medicaid.gov](http://Medicaid.gov). ■

## ADA, coalition support helping Medicaid, CHIP enrollees quit tobacco during pandemic to advance health outcomes

BY JENNIFER GARVIN

Washington — The ADA and a large coalition of stakeholders are supporting a new bill aimed at ensuring Medicaid and Children's Health Insurance Program enrollees have access to "the full array of evidence-based tobacco cessation treatments" during COVID-19.

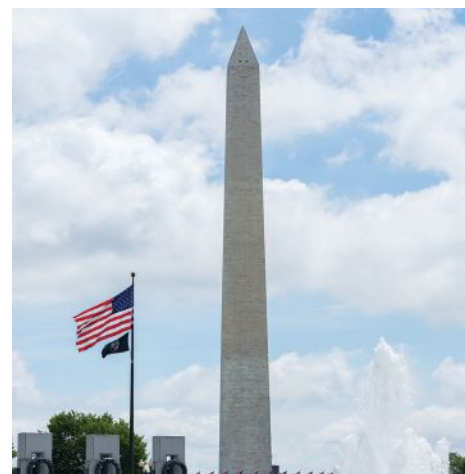
In a July 10 letter to Rep. Lisa Blunt Rochester, D-Penn., the coalition praised the legislator for introducing HR 7286, the Quit Because of COVID-19 Act.

This bill would:

- Authorize the federal government to pay 100% of Medicaid and Children's Health Insurance Program tobacco cessation services (no state or enrollee cost sharing).
- Reduce certain administrative hurdles to tobacco cessation coverage, such as prior authorization.
- Authorize an enhanced federal match (100%, dollar-for-dollar) to pay for state tobacco cessation outreach campaigns for Medicaid and CHIP enrollees.

In the letter, the coalition said the pandemic is "disproportionately impacting communities of color and other vulnerable populations" and a "growing body of evidence" suggests that tobacco users are at increased risk of severe complications from COVID-19.

The groups pointed out that tobacco use is a "key driver of poor health outcomes and health costs" for Medicaid and said "enrollees smoke at more than twice the rate of adults with private health insurance, which increases



their risk of cancer, heart disease, COPD, diabetes and other tobacco-caused diseases."

"Most tobacco users want to quit, and Medicaid and CHIP enrollees who use tobacco products should have access to treatments that give them the best chance to quit suc-

cessfully," the coalition wrote. "That is especially true during a pandemic of an infectious disease that primarily attacks the lungs."

The groups thanked Rep. Rochester for the bill and noted "while all states provide some level of tobacco cessation coverage for Medicaid enrollees, many state Medicaid programs do not cover all evidence-based tobacco cessation treatments and include barriers, like cost sharing and prior authorization requirements, to accessing coverage."

"Your bill addresses these gaps in coverage," the groups wrote, adding "every dollar the state invested in its Medicaid tobacco cessation benefit and awareness campaign resulted in \$3.12 in health care savings from reduced hospitalizations."

"Quitting is one of the most important actions tobacco users can take to improve their health, and Medicaid and CHIP should assist enrollees who want to quit," the letter concluded. "We applaud you for introducing legislation that would ensure that all Medicaid and CHIP enrollees have barrier-free coverage of evidence-based tobacco cessation treatments for the duration of the COVID-19 public health emergency and the two years that follow. We appreciate your leadership on this issue and look forward to working with you to advance this legislation."

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

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# California clinic believes Give Kids A Smile is year-round endeavor

BY DAVID BURGER

*Burbank, Calif.* — Give Kids A Smile events are traditionally held across the country on the first Friday of February each year, providing essential oral health care and education to thousands of children in need.

Each and every GKAS program is a gift to the community, and one program in the northeastern end of the San Fernando Valley has dearly embraced the charitable mission of GKAS.

“Basically, we offer schools and nonprofit agencies a GKAS-type program year-round,” said Dale Gorman, executive director of the Kids’ Community Dental Clinic in Burbank.

## Burbank and beyond

Throughout the school year, volunteer dentists and team members from around the region, on behalf of the clinic, visit schools — 117 in 2019 — to screen and educate young students on the importance of oral care, a hallmark of the ADA’s charitable Give Kids A Smile events.

The screenings also happen during the summer, when the clinic itself hosts nearly a dozen events that bring children from all over the Los Angeles metropolitan area for care.

“When children are screened and decay is found, an assigned health coordinator or school nurse, depending on the school district, contacts each parent to offer care,” said Ms. Gorman. “If they already have a dentist, they are encouraged to go see them. If not, they can come to the clinic for free or low-cost care. This is how children gain access to dentistry. It is our job to teach caries prevention and to retain them as patients throughout childhood as their dental home.”

Dr. Timothy Knox has been volunteering at the clinic since 1985, when the clinic was under the auspices of Saint Joseph’s Hospital (now the Providence Saint Joseph Medical Center).

“The idea behind the clinic at the time was local dentists and hygienists would donate their time so children who could not afford dental care would be treated,” Dr. Knox said. “There was only one full-time staffer who coordinated the scheduling, operations

and assisted chairside. I got involved because I saw the community need.”

Dr. Knox continued: “I continue to volunteer because the clinic has become a unique, thriving force in the community for meeting the needs of disadvantaged children. This simple two-chair clinic has grown to include nearly 50 volunteer dentists and hygienists.”

## ADA institute kick-starts idea

The clinic had a long history of providing school screenings and education before Ms. Gorman started. When she read about the ADA GKAS Community Leadership Development Institute in 2012, Ms. Gorman encouraged her colleague, clinic dental programs administrator Ana Gomez, to attend, learn and come back with ideas.

“She did just that, and our program took off,” said Ms. Gorman.

Around the same time, the clinic began applying to the ADA for GKAS oral health care products for schools that they would visit during the February timeframe. Through the staff’s leadership and active advocacy, grant monies started coming in so that the clinic could sustain the GKAS spirit throughout the year, complete with goodie bags with Colgate toothbrushes and toothpaste for most of the children they would come in contact with over the course of the year.

## 2020 presents challenges

Like every clinic in the country, though, the COVID-19 pandemic had a great impact. When California Gov. Gavin Newsom closed all but essential businesses, it stayed open only for emergency visits for new and existing patients.

“In early March, when the pandemic began to rapidly spread, the Kids’ Community Dental Clinic’s volume of patients drastically dropped,” Ms. Gorman said. “Patients with rampant decay and who were just starting treatment had to be put on hold all these months. Our pediatric patients, a majority of whom are people of color, economically vulnerable and already at a higher risk for decay, face significant decay the longer they are un-



**Give Kids A Smile:** Nora Papayan, who is entering the Herman Ostrow School of Dentistry at the University of Southern California this fall, volunteers as an educator at a local school on behalf of the Kids’ Community Dental Clinic. She has volunteered with the clinic for four years.

able to start or continue treatment.”

Because of the steep decrease in patients, the clinic had to furlough two-thirds of its staff. The clinic, which depends on the kindness of its volunteers, also acknowledged that its volunteer dentists had to attend to their own immediate needs during the pandemic and recovery.

“We anticipate that our volunteer dentists who would normally perform treatments will be concentrating on their own private practice patients and office demands once the shelter-in-place orders are lifted,” Ms. Gorman said. “We expect an influx of patients needing treatment but an initial lack of availability of volunteer dentists.”

Fortunately, the clinic has developed strong partnerships with local colleges over the years, including the University of California, Los Angeles School of Dentistry, Pasadena City College and West Los Angeles College, with dental and hygienist students rotating into the clinic to help sustain the clinic’s admirable aims of of-

fering GKAS-style events throughout the year once recovery will be in full swing. All dental students are supervised by a licensed dentist.

“We believe the clinic’s outreach to homeless and low-income individuals will have an impact on students, and that partnerships with colleges and students is an important portion of the clinic’s impact on public health in Los Angeles County,” Ms. Gorman said.

“The clinic has been in the Burbank area about 50 years,” Ms. Gorman said. “We see the connection of oral health to overall health and are committed to teaching children to prevent tooth decay from the earliest ages. We try to reduce the incidents of emergency room visits for oral health issues. The Kids’ Community Dental Clinic is truly a safety net that accepts any child that needs the help.”

After all, kids need their smiles 365 days a year.

For more information on Give Kids A Smile, visit [ADA.org/GKAS](http://ADA.org/GKAS). ■

## Flowchart

*Continued from Page 1*

is COVID-19 positive. The new resource covers performing staff exposure risk assessments, including what constitutes low-risk versus high-risk contact, as well as implementing self-quarantine, and also describes return to work strategies for staff who test positive

contact areas after each use. The guidance advises that staff perform hand hygiene before they enter and after they exit staff areas and also wear masks at all times when in the office, except when impractical.

Other additions to the toolkit include an updated recommended timeline of two days after an appointment for patients to report any signs or symptoms of COVID-19 and a link to detailed information for members only on paying staff who are on leave because of COVID-19.

The updated toolkit also includes a link to the Patient Return Resource Center, a suite of patient communication tools only available to members that support dentists and their teams in communicating with patients about

what to expect and what they will experience when returning for nonemergency care.

The toolkit is available at [pages.ADA.org/return-to-work-toolkit-american-dental-association](http://pages.ADA.org/return-to-work-toolkit-american-dental-association). ■

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



for COVID-19, including both symptom and test-based strategies.

New guidance in the toolkit also discusses protecting staff in private staff areas, such as by adjusting seating to maintain social distancing, staggering break times and sanitizing



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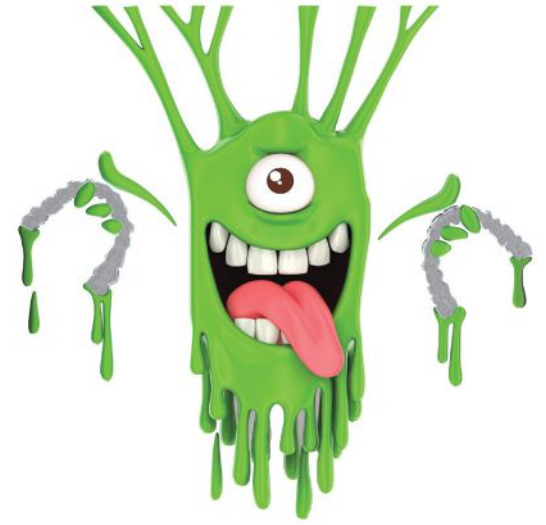
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# ADA Officer Campaign Statements

Candidates seeking ADA-elected offices prepared platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications.

Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are presented as information for Association members.

The candidates included are those who — as of Aug. 3 — had decided to seek office through the upcoming Association elections being held concurrently with the Oct. 16-19 House of Delegates virtual meeting.

The candidates' profiles and statements are also available on ADA.org for Association members only.



## Kenneth McDougall, D.D.S.

### President-elect candidate



**A**s president of the American Dental Association, I will listen and be the voice of our members, and I will support the policies of the House of Delegates. Our near future will be affected by COVID-19 and I am ready to protect the financial interests of our association

while promoting programs that help our members succeed. Our demographics are changing.

To stay relevant, we must adapt to a diverse membership, and cater our programs to all types of practice settings. Our future depends on member participation and grassroots efforts to build upon success. Let's advocate together for our profession and the oral health of the entire nation.

I am ready to go all-in for the success of the ADA. I welcome differing opinions as an opportunity to learn and offer everyone respect and understanding.

I pledge to help volunteers throughout the tripartite do the best work they can. I understand the importance of keeping members informed. Most importantly, I can help us reach our goals and secure a bright future for the profession of dentistry. ■

## Cesar R. Sabates, D.D.S.

### President-elect candidate



**I**love what I do. Practicing dentistry is a privilege I honor every day with a commitment to the health of my patients, dedication to the safety of my staff, and respect for the professional organizations that represent me at the local, state and national level. Honoring this privilege also means giving back to my profes-

sion by volunteering to provide charitable care to those most in need in my community and to helping educate future generations of dentists.

My life experience has prepared me for continued service to our profession as your president-elect. My vision for the ADA revolves around mutual respect for each other with strong leadership. We must have a member-driven, staff-supported organization. My proven track record is one of leading open, inclusive and respectful discussions around difficult issues resulting in tangible outcomes on time and under budget. We must build consensus based upon shared values, the future of dentistry depends on it. We are all well aware of the many challenges facing our profession in normal circumstances, but these uncertain times call for a unique leader.

I would be honored to serve as your president-elect. I respectfully ask for your vote and your support. ■

## Roy Thompson, D.D.S.

### President-elect candidate



**W**hen given the ability and the opportunity, it is one's responsibility to serve...a responsibility which, as one of your trustees, I take seriously and embrace whole-heartedly. I believe the American Dental Association should be the primary professional support system of every dentist. We should provide re-

sources that foster a deep love of dentistry and empower dentists to pursue their dream career while practicing in a way supported by science and reliable evidence. We must embrace diversity of career choice, age, gender, race, and ethnicity, and engage our colleagues in meaningful roles early in their careers. In my experience, when we are passionate about our profession, we become respected leaders in dentistry, in our communities and especially in our families. As president, I will ensure that the ADA Board stays focused on our 2020-2025 Strategic Plan, successfully managing all the issues and initiatives we have identified as critical. I am committed to serving our members passionately, safeguarding their emotional, physical, and financial health, thereby energizing and inspiring them to provide the public with the highest quality of professionalism and service. I will be approachable to member dentists, easily accessible during my term, and fully accountable for the actions of the Board. ■

## PROFILE

**Current residence:** Jamestown, North Dakota.

**Dental school attended:** University of Minnesota School of Dentistry.

**Year received dental degree:** 1981.

**Years of ADA membership** (include ASDA membership): 43.

**Other professional memberships:** International College of Dentists; American College of Dentists; Pierre Fauchard Academy; Academy of Dentistry International; Alliance of the American Dental Association.

**Volunteer posts/elective offices held in organized dentistry:**

- 10th District Trustee, American Dental Association.
- Chair, American Dental Political Action Committee.
- Chair, Council on ADA Sessions.
- Chair, Washington Leadership Conference.
- President, North Dakota Dental Association.

**What are your main qualifications for the office you seek?**

- Achievement: I am always looking to exceed what others expect for results. I do not accept mediocrity so by motivating those around me we strive for excellence.
- Responsibility: I am committed to stable values such as loyalty, honesty and respect. These values create an environment where people want to work together for the good of the association.
- Activation: Turning thoughts into measurable results is something I do with passion. Our association must move forward with programs that help us achieve our strategic plan and we must also

See McDOUGALL, Page 12

## PROFILE

**Current residence:** Coral Gables, Florida.

**Dental school attended:** University of Missouri-Kansas City School of Dentistry.

**Year received dental degree:** 1987.

**Postgraduate education/specialty:** Advanced Education in General Dentistry.

**Years of ADA membership** (include ASDA membership): 35.

**Other professional memberships:** Academy of General Dentistry; Hispanic Dental Association; American College of Dentists; International College of Dentists; Pierre Fauchard Academy.

**Volunteer posts/elective offices held in organized dentistry:**

- Trustee, ADA.
- Chair, ADA Budget and Finance Committee.
- Chair, ADA Task Force on Eldercare.
- Chair, ADA Council on Access Prevention & Interprofessional Relations.
- President, Florida Dental Association.

**What are your main qualifications for the office you seek?**

- Well-rounded, engaged leader with broad-based experience.
- Business and clinical expertise (32 years owning/operating a solo private practice).
- Academician (16 years as dental educator).
- Community commitment (Florida Donated Dental Services Program, chair/president; Florida Mission of Mercy volunteer; active member of his parish).

**Why do you want to be an ADA officer?**

As I write this, the very foundation of how we safely deliver care is changing, affecting our ability to provide for our personal and professional families. These are unique and uncertain times that call for a leader who is not afraid of the tough conversations required to ensure the continued

See SABATES, Page 12

## PROFILE

**Current residence:** Murfreesboro, Tennessee.

**Dental school attended:** University of Tennessee College of Dentistry.

**Year received dental degree:** 1978.

**Postgraduate education/specialty:** Mastership, Academy of General Dentistry.

**Years of ADA membership** (include ASDA membership): 45.

**Other professional memberships:** American College of Dentists; International College of Dentists; American Academy of Dental Practice; Academy of General Dentistry; American Orthodontic Society.

**Volunteer posts/elective offices held in organized dentistry:**

- ADA Sixth District Trustee.
- Chair, ADA Council on Access, Prevention and Interprofessional Relations.
- Chair, ADA DLOSCE Steering Committee.
- Chair, ADA Diversity and Inclusion Committee.
- Local Arrangements Chair, AGD National Meeting, Nashville, Tennessee.

**What are your main qualifications for the office you seek?**

- Leadership: Leaders give high level direction but do not micromanage.
- My optimism and respectful demeanor will carry over to the Board.
- High-level energy and strong work ethic.
- Adaptable and flexible: I do not fear change.
- Financial acumen: 42 years leading my team to clinical and financial success and past chairman of the Budget/Finance Committee of a 2,000-member church.

**Why do you want to be an ADA officer?**

My deep desire to safeguard what I love – the freedoms and personal fulfillment from a career in dentistry – drives me to be your ADA president. Early in my leadership journey,

See THOMPSON, Page 12

# Maintaining mental health, wellness during COVID-19 pandemic

## American Dental Association offers resources, programs to help dentists tackle stress

BY KIMBER SOLANA

Dentistry is a high-stress career, and the added challenges of the COVID-19 pandemic underscore the need for dentists to maintain their mental health and well-being, said Dr. Jeffrey Berkley, chair of the Council on Dental Practice’s Health, Wellness & Aging subcommittee.

“We all concentrate on every detail and seek perfection,” Dr. Berkley said. “The additional considerations that COVID-19 adds to this creates additional stress.”

Dentists are exemplary at infection control, he added. “But now, we need to ask if we can accomplish the same procedure without an aerosol, consider consolidating or staging office visits, addressing personnel concerns and contemplate financial considerations of our modified practice regimen.”

It’s for this reason that the Association has and continues to offer resources and programs to help members keep their mental health and overall wellness in check.

Through the ADA’s Council on Dental Practice, a wide range of monthly wellness webinars has been promoted, including some of which were produced through the ADA’s Accelerator Series. These include the webinars Emotional Impact: Dealing Constructively With Stress in the Midst of COVID-19; What Makes Humans Happy; and Balanced By Design: Why “Crazy Busy” Isn’t Sustainable. The webinars are available on-demand and free to ADA members.

**“This is not the first crisis we have faced and certainly won’t be the last. Have faith we will beat this, and please don’t hesitate to ask for help if you need it.”**

The next webinar, The Dental Hygienist’s Role in Supporting Patients with Substance Use Disorder, is scheduled Aug. 6 from 1-2 p.m. CST.

“The ADA has compiled relevant and informative resources that are well-organized and easy to access,” Dr. Berkley said. “We are still working to update and expand these on a daily basis. The ADA response to this crisis has been exemplary and makes me proud to be a member.”

Earlier in the spring, at the beginning of stay-in-place orders, the council provided a weekly webinar series, which are also available on demand, including Four Ways to Stay Healthy During Crisis with Dr. Uche Odiatu, and Building Resilience in Times of Anxiety and Uncertainty with Dr. Aparna Chawla.

Dr. Berkley said his views on mental health and wellness as a dentist practicing during a pandemic may be influenced by his experience as a COVID-19 survivor who was in the intensive care unit and had a prolonged recovery.

“Breathing through an N95 mask and wearing extra personal protective equipment can be exhausting,” he said, adding that other challenges include making sure the dental team, staff and patients maintain the highest degree of safety while providing the highest level of care.

“But it is our nature to love a challenge,” he said. “Sometimes, it helps to just take a walk outside or try some other non-dental

distraction to clear your head.”

In May, the Council on Dental Practice decided to approve a call for nominations to its Dental Wellness Advisory Committee for a content authority on mental health.

In direct response to that call, the council has now confirmed two mental health experts as consultants to the ADA as members of the Dental Wellness Advisory Committee: Diana E. Dill, Ed.D., a social scientist, coaching and consulting psychologist and behavioral health provider; and Kasey Franco, director of training and education at the National Alliance on

Mental Illness.

Dr. Berkley said he has maintained good mental health and wellness by communicating with colleagues and educating himself and his dental team through the ADA webinars.

“This is not the first crisis we have faced and certainly won’t be the last,” he said. “Have faith we will beat this, and please don’t hesitate to ask for help if you need it.”

All existing mental health resources may be found through the Center for Professional Success at [ADA.org/wellness](http://ADA.org/wellness). ■

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





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Continued from Page 10

**Kenneth McDougall, D.D.S.****PROFILE**

be willing to let go of programs that no longer give us measurable positive results.

- **Futurist:** I am inspired by the future and what can be. I am always thinking of ways we can improve upon what we are doing to keep our association relevant into the future.

- **Communication:** I enjoy giving presentations and find it easy to put my thoughts into words. I look forward to traveling our country and sharing the ADA's story. But more importantly, I enjoy listening to others.

It is from the exchanging of ideas that we achieve the best results. I want every member to know their thoughts are important.

**Why do you want to be an ADA officer?**

The ADA must remain as America's leading advocate for oral health and I will use my skills and experience to lead us to even greater heights. ■

Continued from Page 10

**Cesar R. Sabates, D.D.S.****PROFILE**

honor and viability of our profession.

A leader who understands the finances of the ADA and has the financial acumen to oversee our budget ensuring a wise stewardship of our precious resources.

A leader who is a passionate advocate for the profession and has an unwavering commitment to the sanctity of the doctor/patient relationship.

A leader who understands the strength of a diverse membership and is willing to listen to members' concerns.

My vision for the ADA is quite simple: It is all about strong leadership and respect.

The ADA is the trusted voice for oral health in the world. It speaks for all of us. My leadership skills: listening, consensus building, transparency and getting things done, will advance the cause of dentistry. My pride in the dental community inspires me to work hard on behalf of all dentists so that we may all thrive together — not sometime in the distant future, but now.

I respectfully ask for your vote for ADA president-elect. ■

Continued from Page 10

**Roy Thompson, D.D.S.****PROFILE**

I recognized that I enjoyed the governance of our association and cherished the ability to control my destiny and guide the profession. From my first day of dental school, I've been fascinated by clinical dentistry. Although much has changed about dentistry over time, my passion to serve has never wavered.

The tools available to us through the ADA should be our lifeline at all stages of our careers. Whatever our individual characteristics and practice mode, we must be supported by the ADA so that the love of dentistry is fostered within us.

The ADA must continue to be the most trusted resource for both the public and profession. When a dentist has the appropriate resources and support systems, I firmly believe they can have a gratifying career just as I have.

My role as ADA president will be to preserve the independence of our profession for whatever direction a dentist chooses to take in their lifetime journey. ■

**Thomas R. α'Becket, D.D.S.****Second vice president candidate**

**A**s your ADA second vice president my goal is to work diligently to continue the positive trend our organization is experiencing. My three-step approach is as follows:

**Adaptability:** Use sound, evidence-based thinking to evaluate ever changing situations.

**Action:** Create workable plans for problem solutions.

**Accountability:** Use resources in a manner that maximizes efficiency and profitability.

History often repeats itself. We are in a period of political chaos, pandemic and a world affected by both. In my lifetime, I have had

to work through exceptionally high interest rates in the 1970's, the newly identified HIV virus and AIDS of the 1980s, fallout from 9/11, the stock market crash of 2008 and the current COVID-19 pandemic. Current struggles are real but can be overcome by reflecting on the past and using today to build a brighter tomorrow. By working together as an ADA team of officers and trustees, staff, the House of Delegates and countless volunteers we will come out stronger. As your ADA second vice president I will be your voice, the voice of reason, working to keep our profession of dentistry a truly great profession. ■

**Maria C. Maranga, D.D.S.****Second vice president candidate**

**I**n this post-COVID era, we, as an Association, must continue to do two things to remain relevant. We must be there for both

our members and the public alike through communication, connection and collaboration. Working together, we will make membership meaningful. We must continue to show the public that we understand they have serious fears and care for them in a safe and compassionate way. Through advocacy, we must continue to work with third-party providers, on regulatory issues and on combatting DIY dentistry. The members demand this. Moreover, we must demand from ourselves the ability to respond to changing

needs. In order to achieve this, we must be mindful of how our membership is evolving. We must take into account changing demographics and practice models, busyness, license portability, and student debt. We must strengthen ADA communication to our members, connect members to the tools they need to succeed, and collaborate effectively with the Board of Trustees on these endeavors. Having been a champion for membership at the ADA council, I see the challenges before us. I pledge to be your representative, to work diligently with the Board of Trustees to achieve meaningful membership with focus and deliberate intent. ■

**PROFILE**

**Current residence:** Millersville, Maryland.

**Dental school attended:** Georgetown University School of Dentistry.

**Year received dental degree:** 1977.

**Years of ADA membership** (include ASDA membership): 47.

**Other professional memberships:** International College of Dentists; Maryland State Dental Association.

**Volunteer posts/elective offices held in organized dentistry:**

- ADA delegate, 2006-present.
- ADA Council on Dental Benefits Programs, 2016-present.
- President, Maryland State Dental Association, 2016.
- Treasurer, Maryland State Dental Association, 2000-06, 2008-14.
- Secretary/treasurer, ADA 4th District Trustee, 2018-present.

**What are your main qualifications for the office you seek?**

- **Experience and knowledge:** Have served as an ADA delegate for 14 years, served on the ADA Council, Dental Benefits Programs for four years and have served on a reference committee.

- **Leadership:** As my CV indicates I have held leadership positions on the national, state and local settings. I proudly work with my alma mater, Georgetown University, as a member of the Dental Alumni Board and as editor of the dental alumni newsletter. I am also an interviewer for the Georgetown admissions program where I have in-person, one-on-one conversations with prospective undergraduate students.

- **Advocacy:** The role of government in the realm of dentistry is ever-growing. Early in my career I recognized this and became a liaison to our state board of dental examiners. I became active in the Maryland State Dental Association's legislative committee and MARPAC, our political fundraising arm.

- Since retiring from active practice I have become an "unofficial" lobbyist in Annapolis, Maryland, working with our legislators in both houses to promote legislation favorable to our dentists.

I understand the legislative process and recognize the slow and sometimes unsteady pace of getting a bill passed.

**Why do you want to be an ADA officer?**

I enjoy what I have been doing and want to continue using my well-honed skills.

As ADA second vice president I look forward to bringing your voice, the ADA House of Delegates, to the ADA Board of Trustees. ■

**PROFILE**

**Current residence:** Northport, New York.

**Dental school attended:** New York University.

**Year received dental degree:** 1988.

**Postgraduate education/specialty:** Endodontics.

**Years of ADA membership** (include ASDA membership): 35.

**Other professional memberships:** American Association of Endodontists; American Association of Women Dentists; American College of Dentists; International College of Dentists; Pierre Fauchard Academy.

**Volunteer posts/elective offices held in organized dentistry:**

- Past chair, ADA Council on Membership.
- President, New York State Association of Endodontists.
- Academic Affairs Director, American Association of Women Dentists.
- Past president, Suffolk County Dental Society.
- American Association of Endodontists board.

**What are your main qualifications for the office you seek?**

- I have board, chair and/or presidential experience at all three levels of our tripartite. Coupled with my experience at the AAE, I value and embrace the symbiotic relationship of the ADA and specialty groups.

- As a member of ADEA, I promote an environment of mutual respect for our dental leaders, both academic and clinical.

- As an educator for over 28 years, I see firsthand the struggles of our students and residents, who also look to me as a mentor for career guidance and empathy.

- The ADA's Institute for Diversity in Leadership has reinforced my commitment to our diverse membership to encourage, inspire and stimulate growth onto a path of meaningful membership.

- As a private practitioner and small business owner, I understand the importance of participation with our students in state and national lobby days; leading by example helps to ensure that the autonomy we enjoy will be passed on to the next generation.

**Why do you want to be an ADA officer?**

Like most of you, I am grateful for the opportunities that being a dentist has presented to me.

I aspire to continue to help my current and future colleagues be more successful by making connections, giving feedback and providing the resources, they need to grow. I believe that serving as an officer of the ADA will allow me to do this on a broader level, by carving greater pathways for our membership through advocacy, mentorship and consensus building. Over the next few years, as our profession is scrutinized by members and the public alike, we need officers who can facilitate inclusion and growth. I believe I have the competence, drive and passion to do so. ■

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# American College of Dentists commemorates a century of service

## In virtual celebration, centennial anniversary scheduled for Oct. 14-15

BY KIMBER SOLANA

*Gaithersburg, Md.* — The American College of Dentists knows a thing or two about responding to pandemics.

It was born in 1920 — in the immediate end of the 1918 flu pandemic — with a mission to advance excellence, ethics, professionalism and leadership in dentistry. It's not about to let COVID-19 stop it from celebrating its 100 years of service.

The American College of Dentists will commence virtually at its 2020 Annual Meeting and Centennial Celebration on Oct. 14-15.

"From early March to the present, we have been in what has been referred to as suspended animation," said Dr. Theresa S. Gonzales, executive director. "Most, if not all, conferences have been canceled for the foreseeable future and this was necessary in the context of risk mitigation and more importantly, life preservation."

The virtual meeting and celebration, which replaces the in-person event scheduled Oct. 14-15

in Orlando, Florida, will include two full days of events. These include the Fellows Forum and a keynote address by Dr. Karl Haden, who will discuss the nine virtues of exceptional leaders based on his best-selling book of the same name.

In addition, Dr. Gonzales will deliver *Our First 100 Years* — the Narrative History of the American



College of Dentists.

"Born in the Roaring Twenties, [the college is] now celebrating a century of service in what may come to be known as the 'Raging Twenties,'" Dr. Gonzales said.

In addition, the virtual event will involve the convocation of new fellows, President-elect Leo E. Rouse's address, and recognition of the 2020 award recipients, including Drs. David W. Chambers and Jeanne C. Sinkford, this year's William John Gies

Award recipients.



**The presidents:** From left, Drs. James Settersberg, Chad P. Gehani, Terry Brewick and Stephen Ralls pose for a photo at the International College of Dentists, American College of Dentists and Pierre Fauchard Academy luncheon at the Chicago Mid-Winter Meeting in February. Dr. Gehani, ADA president, was its keynote speaker.



**Dr. Gonzales**

The college had planned a series of 100th anniversary celebrations this year, culminating with its annual meeting and centennial celebration. In January, the college's New England Section, in conjunction with the Yankee Dental Conference, hosted a black-tie event at the Copley Plaza Hotel, the site of where the college was founded in 1920. That celebration was followed by festivities at the Chicago Mid-Winter Meeting and the New York Section meetings.

However, by March, the COVID-19 pandemic halted the remaining in-person celebratory plans.

Founded on Aug. 20, 1920, by the president, president-elect and secretary of the National Dental Association — now the American Dental Association — and other dental leaders, the college is the oldest major honorary organization for dentists.

During its 100-year history, the college was instrumental in founding the American Association of Dental Editors and Journalists and developing related standards for professional publications. It pushed for the founding of a national dental examining board and initiated a student loan program.

"I have been a proud member of ACD for over 20 years," said Dr. Kathleen T. O'Loughlin, ADA executive director. "The ACD's focus on ethics has elevated the profession's reputation and emphasized as core to the profession of dentistry. Congratulations on this fantastic milestone. Happy anniversary, ACD."

In recent years, the college has organized four ethics summits and produced several white papers on ethics, provided over 152,000 online ethics courses, and the college has distributed the Ethics Handbook for Dentists to dental students in the U.S. and Canada.

"It is not possible to know what the next 100 years will bring to our organization and our combined missions but if past is prologue, our future has limitless possibilities as we embark upon our second century of service," Dr. Gonzales said.

To learn more about the virtual ACD 2020 Centennial Celebration and Annual Meeting, visit [acd.org](http://acd.org). ■

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

## 'Value-added' fees, virtual credit cards can be rejected

### Dentist recommends contacting third-party directly, demand how they want to be reimbursed

BY DAVID BURGER

*Editor's note: This is the 32nd story in the Decoding Dental Benefits series featuring answers and solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their teams so that they can focus on patient care.*

**Decoding  
Dental  
Benefits**

Dentists not wishing to incur the transaction fees are encouraged to ask the vendors if payments can be received without the "value-adds" and thus, free of charge, she said.

What bothers her even more is when third-party payers send dentists virtual credit cards as payment. The dental practice increases its operating costs by paying the merchant service fees to process payment, which can range from 2% to 5% depend-

ing on the dentist's merchant service costs.

If a third-party payer offers to reimburse a dentist through a virtual credit card, Dr. Stuefen, who has been handling EFTs at her practice for nearly a decade, said, "Don't be scared to tell a payer that you don't want to receive virtual credit cards. Be proactive."

Brad Smith, senior director of ACH Network Administration & Industry Verticals at Nacha, short for the National Automated Clearing House Association, agreed with Dr. Stuefen in that EFTs should be free of arbitrary fees for services not desired by dentists.

"Dental practices will have to ask the health plans and clearinghouses what those value-added services are," Mr. Smith said.



**Dr. Stuefen**

"EFT and electronic remittance advice are straightforward transactions mandated by the federal government. They aren't value-added services."

He also said that dentists shouldn't have to accept virtual credit cards.

"In fact, many dentists that we've spoken to have opted out of receiving virtual credit cards for payment," Mr. Smith said.

If a dentist believes that entities are unfairly charging for EFTs, Mr. Smith said, and refusing to pay through the no-cost version of the EFT transaction, dentists should consider lodging an official complaint directly with the Centers for Medicare & Medicaid Services.

"Some practices have reported that simply requesting the no-cost EFT option was enough," Mr. Smith said.

Dr. Stuefen and Mr. Smith presented an ADA webinar together in January that was recorded and is free for on-demand viewing for members on the ADA Center for Professional Success called ACHing for EFT. The webinar focuses on how dentists can reduce

practice overhead costs through use of electronic data interchange and how EFTs via automated clearinghouses (ACH) could reduce the manual time and effort — and costs — associated with receipt and processing paper checks.

"EFT means dentists get their hard-earned money quickly, safely and at a very low cost," Mr. Smith said. "Claim payments go directly into a practice's bank account. No waiting for checks to arrive; no trips to the bank; no waiting for checks to clear; no lost checks. Who wouldn't like that?"

Payers also cannot recoup money through the EFT/ACH process without the dentist's permission.

Staff from the Center for Dental Benefits, Coding and Quality can help dentists with dental benefits-related and coding problems, questions and concerns. Call the ADA's Third-Party Payer Concierge at 1-800-621-8099 or email [dentalbenefits@ada.org](mailto:dentalbenefits@ada.org).

The ADA has created an online landing page for dental benefits information that can help dentists address and resolve even their most vexing questions. Go to [ADA.org/dentalbenefits](http://ADA.org/dentalbenefits), part of the ADA Center for Professional Success.

Previous installments in the Decoding Dental Benefits series are available at [ADA.org/decoding](http://ADA.org/decoding). ■

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

# CDT

*Continued from Page 1*

this year, meeting twice to address an urgent need prompted by COVID-19.

In April, one month after its scheduled annual meeting, the Code Maintenance Committee met again (virtually) in a special session to address the ADA's request for new codes to document pathogen testing procedures prompted by the COVID-19 pandemic.

The outcome was addition of the following procedure codes to CDT 2021:

- D0604 — antigen testing for a public health related pathogen, including coronavirus.

- D0605 — antibody testing for a public health related pathogen, including coronavirus.

“The Code Maintenance Committee accepted a number of change requests this year that included codes that more clearly describe services being delivered today,” said Dr. Randall Markarian, chair of the Code Maintenance Committee and ADA Council on Dental Benefit Programs.

Other coding and billing guidance on teledentistry and personal protective equipment is available at [ADA.org/virus](http://ADA.org/virus). Note: There is no unique CDT code for PPE, and when necessary, “D1999 — unspecified preventive procedure, by report” could be used for documentation.

## Annual convening highlights

The Code Maintenance Committee met in person on March 12 at ADA Headquarters in Chicago to discuss changes that will become effective Jan. 1.

Among the several maintenance requests accepted during that session, nine new diagnostic imaging codes were added for radiographic and photographic image capture-only procedures, where image capture and interpretation are sepa-

rate procedures and the patient location (image capture) and the dentist location (image interpretation) are not the same. Image capture-only procedures could occur in a teledentistry encounter or in circumstances where image capture involves a dedicated imaging facility (e.g., for cone beam computed tomography, MRI). The captured images are forwarded to a dentist for interpretation, a separate procedure with its own CDT code: D0391 — interpretation of diagnostic image by a practitioner not associated by capture of the image, including report.

Other code additions approved at the March 12 meeting include preventive procedures such as vaping counseling, implant procedures and oral surgery procedures.

## Coding help

The ADA Practice Institute's Center for Dental Benefits Coding and Quality is preparing online coding guidance publications for several new and continuing codes, which will be available for no-cost download on its Coding Education webpage.

The two guides already developed address documenting and reporting the new image capture-only codes (D0701 through D0709) in the diagnostics category of service, and the new code D1355 — caries preventive medicament application — per tooth” in the preventive category.

Work is also underway on other new guidance publications as well as revisions to some current guides to reflect CDT 2021 changes.

In addition, the CDT 2021 Coding Companion: Training Guide for the Den-

tal Team is for staff who code.

Inside, dental teams will find more than 200 frequently asked coding questions and their answers, more than 140 coding scenarios and the most common coding terminology.

Lastly, the CDT 2021 App for computers and iOS and Android devices enables instant searching by code, category or keyword.

Code changes in all for CDT 2021 include 28 new codes, seven revised codes, four deleted codes and 22 editorial actions, which clarify without changing the coded procedure's purpose or scope.

To pre-order the kit, visit [ADAcatalog.org](http://ADAcatalog.org) or email [msc@ada.org](mailto:msc@ada.org).

Get free shipping on all ADA Catalog products by using promo code 20113 by Oct. 9. Do not include payment details in the email. ■

# Relief

*Continued from Page 1*

Services Emergency Fund and similar funding provided in response to COVID-19 is not taxable.

- Entities receiving these funds maintain tax deductions attributable to these funds.

“It is essential that these provisions are enacted together to avoid the situation that occurred with the Paycheck Protection Program,” the groups wrote.

“Without such a correction, tax-paying health care providers lose at least 21% of the benefit of these funds and are treated unequally as compared to non-tax-paying providers. We do not believe Congress intended such a consequence in enacting the CARES Act and other COVID-19-related legislation.”

The deadline for dentists to apply for provider relief is Aug. 3.

To learn more and apply, visit [cares.linkhealth.com](http://cares.linkhealth.com).

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

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

U



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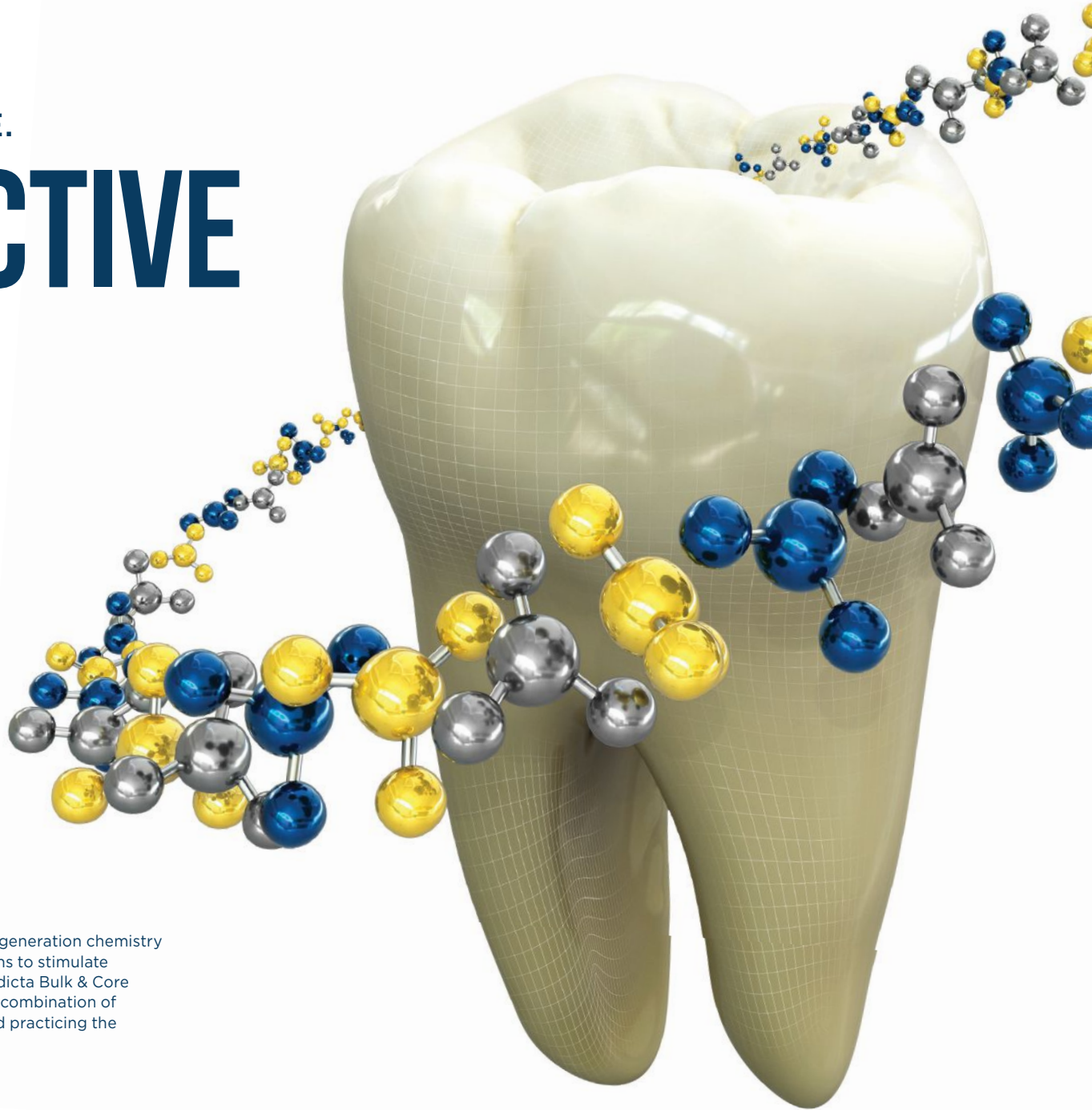


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