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ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

01.11.21

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War and Peace

DR. THERESA CHENG RECEIVES 2021 ADA HUMANITARIAN AWARD FOR CONNECTING LOW-INCOME COMBAT VETERANS WITH NO-COST DENTAL CARE

BY DAVID BURGER
Issaquah, Wash.

Katy Yang, a former non-commissioned officer in combat aviation operations, said she felt helpless and unwanted when she separated from military service after several tours in a war zone.

"Life just kept throwing lemons at me — faster than my two hands can possibly catch," she said in a letter to the ADA.

On top of a debilitating post-traumatic stress disorder was a dire need of significant dental care.

"Desperate, I turned to my last resort: Google," she said. "I searched for veteran dental resources and immediately found [Everyone For Veterans]."

After contacting Everyone For Veterans, or EV4, Ms. Yang was paired up with California orthodontist Brian Bergh, D.D.S., who offered to fix Ms. Yang's malocclusion — for free.

"Today, nine months into my treatment, I can attest that my experience has been delightful and enjoyable," Ms. Young said. "Dr. Bergh's office and E4V have truly shown me through actions that caring civilians, do, as a matter of fact, exist. Feeling appreciated and loved has certainly changed my life. Gratitude has unshackled me from toxic emotions, and I have E4V to thank for that."

Ms. Yang's letter, along with a nomination packet, made its way to the Humanitarian Award Selection Committee. The ADA Board of Trustees, eventually announced in December that the founder of E4V, Theresa Cheng, D.D.S., is the recipient of the 2021 ADA Humanitarian Award.

"The ADA Humanitarian Award was established in 2008, and each

See AWARD, page 16

PRACTICE

COVID-19 vaccine fact sheet addresses dentists' questions



BY JENNIFER GARVIN

The ADA has created a new fact sheet for dentists with questions following the Food and Drug Administration's emergency use authorization for two COVID-19 vaccines.

On Dec. 11, 2020, the FDA issued an emergency use authorization for the Pfizer-BioNTech COVID-19

See VACCINE, page 12

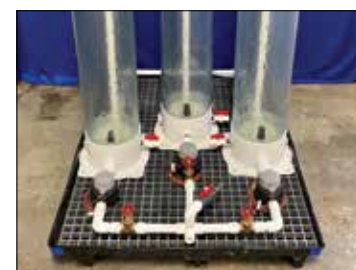
4 Latest coronavirus economic relief on the way

Expenses paid for with PPP loans now tax-deductible among legislation's provisions that can help dentists, dental practices



8 'Game changer' in community water fluoridation

Sodium fluorosilicate tablet system receives NSF Standard 61 approval



19 Despite COVID-19 pandemic, GKAS must continue

Give Kids A Smile event organizers balance safety, need to provide oral health care, education to children





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Welcome to the newly designed ADA News, which implemented design elements that give the award-winning publication a more modern aesthetic while streamlining the navigation so Association members can find the content most relevant to their interests.

The redesign comes as the ADA News shifts to a monthly publication in print and continues to provide daily breaking news and content on its website, ADA.org/adanews, and via the ADA Morning Huddle newsletters. The digital version will also publish monthly and will include rich content, such as videos, podcasts and infographics that allow the reader to delve deeper into stories.

The redesigned newspaper cuts down on clutter, introduces sections along topical lines and incorporates visually compelling graphics, images and photographs; and it introduces a more readable copy typeface, a new logo and tagline.

The ADA News also created a new icon and color system that helps guide readers to specific sections such as science and technology, government and access to care, the topics of greatest interest to members, according to a readership survey conducted in 2020. News specifically about the Association and its members will now have its own dedicated section, "Around the ADA."

The redesigned ADA News will also publish quarterly themed issues, including a one-year

retrospective on the impact of COVID-19 on dentistry. Other themes will cover dental technology, education and lifestyle.

The digital version of the monthly publication is also getting a new look and function, offering a "digest" that allows readers to access stories and related rich media.

This first issue of the redesigned ADA News includes coverage on efforts to ensure dentists can both receive and administer approved COVID-19 vaccines; how Give Kids A Smile events are adapting to the pandemic; and a feature on the Humanitarian Award recipient. The issue also launches a new series on science and innovation—the first being about a new tablet-based fluoridation system.

The ADA News was last redesigned in 2012. ■

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¹ ADA definitions for direct and indirect pulp capping at <http://www.ada.org/en/publications/odt/glossary-of-dental-clinical-and-administrative-terminology>
² Apatite-forming Ability of TheraCal Pulp-Capping Material, M.G. GANDOLFI, F. SIBONI, P. TADDEI, E. MODENA, and C. PRATI J Dent Res 90 (Spec Iss A) abstract number 2520, 2011 (www.dentalresearch.org)
³ Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARIL. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.



\$900B coronavirus relief package can help dentists

BY JENNIFER GARVIN
Washington

Congress passed a \$900 billion COVID-19 relief bill at the end of 2020 aimed at helping the people and businesses nationwide devastated by the coronavirus pandemic.

The bipartisan relief package was part of a \$2.3 trillion spending bill, the Consolidated Appropriations Act of 2021, that funds the government through Sept. 30. President Donald J. Trump later signed the bill into law.

Following the bill's passage, the ADA sent out an Issues Alert email to dentists. In the email, the ADA said the Association "is proud to support dentists as they continue serving their communities during these difficult times. Together, we are driving dentistry forward on its path to recovery."

These are the COVID-19 relief provisions the Association believes are the most critical for dentists:

- Making expenses paid for with the Paycheck Protection Program (PPP) loans tax deductible.

HHS Provider Relief Fund Phase 3 payments underway

The U.S. Department of Health and Human Services said Dec. 16, 2020, that the next round of Provider Relief Fund distributions is now underway.

The Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act. During the Phase 3 round of funding, the program is expected to distribute more than \$24 billion to more than 70,000 providers, according to an HHS news release. That number was about \$4 billion higher than originally expected.

"As with other General Distribution [payments], applicants that have not already received a baseline payment of 2% of annual revenue from patient care were eligible to do so," the department said. "Recognizing the ongoing challenges for providers, HHS enhanced the Phase 3 distribution to consider the actual revenue losses and expenses experienced by providers that were attributable to COVID-19. With this opportunity, previously eligible PRF applicants were invited to apply for additional funding, along with first time applicants."

HHS added that "this funding will distribute to providers up to 88% of their reported losses" but noted that more than 35,000 applicants won't get additional payments because "they experienced no change in revenues or net expenses attributable to COVID-19, or because they have already received funds that equal or exceed reimbursement of 88% of reported losses." ■

- Eliminating the requirement that PPP loan forgiveness be reduced by the amount of the Economic Injury Disaster Loan (EIDL) grant that was received by the business. The bill also allocates additional EIDL grant money.
- Allowing PPP borrowers to utilize the Employee Retention Tax Credit. The bill also increases the wage cap and percentage of eligible wages for that credit.

FISCAL YEAR 2021 APPROPRIATIONS MEASURES

The spending package includes \$215 million for the Indian Health Services dental program — an increase of more than \$4 million that will enable IHS to bring additional dental centers into the Electronic Dental Records System as well as expand access to dental services in isolated and rural areas through dental support centers. An additional \$67 million is earmarked for IHS recruitment and retention programs.

The bill also allocates \$485 million for the National Institute of Dental and Craniofacial Research — a \$7 million increase from 2020 — to continue critical research projects including COVID-19-related research. Area Health Education Centers will receive \$43 million — a \$2 million increase — to expand workforce training and health care delivery in rural and underserved areas, including helping patients find dental treatment outside of hospital emergency departments.

OTHER SIGNIFICANT MEASURES

- Makes 501(c)(6) organizations eligible for PPP funds if they have fewer than 300 employees and meet certain lobbying restrictions.

Dentists reflect on Provider Relief Fund impact

BY MARY BETH VERSACI

The COVID-19 pandemic has been a source of anxiety for many dentists and their staff, and Jessica Meeske, D.D.S., and her co-workers at Pediatric Dental Specialists of Greater Nebraska are no exception.

The practice, which Dr. Meeske co-owns, was closed for all but emergencies from March 18-May 1, 2020, which limited work hours and led staff to apply for unemployment benefits. Its lost revenues in March and April totaled \$378,000.

What helped ease some of that anxiety was the U.S. Department of Health and Human Services' Provider Relief Fund, established by the Coronavirus Aid, Relief and Economic Security Act — known as the CARES Act — to help dentists and other health care providers recover lost revenue and net changes in expenses caused by the COVID-19 pandemic.

The latest round of Provider Relief Fund distributions began Dec. 16, 2020, with dentists again among the more than 70,000 health care providers expected to receive over \$24 billion in support.

Payments from the Provider Relief Fund helped Dr. Meeske's practice meet expenses, pay and retain staff, and acquire PPE. The



- Eases the forgiveness process for PPP loans that are \$150,000 or less.
- Allocates \$3 billion in additional grants to reimburse hospitals and health care providers for health care-related expenses or lost revenue directly attributable to the pandemic.
- Provides additional funds for COVID-19 testing, contact tracing and vaccines.
- Extends mandatory funding through 2023 for community health centers (\$4 billion), National Health Service Corps (\$310 million), and the Teaching Health Center Graduate Medical Education Program (\$27 million).
- Allocates \$3.6 million in funding for Health Professions Opportunity Grants, which provides education and training for low-income individuals in health care fields, including dental assisting and dental hygiene.
- Calls for medical and nursing schools in the United States to form partnerships with schools in Mexico to ensure Mexican schools have comparable accreditation standards and medical and nursing students can pass American licensing exams. Dental schools were not included.
- Lowers the medical expense deduction on taxes to 7.5% from 10%, which can also be used for dental expenses.
- Allows individuals to carry over any unused

health and dependent care flexible spending account benefits from 2020 into the 2021 plan year, along with other FSA plan flexibilities.

- Eliminates surprise billing in most circumstances. (The surprise billing provisions don't include dental offices, but the bill gives HHS the ability to add additional types of health facilities.)
- Closes a loophole under current law that exempts online e-cigarette retailers from having to verify the age of their customers upon delivery.
- Extends pandemic-related unemployment benefits.

For more information, the ADA has created a fact sheet on small business loans with additional specifics on PPP and EIDL grants. To download, visit ADA.org/virus and look under the SBA loans tab.

The ADA continues to advocate for issues and policies that affect the profession of dentistry including student loans, surprise billing, noncovered services and additional small business relief.

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

"Obviously when we returned to regular patient care, and our payroll went back to normal, the revenue to pay those expenses just wasn't there," Dr. Shenkin said. "If it wasn't for the advocacy of the ADA Washington team, to ensure our inclusion in the CARES and Paycheck Protection Program resources, we surely would have struggled to make ends meet. The resources made available by the federal government permitted us to get back to work, pay our staff and try to get back to business as usual without having to stress about where the next payroll would come from."

Antoinette Marie Tauk, D.D.S., who owns a family and cosmetic dentistry practice in New Jersey, stayed open for emergency treatment one to two days per week early in the pandemic. When she reopened to a more normal capacity, her revenues were down 36% from 2019.

"I was fortunate that although I was down 36%, I had many patients that did return and was able to start generating income in June," said Dr. Tauk, who is president of the Middlesex County Dental Society.

As of December 2020, her revenues were down 14% from the previous year. She also had spent more than \$50,000 on PPE and other office preparations.

Dr. Tauk received Provider Relief Fund payments during both the second and third phases of distribution, as well as a Paycheck Protection Program loan and an Economic Injury Disaster Loan grant.

See RELIEF, page 14

Congress passes Competitive Health Insurance Reform Act

BILL REPEALS MCCARRAN-FERGUSON ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES

BY JENNIFER GARVIN
Washington

The Senate on Dec. 22, 2020, voted to repeal the McCarran-Ferguson antitrust exemption for health insurance companies by passing HR 1418, the Competitive Health Insurance Reform Act.

The House passed the bill on Sept. 21, 2020. At press time, President Donald J. Trump was expected to sign the bill into law.

The ADA has been a "longtime advocate of this bill that would reform the McCarran-Ferguson Act of 1945 to ensure that health insurance companies are subject to the same federal antitrust laws that nearly all other industries must comply with in the U.S.," the Association wrote in an email to dental leaders.

In the email, the ADA also praised Sens. Steve Daines, R-Mont., and Patrick Leahy, D-Vt., for leading the bill in the Senate.

"Our bipartisan bill will allow for greater transparency and oversight into the health insurance industry and help make health insurance more affordable [for Americans] across the country. I look forward to this common-sense bill being signed into law," said Sen. Daines in a news release.

According to the release, the bill "amends the McCarran-Ferguson Act to restore the application of federal antitrust laws to the health insurance industry, but does not otherwise interfere with or impact the authority of state authorities to regulate health insurance provided under the act."

"This bill will help address instances of artificially higher premiums, unfair insurance restrictions, and harmful policy exclusions," the release concluded.

The ADA also thanked Reps. Peter DeFazio, D-Ore., and Paul Gosar, R-Ariz., for getting the bill passed in the House. Rep. Gosar, who is also an ADA member dentist, has been the primary and leading congressional advocate for the bill's passage since being elected in 2010.

The bill was supported by other dental organizations and the ADA noted that many consumer groups also advocated for HR 1418. The Association concluded the email by noting the bill would not have achieved passage without the efforts of the ADA's volunteer leadership, "most notably" from the ADA's Council on Government Affairs and American Dental Political Action Committee, as well as the efforts of state dental society executive directors who wrote letters and did targeted outreach to their lawmakers.

For more information on the ADA's advocacy efforts, visit ADA.org/Advocacy. ■

HHS proposes changes to HIPAA Privacy Rule

The U.S. Department of Health and Human Services' Office for Civil Rights has proposed changes to the Health Insurance Portability and Accountability Act Privacy Rule to support individuals' engagement in their care, remove barriers to coordinated care and reduce regulatory burdens on the health care industry, according to an HHS news release.

The proposed changes to the rule include strengthening individuals' rights to access their own health information, including electronic information; improving information

sharing for care coordination and case management for individuals; facilitating greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises; enhancing flexibilities for disclosures in emergency or threatening circumstances, including the opioid and COVID-19 public health emergencies; and reducing administrative burdens on HIPAA-covered health care providers and health plans while continuing to protect individuals' health information privacy interests.

The Office for Civil Rights encourages

comments from all stakeholders, including patients and their families, HIPAA-covered entities and their business associates, consumer advocates, health care professional associations, health information management professionals, health information technology vendors, and government entities.

Public comments on the proposed changes will be due 60 days after they are published by the Office of the Federal Register. For more information, go to hhs.gov and search "HIPAA Privacy Rule." ■

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ADA supports VA pilot program to improve dental access

BY JENNIFER GARVIN
Washington

The ADA “fully supports” the Department of Veteran Affairs’ Pilot Program for Dental Health Care Access and is asking the new administration to continue the project and its goal to improve access to dental services for enrolled veterans currently ineligible for VA dental services.

In a Dec. 14, 2020, letter to President-elect Joe Biden and Vice President-elect Kamala Harris, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O’Loughlin, D.M.D., praised the lawmakers for their passion for helping veterans and urged them to support the pilot program.

As per the Federal Register Notice of Intent for the VA Pilot Program, the VA is only able to provide dental services on an annual basis

to about 8% of veterans who are enrolled in the VA health care system. The agency has limited authority to furnish outpatient dental care and generally veterans must either have a dental issue that is service connected or qualify based on a narrow criteria, such as being a former prisoner of war or having a service-connected disability rated as total.

See PILOT, page 7




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Improving transparency in dental benefits

National Council of Insurance Legislators approves model legislation

BY JENNIFER GARVIN

The ADA received a huge boost in its mission to reform dental insurance practices for patients and the dentists who serve them when the National Council of Insurance Legislators adopted the Transparency in Dental Benefits Contracting model legislation.

The National Council of Insurance Legislators is an organization of state legislators whose main area of public policy concern is insurance legislation and regulation. Representatives George Keiser, R-N.D., and Deborah Ferguson, D-Ark., co-sponsored the bipartisan dental benefits model that can be used as a template for introducing similar legislation around the country.

The model legislation, which was approved by the council’s Health Insurance and Long-Term Care Issues Committee on Dec. 10, 2020, addresses three critical reform issues trending in state legislatures nationwide:

- Freedom in network leasing.
- Prior authorization.
- Virtual credit card payments.

“The model language on these three issues offers a balanced approach, empowering all three stakeholders in the dental transaction — patients, dentists and insurance carriers — in a way that supports access to care and needed clarity in how dental benefits are paid,” according to a letter the ADA and other dental groups sent to the National Council of Insurance Legislators ahead of its Dec. 10 meeting.

“Passage of this model is huge,” said Dr. David White, chair, ADA Council on Government Affairs. “It’s going to be so critical as we pursue legislation like this in states around the country.”

Dr. White also noted that a little over a decade ago the National Council of Insurance Legislators adopted a model law on noncovered services for dental plans, and as of today over 40 states have a noncovered services law enacted, with many of these adhering closely to the organization’s legislative language.

The ADA is continually monitoring, lobbying and providing education on behalf of dentists and the patients they serve. More than 20 new laws were enacted in 12 states in 2020 that impacted dental insurance coverage and administration.

For more information about the ADA’s advocacy efforts for fair dental insurance, visit the ADA’s Advocating for Fair Dental Insurance web page on ADA.org.

—garvinj@ada.org

Rule change sought to allow VA health care providers to practice in any state

BY JENNIFER GARVIN
Washington

The ADA is supporting an interim final rule that will continue allowing Veteran Affairs health care professionals to deliver health care services in a state other than the one they are licensed, registered or certified to practice in.

In a Dec. 4, 2020, letter to the VA, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O’Loughlin, D.M.D., told the agency that allowing dentists to practice within the scope and requirements of their VA employment, “notwithstanding any state license or other requirements that unduly interfere with their practice, enhances veterans’ access to critical dental services.”

They also said that the practice outlined in the Authority of VA Professionals to Practice Health Care interim final rule is “consistent” with the ADA’s comprehensive policy on licensure, which states that “provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.”

In the letter, Drs. Klemmedson and O’Loughlin said the VA must maintain the ability to determine the location and practice of its health care professionals, including its 1,050 dentists, to carry out the agency’s mission without any burdensome state restrictions and noted the interim final rule gives the agency the flexibility to mobilize and hire qualified health care professionals from any state and quickly place them in areas of need.

Follow all of the ADA’s advocacy efforts at ADA.org/Advocacy.

—garvinj@ada.org

PILOT continued from page 6

The ADA and VA are hopeful that the pilot program will improve the quality of oral health for veterans while decreasing health care-related costs related to emergency department (ED) visits at the same time.

“Poor oral health can have a significant negative effect on overall health. Neglecting oral health can lead to health problems, including oral cancer, and oral health is a window to your overall health,” wrote Drs. Klemmedson and O’Loughlin, who noted that dental visits currently account for more than 2 million visits to hospital emergency departments each year.

“The VA believes there is an opportunity for cost savings to be realized through reduction of ED utilization caused by increasing access to dental care,” Drs. Klemmedson and O’Loughlin continued. “The ADA is committed to supporting the VA’s goal to lessen ED visits and enhance the oral health of our veterans.”

Drs. Klemmedson and O’Loughlin also told the president-elect and vice president-elect that earlier this year, the ADA adopted new policy

“

Poor oral health can have a significant negative effect on overall health.

aligning with the VA’s dental pilot program.

“Specifically, we support the federal authorization of administrative support resources within the Veterans Administration Medical Centers to assist veterans to identify and utilize dental services offered by federally qualified health centers, not for profit dental care facilities, and volunteer dental professionals,” they wrote. “Furthermore, the ADA supports the work of component and constituent dental associations, dental organizations, societies and dentists to develop new programs with outreach strategies to assist veterans with unmet dental treatment needs, and to serve as a resource in finding dental homes for veterans.”

The letter concluded by saying the ADA is currently collaborating with the VA Innovation Center and providing advisory guidance on all aspects of the pilot and fostering partnerships for the facilitation of veteran dental services.

“Developing alliances with private dental offices, other organizations and federally



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‘Game-changer’ in community water fluoridation

SODIUM FLUOROSILICATE TABLET SYSTEM RECEIVES NSF STANDARD 61 APPROVAL

BY DAVID BURGER
Mulberry, Fla.

Editor’s note: The “Innovations” series highlights and features leaps forward in science-based technology that can provide benefits to dentists, their patients and the public.



A new community water fluoridation system that is the first advancement in water fluoridation technology in decades has received a coveted approval that primes it for immediate deployment all over the country.

The sodium fluorosilicate tablet system, developed by Florida-based KC Industries and contracted by the Centers for Disease Control and Prevention, received NSF Standard 61 approval in December 2020.

NSF Standard 61 is a set of national standards that relates to water treatment and was developed by the National Sanitation Foundation, a global independent public health and environmental organization.

The tablet system is a more cost-effective way to distribute fluoride into drinking water, as well as offer an opportunity to distribute fluoride to smaller communities that did not

have the previous infrastructure to do so, said Kip Duchon, a consultant to the ADA’s National Fluoridation Advisory Committee and retired CDC national fluoridation engineer.

“It’s a game changer,” Mr. Duchon said. He said that at the moment, about 75% of the country has fluoridated water. He predicted that within a decade, that number will rise to 85% due to the new system.

The system is designed for small- to medium-sized water systems with flow rates of up to 1 million gallons per day, which serves up to about 15,000 people, said Steve McCarter, managing member of KC Industries. More than a decade in the making, the system is designed to be a safe, easy-to-use, low-maintenance and affordable option for smaller municipalities to access the benefits of water fluoridation for their residents.

The feeder system works through the erosion of sodium fluorosilicate tablets in the patented New Wave Fluoridation Feeder, much like how chlorine is distributed into swimming pools, Mr. McCarter said.

The New Wave Fluoridation Feeder and Tablet system is being marketed by DuBois Chemicals throughout North America as of Jan. 1.

KC Industries has a long history in the application and use of fluoride products for use in water fluoridation, as both a producer and

“Community water fluoridation is one of the best population-based interventions.”

distributor, and Dubois is one of the largest water fluoridation companies in North America, with over 75 years of combined experience in water fluoridation sales and technical staff.

Mr. McCarter said interest in the system has come from around the world — including Australia — and that he expects to be implementing the system soon in communities that include those in Colorado and Georgia.

Mr. Duchon expects a half-dozen communities to implement the system within the first few months.

Jayanth Kumar, D.D.S., California state dental director and member of the National Fluoridation Advisory Committee, said he was pleased to see the approval and



Innovation: The sodium fluorosilicate tablet system, developed by Florida-based KC Industries and contracted by the Centers for Disease Control and Prevention, received NSF Standard 61 approval in December 2020.

deployment of the New Wave Fluoridation Feeder and Tablet system throughout the nation.

“This system will expand the benefits of community water fluoridation to many more communities that before were unable to offer community water fluoridation to their residents,” Dr. Kumar said. “Community water fluoridation is one of the best population-based interventions.”

For more information on community water fluoridation and ADA advocacy, visit ADA.org/fluoride. ■

Report offers guidance on developing cleaning instructions for reusable dental instruments

BY MARY BETH VERSACI

Manufacturers of reusable dental instruments now have a guide to help them develop and validate reprocessing instructions that follow guidelines from the Food and Drug Administration.

American Dental Association Technical Report No. 168: Guidance on Method Development and Validation of Cleaning Processes for Dental Instruments addresses the gap in guidance needed to adequately clean dental instruments using a validated cleaning process as part of instrument reprocessing. Published by the ADA Standards Committee on Dental Products, the technical report is available to all ADA members to download for free at ADA.org/dentalstandards.

“This document combines aspects of both domestic and global requirements, resulting in a state-of-the-art guide for dental instrument manufacturers to consistently develop instrument cleaning methods that meet the safety expectations of clinicians and patients,” said Mark Dammann, chairman of the working group that developed the technical report and director of global quality assurance for Hu-Friedy.

Reusable dental instruments that are designed and labeled for multiple uses must be reprocessed by thorough cleaning followed by sterilization or high-level disinfection between patients, according to FDA guidelines.

The FDA classifies several dental instruments, including rotary bur instruments and diamond instruments, as “critical reprocessed single-use devices” that must submit validation data regarding cleaning as part of their premarket submission to the FDA to demonstrate they are safe and effective. The ADA technical report uses the cleaning process for rotary bur instruments as an example to provide recommendations for the formulation and validation of reprocessing instructions that will allow dentists to practice safe and effective instrumentation. Cleaning is an essential and difficult step in a multi-step instrument reprocessing procedure.

If a dental instrument manufacturer does not provide validated cleaning instructions, then a device is considered “single use.” When an instrument is not thoroughly cleaned, the downstream process of sterilization or high-level disinfection may be rendered ineffective, leading to potential cross-contamination or improper functioning of the instrument because of the presence of residual debris.

“We, as dentists, need to recognize that our instruments are classified as medical devices, and there are rules and regulations that must be followed when using them,” said Neill Luebke, D.D.S., ADA member endodontist and chairman of the ADA Standards Committee on Dental Products Subcommittee on Dental Instruments. “Ignoring single-use indicators or failing to properly reprocess can have implications that could ultimately compromise one’s license, to say nothing of repercussions that might occur with regard to a patient’s treatment. This technical report is a big step forward in helping the dental profession have the guidance it needs to be able to meet those guidelines.”

The ADA Science & Research Institute was instrumental in developing the technical report and is conducting research into the development of a dental test soil to validate the efficacy of cleaning methods at removing soil from dental rotary instruments.

The ADA Standards Program, which was

founded in 1928, involves the work of more than 600 volunteers from the dental profession, dental industry, government and academia to establish baseline standards and technical recommendations for almost every tool used in modern dentistry. To learn more or download a copy of Technical Report No. 168, visit ADA.org/dentalstandards. ■

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Debris: This scanning electron microscope image shows enamel/dentin debris (center) deposited among diamond particles on a dental rotary diamond instrument that had been soiled and cleaned, demonstrating the difficulty of properly cleaning instruments.



Image courtesy of ADA Science & Research Institute

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JADA looks at dentists’ pandemic preparedness

BY MARY BETH VERSACI

Dentists from around the world reported a lack of preparedness to confront COVID-19 early in the pandemic, according to a study published in the January issue of The Journal of the American Dental Association.

The cover story, “Dentists’ Knowledge, Attitudes, and Professional Behavior Toward COVID-19 Pandemic: A Multisite Survey of Dentists’ Perspectives,” looked at the responses of 1,251 dentists from 49 countries to an online survey conducted from March 28 through April 10, 2020. The breakdown of respondents included 37.8% from Europe, 29.2% from the Eastern Mediterranean region, 19.7% from North America and 13.3% from the Western Pacific region.

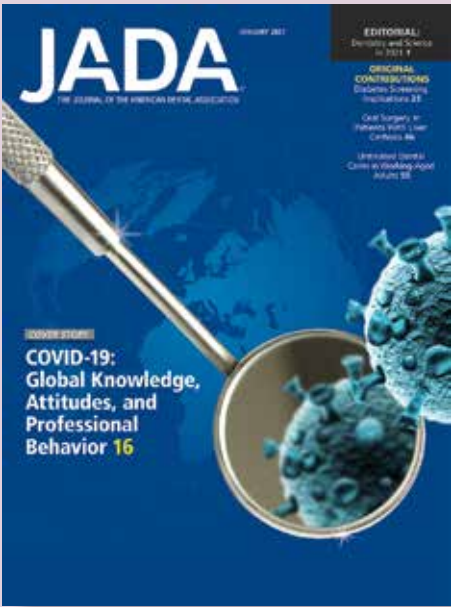
The survey assessed respondents’ level of comfort with preventive measures and

provision of treatment in the dental practice setting during the pandemic; understanding of the benefits and use of N95 respirators; and attitudes toward treating patients with known or suspected COVID-19. It also looked at the effect of the pandemic on dentists’ workplace status and finances.

Overall, responses related to dentists’ level of comfort with preventive measures and provision of treatment fell between “somewhat uncomfortable” and “neither comfortable nor uncomfortable.” There were statistically significant differences among dentists from different regions, with Eastern Mediterranean dentists generally reporting the most comfort and European dentists reporting the least.

About one-half of respondents reported they were familiar with the use of N95 or other high-level respirators, and 92.3% indicated N95 masks were necessary when attending to a patient with known or suspected COVID-19. However, only 20.5% used an N95 mask in practice. When asked about their attitudes toward delivery of care, 51.7% of respondents “strongly agreed” they would “prefer not to treat and would refer a known or suspected COVID-19 patient.”

Nearly 81% of respondents reported their workplaces were closed as a result of the pandemic, and 76% of those who



continued to work deferred “elective” treatment. About three-quarters of the surveyed dentists “strongly agreed” there was a substantial financial impact on their income, and 47.9% expected compensation, with 77% of those respondents expecting it to come from a public authority.

By region, there were statistically significant differences relating to N95 familiarity

and use; preference for not treating patients with known or suspected COVID-19; workplace closure and delay of “elective” dental treatment; and financial impact and expected financial compensation. For example, North American dentists were most accustomed to N95 respirators, and the governments of developed and wealthy countries offered stimulus packages to businesses, including dental practices.

Some of the limitations of the study include that it was randomly distributed, leading to varying representation by country; responses from the same region could have differed as cases continued to rise during the survey period and additional guidance was released; some practitioners may not have felt comfortable replying to questions that would put them in an unfavorable position; and some questions were ambiguous and created overlapping categories.

To read the full article, visit JADA.ADA.org. Other articles in the January issue of JADA discuss implications for diabetes screening by dentists, risk of bleeding during oral surgery in patients with liver cirrhosis and template-guided endodontic access.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■

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ACE Panel report finds dentists favor strength of zirconia

RESTORATION REMOVAL, SHADE MATCHING ARE STRUGGLE FOR MANY

BY MARY BETH VERSACI

Dentists recognize the favorable fracture resistance and flexural strength properties of zirconia, but restoration removal and shade matching are a struggle for many, according to an ADA Clinical Evaluators Panel report published in the January issue of The Journal of the American Dental Association.

The report includes responses from 277 ACE Panel member dentists about how they use zirconia in their practices.

"We chose to look at zirconia because of how prevalent this material has become. Our study showed that 99% of dentists who use zirconia use it for natural teeth restorations," said Nathaniel Lawson, D.M.D., Ph.D., one of the report's co-authors and a member of the ADA Council on Scientific Affairs' ACE

Panel Oversight Subcommittee. "Additionally, there are now different types of zirconia that have different properties, so dentists can now use zirconia for many different clinical applications."

Nearly all of the responding dentists (98%) said they use zirconia for posterior crowns, while 61% use it for anterior crowns. Regarding bridges, 78% use it for posterior bridges and 57% use it for anterior.



Dr. Lawson



Zirconia restorations: The latest ACE Panel report includes responses from 277 ACE Panel member dentists about how they use zirconia in their practices.

Shade matching and translucency (36%) and restoration removal for replacement (35%) were the top two cited disadvantages of zirconia in the survey. More than half of the respondents (57%) cited flexural strength or fracture resistance as the biggest advantage.

The three most common complications with zirconia compared with metal-ceramic restorations reported by respondents were restoration debonding (52%), opposing tooth wear (31%) and restoration fracture (23%).

"It was surprising to see that over 50% of dentists had more issues with debonding of zirconia crowns than metal-ceramic crowns," Dr. Lawson said. "Zirconia bonded with a correct protocol can have long-term success, according to studies performed on anterior cantilevered resin-bonded fixed dental prostheses."

Ceramic polishers (65%) and fine diamonds (61%) are used most often to polish and adjust zirconia restorations, while coarse diamond rotary instruments (51%) and those made specifically for zirconia (43%) are most frequently used for removing these restorations.

"The survey discovered that the most

common instrument used to remove zirconia crowns was a coarse diamond; however, clinicians should consider that zirconia-specific diamonds can be more efficient," Dr. Lawson said.

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

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

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

To learn more or join the ACE Panel, visit ADA.org/ACE. ■

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ADA: Securing PPE remains a priority for dentistry

BY JENNIFER GARVIN
Washington

To ensure dental practices have enough personal protective equipment, the ADA is urging two federal agencies to improve access to PPE so that dentists and dental team members can continue to treat patients safely during the pandemic.

In Dec. 16, 2020, letters to the Federal Emergency Management Agency and U.S. Department of Health and Human Services, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said the Association has "grave concerns regarding the cost, availability, and distribution of personal protective equipment."

"Dentistry is an essential health care service and dentists and their teams are essential health care workers who need access to PPE in order to stay safe from the coronavirus," they wrote.

In the letters, Drs. Klemmedson and O'Loughlin highlighted the work of the ADA's Health Policy Institute, which has been collecting and tracking PPE data on N95/KN95 and surgical masks, face shields, gowns, disinfecting supplies, and gloves since the onset of COVID-19. HPI has found that prices are up "significantly" and said nearly one-third of dentists have reported that prices "have at least tripled." Surgical masks and gloves have also seen the largest price increases and four and five-fold price increases, are not uncommon, HPI said.

The ADA shared two dental supply companies' PPE experiences during the pandemic. Benco, a privately owned distributor, told ADA News that PPE prices have been increasing for gloves at unprecedented levels. Benco also said that the company "simply cannot procure enough gloves to meet demand." Patterson, another major dental supply distributor, indicated that global demand for PPE is "at a level never experienced before."

For Patterson, "the limited number of

manufacturers, raw material requirements, global logistic challenges, and import/export issues are the major factors impacting prices in the marketplace," wrote Drs. Klemmedson and O'Loughlin.

The ADA said that with larger distributors unable to fill the demand, dentists are increasingly relying on a larger number of distributors for PPE.

Prior to the pandemic, 9% of dental practices said they utilized Amazon for PPE but now some 32% of practices say they have been utilizing the online retailer's services to stock

their practices. Many dentists have also reported using multiple distributors after previously relying on one.

Dentists are finding it moderately to very difficult to purchase gloves in their preferred sizes and material. Third-party brokers have become involved in the distribution process. "This is causing price increases for mainstream distributors and ultimately to the end customer," Drs. Klemmedson and O'Loughlin wrote.

"As FEMA works with HHS and other partners to ensure limited supplies of critical PPE are available to essential health care workers, the ADA wants to ensure that dental practices are supplied with these important health care products for the safety of our patients and our dental teams," the letters concluded.



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

Zoom course will help participants accurately file claims using CDT codes

Three past, current members of ADA Council on Dental Benefit Programs lead one-day session



Dr. Bulnes



Dr. Mihalo



Dr. Watson

BY DAVID BURGER

A trio of coding experts are presenting a virtual one-day course that provides necessary foundational knowledge, skill practice and reinforcement dentists and their teams need to accurately file claims using the CDT codes in the new year.

Christopher Bulnes, D.M.D., Hope Watson, D.M.D., and Mark MiHalo, D.D.S., will lead the course Feb. 12 from 9:30 a.m.-4:25 p.m. The Zoom session offers 5.5 hours of continuing education credit.

"After the course, you can choose to take an online assessment," Dr. Watson said. "If you pass, you will receive a certificate of completion

declaring your expertise as the go-to coding expert in your office."

The ADA Dental Coding Certificate Live-Stream Course, sponsored by Toothnotes, will teach coding novices the resources needed to support performance on the job and offer realistic scenario-based simulations encountered during a typical workday, Dr. Mihalo said. This

course is intended for staff members who have limited knowledge of CDT codes and/or how to fill out dental claim forms.

At the end of this program, Dr. Bulnes said, participants will be able to define key terms used in dental coding; locate resources and a glossary for assistance with terminology and coding; identify the current claim form; correctly complete each field on the claim form to file claims with minimal rejection; explain the use of procedure codes; and use the CDT 2021 book and CDT Companion as resources for proper coding.

Registration is available at ADA.org/en/education-careers/continuing-education/ada-ce-live/coding-course. ■

— burgerd@ada.org

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VACCINE *continued from page 1*

vaccine, making it the first vaccine to be authorized for the prevention of COVID-19, according to a news release. The agency then issued a second EUA, for the Moderna COVID-19 vaccine, a week later.

"The new COVID-19 vaccine is an incredible accomplishment that is going to save millions of lives around the world," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "It's also going to make it possible for dentists and their teams to continue treating patients more safely during the ongoing pandemic." (Note: Dr. Klemmedson was vaccinated Dec. 18, 2020. See story, page 22.)

The ADA has advocated for dentists and dental team members to be prioritized to receive the vaccine in the first phase and has created a fact sheet for dentists. The Association also has posted a map of the United States with hyperlinks to state and local jurisdictions that contains population vaccination prioritization details, as well as the most current information about where dentists are authorized to administer the vaccine.

The ADA will continue to monitor developments related to COVID-19 vaccine approval and administration on behalf of the profession and public.

To download the fact sheet, visit ADA.org/virus and look under "vaccination resources." ■
 — garvin@ada.org

Glidewell announces Zirconia Lifetime Replacement Policy

Glidewell, a producer of monolithic zirconia restorations, announced in December 2020 it will replace any fractured single-unit monolithic zirconia restoration with a free BruxZir Zirconia restoration, regardless of the original restoration's lab origin.

It's part of the company's new Zirconia Lifetime Replacement Policy where say a clinician experience a fracture on a restoration — from any lab or material brand — it will provide a no-cost BruxZir replacement, according to Glidewell. The lifetime policy extends to single-unit crowns, veneers, inlays and onlays.

According to Glidewell, an estimated 62% of U.S. dentists utilize zirconia as a key treatment solution for patients in their practice.

"As a primary innovator behind dentistry's rapid adoption of monolithic zirconia restorations, the team at Glidewell feels a certain responsibility for the inherent risks and changes clinicians face when prescribing new materials," the company said in a news release announcing the new policy.

The Zirconia Lifetime Replacement Policy is designed to alleviate any issues arising from the failure of a monolithic zirconia restoration.

"While the current clinical record of zirconia suggests that failure will be limited, the policy stands as a symbol of Glidewell's gratitude, honoring the confidence clinicians have placed in both the company and monolithic zirconia," the company said.

In addition, Glidewell announced it has extended its warranty of BruxZir Zirconia restorations produced at Glidewell Laboratories from seven years to the lifetime of the patient. The new BruxZir Lifetime Warranty enables clinicians to have their BruxZir Zirconia cases remade for free should the restoration fail during the patient's lifetime. The warranty extends to any restoration from authentic BruxZir Zirconia, including crowns, bridges, veneers, inlays, onlays, screw-retained crowns and full-arch implant prostheses.

Clinicians seeking to exchange a failed zirconia restoration can contact 1-800-854-7256. For more information on the new policy and warranty, visit glidewell dental.com/lifetimecrowns. ■



Masters of Splatter

BY KERRY K. CARNEY, D.D.S.

Masters of Splatter, if there were such a superhero title, would belong to us.

As Masters of Splatter, we harness the forces of good to combat the forces of infection that threaten our patients, our practices, our very lives. Comic books/graphic novels and superheroes allow us to think of our world in an allegorical or symbolic way. They make it easier to grapple with and analyze complex problems and interactions. What if we reinterpret how dentists reduce risk and combat infection using a superhero model? (Perhaps I have watched "Guardians of the Galaxy" too many times during the COVID-19 shutdown. But bear with me as I try to conceptualize a more symbolic image of how we reduce our risks of exposure to the virus that causes COVID-19 and the aerosols that are part of our everyday practice in dentistry.)

In a superhero scenario, there should exist a supervillain. It is not much of a stretch to cast SARS-CoV-2, the virus that causes COVID-19, as that supervillain and COVID-19 as the global threat to life as we know it. Now picture the Dentist as the superhero. The Dentist is an everyday infection control warrior who may be unaware of their superpowers. It is in times of crisis, like the one we now experience, superheroes discover and learn to master the powers they wield.

Place our superhero into a version of Gotham City; we will call it the Practice. The Practice consists of four critical zones:

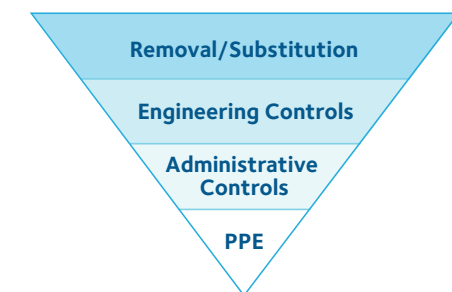


- **Zone 1:** the oral cavity.
- **Zone 2:** the 3-foot radius around the oral cavity. The Dentist, the Master of Splatter, must endeavor to protect their patients, staff and community as well as themselves.
- **Zone 3:** the operator.
- **Zone 4:** the rest of the practice.

These are the areas that our superhero must vigilantly protect from contamination by the virus.

The Dentist has both a strategic battle plan and an arsenal of powerful weapons to deploy.

Consider first the battle plan: the National Institute for Occupational Safety and Health Hierarchy of Hazard Control. For our purposes, the standard five-level inverted pyramid of feasible and effective control solutions will be modified into four levels. From top to bottom, these levels are:



- **Removal/substitution.**
- **Engineering controls** (isolating the hazard from people).
- **Administrative controls** (changing the way people behave).
- **PPE** (personal protective equipment, isolating people from the hazard).

The inverted pyramid is a great visual aid to help us understand that the most effective controls are on the top and their impact is diminished as we progress from the top to the bottom. But back to our superhero.

The Dentist, the Master of Splatter, must endeavor to protect their patients, staff and community as well as themselves.

To this end, the Dentist first employs the power of removal. By designing and carrying out careful screening and temperature taking, the Dentist is trying to keep the villain virus from entering the Practice. If screening were 100% effective, the Dentist would not have to call on other powers of risk control. But as we know from other superhero scenarios, no superpower is 100% effective. In our case, asymptomatic virus shedding appears to be one way the virus can slip past this defense and enter the Practice undetected.

Our Dentist's next line of defense employs some of the most powerful engineering solutions. If the virus has succeeded in penetrating the Practice and resides in a patient's oral cavity (Zone 1), then the goal must be to restrict the transmission from the oral cavity into the other zones of the Practice. To achieve this, our superhero must reduce the potential risks of aerosolizing the virus by way of rotary and ultrasonic instruments.

When aerosol generation is unavoidable, the Dentist can call on tried-and-true sidekicks: the rubber dam and the powerful high-volume

evacuator (HVE). The rubber dam restricts transmission by isolating the virus behind the latex shield. Every superhero could use a shield (think Captain America).

The HVE acts as a powerful means of removing the potentially virus-laden aerosol at the source in that critical Zone 1. (Think Koshiro, an anime character whose superpower is vacuum forces that can draw in and rip his enemies to shreds.)

In order to contain the potentially infectious aerosolized virus from fomite transmission, our superhero's teammates, the Assistants, play a crucial role in cleaning and disinfecting the operator before and after a patient procedure. Without the Assistants, the superhero guardian, the Dentist, would be doomed to failure in infection control. (Imagine here the slow-motion, synchronized, determined walk of the Dentist and the Assistants approaching the camera, "Guardians of the Galaxy" style.)

We have moved through the first and second levels of the inverted pyramid of hazard control solutions. The third level is administrative. This involves changing the way people behave. It requires everyone in the Practice to operate with common sense in following recommended protocols to reduce transmission. In some ways, this is the hardest power to deploy. Because, as in the words of that 18th century superhero Voltaire, "common sense is not very common." Getting people to behave in a common-sense manner requires the superpowers of persuasion and consistency.

Mandating that everyone in the practice wash their hands frequently, maintain physical distance and wear face coverings modifies behavior with the goal of reducing viral transmission. The Dentist will have to change some diagnostic and treatment behaviors as well. It will be necessary to choose nonaerosol-creating therapeutic interventions whenever possible. The use of silver diamide fluoride and minimally invasive procedures can help reduce the aerosol generation that can give COVID-19 wings.

Finally, we come down to the ultimate, thought with the smallest sphere of influence, weapon in our hero's arsenal: PPE. In Marvel Comics, the last superpower may not seem extraordinary at all. This pedestrian power is usually something like truth or love, but it usually overcomes evil by reinforcing humanity's inherent goodness. In the case of the Dentist in the Practice, the last and smallest of their risk controls is a barrier that prevents the hazard from contacting the vulnerable mucosal tissues and respiratory tract.

If all the other hazard controls were 100% effective, the Dentist could provide surgical procedures in a T-shirt and shorts (or in our superhero's case, in the Leotard of Justice). This

last barrier between health and infection is critically important to stop that supervillain virus from inoculating the dental health care providers. However, PPE is not infallible. We cannot guarantee it will always protect us. To minimize risks, the Dentist must use the powers available across all levels of the inverted pyramid of hazard-control solutions.

Consistent, effective teamwork in the performance of carefully designed and executed infection control plans is what protects our patients, our staff, our communities and ourselves. In the words of one of my favorite philosophers, Spiderman, "With great power comes great responsibility." It is the Dentist who wields the power of effective hazard controls. These risk mitigations derive from years of experience and an ever-increasing knowledge base rooted in the never-ending battle against infection.

Who better than the Dentist, our superhero, to marshal the forces of good to combat the forces of evil?

Who better than dentists to don the mantle of responsibility as infection control experts in the Practice and assume their rightful title as Masters of Splatter?

We are the Masters of Splatter. ■

Dr. Carney is the editor of the Journal of the California Dental Association.

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RELIEF *continued from page 4*

"I cannot express my gratitude for all the ADA has done for our profession. All the monies received were imperative to successfully continuing one's practice and paying past and present accounts receivable and payroll," Dr. Tauk said. "I could not have survived this pandemic without the funds provided by the Provider Relief Fund. The Provider Relief Fund, rounds two and three, came during my most stressful months and really prevented me from going into greater debt. I was able to pay all my creditors in a timely fashion. I rehired all my employees and hired two additional ones."

The ADA worked closely with HHS and the Health Resources and Services Administration, which administers the Provider Relief Fund, to ensure dentists were included in the fund. HHS also offers a rolling state-by-state breakdown on Phase 3 payments, which will continue through January.

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



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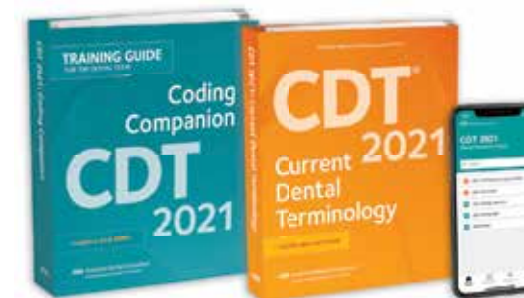
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**AWARD** continued from page 1

year, it recognizes an ADA member for creating a legacy of humanitarian work," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "Dr. Theresa Cheng fits the bill perfectly."

Dr. Cheng was unanimously recommended by the Humanitarian Award Selection Committee to become the recipient of the award, which is one of the highest honors an ADA member can receive.

"Dr. Cheng's program has provided access to care for needy veterans throughout the country," Dr. Klemmedson said. "I am impressed by how she has inspired her dental colleagues, dental students and community members to get more involved, and we believe her program will inspire other programs to begin. We are proud to honor Dr. Cheng for selflessly serving those who have served our country so loyally."

Dr. Cheng, 63, said she was ecstatic to receive the honor though thought it felt somewhat unreal.

"Did I really do enough to deserve this?" she said. "I was also overwhelmed with thankfulness that this may bring more visibility of veteran challenges and dental care to veterans and their families."

EVERYONE FOR VETERANS

E4V was founded by Dr. Cheng to honor those who have served in war zones by reaching out to the community to find qualified dental professionals willing to go that extra mile for the nation's heroes.

To date, more than 480 low-income combat veterans in more than 30 states have received free dental treatment as a result of the efforts of the Washington state-based nonprofit. E4V also networks with dozens of specialists and dental labs across the U.S. that have agreed to provide volunteer services to low-income veterans. In addition, dental schools from the University of Iowa to the University of Washington serve veterans through E4V.

“

What I knew of veterans were from movies... and that there was not much I could do besides donate to nonprofits. However, fortuitously, I got connected with veterans, and realizing I can make such a huge difference in their lives just got me hooked.

Dr. Cheng, a periodontist who retired from private practice in 2014, said she was inspired in 2008 after reading about a local soldier who had suffered grave injuries in Fallujah, Iraq.

"I really identified with the mother whose life was turned upside down by caring for her son," she said. "Being naive about veteran issues, we decided as an office to give back to family members [of veterans] with free dental care, thinking that veterans get dental care from the VA."

Dr. Cheng began designating one day each



Replenishment: Dr. Theresa Cheng donates blood to Bloodworks Northwest in Lakewood, Washington, in 2018 in a collaboration to raise awareness of veterans' needs.

year to treating veterans and their family members on a pro-bono basis at her practice. As she met more and more veterans, she discovered more and more about the challenges they faced when it came to maintaining their oral health.

"I learned quickly that most veterans do not get dental benefits," she said. "Only veterans who are designated 100% service-connected disability are eligible for VA dental care, so most do not have dental benefits."

Dr. Cheng added that veterans can buy a dental plan through the VA, but for the low-income veterans, they cannot afford it.

"These low-income veterans are hard-working, working full-time jobs at what they can, often in low-paying jobs with limited or no benefits," she said. "They raised their families and had a lifetime of sporadic urgent care for their dental needs. They could never catch up with their dental care to have a healthy mouth."

For the veterans who've survived being in harm's way, Dr. Cheng said she felt that it is not right that they have to endure a lifetime of dental disease.

"We decided that at least for the veterans who have returned from combat areas and are low-income, we would provide comprehensive care," she said.

RAMPING UP NETWORK

Dr. Cheng knew that she could not do it alone, and in 2016, founded Everyone for Veterans with the goal of expanding what she had been doing on a smaller scale.

"Being a periodontist, I needed the collaboration of other dentists to complete their care," she said. "When I reached out to other dentists, most were happy to be included in giving back to combat veterans. They said, 'Theresa, I thank you for this opportunity to serve combat veterans. I've wanted to give back to combat veterans, but where would I find them?'"

Spreading their message can be a challenge, Dr. Cheng said, though the program is ever-expanding.

"We call dentists around the country where the qualified veterans live and let them know about what we do and many have answered our calls," she said, adding that dental societies have been helpful in getting the word out. "For these veterans, dentists and staff

are not just fixing their teeth, we are feeding their souls."

Randall H. Ogata, D.D.S., executive director of the Seattle King County Dental Society, praised Dr. Cheng for her tireless efforts to expand the program by recruiting more participation from dental schools and connecting with the public and the next generation of caregivers.

"Besides the usual benefits of attaining dental health, function and esthetics, Everyone For Veterans fosters relationships within the community which veterans report as healing psychologically [and] saving their lives," Dr. Ogata said in his nomination letter.

"VERY GRATIFYING"

Lourdes E. Alvarado-Ramos, director of the state of Washington's Department of Veteran Affairs, said she is endlessly impressed with Dr. Cheng's perseverance.

"Dedication, dependability, integrity, confidence and tact are a few of the individual characteristics that best describe Dr. Cheng's personal and professional acumen," Ms. Alvarado-Ramos said in her nomination letter. "This endeavor has been so successful that other states such as Oregon, California, Arizona and Michigan joined this network."

Warren Libman, D.D.S., a prosthodontist in Bellevue, Washington, has been involved with the program since early on, and has seen E4V extend its reach to include other services to veterans.

"I can vouch that providing care for these people is a very gratifying experience," Dr. Libman said in his nomination letter. "It's great to be able to use our skills to give back to those that have made such great sacrifices for our country. And the program has been so successful that it eventually expanded to

include a program which not only treats their mouths but also provides assistance with several other goods and services. So now it's not only dentists that can get involved in improving the lives of these deserving veterans."

Dr. Libman added, "The ADA Humanitarian Award almost seems like it was created with Theresa Cheng in mind, and I cannot think of a more deserving recipient."

Steve Swanson, a staff member of Everyone For Veterans, spoke of why he and others follow Dr. Cheng's lead: "[The veterans] stood up, raised their hand and said, 'Send me, I'll go.' Now it's our turn to serve them in their time of need."

THE 1%

Dr. Cheng said that never in her "wildest dreams" did she think she would be working with veterans.

"My family and I were never associated with the military nor veterans," she said. "What I knew of veterans were from movies like 'Born on the Fourth of July' or 'The Deer Hunter,' and that there was not much I could do besides donate to nonprofits. However, fortuitously, I got connected with veterans, and realizing I can make such a huge difference in their lives just got me hooked. Somehow this bug bit me and I felt compelled to help these very deserving individuals, one at a time. What would life be if we are not helping each other and our communities?"

Dr. Cheng summed up her motivation.

"Less than 1% of the population go to war



Caregiver: Dr. Theresa Cheng consults with a patient at her Issaquah, Washington, practice in 2012.

due to the state of a volunteer military, so the plan is for the other 99% to pitch in and help take care of these veterans after they return," she said. "Our plan is to be there when they need us."

The 2021 Humanitarian Award presentation will take place at ADA SmileCon in October in Las Vegas. The Humanitarian award includes a \$10,000 donation to the charity of the recipient's choice, along with a bronze statue and about \$5,000 in travel support for the winner and a guest to Las Vegas to attend the awards ceremony.

To learn more about Everyone for Veterans, visit everyoneforveterans.org. ■

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Amid pandemic, GKAS balances safety, kids' oral health needs

BY KIMBER SOLANA

Organizers of the Give Kids A Smile event in St. Louis had long been looking forward to 2021 — the birthplace of GKAS was set to celebrate the program's 20th anniversary — when the COVID-19 pandemic hit.

It quickly became clear that the 2021 event was not going to be the same, said GKAS St. Louis cofounder Jeff Dalin, D.D.S.

In previous years, the event provided full-service dentistry to about 350–500 kids at the Saint Louis University Center for Advanced Dental Education. Crowding hundreds of children in one location was no longer possible.

However, one other thing was even clearer: canceling was not an option.

"Because of the pandemic, we saw that the demand was greater than ever," Dr. Dalin said. "We had to come up with a way to continue GKAS and do it safely."

The St. Louis event is among programs around the country that are adapting and modifying their GKAS event. The goal is simple: continue to provide dental literacy programs and dental services in the safest possible way amid the pandemic.

How to do that is a little more complicated and requires creativity.



GKAS: Three children are checked in during Southern Illinois University School of Dental Medicine's GKAS event held in October 2020.

Despite challenges presented by the pandemic, nearly 40,000 GKAS volunteers plan to deliver oral health care and education to approximately 300,000 underserved children in the U.S. throughout 2021. With the support of GKAS national sponsors Colgate and Henry Schein, as well as other partner companies, the ADA's GKAS program will provide treatment and education kits for local volunteers to use at their events. The ADA will also continue providing resources to local GKAS program coordinators and volunteers who are considering or planning a GKAS event.

In Everett, Washington, the Snohomish County Dental Society's Give Kids A Smile event — known as Toothapalooza — is normally held in person at Imagine Children's Museum. It's filled with art activities, experiment demonstrations and dental exams. But state mandates have closed the museum since March 2020.

This year, the 14th annual Toothapalooza is going all virtual and will take place during the entire month of February. The museum had developed a virtual platform to reach local kids.

"Dentists, dental assisting students and community partners will record dental-themed experiments, art projects, story time and games to promote dental health," said Judy Bangs, Snohomish County Dental Society executive director. More than 3,000 dental kits will be handed out via community organizations when the museum reopens.

"There was no consideration to cancel," Ms. Bangs said. "Tooth decay does not take a break. And after 14 years, this is a mainstay in our community."

Meanwhile, on the East Coast, The Smile Team in Buffalo, New York, will promote Smile Education Programs and its message that good nutrition and oral hygiene are needed now

Keeping GKAS safe

The information below is intended to provide guidance to dentists preparing for their Give Kids A Smile event in a dental office or clinic. During GKAS appointments:

- **Require face masks in the office and social distancing.**
- **Take the temperature of those entering the office and repeat the health questions asked before the appointment.**
- **No high-touch items like toys, magazines and books.**
- **Dental team must wear PPE.**
- **Ensure additional cleaning and sanitation after each child leaves.**

For more guidance in conducting GKAS during COVID-19, including in a dental school,

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From the ADA president: A shot at ending this pandemic

DR. KLEMMEDSON AMONG FIRST HEALTH CARE PROVIDERS TO RECEIVE COVID-19 VACCINE

BY DAVID BURGER
Tucson, Ariz.

Saying that he is proud that the United States is embarking on one of the biggest vaccination campaigns in its history, ADA President Daniel J. Klemmedson, D.D.S., M.D., received his first dose of the COVID-19 vaccine Dec. 18, 2020, at a Tucson, Arizona, hospital where he

regularly performs oral surgery.

"Within the past week, health care professionals around the country have rolled up their sleeves to receive the highly anticipated COVID-19 vaccine," wrote Dr. Klemmedson in an online letter to both ADA members and non-members the same day he was vaccinated. "I was fortunate to be one of them."

Dr. Klemmedson said that the experience itself was no different from other shots he's

received before.

"However, the emotional relief of being immunized against the novel coronavirus is second to none," the ADA president said. "It's a step toward normalcy, a step toward recovering public health, and a shot at slowing the global pandemic with hopes of ending it for good."

As the vaccine rollout continues,



Thumbs-up: Dr. Daniel Klemmedson receives his first dose of the COVID-19 vaccination Dec. 18, 2020, in his home state of Arizona.

the ADA is working for its patients and profession on three fronts, Dr. Klemmedson said in the letter:

- Helping dentists get vaccinated.
- Helping dentists navigate being able to administer the vaccine.
- Helping dentists talk to their patients about getting vaccinated too.

The general public will likely have access to a vaccine in the spring of 2021, Dr. Klemmedson said, but cautioned that people should not be complacent.

"We're not out of the woods yet," he wrote. "The United States is seeing a staggering resurgence of COVID-19 cases and deaths — what health officials are calling 'a surge within a surge' as infection rates continue to spike during the holiday season. We must continue wearing our masks and washing our hands frequently, and also maintaining enhanced infection control protocols in our offices."

The ADA has advocated for dentists and dental team members to be prioritized within the first phase of vaccinations, Dr. Klemmedson emphasized, saying that final authority rests with the individual states to prioritize populations to be offered the vaccine.

"When need is great and supplies are limited, public health officials often face tough decisions when determining an equitable distribution of resources," said Dr. Klemmedson. "Some states are prioritizing dentists in Phase 1A. In other states, dentists may be prioritized in Phase 1B or within different phases, tiers, and subgroups. Bear in mind, it may be weeks or longer before you are able to be vaccinated. Be sure to consult with your state society for further details."

He encouraged dentists and their teams to visit the ADA's COVID-19 Vaccine Allocation Map, which is designed to help dentists determine their prioritization to be vaccinated in their state. The map also provides information about whether dentists can administer COVID-19 vaccinations in their state. The map will be updated as new information becomes available.

"Dentists are essential health care providers whose leadership, counsel, and example will go a long way in building vaccine confidence in our nation," Dr. Klemmedson said. "Let's do our part to move public health forward. Get vaccinated and encourage your patients to do the same so this time next year, we can gather once again."

Continue to visit ADA.org/virus for the most current information and resources on these topics and more. Also, check out the ADA's new COVID-19 vaccination fact sheet, which provides the current status of COVID-19 vaccines in the U.S. along with information about vaccine safety and efficacy. To download the fact sheet, visit ADA.org/virus and look under "vaccination resources." The fact sheet will be updated regularly. ■

— burgerd@ada.org

ADA announces executive director search

The search is underway for the Association's next executive director. The ADA announced Dec. 16, 2020, it has retained the executive search firm Korn Ferry to lead the search after ADA Executive Director Kathleen T. O'Loughlin, D.M.D., announced her decision to retire at the end of 2021 after 12 years of service.

"I thank Dr. O'Loughlin for her long-running commitment to our great organization and we are grateful she has given us more than a year's notice so we can conduct a robust search," said ADA President Daniel J. Klemmedson, D.D.S., M.D.

The ADA is seeking a leader with extensive knowledge of the health care industry, the dental delivery system, governmental health-related agencies, and/or the profession of dentistry, as well as association management and nonprofit financial, operational and strategic planning skills, according to a news release. The position does not require candidates to be dentists.

"As we look to the future, we are committed to finding the most qualified candidate to build on Dr. O'Loughlin's work to power the profession of dentistry and assist dentists in advancing the health of their patients," Dr. Klemmedson said.

For more information about the position, contact Kelly Ashmore at Kelly.ashmore@kornferry.com. ■

ADASRI Volpe Research Scholar wins awards for periodontal research

BY MARY BETH VERSACI

Kevin M. Byrd, D.D.S., Ph.D., with the American Dental Association Science & Research Institute, is the winner of two awards from the American Academy of Periodontology and its foundation.

Dr. Byrd, the ADASRI's Anthony R. Volpe Research Scholar and manager of oral and craniofacial research, earned first place in the basic science category of the academy's 2020 Balint

Orban Memorial Competition, which is open to periodontal students and recent graduates. His research into the diverse cellular populations that make up the periodontal pocket in inflammation resulted in the mapping of the first human gingival "atlas."

Dr. Byrd also won the 2020 Dr. James T. Mellonig Regeneration Research Award from the American Academy of Periodontology Foundation, which recognizes excellence in original research by a resident in the specialty



Dr. Byrd

December 2019 in Cell Stem Cell, discovered a unique population of stem cells in the roof of the mouth that quickly respond to stress from chewing and injury. ■

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Help ADA help dentists manage student debt

Do you have any creative ideas to help lessen the burden of student debt?

If so, the ADA Task Force to Study Innovative Student Loan Repayment Strategies wants your input for a new survey.

Student loan debt is a key issue for the Association, and the ADA continues to work with lawmakers, education leaders, dental students and others to help relieve the burden.

In 2019, the ADA House of Delegates adopted a resolution that called for the Association to form a task force to find creative solutions to the student debt crisis.

Emily Mattingly, D.D.S., task force chair, stressed that everything is on the table, including creative products and services for ADA members.

"To make this project valuable, we're looking at originality, impact, feasibility, member value and cost," Dr. Mattingly said. "Right now, we're in the discovery phase and we're focusing mostly on creativity."

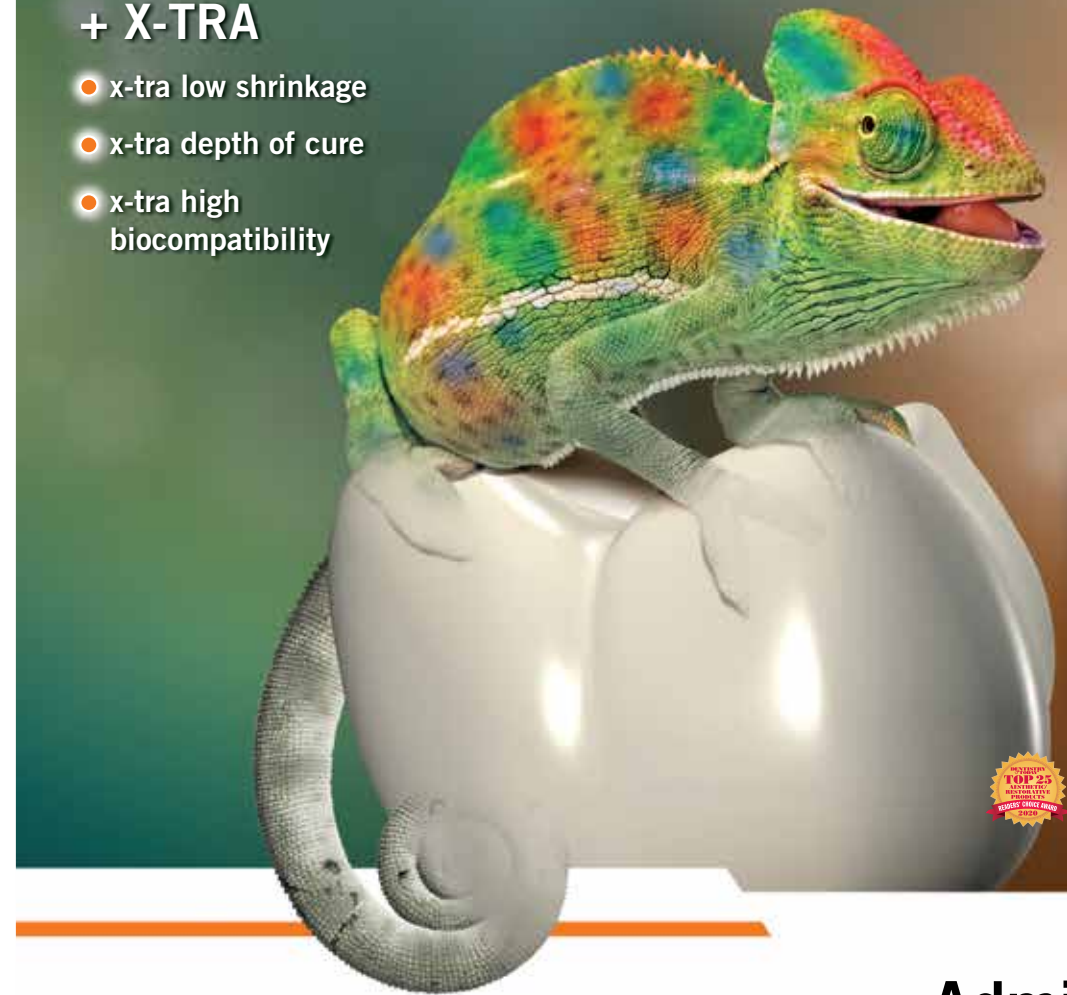
To take the survey, visit ADA.org/taskforce no later than Jan. 29. ■

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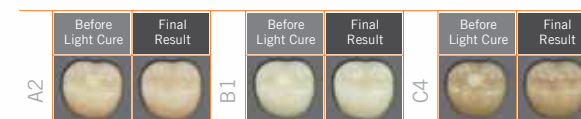
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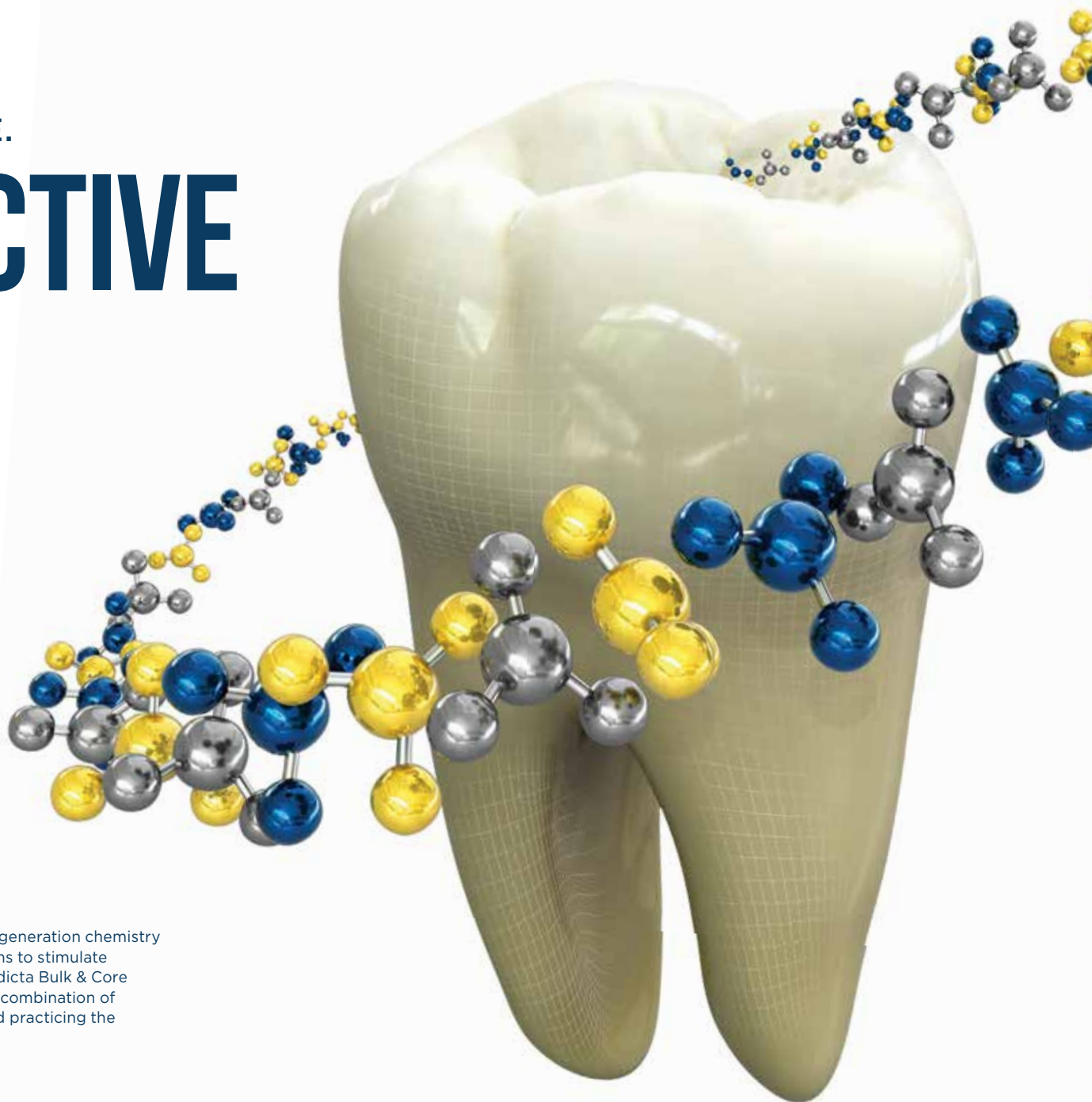
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