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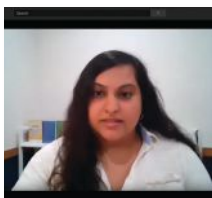


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Dental practices reopening
HPI webinar examines state of affairs

4

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

Annual meeting
ADA FDC Virtual Connect Conference offers flexible programs

5



CDHC program
Hawaii celebrates first state graduates

10

ADA News

AUGUST 17, 2020

VOLUME 51 NO.15



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BRIEFS

ADPAC introduces 2020 Election Center website for dentists

With less than 80 days till the general election, the ADA Political Action Committee has unveiled the 2020 Election Center to help dentists and dental students get ready to vote.

Got questions about which candidates will be on your ballot on Nov. 3?

Need to check your registration status?

Want to sign up to vote by mail or see if you can vote early?

The answer to all those questions and more is avail-



able at Vote.ADA.org.

"This website is your home for all things 2020 election," said Dr. David Watson, ADPAC chair. "In addition to helping users learn about the candidates in their local districts and states, it's also a great tool to keep people informed about key dates regarding absentee ballots and registration deadlines."

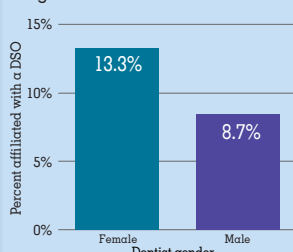
ADPAC's mission is to educate dentists about the importance of political action and to help elect candidates who are supportive of issues important to dentistry.

For more information, visit the ADA Legislative Action Center at actioncenter.ADA.org. ■

JUST THE FACTS

DSO affiliation by gender

Female dentists are more likely to be affiliated with a dental service organization than male dentists.



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

ADA Board of Trustees: Dentistry is essential health care

Ad interim policy recognizes public's need to access full range of dental services

BY MARY BETH VERSACI

The American Dental Association Board of Trustees has adopted an ad interim policy stating dentistry is essential health care to help guide advocacy for the dental profession during the COVID-19 pandemic.

The Board established the ad interim policy via a video call July 27, and the House of Delegates will

INSIDE

Advocating during a pandemic, Page 6.

consider it as a resolution during its virtual meeting in October.

"This policy was created to recognize that dentistry is an essential

service. Whether it's the current pandemic, a future epidemic or a natural disaster in a particular area, this policy recognizes the need for people to be able to continue to access the full range of dental services," ADA President Chad P. Gehani said. "Doing so will help people maintain their oral health and contribute to their overall health. Oral

health is integral to overall health — staying well often depends on having access to health care, which includes dental treatment."

From March 16-April 30, the ADA called for dentists to postpone all but urgent and emergency procedures to help mitigate the spread

See *ESSENTIAL*, Page 15

'We are the definition of primary care'

Dr. Daniel J. Klemmedson discusses passion for dentistry, journey to ADA presidency

"Mrs. Klemmedson, Daniel has eight cavities."

The pronouncement, made during a boyhood visit to the dentist, remains ingrained in Dr. Daniel J. Klemmedson's mind.

"I spent way too much time in the dentist's office," said Dr. Klemmedson.

In spite of all the time he spent in the dentist's chair, it was beside the chair where Dr. Klemmedson saw his future. As he remembers it, he was attracted to the convenience.

"I liked the fact that my dentist in Tucson lived in his office," Dr. Klemmedson said. "His office was attached to his house, and I thought that was pretty cool."

What started out as a career of convenience — either be a dentist or marry a dentist — became a passion, layered with greater complexity than what he had imagined as a teenager.

"What other profession allows for full use of intellectual abilities as well as surgical skills?" he asked. "We are the definition of primary care: Diagnosis, education, prevention and clinical care over a lifetime. The autonomy of practice choice, self-regulation and work-life balance cannot be beat."

Dr. Klemmedson's career in organized dentistry will culminate Oct. 19 when he is installed as the 157th president of the American Dental Association at the virtual House of Delegates meeting. Because of the COVID-19 pandemic, the ADA Board of Trustees voted to hold

the ADA FDC 2020 meeting and subsequently the House of Delegates virtually this year.

'I didn't know how to stop'

Dr. Klemmedson was born in Missoula, Montana, in 1954. His father's job in forestry and watershed management and his doctoral research at the University of California-Berkeley forced the family to move around a bit during Dr. Klemmedson's youth: California, Boise, Idaho, and finally, Tucson, Arizona, where Dr. Klemmedson finished junior high, high school and ultimately obtained a bachelor's degree in biology from the University of Arizona.

During a college summer, he served as a counselor for Camp Wildcat, a student-run organization at the University of Arizona that provided underprivileged children the opportunity to go camping in the mountains outside Tucson. It was there he met another counselor: his wife, Adaline. They ultimately married before he started dental school at the University of Southern California in 1976.

Adaline got a job in the fundraising and development division for one of the vice presidents at USC, and benefited from a program to reduce Dr. Klemmedson's dental school tuition by half. A good portion of the remainder of his tuition was paid by the state of Arizona, which had no dental schools at the time so they collaborated with neighboring states to help residents financially.



Dr. Klemmedson: He will be installed as the 157th ADA president Oct. 19.

ADA initiates grassroots campaign for COVID-19 relief bill

BY JENNIFER GARVIN

Washington — The ADA is calling on dentists nationwide to contact their legislators as Congress works on finalizing the next legislation relief package in response to the COVID-19 pandemic.

In an Aug. 6 Grassroots Alert email, the Association asked dentists to visit the center to ask their senators and representatives to support key provisions in the next bill.

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

Here is what the ADA is urging lawmakers to include in the final version of the next bill:

- Provide tax credits to small businesses for the purchase of additional personal protective equipment and safety improvements to the office.
- Increase funding for Medicaid and protect adult and child Medicaid dental benefits from cuts.
- Provide temporary and

See *GRASSROOTS*, Page 15

See *PRESIDENT*, Page 8

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University of Kentucky names new dental school dean

Lexington, Ky. — The University of Kentucky College of Dentistry announced July 8 it named Dr. Jeffrey Okeson as its dean, pending approval by the university's board of trustees.

Dr. Okeson, a researcher, clinician and longtime faculty member, has served as interim dean since September 2019.

"Dr. Okeson has made invaluable contributions to the profession at the state, regional, national and international levels through continuing education and other scholarly activities," said University of Kentucky Provost David Blackwell in a news release. "He is passionate about continuing to enhance the college's strong reputation."

According to the college of dentistry, Dr.

**Dr. Okeson**

Okeson has been a full-time faculty member at the university for 45 years. He has served in various leadership roles, including as chief of the Division of Orofacial Pain and the director of the UK Orofacial Pain Clinic, which he founded in 1977. Dr. Okeson also served as chair of the Department of Oral Health Science.

Dr. Okeson has received numerous awards

including being named as the International Dentist of the Year by the Academy of Dentistry International in recognition of his efforts and research in orofacial pain, and the first-ever Distinguished Alumni Award from the College of Dentistry. He received his dental degree from the University of Kentucky in 1972.

"I am very honored to have the opportunity to lead our college through these challenging times and into the future," Dr. Okeson said in a news release. "We have a very strong and dedicated faculty and staff to support the learning of a bright and enthusiastic group of students, and with this excellent team, I am certain we will continue to be leaders in dental education and the profession." ■

Dr. Okeson has received numerous awards



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HPI: 99% of dental practices were open mid-July

Webinar discusses dentists returning to work; Pennsylvania dentist shares her pandemic journey

BY DAVID BURGER

West Chester, Penn. — When Dr. Nipa Thakkar realized that she had to close her private practice due to the COVID-19 pandemic, she agonized about the future and effects it would have on strong personal connections with patients forged in calmer times.

“I was very afraid,” she said. “But I’m finding just as the data shows that patients are becoming quite comfortable coming in.”

The data Dr. Thakkar referred to was highlighted in an Aug. 5 ADA webinar that showed a rebounding of patient volume since many dentists began to reopen their practices, with more and more people willing to go to the dentist as they trust the precautions and protocols followed in offices.

The Association aired the webinar to let dentists know about the effects of the COVID-19 pandemic on dental practices, including new research on consumer views about returning to the dentist. It also covered what long-term impacts the pandemic might have on dentists going forward.

How COVID-19 is Impacting Dental Practices and Patient Attitudes Toward Visiting the Dentist is available to watch on YouTube.

The panelists discussed the latest data on patient volume, collections and personal protective equipment stockpiles in dental practices; new research on consumer sentiments about visiting the dentist from Engagious, a consumer research firm working with the ADA; and the ADA’s role in supporting dentists and safeguarding the safety of the public during the pandemic.

Some of the takeaways from the data presented during the webinar are:

- Consumer polling indicates that 80% of adults are very comfortable visiting the dentist now and another 8% would be willing to go if they had some reassurance from their

dentists, the CDC or other authorities. The remaining 12% indicate they will not visit the dentist until there is a vaccine or proven treatment for COVID-19.

- Patient volume was estimated to be 73% of pre-pandemic levels for the week of July 27.

- As of the week of July 13, 99% of dental practices were open.

- Dental practices are stabilizing at roughly 90% of pre-pandemic staffing levels.

- About one-third of practices are anticipating lower patient volumes in September and October, while about one-fifth of practices are anticipating higher patient volumes.

Patient volume was estimated to be 73% of pre-pandemic levels for the week of July 27.

It is unclear at this stage how significant the “fall lull” will be.

- N95/KN95 masks and gowns are the most difficult PPE supplies to obtain, though PPE availability in dental practices remains stable for now.

The webinar panelists were Marko Vujić, Ph.D., chief economist and vice president, ADA Health Policy Institute; Jon Last, president, Sports & Leisure Research Group; Michael Graham, senior vice president, ADA Division of Government and Public Affairs; Dr. Kirk Norbo, ADA trustee and co-chair of the ADA’s COVID-19 Recovery Task Force; and Dr. Thakkar. The webinar also includes an introduction and closing by Dr. Chad Gehani, ADA president, and was moderated by Dr. Kathy O’Loughlin, ADA executive director.

To better understand the impact of COVID-19 on dental practices, the ADA Health

Policy Institute initiated a biweekly poll on economic conditions during the pandemic. The poll, with a nationally representative sample of about 4,000 dentists, aims to quantify the magnitude of the pandemic’s impact on dental practices over time.

Slides on the most recent HPI polling and consumer data are available online at [ADA.org/HPI](https://ada.org/HPI).

“We as a profession are known for our ability to cope and deal with adversity,” said Dr. Norbo during the webinar. “We are up against a real battle but there is no doubt in my mind that we’re going to win.”

“The ADA is proud to provide information that supports all dentists in this new normal,” said Dr. Gehani in the webinar. “We will continue to work hard to lead dentistry through the current crisis.”

Dr. Thakkar actually closed her practice on March 12, even before the ADA recommended that dentists suspend nonemergency procedures, as she started to see many of her patients cancel their appointments. She also was concerned about the health and safety of her dental team, which includes two cancer survivors and two others who are caregivers for elderly family members, as well as a staffer who had an infant at home.

Communication with both her staff and her patients was critical during the closure, Dr. Thakkar said, especially as they went through three false openings. She held weekly Zoom



Webinar: Dr. Nipa Thakkar, a private practice owner based in Pennsylvania, appears in an Aug. 5 webinar in which she and ADA leadership discussed dentists getting back to work.

meetings with her furloughed staff, and made sure every single one of her patients had her cellphone number.

She received the go-ahead on May 18 to reopen, but waited until June 1 to open her doors so that she could train her staff on the precautions and protocols they would now be following.

Dr. Thakkar thanked the ADA for providing the Return to Work Interim Guidance Toolkit, which she said led her way through her staff training, line by line. She also appreciated frequent emails from the ADA about their advocacy efforts, she said, with their “small wins and big victories.” As the recipient of a Paycheck Protection Program loan, Dr. Thakkar said she relied on the ADA for guidance on how to navigate the process.

As for the road ahead, Dr. Thakkar said she is optimistic that dentists and patients will connect with a message Dr. Gehani shared during the webinar: “We are all in this together.”

“This isn’t a dental or medical problem,” she said. “This a human problem.” ■

—burgerd@ada.org

Association venture seeking to become go-to resource for clinical data

BY DAVID BURGER

The ADA Dental Experience and Research Exchange is on track to satisfy its aim of becoming a clinical data registry for the benefit of dentistry.

In October 2018, the ADA House of Delegates approved a resolution to position the Association as a leading source of comprehensive data to support patient care, treatment guidelines, development of health policy, medical necessity rules and to define population health and quality of care. To achieve this, Resolution 25H-2018 urged the Board of Trustees to prioritize the establishment of a clinical data registry, now officially known as the ADA Dental Experience and Research Exchange.

To that end, in August, Open Dental became the first practice management software company to participate in the initiative, which seeks to promote excellence in dental care by helping dentists improve the treatment and outcomes of patient care.

Dr. Randall Markarian, chair of the ADA Council on Dental Benefit Programs and a member of the ADA Clinical Data Warehouse Technical Advisory Committee, touted the initiative’s goals and the collaboration with Open Dental.

ADA Dental Experience and Research Exchange™



Dr. Markarian

will be helping the dental profession advance its clinical evidence base.”

“Open Dental is proud to be able to work with the ADA and the dental community on this project,” said Nathan Sparks, CEO of Open Dental. “We believe that allowing many dentists from many different areas to provide

“This data can make a difference to their practices and their patients,” Dr. Markarian said. “By being the first practice management software company to participate in this novel concept by facilitating the flow of data, Open Dental

strate clinical outcomes on a new scale. Not only will trends become more visible, but we hope that the measured outcomes will be able to provide guidance on treatment efficacy.”

The registry initiative, under the purview of the ADA’s Council on Dental Benefit Programs, is led by a Technical Advisory Committee of informatics experts and current and former leaders of the Council on Dental Benefit Programs, including Dr. Amit Acharya, executive director, Marshfield Clinical Research Institute; Dr. Christopher Bulnes, past chair of the council; Dr. Kevin Dens of the council; Dr. Mark Jurkovich, director of data infrastructure, Health Care Systems Research Network; Dr. Mark Mihalo, past member of the council; Dr. Markarian; Dr. Thankam Thyvalikakath, director of dental informatics, Indiana University School of Dentistry; Dr. Muhammad F. Walji, associate dean, technology services and

clinical patient data to a central repository will empower dentists to be able to demon-

informatics, University of Texas Health Science Center at Houston School of Dentistry; and Dr. Hope Watson, vice chair of the council.

“The committee is tasked with guiding the vision and requirements of the registry,” said Dr. Markarian. “This includes identifying a set of measures and reports that can be generated to meaningfully demonstrate the

“We believe that allowing many dentists from many different areas to provide clinical patient data to a central repository will empower dentists to be able to demonstrate clinical outcomes on a new scale.”

utility of this endeavor.”

The ADA Dental Experience and Research Exchange is currently in development. Open enrollment for interested practices is expected to begin in 2021. ■

—burgerd@ada.org

ADA FDC Virtual Connect Conference offers flexible programming to fit new normal of COVID-19 pandemic

BY MARY BETH VERSACI

Designed to integrate participants' professional and personal growth needs with their daily lives, the ADA FDC Virtual Connect Conference will offer flexible programming to fit the new normal of a pandemic world.

Dentists will choose how they engage with the virtual conference, scheduled for Oct. 15-17, by either participating live with other attendees and interacting with speakers or catching up later with on-demand access if they have a busy day.

Registration for the virtual conference is open online at [ADA.org/meeting](https://ada.org/meeting). Half-off discounts for early bird registration end at 5 p.m. CDT Aug. 31.

"The ADA FDC Virtual Connect Conference offers a phenomenal opportunity for members to experience connection, take quality continuing education and enhance overall wellness, all from the comfort and safety of home," said Dr. Rebecca Warnken, Florida Dental Convention 2021 scientific program chair. "The program has some surprises coming, and there are multiple opportunities to interact virtually with speakers, allowing for direct answers to questions clinicians often don't have an easy opportunity to ask. The opportunity to learn both virtually and hands on, while in your own home or practice, was previously unheard of. Yet this program will offer multiple opportunities for hands-on learning and experiences."

"The ADA FDC Virtual Connect Conference offers a phenomenal opportunity for members to experience connection, take quality continuing education and enhance overall wellness, all from the comfort and safety of home."

The conference will kick off Oct. 15 with a virtual Exhibit Hall, opening session and a concert with a special musical guest.

It will continue with a full day Oct. 16, featuring morning wellness events, the Exhibit Hall, continuing education sessions, afternoon workshops, an evening keynote session and a networking event. Events are scheduled throughout the day from 7 a.m.-7:30 p.m. CDT, but they also will be available for on-demand viewing, except for the workshops.

Programming will again run from 7 a.m.-7:30 p.m. Oct. 17, including morning wellness events, the Exhibit Hall, continuing education sessions, an afternoon keynote session and a closing event with live, interactive trivia.

Wellness events during the conference will include a virtual 5K, morning yoga, cycling, a fitness boot camp and sessions focused on meditation and mindfulness, mental health and nutrition.

This year's sessions will be shorter than at past in-person annual meetings, making it easier for those who participate to fit the events into their schedules. The Exhibit Hall also will be open for a few hours each day when no CE is scheduled.

"The quality of programming is beyond exciting, and I cannot wait for members to experience this new, flexible format," Dr. Warnken said. "The virtual Exhibit Hall also



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

offers new opportunities to interact with exhibitors, and there will be excellent opportunities to take fun wellness classes. The program is well rounded and invigorating for doctors and team alike and will offer some great opportunities to get your office fired up for the final quarter of 2020. Register early, and we cannot wait to 'see' you."

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

—versacim@ada.org

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GOVERNMENT

The challenges of advocating during a pandemic

State dental associations celebrate legislative wins in topsy-turvy year

BY JENNIFER GARVIN

When states began shutting down in March due to concerns over COVID-19, it seemed likely that dental societies' lobbying agendas would also shut down.

Credentialing hurdles.

Virtual credit card headaches.

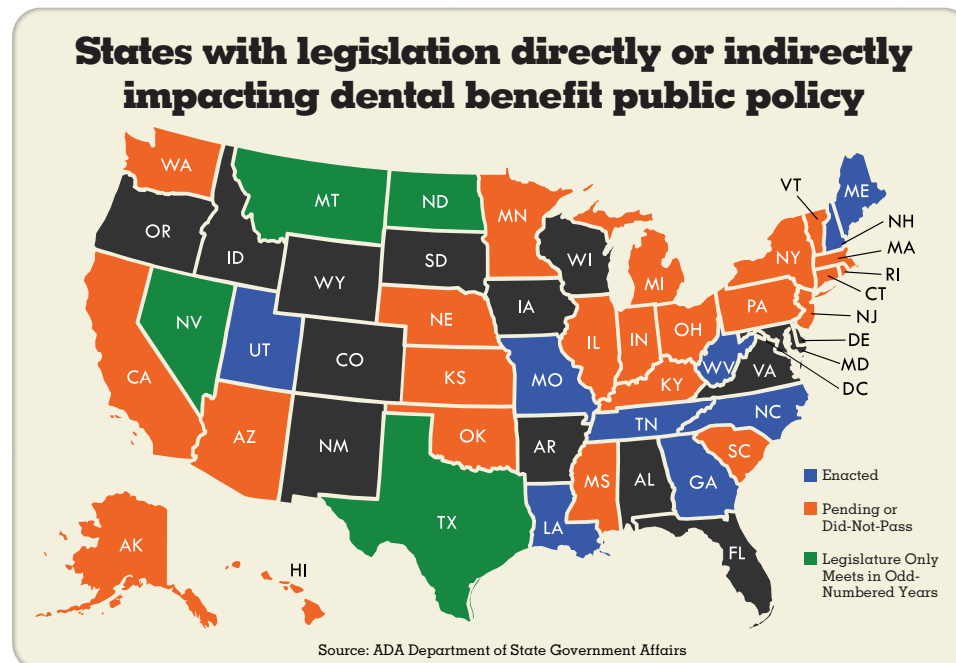
Anti-patient waiting periods.

In a normal year, these are some of the key legislative issues the state societies might be advocating to change.

Can you still lobby during a pandemic when a simple handshake is no longer possible?

The answer, it appears, is a resounding yes. But business-as-usual tactics needed to change. Gone are typical face-to-face meetings and trips to state capitals. In their place are new virtual strategies and a return to good old-fashioned phone calls and emails.

"I have been tremendously impressed by how hard our state dental societies have worked to advocate for laws that minimize any interference between the doctor-patient relationship by dental benefit carriers," said ADA President Chad P. Gehani. "The staff and volunteer leaders haven't let COVID-19 stop them from pushing for change, particularly in instances where the doctor-patient relationship is at stake and we are so proud of



Policy: Nine states enacted laws directly impacting dental benefit public policy and at least another 22 saw their states introduce legislation affecting third-party payers in 2020. These new laws include policy on virtual credit cards, assignment of benefits, non-covered services, downcoding, waiting periods and pre-existing conditions.

their successes."

All told, nine states enacted laws directly impacting dental benefit public policy and

at least another 22 saw their states introduce legislation affecting third-party payers in 2020. These new laws include policy on

virtual credit cards, assignment of benefits, non-covered services, downcoding, waiting periods and pre-existing conditions.

Credentialing and more

"Insane is a good word. COVID-19 has turned everything normal, upside down," said Vicki Wilbers, executive director, Missouri Dental Association, when asked to describe 2020. "Not only when it comes to legislative and regulatory matters but everything that is a staple of association management."

Despite the pandemic, Missouri Dental Association staff and volunteers celebrated huge legislative victories in July when Gov. Mike Parson signed HB 1682.

First, the bill improves the state's credentialing process for health care practitioners by establishing timelines for carrier notifications/decisions. It also requires carriers to pay out claims for services the dentist performed while awaiting carrier approval as long as the dentist is working on behalf of a contracted entity. The law also says a dentist who is temporarily providing coverage for another credentialed dentist who is absent for specific reasons does not have to be

See *ADVOCACY*, Page 14

ADA asks DEA to delay new fee schedule

BY JENNIFER GARVIN

Washington — The ADA is asking the Drug Enforcement Agency to consider delaying its new fee schedule in order to assist dental practices impacted financially by COVID-19.

The agency's new fee schedule for registration and re-registration for DEA certification is slated to go into effect Oct. 1 with the fee for dentists increasing from \$731 to \$888 for three years.

The ADA believes a one-year delay "will provide temporary fiscal relief for dentists until stabilization of the current crisis," ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin said in an Aug. 6 letter to Timothy J. Shea, DEA acting administrator, explaining how dentists closed completely or limited their practices to emergencies only at the onset of the pandemic.

"Even as dental offices have reopened, they have had to implement new infection control procedures and are utilizing enhanced personal protective equipment," Drs. Gehani and O'Loughlin wrote. "As you may not be aware,



the cost of these health and safety efforts have been financially devastating to dentists and their small businesses. During this worrisome period, all additional fees, costs and charges are not inconsequential as dental practices attempt to stay open, retain their employees and provide their patients with care."

"The ADA thanks you for your leadership and supports the Drug Enforcement Agency in its mission to enforce the controlled substances laws and regulations of the United States," the letter concluded.

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

ADA, others urge Congress to ensure expenses paid for with PPP funds are tax deductible

BY JENNIFER GARVIN

Washington — The ADA and more than 180 other organizations are urging lawmakers to ensure borrowers in the Paycheck Protection Program are eligible for tax-deductibility for expenses paid for with the program funds.

In an Aug. 4 letter, the groups told House and Senate leaders that when the Paycheck Protection Program was adopted as part of the Coronavirus Aid, Relief and Economic Security Act, or CARES Act, Congress made clear that loan forgiveness under the program would be excluded from the borrower's taxable income.

"Specifically, a recipient of a Paycheck Protection Program loan was eligible for forgiveness of indebtedness for amounts equal to certain payroll, mortgage interest, rent and utility payments made during a prescribed period, with any resulting cancelled indebtedness excluded from the borrower's taxable income," the organizations said.

For proof, they pointed to the taxability section of the CARES Act, which states "for purposes of the Internal Revenue Code of 1986, any amount which (but for this subsection) would be includible in gross income of the eligible recipient by reason of forgiveness described in subsection (b) shall be excluded from gross income."

The groups said that publication of IRS Notice 2020-32 "effectively overturned this policy" by denying borrowers the ability to deduct "the same expenses that qualified them for the loan forgiveness" in the first place.

"Defenders of the IRS' position argue that allowing businesses to deduct these expenses would result in business owners receiving a 'double' benefit," the coalition said. "This is simply untrue. Congress intended for the loan forgiveness under the Paycheck Protection Program to

be tax-free. The IRS Notice reverses that position and eliminates any benefit, let alone a double benefit. If a business has \$100,000 of Paycheck Protection Program loans forgiven and excluded from its income, but then is required to add back \$100,000 of denied business expenses, the result is the same as if the loan forgiveness was fully taxable. Section 1106(i) becomes moot if the IRS Notice is allowed to stand."

If Congress does not reverse the IRS guidance, the coalition said it believes it will lead to hardship for many struggling businesses.

"More than 5 million businesses have participated in the Paycheck Protection Program. More than \$520 billion has been lent," they said. "In nearly all cases, these businesses have already spent the loan proceeds keeping employees on payroll and meeting other necessary costs."

The organizations also said that denying deductible wages would have other negative consequences and posed the following three questions:

- "How would the denial of deductible wages affect the 199A deduction or the Work Opportunity Tax Credit?"

- "How do you offset expenses incurred in 2020 with loan forgiveness realized in 2021?"

- Does "disallowed interest expense avoid the excess business interest expense limitation?"

"The correctness of the IRS's reasoning underpinning Notice 2020-32 is a debatable point and if left intact it will certainly result in extensive legal challenges. What is not debatable, however, is congressional intent regarding the tax treatment of these forgiven loan amounts. As part of the next round of COVID-19 relief, we request that Congress reaffirm its intent and restore the tax benefits it intended to give distressed Main Street businesses as part of the CARES Act," the letter concluded. ■

HHS extends Provider Relief Fund deadline

Washington — The U.S. Department of Health and Human Services has announced it is extending the deadline to Aug. 28 for all dentists to apply for funding through the Enhanced Provider Relief Fund Payment Portal.

The ADA advocated for HHS to extend the deadline and was pleased to learn the department agreed. The Provider Relief Fund was established by the Coronavirus

Aid, Relief and Economic Security Act — known as the CARES Act — and allows dental providers to apply for payments made for health care-related expenses or lost revenue attributable to the pandemic. Visit cares.linkhealth.com to apply.

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



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President

Continued from Page 1

As a result, Dr. Klemmedson graduated dental school relatively debt free. Without the debt and the stress that typically comes with it, Dr. Klemmedson had a lot more choices when it came to his next steps.

His choice? More school.

"I did not know how to stop," Dr. Klemmedson said.

Dr. Klemmedson completed a three-year oral and maxillofacial surgery residency at the Los Angeles County/USC Medical Center in 1983, obtained his medical degree from the University of Southern California School of Medicine in 1985 and completed a transitional internship in the Tucson Hospitals Medical Education Program in 1986.

You read that right: Dr. Klemmedson is a dentist, oral surgeon and M.D.

After obtaining all of his degrees, Adaline ultimately put her foot down.

"Do you like what you do?" she asked. The answer was yes.

"Then get a job," she responded.

Dr. Klemmedson met his future partners while providing anesthesia for them during a clinical rotation at Tucson Medical Center. Drs. Theodore Kiersch and Edward Schneider were involved in organized oral surgery and invited him to a meeting at the Western Society of Oral and Maxillofacial Surgeons before he joined their practice.

"One of my partners became a trustee of the American Association of Oral and Maxillofacial Surgeons," said Dr. Klemmedson. "I was constantly surrounded by organized dentistry and experienced the benefits firsthand."

Dr. Klemmedson eventually became president of the Arizona Dental Association, vice chair of the ADA Council on Dental Benefit Programs, a member of the ADA Board of Trustees and now president-elect.

He's switched partners a few times and currently has a practice in Tucson and a satellite one in Sierra Vista, Arizona, less than 10 miles from the Mexican border, where many of his patients come from the Fort Huachuca military base or are veterans from the area.

For the past 30 years, Dr. Klemmedson has joined primary care and specialty physicians, audiologists, nutrition specialists, sociologists, dentists, orthodontists and oral and maxillofacial surgeons as a member of the Children's Clinics' cleft palate-craniofacial team. Dr. Klemmedson coordinates surgical care with plastic surgeons and ear, nose and throat surgeons to address the many specific needs his pediatric patients require from birth to adulthood. His primary area of concentration is with the maxillary cleft closure and bone grafting, orthognathic surgery and dentoalveolar surgery.

During the little free time he does have, Dr. Klemmedson "putters around the yard" with his cacti and succulents; exercises every morning at 4:30 a.m.; is an avid cyclist, having ridden across major portions of Australia; and supports his wife's endeavors.

"My wife, she's kind of the star of the family to be honest," Dr. Klemmedson said. "She leads and I follow."

Adaline ultimately became the program director of the Institute for Marine and Coastal Studies at USC. In Tucson, she also worked in health care, ultimately retiring as a vice president of the teaching hospital associated with the University of Arizona College of Medicine. After retiring, she became a community volunteer and philanthropist "serving as the chair of more local groups in Tucson than I can name," Dr. Klemmedson said.

Pandemic presidency

The world looked very different in September 2019 when Dr. Klemmedson became ADA president-elect. His priorities were different.

Dr. Klemmedson is passionate about creating a culture of safety in dentistry, which the House of Delegates resolved to do in 2018. In 2019, the ADA committed to a three-year initiative, addressing safety training in dental-school curriculums, disseminating information, incorporating patient safety considerations in practice guidelines, developing reporting mechanisms to guide future recommendations, and calling for increased collaboration between professional organizations, Dr. Klemmedson notes.

When the COVID-19 pandemic hit early this year, it shone a spotlight on safety and created a sense of urgency to the message Dr. Klemmedson and others were trying to get across.

"The COVID-19 pandemic, although slowing somewhat our progress, has illustrated the usefulness of the goals of the 2019 resolutions," said Dr. Klemmedson. "In fact, all have played directly into how the ADA and other professions have responded to obvious safety ramifications exposed by this novel coronavirus. Many of the changes we are making in response to COVID-19 (screening, patient and staff education, PPE, medical equipment, asepsis, facilities management and reporting) are of universal use in other areas of our practices where safety can be improved. We need to extend the learning and apply it for the betterment of our patients, our staff, and our profession."

Organizationally, the ADA has to respond to the financial strains created by the pandemic, Dr. Klemmedson said.

"The ADA, just like most dental practices, will have reduced revenue this year and most probably next year as well," he said. "Strategic adjustments will have to be made so that the ADA addresses its strategic plan goals in the most efficient manner."

Dr. Klemmedson was interviewed by Kelly Ganski, editor for the ADA News, in July. Part I of the Q&A follows here.

ADA News: What are the three biggest issues facing the profession right now?

Dr. Klemmedson: There are so many issues that affect the provision of oral health care that it's difficult to identify what is most critical. Major categories that keep me up at night are:

1. Adapting to the new reality of COVID-19. Finance, operations, clinical practice, science and governance are all affected. The ADA will have to exercise discipline to balance member and association priorities with available resources. All dental practices will have to do the same.

2. The continued presence of many pre-COVID issues that affect the oral health care profession. Third party, licensure, workforce and student debt issues did not go away, and we must be diligent about continuing our advocacy efforts in those areas.

3. Persistent disparities continue to exist in the ability of individuals to utilize and access dental care. General economic conditions, government and third party benefit programs have not substantially increased utilization. Oral health is integral to general health and we must always seek opportunities to improve



Partners in life: Dr. Klemmedson and his wife, Adaline, met while serving as camp counselors in college.

utilization of that care.

ADA News: What do you think of the Association's response to COVID-19? What legacy will the pandemic have on the profession?

Dr. Klemmedson: The response to COVID-19 is the most impressive effort I have seen from the ADA in my tenure as a member. The ADA recognized the significant impact this pandemic would have on our members and communities. Resources were rapidly re-allocated to allow for a concentrated effort on this one issue. The ADA recognized the importance of dentistry's response to COVID-19 to the entire profession and not just ADA members. Information, expertise and clinical guidance was provided to all dentists.

ADA News: How has the COVID-19 pandemic demonstrated the value of the ADA to dentists? What resources did you find the most valuable as a dentist?

Dr. Klemmedson: The ADA has always been the trusted source of information for our members. That is more true now than ever. The ADA developed robust FAQ's, webinars and detailed guidelines to help dentists understand the disease and make appropriate decisions for their practices and staff to return to practice. The Washington office critically analyzed COVID-19 relief

bills, influenced changes important for dentists and then educated our members on them. The ADA worked with Federal Emergency Management Agency to position dentists as top-tier health care providers and prioritized them for personal protective equipment.

ADA News: Are there any changes brought about by the COVID-19 pandemic that you believe will remain permanent in dentistry?

Dr. Klemmedson: It remains to be seen. As the science around this new virus evolves, we will understand exactly what, if any, new measures will be necessary to continue in dentistry that patients are accustomed to. We can use the increased vigilance on safety related to COVID, to enhance other parameters of safety in dental practice. I believe there will

be opportunity to use the disruption this pandemic has caused as leverage to seek meaningful changes to reimbursement that reflects the true cost of providing care in this new environment. Third-party and government payers have an obligation to provide care, and some have already recognized the increased costs generated by this pandemic.

ADA News: What are the biggest takeaways from the COVID-19 pandemic that could affect how the ADA and dentists approach a health crisis like this in the future?

Dr. Klemmedson: The first takeaway is the fact that the ADA has the ability to respond rapidly to a major event that alters a large portion of the dental industry. We responded well to the HIV/AIDS crisis and made changes that are now second nature. We will do the same following this novel airborne disease but should acknowledge the severe disruption this has caused and proactively develop mitigation plans for future possibilities.

ADA News: In the age of COVID-19, what challenges do you see dental schools facing in educating future dentists? And what can the ADA do to address these challenges?

Dr. Klemmedson: As I look back at my dental school education and compare that to what current students learn, I have no doubt that dental schools will adapt, and students will accept the changes as routine.

ADA News: Are you worried that the pandemic and recovery might be endlessly financially stressing for members in the long term? In what ways can the ADA continue to assist dentists in their financial recovery from the COVID-19 pandemic?

Dr. Klemmedson: The effects of this pandemic will extend for some time. The effects on individual dentists will vary. Practices will be different than pre-pandemic and necessary mitigation efforts will be more costly. Financial stresses will be magnified by increased overhead costs and possibly decreased patient volume. The ADA needs to support member dentists by accumulating accurate data on practice costs to document revenue necessary to meet those costs, and advocate for reimbursement that reflects those costs.

ADA News: What considerations led to the decision to cancel the annual meeting? Do you see the structure of the meeting changing in perpetuity?

Dr. Klemmedson: The safety of ADA staff, volunteers and attendees was foremost in the decision process. ADA staff evaluated all

President

Continued from Page 8

options and did not commit to a decision until it was clear that risks associated with this pandemic outweighed benefits associated with an in-person meeting. Prior to the pandemic the ADA Board of Trustees approved exploration of options related to re-envisioning the annual meeting. Members have a plethora of options for continuing education and many options exist with many of the attractions of a traditional dental meeting. We intend to maintain critical components of the annual meeting that meet the need of today's dentists and design an experience that is unique and engaging.

ADA News: What was the first step that you took into organized dentistry — a step that eventually led you to become president-elect of the ADA? How/why did you get involved in organized dentistry? How did you find yourself in a leadership role? Describe your leadership style. Do have a motto or saying that inspires you? Has it changed over the years?

Dr. Klemmedson: I joined my component, constituent and national associations as soon as I finished my residency. I was asked to serve on a membership committee at the local level. That led to positions at the constituent level and then the state level. While an officer with the Arizona Dental Association I was nominated to a position on the Council on Dental Benefit Programs where I eventually was vice-chair. That council was the best experience of my life. I was also appointed to a position on the ADA Strategic Planning Committee. My district nominated me to be trustee and the rest is history. My leadership style is based on a philosophy that thorough preparation, diversity of thought, knowledge of our past and honest consideration of the future will lead to decisions that benefit our members and the public we serve. I have several mottos. One is, "Die broke." To me it means don't leave anything on the table. Give it all. Go until there is nothing left. A second one is, "Raise the bar." We can always do better and that should always be our goal. Those that want to do what we do will have to work harder.

ADA News: Why are you a member of the Association? Why should a nonmember join?

Dr. Klemmedson: I am a member of 10 associations. They all create or maintain opportunities for me to be successful in my practice. I am unaware of many of the efforts they make on my behalf, but am grateful they are doing what I do not have time to do. The success of an association is in part due to collective action and the influence related to membership numbers. Collective action and participation by members generates greater advocacy with less individual investment.

ADA News: Do you have priorities for your year as president? Specific goals you are aiming to achieve?

Dr. Klemmedson: I would like to continue ADA efforts to advance the ability of dentists to provide oral health care to our patients and increase understanding of the importance of the ADA to member dentists. The transition of officers at the ADA is too frequent to effectively allow every officer to have unique pro-



Leadership: Dr. Klemmedson addresses the House of Delegates in San Francisco in 2019.

grams. Multi-year efforts are often necessary to create meaningful change. The program developed by Dr. Chad P. Gehani, current ADA president, to transform the ADA's digital presence is a good example. I will continue the efforts started by Dr. Gehani to improve the ADA member's digital experience. COVID-19 will likely change a lot about how the ADA communicates with and engages our members. Digital infrastructure and innovative platforms will be critical to sustain and grow the member experience.

ADA News: Questions to the Association regarding dental benefits have skyrocketed in the past few years, according to the ADA Center for Dental Benefits, Coding and Quality. The Decoding Dental Benefits series in the ADA News has become one of its most popular features. Why does this issue occupy many of our members' minds, and what can the ADA do to showcase and boost its advocacy on this issue?

Dr. Klemmedson: Dental benefit programs were created in the mid 20th century to enable more people to be able to access oral health care. A large majority of dentists participate in their patient's benefit plans, but it is a love-hate relationship. Dentists, patients, employers and benefits companies are constantly engaged in a game of push and pull to gain an advantage. The ADA is continually monitoring, lobbying and providing education on behalf of our members. Knowledge of the CDT and reporting requirements is critical for dentists who want to be fairly reimbursed for their efforts.

ADA News: The Association deployed this summer the Dental Licensure Objective Structured Clinical Examination (DLOSCE). From your perspective, why was it important for the ADA to take a lead in creating this exam, which is intended to be a national clinical exam to be used by state dental boards? How does this exam benefit future dental school graduates, ADA members and the profession?

Dr. Klemmedson: The ADA has made re-

peated attempts over the years to improve testing and licensure options for graduating dental students. A long-term policy of the ADA is to work to eliminate the live patient exam. Testing agencies failed to act so the ADA moved forward independently. As it turns out, the COVID-19 pandemic created a significant disruption in the ability to administer licensing exams this year. The DLOSCE was released early to help graduating students and has been accepted by several states. This is creating additional opportunities for graduating dental students that many did not think existed.

ADA News: What is your insight on the status of the student debt issue? The ADA has a partner in Laurel Road, but what other steps is the Association taking or should take?

Dr. Klemmedson: Student debt has been a topic of discussion at the ADA for as long as I have been a member. Numerous resolutions have been passed and many workgroups formed to seek solutions. Legislative efforts at the federal level for a variety of loan options, repayment and forgiveness seem to be a constant. A workgroup created by the House of Delegates last year is reviewing the issue this year to look for opportunities missed. All options need to be constantly considered, reconsidered and improved. We must also work to ensure that viable practice opportunities exist for all dentists. Financially successful dental practices and employment opportunities enable payment of student debt.

ADA News: The future of the Association is its membership, and recruiting new dentists is a high priority. What programs are working? What would you like to see the ADA do?

Dr. Klemmedson: Membership in the ADA is critical for the success of our profession, not just the ADA. The ADA advocates for the entire profession, not just our members. ADA advocacy is dependent upon financial resources, which are significantly related to membership. The value of membership has always been difficult for some to see as it is often intangible. The value often goes unrecognized because much of what we do is behind the scenes. Advocacy directed at private and government third parties, regulators, state boards, educators and competitors is not all that exciting. The COVID-19 pandemic created an opportunity for the ADA to truly show what its value is. The volume of advocacy, information and guidance provided to ADA and non-ADA members over the last five months has never been seen. Hopefully the value will be recognized. Outreach in dental schools and at the local level is critically

important to establish a personal connection and communicate these values. COVID has made that more difficult this year but with time efforts will resume.

ADA News: Have you learned something about the ADA since joining leadership that you didn't know previously that you wish every member knew?

Dr. Klemmedson: I have been pretty intimately involved at the national level for about 12 years (Council on Dental Benefit Programs, Strategic Planning Committee and Board of Trustees). I am a bit ashamed to admit that there are facts about the ADA that I have still not discovered. So much of what members know or remember is dependent upon what their individual concern or problem is. I wish all members could experience "a day in the life of the Washington, D.C. office." I am constantly amazed by the volume of issues that the ADA works on for our behalf.

ADA News: What value does the ADA development of dental standards have for members? What is your perception of the standards process and its impact on members?

Dr. Klemmedson: Another hidden gem. I was the Board liaison for the Council on Scientific Affairs and was able to attend the Standard Committee on Dental Products meeting. We, the ADA, have the unique ability to study, evaluate and recommend standards for the multitude of products that all dentists use on a daily basis. These standards, which are used by manufacturers, establishes quality that we can depend on. Most dentists do not know that the ADA is an accredited standards development agency.

ADA News: What should members know about the scientific work the ADA does? How does the formation of the ADA Science & Research Institute support the ADA's goal of advancing the health of the public and the success of the profession?

Dr. Klemmedson: Science is the foundation on which our profession is based. We are fortunate to have a well-established presence in science that is recognized by many in the health care, educational and regulatory community. We have recently consolidated the science divisions formerly divided between the ADA and the ADA Foundation. The new entity is known as the ADA Science & Research Institute. Drs. Marcelo Araujo and Raymond Cohlman lead this new entity and are rapidly creating a new home for basic and translational science that will improve the oral health of our patients and clinical advancements for our members.

ADA News: Should the ADA better recognize/serve public health service dentists and/or dentists who accept or want to accept Medicaid patients?

Dr. Klemmedson: Yes. The ADA represents all members, including those who choose specialty practice including public health, and/or treat the underserved or patients with Medicaid benefits. I have attended meetings addressing the needs of private practice dentists, and public health dentists. Both have similar issues. Both are concerned about providing appropriate care to their patients in a model that provides adequate resources to cover the cost of providing that care. Dentists who elect to care for Medicaid patients should be celebrated and supported. We should all work to improve these programs, and the dentists dedicated to treating these patients. Improved health care for Medicaid populations, and reimbursement for Medicaid participating dentists is beneficial to non-participating dentists. Our professional obligation to the social contract we accept when we become dentists is satisfied, concerns of advocates seeking increased access for underserved populations is addressed and dentists who choose a different model of practice can do so with pride. ■

Part II of this Q&A will appear in the Sept. 7 ADA News.

Inaugural program in Hawaii aims to bridge access to care gap

Kapiolani Community College celebrating first state graduates of CDHC course

BY DAVID BURGER

Honolulu — Hawaii's children have the highest prevalence of tooth decay in the United States, according to the Hawaii State Department of Health.

Nearly one in four third-graders in Hawaii have untreated tooth decay.

About 7% of Hawaii's third-grade children are in need of urgent dental care because of pain or infection.

Stemming the prevalence of childhood caries in the Aloha State is a challenging task, but one new program has set its sights on helping the diverse population overcome barriers that prevent its residents from accessing and benefiting from dental care.

In August, Kapiolani Community College, part of the University of Hawaii system, is finishing up its inaugural Community Dental Health Coordinator course, the first of its kind in the state.

The ADA-supported program seeks to empower the students — seven dental hygienists and two dental assistants — so that they can proactively help community members, communities and dental health care systems in both Oahu and the neighboring islands achieve positive outcomes in overall health status for children and adults.

Online, on-target

"The HDA congratulates the first class to graduate from Kapiolani Community College's Community Dental Health Coordinator Program," said Dr. Wayne Leong, Hawaii Dental Association president. "We look forward to having them work with dental teams to increase awareness of the importance of oral health among our patients and the public."

The online CDHC program, which began in October, is a professional development apprenticeship program that focuses on case management, navigation, oral health education and promotion and community mapping, according to Janet Primiano, course instructor and past president of the Hawaii Dental Hygienists' Association. She has served on the Hawaii State Board of Dental Examiners for 12 years.

The goal for the nine students in the program is for them to utilize their new-found expertise to link patients, especially at-risk children, to available dental care, as well as educating and spreading awareness of the importance of oral health to caregivers.

"There's been a high need for this for many, many years," said Ms. Primiano.

ADA, HDA spurred program

"Based on the request for this program from the Hawaii Dental Association and dentists of the state, this program can and should

be a game changer for Hawaii," said Sally Pestana, coordinator of the CDHC program at Kapiolani Community College.

In 2004, the ADA set up a task force to determine how to best meet the needs of dentally underserved rural, urban and American Indian communities. Two years later, the ADA established the Community Dental Health Coordinator pilot program as one component in the effort to break through the barriers that prevent people from receiving regular dental care and enjoying optimal oral health.

In October 2010, the first class of 10 CDHC students completed training and began working in tribal clinics, urban and rural Federally Qualified Health Centers, Indian Health Service facilities and other settings.

The ADA is currently providing technical assistance to 18 educational institutions with more than 600 graduates over the years, and 43 states have either a CDHC school program, a graduate of the program or a student in the program.

The CDHC program at Kapiolani Community College is a welcome addition to Hawaii, a state with no dental school and without community water fluoridation, said Kim Nguyen, executive director of the Hawaii Dental Association.

With third-graders living in Kauai, Hawaii and Maui counties more likely to have experienced tooth decay than children living in Honolulu County, the Kapiolani Community College students come from every island in the state except for Kauai, Ms. Primiano said.

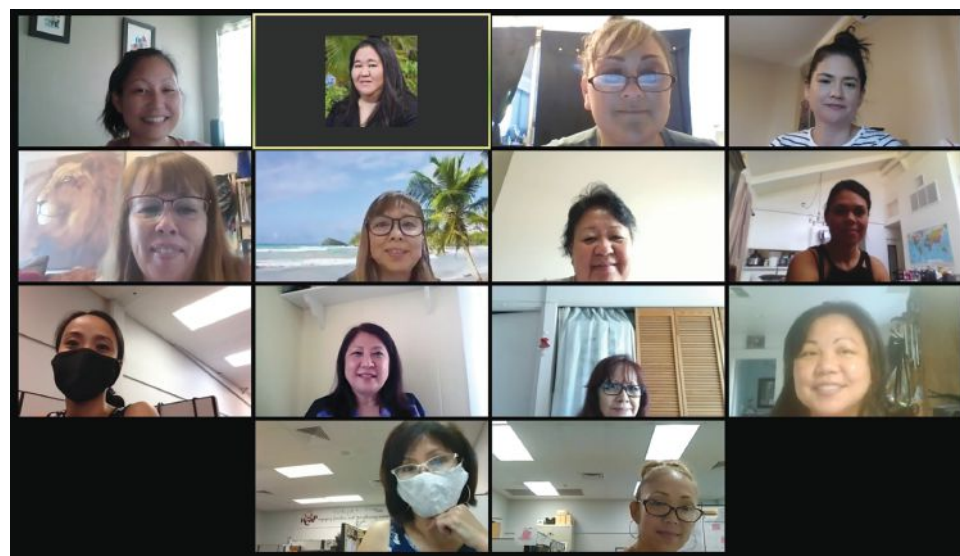
"Oahu has about 80% of our state's population, so even low rates of tooth decay point to the need for this program," Ms. Nguyen added.

Students dedicated to underserved

The nine graduates are Beatrice Joaquin (island of Hawaii), Jessica Oliveira (Hawaii), Melorie Yuen (Lanai), Alyson Hernandez-Ignacio (Maui), Hillary Vidinhar (Maui), Deborah Drummondo (Oahu), Jessica Lozano (Oahu), Heaven Tancayo (Molokai) and Leesa Omizo (Oahu).

Ms. Oliveira is a dental hygienist on the Big Island who is about to graduate from the program.

"I enrolled in the CDHC program through KCC because I saw the potential the program would have to help me bridge the gap between dentistry and the communities within my Hawaii island," Ms. Oliveira said. "I'm optimistic of what this CDHC certificate will bring to my community's future. Having worked in community dental health as a dental assistant from 2003-2017 has proved to me the need for more CDHC and dental health education within our education system in Hawaii. Therefore, I feel this program is



Remote learning: Kapiolani Community College faculty and students in the Community Dental Health Coordinator program meet up in a Zoom meeting during a student presentation in July. The course is entirely online.

vital to Hawaii."

The training was developed by the ADA, and the Hawaii course has the benefits of more than a decade of refinements behind it.

"The program was well-formed," Ms. Nguyen said. "It was a ready-made curriculum."

"Having the ADA curriculum and the support of the ADA made this first cohort possible," Ms. Pestana said. "The program simply would never have happened without them."

Ms. Primiano said plans are in development for offering the program during the upcoming school year as the need continues.

"I believe that each of the students will be like a drop of water, and with their knowledge and experiences they will cause a ripple effect as they share this information with others who will in turn share this with their ohana and beyond," Ms. Primiano said.

Ms. Drummondo, a dental assistant at Kalihi Palama Health Center in Oahu, said she enrolled in the course to create and become more innovative in broadening her skills in oral health education and promotion for the underserved.

"I have worked with community health workers in assisting various patients that are limited English speakers," Ms. Drummondo said.



Aloha State: Kapiolani Community College, home of the CDHC program, sits at the foot of Diamond Head, looming past the skyline of Honolulu.

"As an immigrant myself, I know the struggle in understanding the health information that is significant in the well-being of patients. Having [education] available in Mandarin, Cantonese, Tagalog, Vietnamese and Pacific Island languages will help integrate prevention, education and promotion programs in the community."

Ms. Omizo, a dental hygienist in Kaneohe on the island of Oahu, is also enrolled and committed to reaching out to her fellow Hawaii residents.

"Someone needs to advocate for these children and help them and their families find dental resources," Ms. Omizo said. "In Hawaii, we use the word kuleana to describe someone's personal sense of responsibility. In our culture it is our kuleana to take care of each other, so being a CDHC is a perfect way to do just that." ■

—burgerd@ada.org

Fluoridation linked to reduced risk of severe dental caries in children's first set of teeth

BY DAVID BURGER

A study out of New Zealand suggests that community water fluoridation is a worthwhile intervention associated with reduced severe caries rates among preschool children.

The pediatric publication of The Journal of the American Medical Association, JAMA Pediatrics, published the study July 27.

In a national study of 275,843 children with a median age of 4.3 years, those living in areas without community water fluoridation had significantly higher odds of severe caries compared with children living in areas with



water fluoridation after adjustment for age, sex, ethnicity, area-level deprivation and residual location, the New Zealand researchers found.

Primary teeth are very important for several reasons, said Dr. E. Angeles Martinez Mier, a professor at the Indiana University School of Dentistry and member of the ADA National Fluoridation Advisory Committee.

"Baby teeth play a fundamental role in the development of the stomatognathic system, an anatomic system comprising teeth, jaws and associated soft tissues," she said. "They are essential for an adequate nutrition process (chewing, biting) and proper speech development. Besides, deciduous teeth are key to maintain space and guide the later eruption of the permanent successors."

Dr. Howard Pollick, a health sciences clinical professor at the University of California, San Francisco, School of Dentistry and member of the National Fluoridation

Advisory Committee, said the study showed welcome results.

"Studies like this with contemporary large national data sets are important to show that, in spite of fluoridated toothpaste being widely available, community water fluoridation continues to be a benefit in reducing tooth decay for children as well as reducing hospitalization for dental treatment, particularly for those living in the most deprived areas," Dr. Pollick said. ■

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New standards available for purchase from ADA Store

The American Dental Association Standards Committee on Dental Products has approved the following new standards that are now available from the ADA:

- Revised American National Standards Institute/ADA Standard No. 39 for Pit and Fissure Sealants specifies requirements and test methods for polymer-based materials intended for sealing pits and fissures in teeth.

- Revised ANSI/ADA Standard No. 53 for Polymer-Based Crown and Veneering Materials classifies polymer-based crown and veneering materials used in dentistry and specifies their requirements. It also specifies the test methods to be used to determine conformity to these requirements.

- Reaffirmed ANSI/ADA Standard No. 73 for Dental Absorbent Points specifies requirements and test methods for nonmedicated absorbent points used in endodontic procedures.

- Reaffirmed ANSI/ADA Standard No. 78 for Dental Obturating Cones specifies the dimensions and requirements for prefabricated metallic or polymeric-based cones suitable for use in the obturation of a root canal system restoration. It also specifies the numerical and color-coding systems for designating sizes.

- Reaffirmed ANSI/ADA Standard No. 80 for Dental Materials — Determination of Color Stability specifies a procedure for determining the color stability of dental materials after exposure to light or water.

- Revised ANSI/ADA Standard No. 96 for Dental Water-Based Cements specifies requirements and test methods for powder/liquid acid-base dental cements intended for permanent cementation, lining and restoration in part one. Part two specifies requirements and test methods for water-based dental cements in which setting is achieved by a combination of an acid-base reaction and polymerization.

- Revised ANSI/ADA Standard No. 116 for Oral Rinses specifies physical and chemical requirements and test methods for oral rinses. It also specifies the accompanying information such as the manufacturer's instructions for use, marking or labeling requirements.

- Revised ANSI/ADA Standard No. 130 for Dentifrices — Requirements, Test Methods and Marking specifies requirements for the physical and chemical properties of dentifrices and provides guidelines for suitable test methods. It also specifies requirements for the marking, labeling and packaging of dentifrices.

- ADA Technical Specification No. 150 for Method for Determination of Polymerization Shrinkage Stress of Polymer-Based Restorative Materials specifies a test method using an instrument, designed for accuracy and sensitivity to the presence of shrinkage, for the measurement of polymerization shrinkage stress of external- or internal-energy-activated, polymer-based restorative materials, such as composites and core materials.

- ANSI/ADA Standard No. 177 for Central Suction Source Equipment specifies requirements and test methods for stationary, electrically powered central suction source equipment, including centrally located amalgam separators and air water separators. It also specifies requirements for information to be supplied by the manufacturer on the performance, installation, operation and maintenance of the central suction source equipment as part of the complete dental suction system.
- ANSI/ADA Standard No. 179 for Shanks



for Rotary and Oscillating Dental Instruments specifies the requirements for dimensions and material properties of shanks used in

dentistry for rotary or oscillating instruments. It describes the measurement methods for the verification of the requirements.

ADA standards and technical reports are available for purchase from the ADA Store at ADA.org/store. The ADA has implemented a new sales system that will make the process of obtaining ADA standards and technical reports easier and more convenient. When purchased, documents will now be instantly available for online viewing and a hard copy will automatically be mailed to the customer. Downloading and printing of documents will no longer be available.

Certain ADA standards and all ADA tech-

nical reports are available for free viewing to ADA members.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical reports for products and information technology used by the dental profession and consumers. Currently, there are more than 100 national standards and more are under development. National standards developed by the ADA serve the dental profession by ensuring product safety and efficacy for both clinicians and patients and providing information on new and emerging technologies. ■

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With graduation gala canceled, UNLV graduates donate to Las Vegas charities

Dental students had raised about \$9,000 over four years to fund celebration event

BY KIMBER SOLANA

Las Vegas — With their graduation gala canceled due to the COVID-19 pandemic, the University of Nevada School of Dental Medicine's Class of 2020 were left to ponder what to do with about \$9,000 they had raised to fund their celebration festivity.

With a nearly unanimous vote among the 83 graduates, the decision was easy: donate it to local charities that would in turn help the vulnerable residents in the city they've called home in the past four years.

"There was a little bit of emotion of disappointment when we found out we weren't having a gala or a graduation," said Dr. Collette Fuglaar, who served as class council vice president. "I'm just glad some good could come out of the situation."

The Class of 2020 donated \$2,881 each to three local nonprofits — Three Square, a food bank in the city that provides three meals a day to families with young children; Project 150, which provides basic necessities to homeless, displaced and disadvantaged high school students; and SafeNest, which provides shelter to women suffering from domestic violence.

These organizations were chosen because they help people who are greatly affected by the pandemic, Dr. Fuglaar said, citing food shortages in the city and victims of domestic abuse potentially forced to stay at home with their abusers.

In addition, some of the graduates had shared in the Class of 2020's Facebook page that their families relied on Three Square and other food banks when they were growing up.



Gift: With a nearly unanimous vote among the 83 graduates, the University of Nevada School of Dental Medicine's Class of 2020 donated \$2,881 each to three local nonprofits.

"Southern Nevada is experiencing record high rates of food insecurity due to the impact of COVID-19 on unemployment — approximately 447,820 community members don't know where their next meal is coming from," said Brian Burton, president and CEO of Three Square Food Bank. "Thanks to the generosity of UNLV dental school's 2020 class, Three Square can provide an additional 8,400 meals to food-insecure valley residents. Words will never convey how grateful we are to these brilliant graduates for their support."

The Class of 2020's gala — a tradition at UNLV dental school — was scheduled May 13 at Eastside Cannery Casino-Hotel. Its rooftop deck provides a panoramic view of the Vegas strip. Graduates would dress up, hand out awards and simply celebrate their

accomplishment.

To pay for the gala, the class council organized fundraising events over the past four years. These include selling apparel with the dental school's logo to selling Valentine's Day candy grams.

"Everything was in place," Dr. Fuglaar said. "And then the pandemic hit."

By early May, the students knew the celebration would have to be canceled.

Dental school administration asked the students what they would like to do with the \$9,000 they've raised. Their options included donating the funds to the dental school, purchasing a class gift, redistributing the funds back to the students, or to donating to local charities.

"I was pleasantly reminded of how selfless medical professionals are," said Dr. Cait-

lin Kemper, student council president. "I thought it was very generous that the students would want all of the money to go to charity, rather than something to commemorate their accomplishment over the last four years."

They also had the option of conducting the gala at a later date, when larger events could resume. However, with half of graduates expected to move out of state and others starting residency programs, it wasn't a feasible option, Dr. Fuglaar said.

"I arrived in September 2019 and was just beginning to know the Class of 2020," said Dr. Lily T. Garcia, UNLV School of Dental Medicine dean. "They persevered through challenges unlike any have ever experienced with their graduating dentists throughout the nation. Their decision to support our community — those in dire need — reflects compassion in a tangible way. Their action represents the best one can hope for in the midst of turmoil."

Without pomp and circumstance, the council went to each local nonprofit's website and donated the rest of the funds online.

"Community service was drilled in us. In our first two years of dental school, we were volunteering and teaching kids how to brush their teeth. From the get-go, we've always been a community-minded class," Dr. Fuglaar said. "Even without the gala or graduation, there's a sense of closure in our time in dental school knowing we're helping the community in other ways." ■

—solanak@ada.org

NYU Dentistry receives \$2M grant to train dentists to treat people with disabilities

BY KIMBER SOLANA

New York — The New York University College of Dentistry announced June 23 that it received a nearly \$2 million grant from the Health Resources and Services Administration to train dentists and other health care providers to provide oral health care to people with disabilities and complex medical conditions.

The five-year grant begins July 1 with the training program launching in September 2021. Each year, 16 pediatric dental postdoctoral students and up to three general dentists and/or dental hygienists, along with additional inter-professional students, are expected to participate in the program, aptly called Bridging the Gap.

It's the fourth Health Resources and Services Administration grant awarded to the school's Department of Pediatric Dentistry since 2015.

"People with disabilities and complex medical conditions face too many barriers in accessing oral health services, including finding a dentist with the skills and capabilities to manage their care," said Dr. Courtney H. Chinn, associate chair of pediatric dentistry at NYU Dentistry, in a news release.

Dr. Chinn leads the Bridging the Gap program, which will integrate the training of dentists into NYU's existing advanced education program in pediatric dentistry, and will create new training programs and

curricula to educate general dentists and dental hygienists on caring for patients with disabilities.

"We are working to build a competent and compassionate dental workforce to care for people with these unique needs, ensuring that dentists have the skills for, and commitment to, caring for vulnerable populations," Dr. Chinn said.

The Bridging the Gap program will train pediatric dental postgraduate students to care for people with disabilities, including developing and implementing a new curriculum and enhancing their clinical experiences through rotations at the NYU Dentistry Oral Health Center for People with Disabilities and NYU's school-based dental care program in New York City schools.

The program will also provide training for other health professionals, according to NYU Dentistry, which will create a one-year program for dentists and dental hygienists caring for children, adolescents, and adults with disabilities. The program will also partner with NYU Rory Meyers College of Nursing to pilot a teledentistry program in which nurse practitioner students doing clinical rotations in New York City schools and other community settings will connect people with disabilities to NYU Dentistry for virtual treatment planning and referrals. ■

—solanak@ada.org

GE Appliances offers Association members savings, referral program

BY KIMBER SOLANA

ADA Member Advantage announced Aug. 3 that GE Appliances, its endorsed appliances provider, is offering Association members savings on dishwashers, washers, dryers and refrigerators for their home and dental offices.

Members can save up to 25% off major appliances pricing and receive special promotion offers, financing options and a staff, friends and family referral program for new appliance purchases.

"We are happy to be able to provide ADA members with this unique cost-savings access to our wide range of appliance offerings," said Martha Davis, director of digital commerce at GE Appliances. "Whether members are shopping for top-of-the-line upgrades for their home with our luxury line of Monogram appliances or compact appliances, the GE Appliances Store provides a breadth of appliance offerings in every category we manufacture while offering a discounted price."

From induction cooktops and revolutionary front load laundry pairs, to speed cook ovens and refrigerators that make coffee, GE Appliances has modernized life for more than 125 years with a legacy of invention, according to ADA Member Advantage. GE Appliances also invests in the experience that homeowners have with the products that keep consumers' homes running smoothly.

As a leader in connected appliances driven by the Smart HQ Home app, new voice activation and remote start features can help dentists with their daily tasks. Additionally, extensive options for sanitization cycles in both dishwashers and

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laundry units can kill 99.9% of bacteria causing germs on dishes and clothing to keep their ADA members' families and staff safe.

"For their practices or homes, GE Appliances provides the top brands that dentists are looking for," said Deborah Doherty, CEO of ADA Member Advantage.

Ms. Doherty added that she believes the partnership with GE Appliances will be well-received by dentists, their staff, friends and family.

"We know that new recommendations in response to the COVID-19 pandemic encourage dentists to use a commercial service or have laundering capability in the dental office for scrubs and lab coats," she said. "We're happy to offer a discounted solution to dentists looking to add or update a washer/dryer."

Members will have access to the family of GE Appliances brands including Profile, Café, GE, Monogram, Haier and Hotpoint appliances. ADA members can also refer their staff, family and friends to the site once they have created an account with their unique authorization code.

For more information or to get started, visit ADA.org/GE or call 1-800-ADA-2308. Dentists will need to verify their status as an active ADA member to view the exclusive appliance discounts and begin shopping. Once dentists have their authorization code, they can create an account at myapstore.com/GEStore/appliances/registration. ■

Expert Opinion / My Approach / July 22, 2020

MY APPROACH to Evaluating the Risk for Peri-Implantitis in Patients Seeking Dental Implants

BY DONALD A. CURTIS, DMD, FACP
AND YVONNE L. KAPILA, DDS, PHD

Dr. Don Curtis is a professor in the Department of Preventive and Restorative Dental Sciences at the University of California San Francisco School of Dentistry. Dr. Yvonne Kapila is professor and chair of periodontology, Department of Orofacial Sciences at the University of California San Francisco. Here, they outline practical approaches to assessing the risk for peri-implantitis in patients seeking dental implants.

Patients seeking tooth replacement with dental implants often have unrealistic expectations. Over 70% of patients consider that their implants will last forever, and an equal number have never heard of peri-implantitis.¹ Yet, recent reviews have shown that the incidence of peri-implantitis is close to 20% by patient and over 10% by implant.² Risk assessment can be a valuable tool to reconcile patient expectations with actual treatment risks.³

A patient's aggregate risk for developing peri-implantitis should be reviewed with the patient prior to initiating treatment, and it includes risks related to a patient's history, clinical findings, and clinical decisions. Some of the common risk factors and management considerations are outlined below, and comprehensive reviews are available.^{4,5}

Patient History

Smoking: Because smoking effects are dose-related, smoking reduction/cessation is important. The maxillary arch is most impacted. Smoking compromises vascularity and oxygenation; thus, it's not surprising that postsurgical complications double.⁶

Diabetes: Implant surgery is not recommended if HbA1c levels are above 8%. Immediate implant loading is not recommended; antibiotic use and chlorhexidine rinse may be beneficial. If diabetes is controlled, outcomes are similar to those in patients



without diabetes.

Medications: Use of antiresorptive agents, selective serotonin reuptake inhibitors (SSRIs), and proton pump inhibitors (PPIs) can increase risk for peri-implantitis. Of notable concern are patients who have a history of IV antiresorptive agents for the treatment of cancer or use of the SSRI sertraline. Duration of medication use should be considered.

History of irradiation to the head and neck: Referral to specialist team is recommended. Impact is variable. Fields, fractionation, and comorbidities should be carefully reviewed. If the dose is less than 55 Gy, there may be less risk.

Clinical Findings

Periodontal disease: Periodontal treatment needs to be provided and stability achieved prior to implant placement. Even with patient compliance, risks are elevated.

Implant location: Maxillary posterior with less favorable bone and higher risk.

Bruxism: Can result in rotational wear and introduction of particulate matter into the

sulcus; biocorrosion. Consider a night guard, splinting.

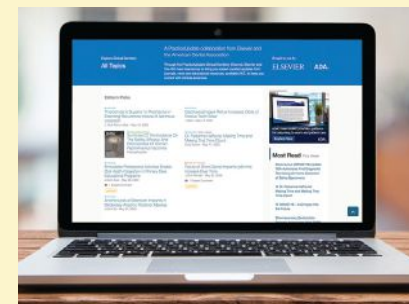
Clinician Decisions

Prosthesis type and contours: Unfavorable crown contours and tissue coverage can increase plaque levels and increase risk for peri-implantitis.⁷

Bone volume: Having less than 2 mm of buccal bone after osteotomy increases risk for peri-implantitis. Consider a narrow-diameter implant and bone profiling if acceptable esthetically.

Keratinized tissue: A 2-mm band of keratinized mucosa around an implant is important, especially when other risks are present.⁸

Two comprehensive risk-assessment tools have been developed to estimate aggregate risk for peri-implant bone loss. Neither risk-assessment tool has been validated. One risk-assessment tool includes 20 individual risk factors, each with a point allocation.⁴ Based on the points total, risk is established as low, intermediate, or high. The tool serves as a checklist for the clinician, informed con-



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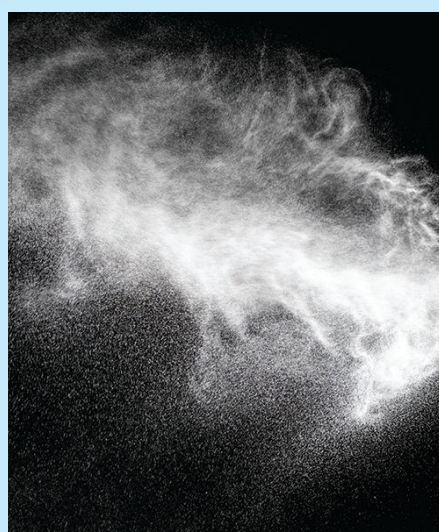
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The PracticeUpdate Clinical Dentistry Channel is free to dentists and dental team members.

sent for the patient, and a means to establish a dialogue so that risks and responsibilities are reviewed. A second-risk assessment tool, called an Implant Disease Risk Assessment, (IDRA) includes a similar menu of risk factors and goals, but includes a functional diagram so the relationship of risks can be visualized.⁵ These tools are helpful in allowing the stratification of patient risk and to estimate aggregate risk.

Comprehensive risk assessment can help establish a dialogue with patients about the risks and benefits of dental implant treatment.

Read this article and footnotes online at practiceupdate.com/content/my-approach-to-evaluating-the-risk-for-peri-implantitis-in-patients-seeking-dental-implants/103968/62.



Journal Scan / Review / Oral Oncology / July 30, 2020

Oral Saliva and COVID-19

TAKE-HOME MESSAGE

• SARS-CoV-2 transmits human to human by either direct transmission, such as cough, sneeze, and droplet inhalation, or contact transmission like ocular contact, saliva, and mucous membranes of the nose and eyes. Several viruses are detected in the saliva, including SARS-CoV-2, and stopping disease transmission by saliva in the dental clinic is vital to the safety of the patients and the dental team.

• In this review article, the author highlights important findings and recommendations based on the association of saliva and COVID-19 relevant for the oral healthcare team.

— Luiz Meirelles, DDS, MS, PhD

Abstract

Outbreak pneumonia announced in Wuhan, China, in December 2019, had its causative factor classified as a new coronavirus (SARS-CoV-2). Since saliva can host several viruses including SARS-CoV-2, the transmission chance of viruses through saliva, particularly those causing respiratory infections, is unavoidable. COVID-19 can be detected through salivary diagnostic testing which has lots of advantages for medical care professionals and patients. It should be noted that not only does saliva offer an ecological niche for the colonization and development of oral microorganisms, but it also prevents the overgrowth of particular pathogens such as viral factors. The aim of this study is to gather all the information about saliva and its association with COVID-19 for health care professionals across the world.

Read this journal scan at practiceupdate.com/content/oral-saliva-and-covid-19/103655/4/23/1.

Advocacy

Continued from Page 6

credentialed in order to receive payment for covered services.

Ms. Wilbers said the new law specifically concerns emergencies, such as when a dentist with an emergency health situation needs to bring in another dentist to cover their practice temporarily but wasn't able to get that coverage for patients or be reimbursed without the temporary practitioner being credentialed.

"This caused issues with access for patients as well," she said. "Now, with the passage of this bill, Missouri dentists can practice under another dentist's credentials for a period of 60 days for Family and Medical Leave Act purposes without having to be credentialed. This also allows for dentists to be reimbursed for covered services provided during a credentialing period."

Also included in HB 1682 was a provision prohibiting carriers from collecting claim overpayments from providers who did not receive an overpayment.

"We have tremendous lobbying support from both internal and external lobbyists. We were a part of the ADA's State Public Affairs program that also provided us with support throughout the session," Ms. Wilbers said. "These areas as well as several last-minute membership messaging pushes to legislators through a system called Voter Voice, allowed for legislators to hear our members loud and clear, even if it was through emails and virtual means."

Dr. Gehani believes the new laws aren't just beneficial for dentists, but for patients as well. "If you are a subscriber to a dental plan, you may be unaware of what your plan is doing behind the scenes and how that may be impacting your relationship with your doctor," he said. "The dental societies and the ADA are seeking laws that shine a light on coverage and makes it work in the best way possible. To fully appreciate the profession's investment in dental benefit public policy, it is worth noting that there have been almost 90 state bills filed this year alone concerning dental benefits. These measures provide a forum to discuss the efforts to improve coverage for patients and build the foundation for future enactments."

Virtual credit cards

In recent years, many dental benefit plans have shifted from paper checks to electronic methods of payment, which includes paying dentists through something known as virtual credit cards. These types of payments, while convenient, often come with additional fees. Many times, dentists aren't aware that they're being reimbursed in this manner, or that accepting virtual credit card payments comes at a cost.

During a January meeting with a state lawmaker to discuss the dental association's 2020 priorities, the subject came up, recalled Dr. Val Radmall, executive director, Utah Dental Association. He and Dr. Glenn Zeh, chair of Utah's Political Action Committee, met with Rep. James A. Dunnigan, who thought the virtual credit card issue would be a good fit for another bill he was working on.

The strategy paid off. In March, Utah Gov. Gary Herbert signed into law HB 37 that says dentists may now opt out of these types of payments. The law also prohibits carriers from requiring providers or patients to accept remittance through a credit card or other similar arrangement.

"We knew many dentists had made efforts to avoid virtual credit card payments, but were frustrated with dead-ends or cumbersome ap-



Dr. Gehani



Ms. Wilbers



Dr. Zeh



Mr. Stevens

plications to opt out," Dr. Radmall said. "The UDA has a small board and staff. It wasn't until [the ADA's Fight Insurer Interference Taskforce] made information available in such an organized and easy to understand manner that we had the tools to approach legislators on the subject."

Assignment of benefits

The West Virginia Dental Association successfully advocated for passing assignment of benefits legislation this year. The law requires dental carriers to pay dentists directly when patients instruct their plans to do so. To ensure transparency, the law requires dentists to

"To fully appreciate the profession's investment in dental benefit public policy, it is worth noting that there have been almost 90 state bills filed this year alone concerning dental benefits."

inform patients that assignment is optional and additional payments for care may be required. Legislators in that state saw assignment as a good way to help patients maximize their choice of dentist and reduce hurdles to getting dental care. Gov. Jim Justice signed SB 279 into law March 25 following its near-unanimous passage in the legislature.

Richard Stevens, executive director of the West Virginia Dental Association, said the decision to advocate for this particular legislation began over a year ago.

"Our officers decided more than a year ago that we'd launch a campaign to enact an assignment of benefits law, and the ADA helped us design the law and develop supporting resources," he said. "We started in January and on the last day of the session, day 60 in March, the bill passed."

West Virginia also helped get its members an increase in reimbursement this year.

"It's a 10% increase in benefits and that's also a win for us," said Mr. Stevens, who added that the legislature approved enhancements to the state's emergency-only adult dental Medicaid program. Adult enrollees will now have access to a wider array of basic services under a \$1,000 per patient annual expenditure cap. A few urgent services expenses will not count against that cap.

Noncovered services

New Hampshire became the 40th state to enact limitations on dental carriers' ef-



Dr. Radmall

orts to limit what a participating dentist may charge for non-covered services thanks to HB 1639, signed by Gov. Chris Sununu in June. The fee for any service that does not fall under the definition of "covered services" is now a

private matter between the patient and the dentist; insurers are prohibited from establishing the maximum charges for non-covered services. States began enacting non-covered services laws a little over 10 years ago; noncovered services laws spread faster than most any other dental benefit public policy issue in recent memory.

Downcoding

In Louisiana, Gov. John Bel Edwards signed HB 353 in June prohibiting downcoding by third-party payers unless certain criteria are met. The new law prohibits "systematic downcoding with the intent to deny reimbursement otherwise due to dentists" and requires third-party payers to disclose downcoding policies that are routinely applied. It also says that state-regulated plans must specify in their explanation of benefit notices sent to patients the reason for changing the procedure code that was originally submitted by the dentist and identify policy provisions that permit the change. The explanation of benefit notices may not state or imply dentists have acted inappropriately, if a different procedure code is used for adjudication, unless there is clear evidence to the contrary.

Waiting periods

In Maine, Gov. Janet Mills signed into law a bill that eliminates insurance waiting periods in dental insurance plans for children in the state. LD 1975, An Act to Facilitate Dental Treatment for Children, enacted on March 17, enables children with private dental insurance to receive care without having to wait up to several months for coverage to start.

According to the law, which does not include orthodontic treatment, it prohibits insurers that issue individual and group dental insurance or health insurance that includes coverage for dental services from imposing a waiting period for enrollees under 19 years of age.

Missing tooth clause

Louisiana also passed HB 311, which establishes limits on insurers' ability to deny coverage for preexisting conditions, often referred to as the missing tooth clause in carriers' contracts. Dental plans cannot deny coverage for covered services, due to preexisting conditions, after a 12-month waiting period.

Dr. Gehani lauded the state associations around the country that have viewed COVID-19 as an opportunity to work on their priorities by actively pursuing legislation now or prepping for sessions in 2021.

"Making dental plans work and work well for patients and providers is a top priority," he said. "In addition to legislative advocacy, the ADA is also helping members through individual member support, education and endorsement of various industry solutions that solve problems related to dental benefits."

For more information on the ADA's principles for model legislation, which state dental societies can use in their legislative efforts, visit ADA.org/advocacy.

For more information about the ADA's third party payer advocacy efforts, visit ADA.org/dentalplans. ■

—garvinj@ada.org

ADA thanks lawmakers for bill calling for provider relief funding to be tax deductible

BY JENNIFER GARVIN

Washington — The ADA is thanking two members of Congress for introducing legislation to ensure dentists won't be taxed on provider relief funding received during COVID-19.

In an Aug. 3 letter to Reps. Cindy Axne, R-Iowa, and Neal Dunn, R-Fla., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin praised the legislators for HR 7819, the Eliminating the Provider Relief Fund Tax Penalties Act of 2020.

If enacted, the bill would make pandemic-related expenses attributed to Provider Relief Funds tax deductible. This proposal is something the ADA and many other health care organizations support, as detailed in a June 25 letter to leaders of the U.S. House and Senate and members of the House Committee on Ways & Means and Senate Committee on Finance.



"After closing completely or limiting their practices to emergency-only dental care at the onset of the COVID-19 pandemic, dentists across the country have reopened their practices," Drs. Gehani and O'Loughlin wrote. "In order to safeguard patients, their staff and themselves from the spread of COVID-19, dentists have implemented new infection control procedures and are utilizing enhanced personal protective equipment."

"As you are keenly aware, the cost of these health and safety efforts are having a considerable economic impact on businesses. This bill would ensure that dentists, regardless of taxpaying status, will not be subject to taxes on aid provided through the Provider Relief Fund," Drs. Gehani and O'Loughlin added.

If this bill passes and becomes law, "by guaranteeing that relief funds do not add to the provider's tax bills, dental practices [will be able to] utilize the full value of the benefit. Consequently, the reduction in tax burden would help dental practices stay open, retain their employees, and provide their patients with care," the letter concluded.

The deadline for dentists to apply for provider relief is Aug. 28. To learn more and apply, visit cares.linkhealth.com.

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

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Grassroots

Continued from Page 1

targeted liability protection to small businesses that follow applicable public health guidelines during the pandemic.

- Give additional flexibility for Paycheck Protection Program loans by allowing borrowers to take advantage of the Employee Retention Tax Credit, use the loans to purchase additional PPE or take out additional funds, and allow 501(c)(6) organizations to apply for the loans.

- Deduct expenses paid for with Paycheck Protection Program loans.

- Incentivize 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.

- Ensure that funds from the U.S. Department of Health and Human Services Provider Relief Fund are not included as taxable income.

- Provide supplemental funding designated for the National Institute of Dental and Craniofacial Research to help the Institute re-launch its research priorities to pre-pandemic levels and help advance its COVID-19 research agenda.

- Invest resources in the public health infrastructure including the Centers for Disease Control and Prevention and the Indian Health Service.

To sign up for future ADA Grassroots Alerts, visit the ADA Legislative Action Center at ActionCenter.ADA.org. ■

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Essential

Continued from Page 1

of COVID-19, keep patients out of overburdened hospital emergency departments and conserve personal protective equipment. By the end of May, most state governments had lifted restrictions on dental offices, but as COVID-19 cases continue to rise in many states, the dental community is concerned governors may again limit dental services to urgent and emergency care, which could negatively impact dentists and the oral health of the public, Dr. Gehani said.

The policy states oral health is an integral component of systemic health and dentistry is an essential health care service because of its role in evaluating, diagnosing, preventing and treating oral diseases, which can affect systemic health.

It advises that the ADA use the term “essential dental care” — defined as any care that prevents and eliminates infection and preserves the structure and function of teeth and orofacial hard and soft tissues — in place of “emergency dental care” and “elective dental care” when communicating with legislators, regulators, policymakers and the media about care that should continue to be delivered during pandemics and other disasters.

“Using the term ‘elective dental procedures’ implies oral health care is optional and diminishes the evidence validating that oral health is an integral component of overall health,” Dr. Gehani said.

The policy also states the ADA will urge state agencies and officials to recognize the oral health workforce when designating its essential workforce during public health emergencies. Government agencies such as the Department of Homeland Security and Federal Emergency Management Agency have already acknowledged dentistry as an essential service. ■

—versacim@ada.org

Groups apply as national certifying boards for oral medicine, orofacial pain specialties

Two certifying boards are seeking to be recognized as the national certifying board for the newly approved specialties of orofacial pain and oral medicine.

The American Board of Orofacial Pain submitted on July 28 an application and request to the National Commission on Recognition of Dental Specialties and Certifying Boards to be recognized as the certifying board for the newly approved specialty of orofacial pain. The American Board of Oral Medicine submitted its application on Aug. 5, requesting it be recognized as the certifying board for the newly approved specialty of oral medicine.

The applications come about four months

after the National Commission recognized both oral medicine and orofacial pain as a dental specialties, based on the determination that the American Academy of Oral Medicine’s and American Academy of Orofacial Pain’s respective applications met all the ADA’s Requirements for Recognition of a Dental Specialty.

If approved by the National Commission, the American Board of Oral Medicine and the American Board of Orofacial Pain would become recognized as the national certifying boards that administers the board certification examination certifying qualified dentists as diplomats in the specialties of oral medicine and orofacial pain, respectively.

All documentation in the application is confidential until the review committee has determined that the application contains the required documentation. If the application contains the required documentation, the National Commission will invite public comment for a 60-day period on whether the applicant has demonstrated that it meets each of the Requirements for Recognition. Incomplete applications are returned to the certifying board for modifications.

For more information on the National Commission on Recognition of Dental Specialties and Certifying Boards, visit ADA.org/en/ncrdscb or call 1-312-440-2697. ■



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- Patented *SingleDose* minimizes cross-contamination and eliminates solvent evaporation
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- no more wiping down bottles
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- Physical properties superior to that of many packable composites, which allow for versatility and extended indications for use
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