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BPA WORLDWIDE

AROUND THE ADA

Journey to the presidency

From Cuba to Kansas City to Miami, Cesar R. Sabates, D.D.S., had his eye on dentistry

BY KELLY GANSKI
Miami

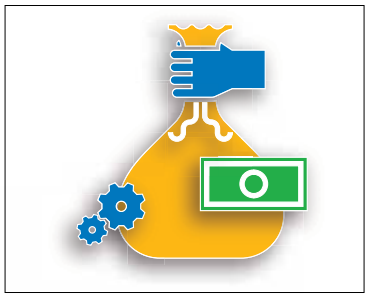
Fueled by hard work, persistence, and determination, Cesar R. Sabates, D.D.S., rose from being a child of Castro-era Cuba to becoming the soon-to-be president of the American Dental Association.

His journey has not been without challenges. And when the 61-year-old Dr. Sabates is installed as the 158th president of the ADA during the Oct. 16 House of Delegates Meeting in Las Vegas, he will begin a leadership term heavily influenced by his personal and professional experiences.

"I want everyone to feel loved and welcomed into the association. I want to extend the same sense of caring and compassion that I received from mentors at a time when I felt that I didn't belong. They made me feel welcome and that my voice mattered. Their support has shaped how I want to lead. Their support was instrumental to how I got here," Dr. Sabates said.

So how did he get here?

See Dr. Sabates, Page 24



GOVERNMENT

ADA advocates for Medicare dental benefits to focus on low-income seniors

BY MARY BETH VERSACI

As Congress considers expanding Medicare to include dental benefits as part of the fiscal year 2022 federal budget, the American Dental Association is advocating for a distinct program that would provide comprehensive dental care to low-income older adults.

"We hope that an innovative approach that is adequately funded and efficiently administered and utilizes private, non-profit and government solutions will provide a workable solution and offer opportunities for improved oral health for those whose care is most critical — low income seniors," ADA President Daniel J. Klemmedson, D.D.S., M.D., said in an Aug. 12 letter to Congress.

Little is known about the Medicare dental benefit provision included in

See Medicare, Page 15

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To verify your ADA Morning Huddle subscription status for Morning Huddle, Weekend Huddle, Finance & Operations Huddle and New Dentist Weekly Huddle, **contact the ADA Member Service Center at MSC@ADA.org.** ■

SCIENCE & TECH

First COVID-19 vaccine granted full FDA approval

BY JENNIFER GARVIN

The Food and Drug Administration on Aug. 23 granted full approval for the first vaccine for the prevention of COVID-19.

The vaccine, previously referred to as the Pfizer-BioNTech COVID-19 Vaccine, will be marketed as Comirnaty, "for the prevention of COVID-19 disease in individuals 16 years of age and older," according to an FDA news release. The FDA also said the vaccine will continue to be available under emergency use authorization for individuals aged 12-15 and for the administration of a third dose in certain immunocompromised individuals.

"While millions of people have already safely received COVID-19 vaccines, we recognize that for some, the FDA approval of a vaccine may now instill additional confidence to get vaccinated. Today's milestone puts us one step closer to altering the course of this pandemic in the U.S.," said Janet Woodcock, M.D., acting FDA commissioner.

The ADA continues to encourage dental professionals to be vaccinated for COVID-19 and other infectious diseases but is not calling for mandated vaccination.

In a July message to members, ADA President Daniel J. Klemmedson, D.D.S., M.D., said ADA policy recommends vaccination in accord with current guidance from the Centers for Disease Control and Prevention, and the CDC doesn't mandate COVID-19 vaccination for health care professionals at this point in time.

As of June 2021, according to the ADA Health Policy Institute, 93.4% of dentists surveyed reported having received at least one vaccine dose, and 89.8% reported they were fully vaccinated. ■

ADA, CDC: Vaccination, masks recommended amid Delta variant

BY DAVID BURGER

The ADA released a fact sheet Aug. 6 containing information about the Delta variant of SARS-CoV-2 and why vaccination and masks continue to be recommended by the ADA and CDC.

The fact sheet, titled Virus Variants and Vaccination — SARS-CoV-2 Update, includes the following:

- ADA and CDC recommendations for dental practice settings remain the same. Mitigation strategies, long recommended by the CDC and ADA, include being vaccinated against the virus, using personal protective equipment in practice settings and social distancing.
- Vaccinated individuals can still become infected and transmit the virus to others, even if they don't experience symptoms themselves. As of the end of July, the Delta variant was reported to be responsible for 82% of the cases in the U.S.
- Delta is categorized by the CDC as a variant of concern because it appears to be more transmissible than previous strains, and while it appears less vulnerable to neutralization by post-vaccination antibodies, it is still susceptible to secondary immune responses. Similarly, it seems less vulnerable to control by monoclonal antibody treatment.
- Infection by this strain can be detected earlier after exposure, and is seen to have a higher concentration of viral particles present in infected individuals.
- Given the potential of unvaccinated individuals, including children, as well as vaccinated individuals to be infected with and transmit variants of the virus, the CDC recommends everyone 2 years of age or older in areas of substantial or high transmission, regardless of vaccination status, to wear a mask that covers both nose and mouth when indoors and/or in the presence of crowds of people.
- The fact sheet includes a chart that tallies the number of cases, deaths and hospitalizations of those who were fully vaccinated and those who were not. The overwhelming majority of COVID-19 cases, hospitalizations and deaths are among individuals who are not fully vaccinated. ■

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SCIENCE & TECH

JADA finds association between vaping, untreated caries

BY MARY BETH VERSACI

Vaping is associated with an increased occurrence of untreated caries, according to a study published in the September issue of JADA.

The cover story looked at oral health data from the 2017-18 National Health and Nutrition Examination Survey to assess the association between untreated caries and smoking, while controlling for other factors.

The study found those who smoked e-cigarettes were more likely to have untreated caries than those who had never smoked. Additionally, those who smoked both e-cigarettes and regular cigarettes were more likely to have untreated caries than nondual smokers.

"Even though the effects of vaping on oral health are not well understood yet, we strongly recommend dental professionals include vaping in smoking history questionnaires and educate patients about potential negative effects of vaping on oral health," said Surendra Reddy Mandapati, D.D.S., corresponding author of the study.

To read the full article online, visit JADA.ADA.org. ■

SCIENCE & TECH

ACE Panel report finds about half of dentists use intraoral scanners

BY MARY BETH VERSACI

Dentists' use of intraoral scanners is split nearly 50-50, according to an ADA Clinical Evaluators Panel report published in the August issue of The Journal of the American Dental Association.

The report, which includes the responses of 369 ACE Panel member dentists, found 53% of respondents use an intraoral scanner in their practices and 47% do not.

"The integration of digital technologies in dentistry is unstoppable," said Marta Revilla-León, D.D.S., one of the report's co-authors and a member of the ADA Council on Scientific Affairs' ACE Panel Oversight Subcommittee. "Digital dentistry is changing a large proportion of the work we are doing in the clinic. In the current digital implementation, the clinic transformation begins with the data acquisition methods where the key element is always the intraoral scanner."

Among respondents who use an intraoral scanner, 70% cited improving clinical efficiency as their main reason for introducing it into their practice, and 58% said they began using a scanner less than four years ago. The most common use of intraoral scanners is for single tooth-supported crowns, with 90% reporting they use a scanner for this treatment.

ACE Panel: Dentists' use of intraoral scanners is split nearly 50-50, according to an ADA Clinical Evaluators Panel report published in the August issue of JADA.

The main advantage of using an intraoral scanner in general, cited by 40% of users, is that it provides better outcomes than conventional methods. More than 90% of users said they were at least mostly satisfied with the results when using a scanner.

"Respondents' satisfaction is a huge takeaway," Dr. Revilla-León said. "This means that a majority of the respondents see in this digital data acquisition option a value, which could be in terms of money, time or comfort, but a value nonetheless. As dentists, we do not usually see a satisfaction in one of our devices if one of the previous elements is not present."

Among those who do not use an intraoral scanner, their main barrier is the high level of financial investment, as reported by 66% of nonusers. This year, 34% said they are considering buying a scanner and 40% are considering training with a scanner.

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.

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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ADASRI study can be used to assess future caries prevention, amalgam reduction efforts

BY MARY BETH VERSACI

Slightly more than half of restored teeth in the U.S. contained amalgam as of 2015 and 2016, according to a study from the ADA Science & Research Institute.

Published online in May by the Journal of Public Health Dentistry, "Dental Amalgam Restorations in Nationally Representative Sample of U.S. Population Aged ≥15 Years: NHANES 2011-2016" analyzed three two-year cycles of National Health and Nutrition Examination Survey data from U.S. participants who were at least 15 years old and underwent an oral health examination. The percent of the U.S. population with at least one restoration of any material was relatively constant throughout 2011-16, ranging from 64.4% to 67.1%. In the 2015-16 cycle, the data included the type of material used for restorations, indicating 51.5% of restored teeth contained amalgam — the first-ever estimate of amalgam-restored teeth in the U.S.

"These data serve as a baseline for future analysis and evaluation of the use of dental amalgam in the U.S. and will facilitate monitoring compliance with the Minamata Convention," said Cameron Estrich, Ph.D., health research analyst with the ADA Science & Research Institute and one of the paper's authors.

The other authors included Marcelo Araujo, D.D.S., Ph.D., CEO of the ADA Science & Research Institute and chief science officer of the ADA, and Ruth Lipman, Ph.D., director of scientific information for the ADA Science & Research Institute.

In 2013, the U.S. joined the Minamata Convention on Mercury, a global agreement that aims to limit mercury emissions. The convention calls for a phasedown of dental amalgam through increased prevention efforts, research into viable alternatives and increased use of other restorative materials.

A first step in phasing down the use of dental amalgam is to establish the current prevalence of amalgam as a measure against which to evaluate the success of strategies taken to reduce its use.

> **In terms of policy, this information has great value to affirm the timing proposed by the U.S. delegation on a phasedown of amalgam compared with the phaseout approach chosen by some European countries and Japan.**

The ADASRI study confirmed that more molars and premolars were restored than other types of teeth and found amalgam was used more frequently than other materials in these restorations. Because of this, prioritizing research and development of materials particularly suited to meet the structure and force requirements to restore surfaces in these teeth has the greatest potential to reduce the use of amalgam, according to the study.

Caries risk is reported to be the predominant factor in choosing to use amalgam, so focusing on caries management efforts — first and foremost, prevention — could reduce amalgam use as well, the study stated.

"In terms of treatment, our study presents evidence that there are still a lot of amalgam restorations in patients' mouths and any future replacement will have an impact on their dentition. Preventing secondary caries lesions should be prioritized over replacing amalgam restorations for aesthetic reasons," Dr. Araujo said. "In terms of policy, this information has great value to affirm the timing proposed by the U.S. delegation on a phasedown of amalgam compared with the phaseout approach chosen by some European countries and Japan."

In addition to tooth type, the study found the presence of amalgam in restorations varied by the age and race/ethnicity of the survey participants.

Among those with restored teeth, the mean number of teeth with amalgam restorations increased with age from 4.71 among 15- to 24-year-olds to 7.03 among those 75 years old or older. Non-Hispanic white participants with restored teeth had the highest mean of teeth with amalgam restorations at 5.94 while non-Hispanic Black participants had the lowest at 5.08.

The ADA is supporting the FDI World Dental Federation and International Association for Dental Research as they prepare for the fourth meeting of the Conference of the Parties to the Minamata Convention on Mercury, which is scheduled for November. ■

ADASRI, collaborators awarded $3.5M grant to map pediatric respiratory cells

BY MARY BETH VERSACI

The American Dental Association Science & Research Institute, together with other U.S. and international collaborators, has been awarded a three-year, $3.5 million grant to create a cell atlas of the nose, mouth and airways from birth through adolescence.

The research team received the grant from the Chan Zuckerberg Initiative as part of a $33 million announcement supporting groups of researchers and pediatricians as they seek to better understand, prevent and treat childhood diseases. The research funded by these grants will generate healthy, single-cell reference data from pediatric tissue samples for the Human Cell Atlas, an international consortium that aims to map every cell type in the human body.

Dr. Byrd

Kevin M. Byrd, D.D.S., Ph.D., who is the Anthony R. Volpe Research Scholar and manager of oral and craniofacial research at the ADA Science & Research Institute, will serve as one of the principal investigators of the grant. Over the course of three years, 10% of the grant funding will be devoted to Dr. Byrd's activities.

"From a healthy newborn's first breath onward, our airways — including the lungs, throat, nose and mouth — develop in harmony to support essential functions and protect us from many types of damage," he said. "This newly assembled team of partners across the globe will work collaboratively to understand the common and unique cell types and their signatures that support the development of the airways in healthy children. This atlas of the 'inhalation interface' will be curated and open to the entire scientific and clinical community to accelerate our understanding of disease progression and guide therapeutic strategies in children."

The Chan Zuckerberg Initiative, founded in 2015 by Priscilla Chan and Mark Zuckerberg, seeks to build a more inclusive, just and healthy future for all by pairing technology with grant-making, impact investing and collaboration in its focus areas of science, education, community, and justice and opportunity.

"When we talk about global health equity, we must rise to the challenge to include oral and craniofacial tissues in this grand effort of the Human Cell Atlas to map the human body at single-cell resolution," Dr. Byrd said. "This proposal puts us one step closer to this deeply personal goal to improve oral health for all." ■

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SCIENCE & TECH

NIH awards $2M grant to ADASRI, UPenn to study oral mucosa

BY MARY BETH VERSACI

The American Dental Association Science & Research Institute and the University of Pennsylvania School of Dental Medicine will examine the mechanisms that maintain and disrupt the barrier function of oral epithelium in the presence of periodontal disease and peri-implantitis.

Stella (Styliani) Alimperti, Ph.D., a project leader with the ADASRI, and Dana Graves, D.D.S., D.M.Sc., a professor of periodontics at the University of Pennsylvania School of Dental Medicine, will serve as co-principal investigators of a four-year, $2,269,994 grant from the National Institutes of Health's National Institute of Dental and Craniofacial Research for their research project titled "Regulation of Epithelial Barrier."

Dr. Alimperti

Periodontal diseases are characterized by the loss of homeostasis between the host and surrounding bacteria, induction of inflammation and bone resorption. The regulatory pathways involved in oral cellular continuity in these disease states have not been thoroughly explored, and this project seeks to fill that gap.

"The oral sulcular and gingival epithelium provides an important barrier function against bacteria or their products, which can break through this barrier to cause inflammation of the tissues that surround a tooth or implant, leading to bleeding and preceding periodontitis and peri-implantitis," Dr. Alimperti said. "Ultimately, the proposed study will shed light on oral epithelial barrier function related to peri-implantitis and periodontal diseases and may provide future targets to better maintain homeostasis on mucosal surfaces."

Researchers will identify mechanisms that control intercellular continuity and investigate the role of several molecular targets that contribute to continuity and function. They will also investigate how cellular attachment to titanium may affect intercellular continuity in order to learn about the processes that are important in peri-implantitis.

The multidisciplinary team working on the project also includes Eun-Jin Lee, Ph.D., a post-doc researcher with the ADASRI, as well as other researchers from the National Institute of Standards and Technology. ■

ADASRI project leader wins award to track periodontitis using biomarkers

BY MARY BETH VERSACI

With the support of a $50,000 award from the International Association for Dental Research, a project leader with the American Dental Association Science & Research Institute will examine the role biomarkers play in tracking the progression and treatment of periodontitis.

Dr. Ritzert

Nicole Ritzert, Ph.D., won an IADR Innovation in Oral Care Award for her research proposal titled "Label-Free, Multianalyte Electrochemical Biosensors for Monitoring Progression and Treatment Response of Periodontitis."

"I am excited for the opportunity to combine my knowledge of electrochemical sensors with my colleagues' expertise in microbiology and periodontal disease in this new research," said Dr. Ritzert, who will serve as principal investigator of the project, with support from others with the ADASRI and National Institute of Standards and Technology.

Current diagnostic parameters for periodontitis rely on visible signs of inflammation and tissue breakdown and are unable to detect active disease. Dr. Ritzert's project will evaluate if monitoring host-derived biomarkers related to inflammation and tissue breakdown can provide a better understanding of how periodontitis progresses and responds to treatment in individual patients.

To study this, Dr. Ritzert will use electrochemical sensors to measure the concentration of multiple biomarkers in saliva. The sensors are designed to be embedded in point-of-care testing devices for patients to use at home.

The Innovation in Oral Care Award, which is funded by GlaxoSmithKline, aims to help researchers develop innovative technologies that can be used routinely by the public to maintain and improve oral health and quality of life. Dr. Ritzert's funding is for a two-year period. ■

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GOVERNMENT

Loan forgiveness: What dentists need to know

DENTAL CPA ANSWERS QUESTIONS ON SMALL BUSINESS LOANS, EMPLOYEE RETENTION TAX CREDIT

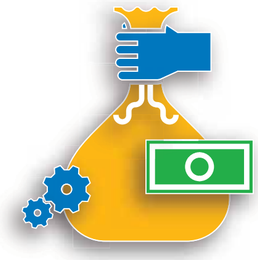
BY JENNIFER GARVIN

For dentists who received first draw Paycheck Protection Program loans, the deadline to apply for loan forgiveness could be on the horizon.

In this Q&A, Allen Schiff, president of the Academy of Dental Certified Public Accountants, addresses common questions ADA members have had about Small Business Administration loans taken during the pandemic. The ADA is encouraging dentists who have questions about their loans to contact their lenders.

Q: WHAT IS THE CURRENT STATUS OF SMALL BUSINESS ADMINISTRATION LOANS AVAILABLE FOR COVID RELIEF?

A: The deadline to apply for the Paycheck Protection Program, or PPP, was May 31. Economic Injury Disaster Loans are still available through Dec. 31, but these loans are not forgivable, and must be paid back with interest. The Small Business Administration increased the limit allowance for Economic Injury Disaster Loans from $150,000 to $500,000 in April. This increase applies to both new and existing loans, so borrowers who received a loan before the maximum was increased may submit a request for an increase. The Small Business Administration should also be reaching out to borrowers directly with details about how to request an increase.



Q: FOR THOSE DENTISTS WHO RECEIVED PPP LOANS, WHAT ARE THE DEADLINES FOR APPLYING FOR LOAN FORGIVENESS?

A: The deadline to apply for loan forgiveness for the first draw of PPP loans is now. For example, if you received your first draw PPP Loan on May 1, 2020, and you are using the 24-week period, that period ended on Oct. 15, 2020. You would then count 10 months from that date, which would put you at Aug. 15, 2021. Dentists can apply any time before their deadline, but they should check with their lender to confirm such. Forgiveness deadlines for second draw loans will be 10 months after the borrowers' covered period started, just like it is stated above.

Mr. Schiff

The Small Business Administration recently launched a streamlined application portal that will allow borrowers with PPP loans of $150,000 or less to apply for forgiveness directly through the agency. This may simplify the forgiveness process for many PPP borrowers given that the vast majority received less than $150,000. By submitting an application directly with the Small Business Administration rather than with their PPP lenders, borrowers may be able to avoid delays or additional paperwork. The new portal began accepting applications on Aug. 4; however, lenders will need to opt into to allow their PPP borrowers to utilize the portal. The portal can be found on the SBA website.

Q: SHOULD DENTISTS TAKE THE EMPLOYEE RETENTION TAX CREDIT?

A: Many ADA members are likely eligible for the Employee Retention Tax Credit, but it's complicated and really requires individualized financial discussions with an accountant or adviser to determine eligibility. At the time of this writing, the ADCPA has completed 1,766 Dental Employee Retention Tax Credit Applications, which resulted in ERTC Tax Credits in the amount of $64,220,000, or approximately $36,000 per dental practice. This is great news to the dental profession, for it creates additional working capital for dental practices impacted by the pandemic. The ADA's involvement with the Congress, with respect to the Employee Retention Tax Credit, makes it so much easier for ADCPA members to file the ERTC credits on their clients' behalf. ■

***Note:** The information in this piece is not intended to be, nor should it be construed as, tax, accounting or legal advice. Readers are urged to consult a qualified professional when seeking such advice. The ADA makes no endorsement of the above advice, nor of any website or organization mentioned in the above piece.*

ADA urges HHS to include dentists in future Provider Relief Fund phases

BY JENNIFER GARVIN

The ADA is urging the U.S. Department of Health and Human Services to continue including dentists in future phases of the Provider Relief Fund.

In an Aug. 23 letter to HHS Secretary Xavier Becerra, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked the department for "its continued strong support of dentists" during COVID-19 and requested that "any future open phases of applications to the Provider Relief Fund again be open to dentists as was the case in past distributions."

The HHS Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act to reimburse eligible providers for health care-related expenses or lost revenue as a result of the COVID-19 pandemic. The fund provided up to $100 billion in funding for health care providers and an additional $75 billion was appropriated in the Paycheck Protection Program and Health Care Enhancement Act.

"With the remaining funds of the PRF, we again call on HHS to allow dentists to apply for relief funding in future phases of distribution," Drs. Klemmedson and O'Loughlin wrote. "The current outlook of the pandemic remains uncertain and dentists must be able to be equipped to provide oral health care services to Americans without closing."

"To be able to remain open is essential to our health care system and dentists accessing PRF payments has been a crucial source of financial recoupment. Continued access to this fund will allow dentists to cover lost revenue attributable to COVID-19 or health-related expenses purchased to prevent, prepare for, and respond to coronavirus," the letter concluded.

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

Association supports extending dental coverage to all adults on Medicaid

BY MARY BETH VERSACI

The American Dental Association is supporting legislation that would make comprehensive dental care a mandatory component of Medicaid coverage for adults in every state.

In an Aug. 11 letter to congressional leaders, the ADA and nearly 130 other organizations asked them and their colleagues to co-sponsor and advance HR 4439, the Medicaid Dental Benefit Act.

"Poor oral health hurts more than our mouths," the organizations stated in the letter. "It can impede an equitable and lasting economic recovery by harming our overall health, employability and financial security. By securing Medicaid dental coverage for adults, Congress can drive health and economic gains for families, states, and our nation."

In the letter, the organizations outlined several reasons why Congress should extend guaranteed comprehensive dental coverage to all adults who rely on Medicaid for their health care. These include:

- Oral health coverage is a glaring hole in Medicaid benefits that are otherwise a lifeline to millions of adults and families.
- Adding adult dental coverage to Medicaid is key to advancing racial, economic and health justice.
- When policy and cost barriers keep dental care out of reach, it threatens national prosperity.
- Expanding oral health coverage is a cost-effective way to support better health at every age.
- A growing number of experts and community leaders support lifting barriers to dental coverage.

"By advancing the Medicaid Dental Benefit Act, lawmakers can promote a sustainable economic recovery and reduce vast health inequities by guaranteeing dental coverage to all adults who count on Medicaid, no matter where they live," the organizations stated.

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

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ADA asks CMS to prioritize expanding dentists' participation in Medicaid

BY JENNIFER GARVIN

The ADA is asking the Centers for Medicare & Medicaid Services to increase reimbursement and reduce administrative burden in order to increase the number of dentists who participate in the Medicaid program.

In a July 16 letter to Daniel Tsai, deputy administrator and director, Center for Medicaid and CHIP Services, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said that easing the credentialing and audit processes and paying clean claims within 15 days would encourage more dentists to take Medicaid.

The ADA also anticipates working with CMS to:

- Require the CMS Center for Program Integrity to issue guidance to state Medicaid agencies concerning best practices in dental audits and developing standardized training for dental auditors.
- Provide guidance to state Medicaid agencies to streamline dentist credentialing by utilizing the ADA Council for Affordable Quality Healthcare credentialing service or equivalent.
- Establish the benchmark floor for all Medicaid dental fees at 75th percentile of regional dental fees based on ADA survey data.
- Work to enhance consistent adult dental benefits across all Medicaid Programs.
- Partner with the dental community to establish an appropriate Healthcare Common Procedural Coding System billing code to help address ongoing challenges regarding access to dental rehabilitative services in operating rooms in hospitals and ambulatory surgical centers.
- Increase oral health equity, including incentivizing dentists to practice in underserved communities across the United States and strengthening support for Action for Dental Health initiatives.

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

Dental groups support Dental Loan Repayment Assistance Act

BY JENNIFER GARVIN

The Organized Dentistry Coalition is supporting legislation that would allow full-time educators participating in the Dental Faculty Loan Repayment Program to exclude from their federal income taxes the amount of the loan forgiveness received from this program.

In July 30 letters to the House Ways and Means Committee and Senate Finance Committee, the groups, led by the American Academy of Pediatric Dentistry, asked lawmakers to consider S 449/HR 1285, Dental Loan Repayment Assistance Act, in any tax legislation considered by Congress in 2021.

"The Dental Faculty Loan Repayment Program was created to help Commission on Dental Accreditation-accredited academic dental institutions recruit and retain qualified faculty in dental schools and approved residency and advanced education programs in general, pediatric or public health dentistry," the groups wrote. "A critical factor in recruiting and retaining dental school faculty is the staggering level of student loan debt and income disparity with private practice."

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

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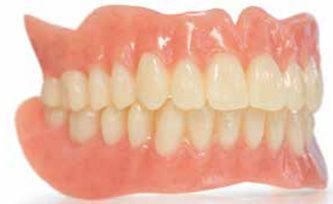

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Groups urge Congress to make CHIP permanent

MORE THAN 500 ORGANIZATIONS SIGN LETTER TO HOUSE, SENATE

BY JENNIFER GARVIN

The ADA and more than 500 organizations representing all 50 states, the District of Columbia and Puerto Rico, are urging Congress to support legislation to make the Children's Health Insurance Program permanent.

In a July 22 letter sent to leaders in the House and Senate, the groups, led by the First Focus Campaign for Children, asked the lawmakers to support the Comprehensive Access to Robust Insurance Now Guaranteed for Kids Act and the Children's Health Insurance Program Permanency Act.

"Both bills would protect the health security and well-being of the 10 million children and pregnant women currently enrolled in CHIP while taking the long overdue and necessary step of finally making CHIP permanent, like every other public health insurance program, including Medicare and Medicaid," they wrote. "Enacting legislation to make CHIP permanent ensures that the children and pregnant women that receive health insurance through the popular and successful Children's Health Insurance Program will never again worry about their coverage expiring mid-year or mid-treatment."

The groups said "for almost 25 years, CHIP has been an essential source of children's coverage, ensuring access to high-quality, affordable, pediatric-appropriate health care for children in working families whose parents earn too much to qualify for Medicaid but too little to purchase private health insurance on their own."

They also said that CHIP has helped reduce the number of uninsured children by more than 68%, from an uninsured rate of nearly 15% in 1997 to less than 5% in 2016. It has also led to improved health outcomes and access to care for children and pregnant women, they said, particularly for children of color. They noted that in 2019 more than half of American Indian/Alaska Native, Black, multi-racial, and Hispanic children relied on Medicaid and CHIP as their source of health coverage.

"To never again wonder about CHIP's future would allow lawmakers, federal and state health departments, advocates, pediatricians, and other providers to be entirely focused and attentive to the emergencies at hand – ending the COVID-19 pandemic, addressing our nation's shameful maternal and infant mortality crises, and eliminating health disparities and promoting health equity," the letter concluded. "Swift passage of legislation to make CHIP permanent will ensure that never again will we divert any attention away from improving child and maternal health outcomes to prepare for contingency planning for the possible temporary expiration or end of CHIP."

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

ADA supports POST GRAD Act

Bill aims to allow graduate, professional students to receive Direct Subsidized Stafford Loans

BY KIMBER SOLANA

The ADA is supporting legislation that would allow graduate and professional students with financial need to receive Direct Subsidized Stafford Loans, which are currently only available to undergraduate students.

In an Aug. 17 letter to Rep. Judy Chu, D-Calif., ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked the lawmaker for introducing HR 4361, the Protecting Our Students by Terminating Graduate Rates that Add Debt Act, or POST GRAD Act.

If enacted, the POST GRAD Act would reinstate eligibility for graduate and professional students in need to use federal Direct Subsidized Stafford Loans. These loans have slightly better borrowing terms than the educational loans available to graduate and professional students, such as the federal Unsubsidized Stafford Loans and Grad PLUS Loans. The interest rates are generally lower, and the Department of Education pays the interest that accumulates while borrowers are in school, during a grace period, and during a period of deferment.

"The vast majority of dental students use federal student loans to pay for dental

See LOANS, Page 15

MEDICARE *continued from Page 1*

the U.S. Senate's approved budget resolution, except that it would likely cover all Medicare beneficiaries, be included in Medicare Part B and cost an estimated $238 billion over 10 years.

In his letter, Dr. Klemmedson said an expansion of Medicare benefits should include a comprehensive dental benefit that meets the needs of beneficiaries whose income is up to 300% of the federal poverty level. Estimates from the Kaiser Family Foundation show this would cover about 47% of the older adult population.

"This would provide meaningful coverage to most seniors who presently do not visit a dentist because they cannot afford it," Dr. Klemmedson said.

The percent of Medicare-eligible seniors who experienced increased cost barriers to dental care rose between 2009 and 2019. Seniors with incomes at or below 133% of the federal poverty level saw the largest increase in cost barriers, from 10% in 2009 to 26% in 2019, according to the ADA Health Policy Institute.

A dental benefit under Medicare also merits a designated program that recognizes the differences in the delivery of oral health care compared with other health care services, Dr. Klemmedson said. The current Medicare program includes distinct "parts" that acknowledge the variability in the delivery of hospital care, physician services and prescription drugs.

"The ADA believes that any expansion of Medicare to include dental should be through a separate new program dedicated to providing comprehensive dental care for low income seniors — not the Medicare Part B program that has been part of past and current proposals," he said.

The letter aligns with a policy on financing oral health care for adults aged 65 and older that was passed by the ADA House of Delegates in October 2020. ADA lobbyists have been meeting with congressional staff for the past few months to discuss the Association's policy position.

"We look forward to continuing this important conversation with you and your staff as Congress considers how best to provide oral health care to our Nation's seniors," Dr. Klemmedson said.

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

—versacim@ada.org

LOANS *continued from Page 12*

school," Drs. Klemmedson and O'Loughlin said. "Over 75% use federal Unsubsidized Stafford Loans, and another 72% use federal Grad PLUS Loans — either as a standalone financing mechanism or to make up the difference between what the Direct Stafford did not cover."

According to a 2020 analysis by the American Dental Education Association, dental school graduates, on average, are starting their careers nearly $305,000 in debt ($270,125 for graduates from public dental schools; $349,730 for graduates from private dental schools).

"This bill will not solve the student debt crisis, but it will help offset the unprecedented financial challenges that these essential health care providers face at graduation," Drs. Klemmedson and O'Loughlin said. "Combined with reinvigorated public service loan forgiveness programs, it may also inspire more highly indebted young dentists to practice in underserved areas."

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

FAQ sheds light on Medicare dental benefit proposals

BY JENNIFER GARVIN

The ADA "has a duty to respond when Congress intends to act on adding a dental benefit to Medicare."

This was one of the key messages in a new FAQ the ADA created in order to explain the ADA's response to a legislative proposal currently being considered by Congress that would expand the nation's Medicare program to include dental, hearing and vision benefits.

On Aug. 23, the U.S. House of Representatives advanced a budget resolution, previously passed by the Senate, which included a provision to expand Medicare. The resolution did not include any specifics on how such an expansion would be structured.

In the FAQ, the ADA addresses many questions dentists may have on the proposed Medicare dental benefit, including why the Association feels the need to weigh in.

"If the ADA does not lobby this issue, Congress will act without the ADA's input, thereby creating a Medicare dental program that will not benefit patients or practitioners," the FAQ said.

The FAQ said the ADA believes that any expansion of Medicare to include dental benefits should be through a separate and new program dedicated to providing comprehensive dental care for low-income seniors. It also explains that the current Medicare Part B structure is "wrong for dentistry" for many reasons including electronic health record requirements, coding and payment parameters "vastly different" from medicine, unknown reimbursement levels and more.

To download the FAQ, visit ADA.org/~/media/ADA/Advocacy/Files/faq_medicare_dentalbenefit.pdf. ■

AROUND THE ADA

End of advance pricing nears as SmileCon prepares to kick off in Las Vegas

REGISTRATION RATES INCREASE SEPT. 30

BY MARY BETH VERSACI

Dr. McKelvey

Dr. Ho

SmileCon is just around the corner, and there is still time to take advantage of advance registration rates before they increase Sept. 30.

"SmileCon will be unique in so many different ways. It is dentistry's only meeting that not only educates the ADA member attendee but also highlights the advocacy and policy work that is the foundation of ADA's identity," said Charles McKelvey, D.D.S., 2021 meeting chair. "Our national reach isn't matched by any other organization. This provides the unity and resources we all crave in this ever-changing world of health care. In addition, we will have the capability to provide a real-time opportunity for conversation and interactions that no other state or regional meeting can offer."

The American Dental Association's reimagined annual meeting will take place Oct. 11-13 at Mandalay Bay Resort and Casino in Las Vegas. Advance registration ends 5 p.m. CDT Sept. 30. Standard registration rates will then apply until Oct. 13.

For dentists attending SmileCon with their team members, the meeting will offer continuing education courses relevant for the entire dental team.

Two of these courses are Medical Emergencies: A Team Approach During a Crisis, from 10 a.m.-1 p.m. Oct. 11, which will prepare teams to approach medical events in an organized and comprehensive manner, and Right People in the Right Place, from 3:30-5 p.m. Oct. 11, which will help dentists hire exceptional staff and keep them motivated.

Duc "Duke" M. Ho, D.D.S., chair of the ADA Council on Dental Practice and a dentist at Welch Dental Group in Katy, Texas, said he is particularly interested in attending these two courses with his team.

"Medical Emergencies will prepare us for situations that could easily occur during routine dental treatment," he said. "And as a large office, we also want to make sure we hire the right people — those who share common values and goals — and place them in positions that will lead to optimal outcomes for both patient and practice. Right People in the Right Place will hopefully provide insights to help us do just that."

SmileCon's hands-on activities are another CE highlight, giving dentists the opportunity to roll up their sleeves and take their skills to the next level.

These courses may included an additional charge, depending on the registration pass purchased. Pre-registration is required.

Four cadaver workshops are among the hands-on activities being offered at the meeting:

- Socket Graft and Ridge Preservation — Cadaver Workshop, 2-5 p.m. Oct. 11.
- Maxillary Sinus Graft Crestal Approach: Cadaver Workshop, 9 a.m.-noon Oct. 12.
- The Anatomy of Local Anesthesia: Human Cadaver Dissection, 1-5 p.m. Oct. 12.
- Cone Beam CT and Navigation Guided Dissection: Cadaver Workshop, 8 a.m.-3:30 p.m. Oct. 13.

Participants in hands-on activities will need to bring their own gear.

SmileCon offers four registration pass options: Smile Pass, Platinum Smile Pass, Dental Central Pass and Virtual Pass. Platinum Smile Passes are sold out.

For Association member dentists, the Smile Pass is $499 in advance and $699 once standard pricing begins, and the Dental Central Pass is $149 in advance and then $249. The Virtual Pass is $199 for both advance and standard registration. To see rates for dental students, dental team members and more, visit SmileCon.org/registration.

For those who are unable to travel to Las Vegas and want a taste of the meeting, the Virtual Pass will offer holders a behind-the-scenes look at SmileCon, including sneak peeks backstage before the opening and closing sessions.

Virtual participants can also access exclusive interviews with select SmileCon speakers from the SmileCon Studio in Dental Central, and the pass will include both live and on-demand access to virtual CE, available through Dec. 31.

To learn more about SmileCon or to register, visit SmileCon.org. ■

—versacim@ada.org

ADA-endorsed Bento launches partnership with Philips

Dentists can now include Philips products when creating in-office membership plans

ADA-endorsed Bento announced Aug. 31 a partnership with global health care company Philips to continue its growth as a modern alternative to traditional insurance for dentists, employers, groups, associations and individuals.

Bento is also announcing that all offices who switch their current in-office plan patients to Bento will pay no subscription fees for the first 12 months.

"We speak to dentists every day who are looking to upgrade their patient memberships plans or streamline some of the manual ways they do it but do not want to incur any additional expenses to their practice, so it made sense for us to launch this option for those practices that might be skeptical to give our platform a try," said Landon Lemoine, Bento's vice president of growth.

Michael-John Kuehne, senior vice president of Philips Oral Healthcare, said in a news release that the opportunity to package his company's products directly with dental membership plans offered by dentists and benefit plans provided by employers will make overall oral health care more accessible.

Dentists can now include Philips products such as Sonicare power toothbrushes and Zoom! Teeth Whitening when creating in-office membership plans powered by Bento.

These membership plans are an alternative to traditional dental insurance in which patients purchase plans directly from the dentist, allowing for savings for the patient and customized experiences for the dentist.

Membership plans provide options for uninsured individuals, seniors and low-income families to access affordable oral care while providing steady recurring revenue for dentists.

To create an in-office plan powered by Bento, visit bento.net/in-office-plan. Set-up takes minutes.

For detailed answers to questions, how-to guides and extensive lists of FAQs, visit bento.net/bentopedia or ADA.org/bento.

Contact Bento at 1-800-734-8484 to speak with a Bento team member or email them at smile@bento.net.

For those going to SmileCon 2021, the Bento team will be at Booth C2503. Dentists who sign up with Bento while in Las Vegas will get a YETI tumbler as a special thank-you. ■

ADA council creates task force to enhance CDT

REVIEW AIMS TO SERVE CURRENT, EVOLVING DOCUMENTATION AND REPORTING NEEDS OF ALL SECTORS OF DENTAL COMMUNITY

BY DAVID BURGER

The Council on Dental Benefits Programs is proceeding with a new project to review and enhance the Code on Dental Procedures and Nomenclature (CDT Code) so that this ADA code set serves current and evolving needs for robust patient records and accurate claim submissions.

The first council action taken to fulfill these objectives is the creation of the Enhanced CDT Code Taskforce, comprising subject matter experts who serve as the council's advisory body.

Randall Markarian, D.M.D., council chair, and the committee's subject matter experts are individuals from the council and other sectors of the dental community with perspective and experience in one or more of the following areas:

- Clinical documentation.
- Administrative transactions.
- Data exchange and interoperability.

In July, the ADA Board of Trustees accepted the council's proposal of creating a task force to address the need to revise the CDT code.

The task force held its first meeting Aug. 26.

"This is going to be a multi-year project whose outcome will affect all sectors of the dental community," Dr. Markarian said.

"The CDT Code has existed since 1969," he said. "Over the last 20 years, the code set has grown significantly and now includes over 750 procedures. CDT was initially seen as most useful for claim reporting and adjudication. This viewpoint arose at a time when paper and manual input was the dominant method of information capture, transmission and processing."

Today, the dominant method of information capture is electronic.

"While initially the code set was seen as most useful for claims adjudication, that is no longer the case," Dr. Markarian added. "The advent of data analytics, the need to measure outcomes and the emergence of artificial/augmented intelligence, all necessitate the repositioning of CDT for uses beyond claims administration. The profession is in need of a procedure coding system that will support a robust electronic health record and cost-effective data analyses mechanisms."

Dr. Markarian said that interoperability is a fundamental concept behind electronic health care information exchange to support patient care.

"An enhanced CDT will enable this ADA intellectual property to continue serving the evolving needs of the profession and maintain its position as the named HIPAA standard code set for reporting dental procedures," he said.

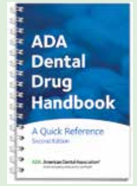
The council will ensure there are opportunities for all stakeholders to engage with this process. Anyone with comments on this project should email dentalcode@ada.org. ■

Updated ADA Dental Drug Handbook, Chairside Instructor provide timely value

BY DAVID BURGER

The ADA has updated the ADA Dental Drug Handbook: A Quick Reference as well as The Chairside Instructor, both available for order through the ADA Catalog.

Created by a team of dentists, pharmacists, scientists and experts in pharmacology, the ADA Dental Drug Handbook: A Quick Reference, Second Edition, delivers concise and accurate information about prescribed medications used in dentistry.



The handbook includes:

- Detailed, full-color drug monographs with black box warnings, cautions and contraindications, potential adverse reactions and possible drug interactions.
- Sample prescriptions with dosage, frequency and route of administration.
- Information on over-the-counter products with the ADA Seal of Acceptance.
- ADA resources on procedures such as general anesthesia, antibiotic prophylaxis and medication-related osteonecrosis of the jaw.

The Chairside Instructor, 12th Edition, has been revised to include 50 new images and the most up-to-date patient education information on topics ranging from daily hygiene to identifying symptoms of sleep apnea.

To order, visit ADACatalog.org or call the ADA Member Service Center at 1-800-947-4746. ADA members can save 15% on ADA Catalog products by using the promo code 21114 by Nov. 19. ■

ADA seeks solution to eligibility, benefits verification problems

BY DAVID BURGER

While establishing a "unified system" may not be the most feasible approach to solving issues related to dental eligibility and benefits verification, the ADA could provide significant value in driving improvement in that area, according to a July study completed by Change Healthcare, a Nashville-based health care technology company.

The company offered four recommendations on how the Association can make eligibility and benefits verification much less burdensome for dental practices — freeing offices up to spend their time focusing on their patients instead of dealing with administrative burdens and surprise billing headaches.

According to Change, the ADA may provide greater value through provider education, payer guidance, feedback on best practices for software vendors, and endorsing a product or solution.

The company's study, commissioned by the ADA Council on Dental Benefit Programs, does not recommend the ADA pursue a proposed online portal or app at this time, due to cost, potential lack of payer participation and several other obstacles.

"I think the results of the study were very useful because they have focused the council on the next steps to take in this investigation," said Randall Markarian, D.M.D., ADA Council on Dental Benefit Programs chair. "I think that we need to pursue the next step and investigate the solutions being developed and see which product — or products — are the most useful and engage in discussions for a possible endorsement agreement."

The study is a response to Res. 102H-2020 adopted by the 2020 House of Delegates.

The resolution directed the ADA to investigate the feasibility of developing a platform to allow third-party payers to provide dentists with accurate and timely information regarding a patient's eligibility status and current dental benefits through a single unified system.

Dr. Markarian said that eligibility and benefits verification is a pain point for many dental offices on a daily basis.

"It hurts the efficiency of the office when staff are on the phone trying to verify information," he said. "We need a process that is real-time and trackable so that dental plans will stand by the information given to offices. Providing better information about the patient's coverage will enhance the doctor-patient relationship and lead to an increase in treatment plan acceptance."

For more information on dental benefits, visit ADA.org/dentalinsurance. ■

—burgerd@ada.org

Roll up sleeves for GKAS at SmileCon

BY DAVID BURGER

Give Kids A Smile-themed events during SmileCon will focus on a wellness event as well as an opportunity to help out hungry children in the greater Las Vegas area.

The first is SmileDash, which benefits the Give Kids A Smile program. From Oct. 1-15, participants can run, walk, bike, swim or do other distance activity and log their miles to help the ADA reach its goal of 5,000 total miles, regardless of location.

All registered enthusiasts will receive an event T-shirt and medal. Registration fee is $35 per person. A portion of the fee will support Give Kids A Smile. The registration fee is not tax deductible.

Participants can sign up for SmileDash online when they are completing their SmileCon registration. They can also add it to their SmileCon registration on-site in Las Vegas.

The other event is called Pack & Give Back.

Through its Give Kids A Smile program, the ADA will collaborate with Three Square — a member of Feeding America — and Future Smiles, two Nevada nonprofit organizations, to host the event during SmileCon.

Attendees on site at SmileCon will have an opportunity to fill backpacks with nutritious food along with oral health products and educational information for underserved children on the exhibit floor in a designated area near Smile Zone A on Oct. 12.

No registration is needed for the event. Attendees can just stop by the designated area to participate.

More than 1,000 backpacks will be filled, and each backpack will include four meals and two nutritious snacks along with an oral health goody bag. This event is sponsored by Henry Schein Inc., Colgate and the Dental Trade Alliance Foundation.

The backpacks will be distributed on an upcoming Friday by Three Square to children who might otherwise go without food during the weekend.

For additional information about the above events, contact gkas@ada.org. For the latest information on the meeting, visit SmileCon.org. ■

Pandemic's effect on dentists' net income revealed in new HPI research brief

BY DAVID BURGER

The COVID-19 pandemic led to a 17.9% drop in net income for general dentists in 2020 compared with 2019.

That is just one of the findings from a new research brief from the ADA's Health Policy Institute that explores the COVID-19 pandemic's impact on the net income of dentists.

"By all these accounts, dentistry has weathered the COVID-19 pandemic remarkably well," wrote Marko Vujicic, Ph.D., chief economist and vice president of the Health Policy Institute, along with fellow researchers Bradley Munson, Brittany Harrison and Rachel Morrissey in the brief, titled "How Did the COVID-19 Pandemic Affect Dentist Earnings?"

The researchers outlined the questions the HPI sought to answer in its brief, published Sept. 2.

"But what about the financial impact to dental practices?" the researchers wrote. "To date, there has been no 'big picture' look at the financial impact to dentists."

In this research brief, HPI researchers focused on dentist net income and presented the first nationally representative analysis of the impact of the COVID-19 pandemic. Specifically, they compared dentist net incomes for the year 2020 with the previous year.

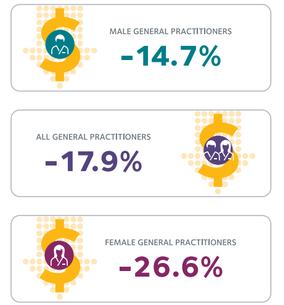
"Trends in hours worked shed light on why there are differing effects on net income of dentists by specialty, age, and gender," the researchers wrote. "In terms of total hours worked in the year, general practitioners worked 285 fewer hours in 2020, or 16.6% less, compared to 2019. For specialist dentists, the decline was 11.7%. The magnitude of the decline in hours worked and net income are very similar, suggesting that earnings declined because dentists worked fewer hours."

The data also showed patterns in hours worked by age and gender for general practitioners, but not specialist dentists.

"For hours worked, the same patterns emerge when it comes to differences by age and gender. Female general practitioners saw a much bigger decline in hours worked (22.1%), compared to male general practitioners (14.5%). Older dentists saw the largest decline in hours worked (21%) while younger general practitioners saw the smallest (13.2%)."

With female dentists seeing a bigger decline in net income and hours worked than their male colleagues, the brief's findings add to the growing evidence that the economic impact of COVID-19 continues to affect women differently from men, said the researchers. ■

CHANGE IN GENERAL PRACTITIONER DENTIST AVERAGE NET INCOME (ADJUSTED FOR INFLATION), 2019 TO 2020



Source: ADA Health Policy Institute's Survey of Dental Practice.
Notes: Weighted to adjust for nonresponse bias. Data are for dentists

ADASRI CEO named honorary member of American Academy of Periodontology

BY MARY BETH VERSACI

The American Academy of Periodontology has awarded honorary membership to Marcelo Araujo, D.D.S., Ph.D., chief science officer of the American Dental Association and CEO of the ADA Science & Research Institute.


Dr. Araujo

Dr. Araujo was selected by the academy's Board of Trustees based on his outstanding contributions to the art and science of periodontology, according to a letter announcing the award. He was nominated by Mia Geisinger, D.D.S., past chair of the ADA Council on Scientific Affairs.

"My deepest level of appreciation to the AAP board for choosing me and to Dr. Mia Geisinger for the nomination," he said. "Most importantly, thanks to the late Drs. Seb Ciancio and Bob Genco, two of the world's leading periodontal researchers, for being great mentors in both periodontology and research." ■

AROUND THE ADA

Budget recovery transitions to new normal for ADA

BY KELLY GANSKI

If 2021 was a period of recovery, then 2022 is a new normal for the ADA budget.

The COVID-19 pandemic underlined two pillars of financial strength for the Association, according to a presentation Ted Sherwin, D.D.S., ADA treasurer, made to the Board of Trustees Aug. 28. The ADA had the financial discipline to manage assets that have built up over the years and was able to continue to fund core, unique programs for members during unpredictable circumstances: Clinical guidance for COVID-19, advocacy, science, standards, high stakes testing, digital communications and capacity building for state dental associations.

"The ADA's financial strength was integral to its ability to weather the pandemic," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "It also enabled us to provide our members with the resources they needed to navigate their challenges. The 2022 budget will set us on the path to maintaining and building upon that strength into the future. It's wise to plan ahead even as we emerge from hard times and into what we hope will be some brighter days in the near future."

For 2022, the Board is recommending, per House of Delegates Resolution 14H-2019, a balanced operating budget of $143,831,000 in expenses and $143,879,000 in revenues. It is also recommending a 1.6% dues increase to cover inflation, which for full dues amounts to a $9 increase from 2021. This would set 2022 dues levels at $582. The recommendation goes to the House of Delegates, which meets in Las Vegas in October.

ADA Bylaws tasks the ADA Treasurer with oversight of Association finances and designing and developing the budget in concert with the Board of Trustees. The House of Delegates is in charge of approving the budget.

"Everything we do to maintain our financial sustainability ultimately ladders up to driving our strategic priorities, which exist to help us fulfill our mission and vision," said ADA President-elect Cesar R. Sabates, D.D.S. "Strategic focus and prudent fiscal management are key to continuing to serve our members and advocate for public health."

Common Ground 2025 is the Association's five-year strategic plan, which has membership, finance, public and organizational goals. One of the objectives is a digital transformation for the Association, which involves delivering new ways to engage with the ADA, making it easier to join, engage, purchase, access information, network and get involved.

"By investing in digital transformation we aim to use technology to better engage our members, improve client services and technical support to states and locals, modify critical business processes and shift more resources toward new product development and service innovation," according to Board Report 2, the annual summary of the ADA's expenses and revenue.

By 2025, the ADA will deliver a more personalized experience, providing new and improved products, services and information seamlessly across platforms and mobile devices to increase the ADA's membership value and nondues revenue.

The pandemic shined a light on how integral the digital world is to ADA members and underscored the need to fund a change in how the Association delivers services.

"Our 2022 budget and spending out of reserves on digital transformation is right on target for the new normal," Dr. Sherwin said. "The 2022 budget is a bridge to the future includes solid funding for digital transformation that helps position us for success in the new normal."

The ADA House of Delegates will meet in Las Vegas Oct. 13-16. Board Report 2, which contains the budget presentation, and other reports and resolutions for the 2021 House are available in the members-only section of ADA.org, contained in the Committee A reports and resolutions document.

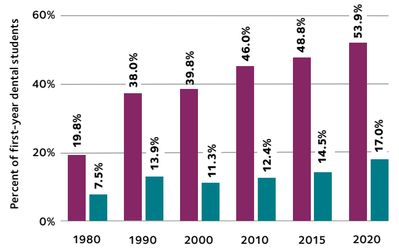
For more information about SmileCon, visit ADA.org/meeting. ■

—ganskik@ada.org

HPI CORNER

FEMALE AND MINORITY ENROLLMENT IN DENTAL SCHOOLS

Female and underrepresented racial/ethnic minority enrollment in U.S. dental schools has increased over the past decades. In 2020, females made up over half of first-year dental students compared to one-fifth in 1980.



** Includes students who identify as Black or African-American, Hispanic or Latino, or American Indian or Alaskan Native.*

Source: ADA Health Policy Institute. Trends in U.S. Dental Schools. Infographic. Available from: ADA.org/en/science-research/health-policy-institute/publications/all-hpi-publications.

AROUND THE ADA

DR. SABATES *continued from Page 1*

'Diversity of thought'

Dr. Sabates was born in Camaguey, Cuba, in 1960, the son of a dentist. When Fidel Castro assumed power in 1959, his father wanted to leave the country but since he was a professional, and therefore useful, the government wouldn't let him leave. The government punished him for even asking to leave so the senior Dr. Sabates was forced into different work camps to provide dental care for the people of Cuba.

But because the hygienic conditions were so poor at the time, Cesar L. Sabates, D.D.S. fell ill and was diagnosed by the Cuban government with a terminal illness.

"Once they diagnosed him, they said, 'OK, you're no good to us anymore. Now you can leave the country,'" Dr. Sabates said.

So in 1967, the Sabates family, four children at the time with one to be born in America, moved to the United States. Upon their arrival, his father went to the hospital and discovered he had a treatable lung infection, not a terminal illness. The Sabates family moved to Kansas City, Missouri, so the elder Dr. Sabates could attend dental school. He ultimately became an oral and maxillofacial surgeon.

Dr. Cesar R. Sabates initially studied electrical engineering at the University of Miami. But he ultimately gave into his birthright and enrolled in dental school at the University of Missouri-Kansas City.

"I fell in love with the profession," Dr. Sabates said. "I've been in love with it since the first day of dental school."

After he graduated, Dr. Sabates moved to Miami and opened his solo practice from scratch. Slowly, through word of mouth, patients started coming and referring their friends and family.

Dr. Sabates wanted to get involved with organized dentistry, and he became an active member in a local dental study club, which was called the American Brotherhood of Latin American Dentists. He was asked to be a liaison between the group and the local dental association.

"In one of the first meetings, I got myself into trouble right away because they were discussing a dues increase, and I started asking questions about that. I was labeled for being very vocal, and some members didn't want me to participate at all," Dr. Sabates said. "But I kept going back to the meetings and became more and more involved. One of my mentors, Dr. Arturo Mosquera, appointed me to be the liaison between the study club and the local component society. He saw my passion, and when he later became president of the component society, he encouraged me to stay engaged with organized dentistry."

Dr. Mosquera appointed Dr. Sabates chair of a committee that focused on women and diverse dentists. It was a springboard for more and more opportunities to lead within organized dentistry. Dr. Sabates rose from treasurer to president of the dental society before becoming a delegate to the Florida Dental Association and later president.

"When I finished that, I continued my service, and I ran for ADA trustee and then was elected overwhelmingly," Dr. Sabates said. "I decided to run for ADA president-elect, and I never expected that I would get elected. But I was thrilled at the opportunity, and I worked really hard. I am still so thankful that the House of Delegates believed in me and elected me."

After serving as president-elect for the past year, Dr. Sabates' journey has informed how he wants to approach his presidency.

"One of the things that I want to highlight during my term as president is diversity of thought. Many times, people are intimidated. They don't want to speak their mind because they feel that they'll be ostracized. They'll often go along to get along to avoid conflict. But the idea of politics as usual and maintaining the status quo doesn't help us," Dr. Sabates said.

"Diversity of thought is what makes us better. By listening to how members feel or how they think, and then all of us coming together to consensus and making a decision, that makes us a much better Board, makes us a better House, makes us a better organization. After hearing a different point of view, you may change your mind. And I have changed my mind many times after listening to an argument. But the ability to change minds requires us to have the courage to speak our convictions. I want to create a respectful environment that makes it safe for everyone to do so."

Proud father and grandfather

When he isn't seeing patients or attending meetings on behalf of the ADA, Dr. Sabates is spending time with his wife, two children and his grandson, Bruce, whom he calls "the love of my life."

"I can't tell you anything in my life that's given me more joy than being a grandfather," Dr. Sabates said. "I've always heard about how special grandkids are. I thank God that I have been able to experience it for myself."

Named after Bruce Springsteen, Bruce is 1 year old and Dr. Sabates' wife takes care of him every day. Dr. Sabates and his wife, Lydia, have been married for 28 years. They have two sons, Albert and Cesar Sabates III.

The Sabates family loves Disney World, and being Floridians and now grandparents, they get to spend a lot of time there.

"I also enjoy community service, giving career talks in elementary schools, participating in health screenings, volunteering for the Florida Mission of Mercy, and Donated Dental Services," Dr. Sabates said. "I believe that I have been blessed and that it is my responsibility and duty to share my blessings with those that are less fortunate. I believe in that to whom much is given much will be required."

Dr. Sabates wants to share his story in hopes he can connect with members, or prospective members, who may feel a distance from organized dentistry or their colleagues.

"I want to listen to as many people as I can," Dr. Sabates said. "When I've been traveling, I've taken a little notebook with me, and when I talk to people, I jot down the things that they have felt throughout the years about what the ADA could be doing better.

"I want to set an example of how we can come together by listening to each other. I want to set a tone of empathy and connection throughout our organization. I want everyone to feel that they're a part of a family and that family is the ADA family."

Dr. Sabates was interviewed by Kelly Ganski, editor for the ADA News, in June.

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. Sabates: We must have the science that is necessary to guide us through difficult decisions. The ADASRI will play a vital role in this respect. We learned that the ADA can be nimble and that we must work together on all fronts in order to keep our profession strong and avoid any unnecessary intrusion by outside entities. We must continue to educate our governmental entities and that is where our advocacy efforts play a vital role.

ADA News: What do you think of the Association's response to COVID-19?

Dr. Sabates: The response to the COVID-19 pandemic was unprecedented. The ADA came together like never before to provide guidance to our profession to be able to reopen our practices safely. The ADA advocated Congress and the federal agencies on behalf of our members. Federal grants, loans and PPE were made available to all members.

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. Sabates: The ADA was the go-to resource for getting our profession back to work. The up-to-date resources available to our members on ADA.org/virus were priceless.

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

Dr. Sabates: Dentistry has always been a leader in safety. Whether it is safely treating our patients or looking out for the safety and well-being of our staff, we have demonstrated being able to provide care in all situations. The research published in JADA and by the American Dental Hygienists' Association has demonstrated that we have lower incidence of COVID-19 when compared to other medical professionals. I expect that the enhanced infection control protocols are here to stay.

Family pride: Dr. Sabates, second from right, stands with his family at his son's college graduation. From left are his son Albert; wife Lydia; son Cesar Sabates III ;and daughter in-law Leysi .-

ADA News: How can dentists encourage their patients to get vaccinated? How can dentists encourage their patients to return to the dental office and ensure their safety?

Dr. Sabates: As providers of essential health care, we play a significant role in guiding our patients to improving their overall health. Having regular discussions with our patients regarding smoking cessation and vaccinations like HPV, flu and COVID-19 should be an integral part of our care. Many times, patients see their dentist more often than they see their physicians. We can make a significant contribution to our society and our patients' lives by informing them and guiding them to become more informed on health care issues. We must educate our patients on our record for safety. We can discuss the protocols we are taking to keep everyone in the dental office safe. I would recommend that all dentists visit ADA.org/virus to keep up to date on the latest advisories and recommendations.

ADA News: What are the three biggest issues facing the profession right now? What are the three biggest issues facing the Association right now? The same or different?

Dr. Sabates: For the profession, I would say COVID-19; third-party payer issues; and direct-to-consumer dentistry. For our association, I'd would say membership; our business model; and how we lead our profession into the future.

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. 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. Sabates: We know that dental benefits and reimbursements are one of the topics that keep dentists awake at night. The ADA has been working hard in this arena, and we have the opportunity to build upon our ongoing efforts. The Fight Insurance Interference Task Force empowers state dental associations to enact the legislation that benefits the dentist. Anything that we can do as an association to help out our member dentists to fare better when it comes to third-party payers, that's something that I'm very much in favor of. I'll give you the perfect example. When I started my practice over 30 years ago, the maximum reimbursement per year was about $1,500. Today, that maximum continues to be $1,500 or less, maybe $1,000. And as you know, inflation has increased tremendously over the years, but that maximum reimbursement to patients has not. In 2021, that $1,500 or $1,000 doesn't go very far as it once did when it comes to dental care.

ADA News: Why is advocacy so important to the profession? What do you see as important in this arena? Top priorities? Top accomplishments?

Dr. Sabates: I'm extremely proud of our Washington office because without their advocacy on behalf of dentistry, the legislators don't know what we do and what we need. It's incumbent upon each and every one of us as dentists to reach out to our elected officials because we need to educate them about our profession so that they don't enact legislation and rules that are detrimental to our patients and the work that we do. That's why our Washington office and our legislative efforts are so important. But again, it's a grassroots thing and we need dentists to get involved. Even though many dentists say, "We don't like politics," but politics is a reality and impacts our daily work lives. So we have to have a way of influencing those policies, and advocacy successes help the American Dental Association and the profession move forward.

ADA News: What is the financial outlook for the ADA? How does the 2022 budget look — what are the priorities?

Dr. Sabates: I was the chairman of the Budget and Finance Committee last year, and with the effects of the pandemic, we had to make some very difficult decisions. But the ADA today is in much better economic shape. The markets have helped us tremendously. We reached the goal of $100 million in our Royalty Reserve Fund, and some of those funds will support our operating budget. The budget process is looking good right now. We survived COVID-19, which was a huge challenge. A lot of people have made tremendous sacrifices, but the ADA is in good financial shape. In my term as president, I want to assess the ADA's business model and determine where we can be more efficient within the ADA, provide more programs that touch our members and that they feel value in. I'm hoping to work with Raymond A. Cohlmia, D.D.S., the incoming executive director, on improving our business model. That's one of my goals for next year, and I plan to appoint a task group that will be looking at that.

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. Sabates: We have to do something different to attract and engage the growing

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AROUND THE ADA

DR. SABATES *continued from Page 24*

marketplace of dental professionals. Right now, we're in the process of evaluating what dentists value and would like to see from the ADA. Meeting our members' needs requires us to look deeply into what members of various age groups, for example, value the most. It's my personal opinion that every dentist should be a member of the American Dental Association. We should have a 100% market share, but we don't. I do believe that we have an opportunity, each day, to get closer to that number. What I think will be invaluable to us in the future is providing dynamic and invigorating leadership. We need to charge our ADA delegates and our society leaders to excite their states about the value of membership.

ADA News: What are the challenges in recruiting more diverse dentists into leadership tracks within the Association governance structure?

Dr. Sabates: It's certainly top of mind for our Board of Trustees. We are looking towards increasing diversity within our pipeline of councils and committees, whether it's more women or younger dentists, more dentists of color, and more dentists of different practice types. We want to be an all-inclusive organization. At this stage of the game, our leadership really doesn't represent that. The Board of Trustees should represent what our membership looks like, just like our House of Delegates should represent more what the grassroots members look like because each of us comes from a different background, so we have different points of view. And the beauty of that is that when we have discussions, we don't all think the same.

President grandpa: Dr. Sabates calls his grandson, Bruce, who was named after Bruce Springsteen, the greatest joy of his life.

ADA News: The Health Policy Institute recently published data that found that the dentist workforce does not reflect the U.S. population, with Black and Hispanic dentists significantly underrepresented in the profession. What can the ADA do to raise more awareness on racial disparities in oral health?

Dr. Sabates: The ADA is America's leading advocate for oral health. As a dentist who is dedicated to improving the oral health of all Americans it's important to recognize that our dental workforce does not represent the U.S. population. We need to do what is within our limits to advocate for underrepresented minorities in the educational system. There are many talented young students who simply don't have the resources or mentors to help them on the path to dental school. The ADA needs to continue to advocate for diversity and inclusion. It will take time but by collaborating with the American Dental Education Association and other groups, we could make a significant impact on this issue.

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

Dr. Sabates: The student debt situation is something that is extremely important to me. The cost of dental education continues to increase, and the amount of loans that are being taken out by students also continues to increase. We continue to advocate at the federal level for Congress to either consolidate these loans at a lower interest rate, to offer loan forgiveness, or to provide some type of relief similar to the Paycheck Protection Program. We've been advocating for that for years. This high cost of dental education and the burden of student debt create an obstacle for dentists from lower economic backgrounds. Students who have the grades and the smarts should not have to contend with these prohibitive cost barriers when they begin their dental education and career. The financial barriers often translate to the lack of diversity in our workforce. The increased diversity in dentistry is mostly attributed to the rise in Asian Americans entering the profession. There's been some slight increase in Hispanics entering dentistry, but the percentage of African American dentists has remained stagnant for many years, and we have to do something to help improve that. We also have many more women in the profession now. I remember my father telling me the story that when he was in dental school, there was maybe one or two women in his class and now dental classes are more than 50% women, which is great.

ADA News: What is the ADA doing to address health equity? How can the ADA help dentists better meet the oral health care needs of underserved populations, including people with intellectual and developmental disabilities, older adults, people of color, patients on Medicaid, etc.?

Dr. Sabates: The COVID-19 crisis had shed light on a long-standing problem related to disparities in our health care system. The issue of health equity will continue to be a national priority for the foreseeable future. The Council on Advocacy for Access and Prevention will be bringing a policy resolution to the 2021 House of Delegates. The ADA has provided several webinars with the hopes of educating everyone on this important issue. We will continue to work with advocates to ensure our mission to provide optimal health for all.

ADA News: Artificial intelligence is emerging as a popular new technology within dentistry. Why should members embrace this, and what does it mean for the future of a dental practice?

Dr. Sabates: AI is something that will add technology that will make us all better dentists. The thing that we need to remember is that there will never be an alternative to that human touch, that helping hand by a duly trained and licensed dental professional.

ADA News: How does the ADA Code of Ethics guide your leadership, both in organized dentistry and in your practice?

Dr. Sabates: The concept that ADA members recognize the need to adhere to high ethical standards of conduct has always appealed to me. The five fundamental principles that form the foundation of our ADA Code of ethics — patient autonomy, nonmaleficence, beneficence, justice and veracity — supplement the religious beliefs that have been a cornerstone my personal as well as professional life.

ADA News: How does the ADA's newly reimagined annual meeting, SmileCon, reflect the future of dental meetings? Why should dentists attend?

Dr. Sabates: I think that this year's meeting is probably going to be one of the best meetings we've ever had. Just for the fact that we have been on these Zoom calls, we haven't really had a chance to interact with each other face to face in such a long time, over a year. This reimagined meeting is going to put the ADA leadership out front and center where the members will have an opportunity to engage with us. We'll be able to listen to them, and we'll be able to exchange ideas. It's going to be more of a family feeling, I believe. I think we're going to be telling some interesting stories of some of our members. I think dental meetings will be changing after they get a little bit of a taste of what SmileCon's going to be all about.

ADA News: What should members know about the work of the ADA Science & Research Institute?

Dr. Sabates: As professionals, it's crucial that we continue increasing our science base. The ADASRI, which combined part of the science center that we had in Maryland with our in-house science department that we have at the ADA, is poised to be something fantastic by providing new technologies and new innovations for the practicing dentist. Think about the composites, new ways of curing, maybe self-healing composites, different things that can help a dental practitioner succeed in helping our patients have a healthier mouth. A basis in evidence is one of the ADA's core values, and research is crucial for moving our profession forward. Without it, there wouldn't be a profession. I'm looking forward to great things from the ADASRI.

ADA News: The ADA Board of Trustees named Raymond A. Cohlmia, D.D.S., as the new executive director. How will you help him in his new role?

Dr. Sabates: It's going to be a challenge to replace Kathleen T. O'Loughlin, D.M.D. In her 12 years at the ADA, Dr. O'Loughlin has done magnificent work. She's led the organization through some difficult times, and she's brought the American Dental Association to a new level. Dr. Cohlmia will certainly carry the torch. I worked with Dr. Cohlmia on the Board of Trustees for many years, and we've become friends. He's a very caring and astute individual, and I'm looking forward to working with him and doing great things. One of the things that I expect to do is go on a listening tour with Dr. Cohlmia and go to the different states and local dental associations and just listen to what the concerns of our members are.

ADA News: What have you learned during your career that you would most like to share with new dentists about the future they can expect?

Dr. Sabates: We cannot be frightened of change; we need to embrace it. Technology will continue to advance the profession, and we need to continue to learn and evolve. As professionals, we need to be dedicated to lifelong learning. One thing that will never change are those core concepts that we were taught in dental school. Don't allow anyone to tell you, "That's not the way we do things in the real world." Stick to those core principles, and you can't go wrong. With time comes experience, more confidence, speed, but the person in me has not changed in my passion to do well, to do the right thing, to increase my knowledge base and to give back. Always give back.

ADA News: Do you have priorities for your year as president?

Dr. Sabates: I have several priorities. One is my desire to make all dentists feel welcome at the ADA. I also want to more strongly communicate the value of ADA membership. We are not just providing access to resources and tools, we are offering community and relationships. One of my priorities is to also look at the ADA through a financial lens. We need to take a hard look at our business model to ensure that the ADA is able to stay relevant and in touch with our members' future needs. ■

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EDUCATION

'I wonder what happened to that guy Shimazu?'

DENTIST COMPLETES SEARCH FOR MAN WHOSE ABSENCE OPENED HIS DOOR TO DENTAL SCHOOL

BY DAVID BURGER
Los Angeles

"You do not know me but I have known of you for almost 50 years."

So begins a letter written by Patrick K. Turley, D.D.S., to Hal Shimazu in the summer of 2021 that was part of solving a mystery that Dr. Turley had puzzled over for nearly a half-century.

Back in 1971, Dr. Turley was a recent graduate of Whittier College in California and waitlisted for the incoming class of the UCLA School of Dentistry — the only school that was a viable option at the time for the young man.

Every day that summer before dental school began, Dr. Turley contacted the UCLA admissions office to keep in touch and check if he was moving up on the alternate list.

A week before school began, Dr. Turley learned he was first on the waitlist, but it looked doubtful that he would be admitted. Disappointed, he went camping for the week to take his mind off things.

> **I would never forget the name Hal Shimazu because I knew it was his deciding not to come to UCLA that opened the spot for me.**
> - Patrick Turley, D.D.S.

"I headed back home, so I could be at my part-time job that Friday evening," Dr. Turley said. "I thought, 'What the heck, I'll call UCLA just in case a miracle might have happened.' I got the same lady from the admissions office I'd been talking to for months now. She recognized my voice and knew what I was calling about. 'Didn't your mother tell you?' 'Tell me what?' 'Oh, that's great, because I wanted to tell you myself. One person did not show up for orientation today, so we have a spot available. Can you be here on Monday?'"

It was the joyful news he was waiting for.

Dr. Turley showed up on Monday and the rest is history. He embarked on a journey that eventually led to a successful practice that continues to this day and a teaching position at the very school he was once wait-listed for.

MISTAKEN IDENTITY

A funny thing happened that first year of dental school, as UCLA apparently didn't register the fact that Hal Shimazu was not a student there and that Dr. Turley had replaced him.

"On the first day of each class, the instructor would do roll call, calling out each student's name, and then asking the person to respond 'here,'" Dr. Turley said. "In each class they would get to the letter S and say Hal Shimazu, but no one would respond. They then would ask if there was anyone that hadn't been called, at which time I would raise my hand and respond, 'Patrick Turley.'"

"This roll call occurred with each class throughout most of the first year," Dr. Turley wrote in the letter. "Handouts intended for you with your name on them, would ultimately make their way to my desk.

"I would never forget the name Hal Shimazu because I knew it was his deciding not to come to UCLA that opened the spot for me," said Dr. Turley.

At his 47th reunion for his dental school class, each person was asked to get up and tell a story about their experience at UCLA.

"I told this story to the amazement of my classmates who didn't know," Dr. Turley wrote in the letter. "That evening, someone happened to ask, 'I wonder what happened to that guy Shimazu?' I had asked myself the same question many times over the years. Did he attend another dental school? Decide not to be a dentist? A few times over the years I would check the ADA Directory, but there was no Hal Shimazu so I knew you were not a dentist."

So in 2021, he finally had a staffer go online to solve the enigma.

After some searching, a Hal Shimazu came up.

It turned out that Hal Shimazu was not a dentist at all.

He was an M.D., a family physician in nearby Orange, California.

Friendship: Drs. Hal Shimazu, left, and Patrick Turley pose for a picture in the summer of 2021 shortly after connecting with one another.

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SHIMAZU *continued from Page 27*

CONNECTION MADE

So Dr. Turley decided to contact Dr. Shimazu.

"I hope your career has been as gratifying as mine has," Dr. Turley wrote. "And thank you so much for deciding at the last minute not to become a dentist.

He figured his chances of getting a reply were about 50-50, so Dr. Turley was surprised when he received a reply a few days after he sent off his letter in the mail. "Thank you for your kindness in making the effort to locate me and reach out to include me in your Capra-esque tale," Dr. Shimazu wrote back. "What an incredible and distinguished career you achieved from such a razor-thin near miss. This was meant to be for you, and you seized it and did not let go. I am so happy I did not attend UCLA and upset the course of your personal history."

In his letter to Dr. Turley, Dr. Shimazu explained that he rescinded his UCLA acceptance when he was accepted to the School of Dentistry at the University of Southern California.

UCLA somehow didn't get the message.

But Dr. Shimazu said he only lasted a year at USC's dental school.

"I realized that I was trying to live my father's dream of becoming a dentist/orthodontist," Dr. Shimazu wrote. "Unfortunately, the internment camp and its aftermath precluded his dreams of dental school."

He applied to USC's medical school, and Dr. Shimazu ended up becoming a family physician. After finishing his residency at the University of California, Irvine, in 1980, he started a practice and also taught part-time at UC Irvine through 2007.

"So this is what happened to that guy Shimazu, at least educationally and professionally after missing nearly a year's worth of roll calls at UCLA," Dr. Shimazu wrote to Dr. Turley. "Thank you for answering the call."

"It was just very cool to not just meet him but find out what his story was," Dr. Turley told ADA News.

The two men and their wives met shortly after they exchanged letters. It looks like the beginning of a beautiful friendship, a half-century in the making. ■

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ACCESS TO CARE

DQA publishes state profile overview of Medicaid, CHIP

BY DAVID BURGER

The Dental Quality Alliance released the first-of-its-kind collection of downloadable state profiles in July that give an overview of 18 states' oral health care quality delivered through Medicaid and the Children's Health Insurance Program.

The DQA was approved by the Centers for Medicare & Medicaid Services to access state Medicaid program claims and enrollment data from its database.

"Our intention with these data is to develop state-level reports that present an overview of oral health care quality using the DQA quality measures, and eventually use the state-level reports as a centerpiece in a technical resource center to support implementation and improvement of oral health care programs," said Tom Meyers, DQA chair and vice president of product policy for America's Health Insurance Plans.

DQA
DENTAL QUALITY ALLIANCE®

One of the more significant challenges limiting efforts to improve oral health care for vulnerable segments of the population is related to variability in states' ability to collect and analyze relevant data on key dental and oral health measures, said James Crall, D.D.S., professor and chair of public health and community dentistry at the UCLA School of Dentistry and chair of the DQA implementation and evaluation committee.

"The new state profiles of oral health quality released by the DQA help provide such data for an impressive range of state-level measures derived from a new data source to which the DQA/ADA has obtained access," he said.

Each state profile includes overviews of the quality of children's health care in the state as well as a demographic-based look at caries-related emergency department visits.

"The ability to generate state profiles on key measures helps reduce the burden on states of acquiring and analyzing data and allows for more reliable comparisons across states," Dr. Crall said. "Having access to this critical baseline data can help states — especially states with limited infrastructure or capacity — identify areas in need of improvement and begin or accelerate targeted efforts to improve the performance of their programs."

Chris Farrell, on the DQA's measure development and maintenance committee and oral health director for the state of Michigan, said these profiles are a useful tool.

"The profiles can help states develop programs and activities to target areas that need improvement," she said. "On the flip side, the profiles can also demonstrate accomplishment and what measures have been successful."

The profiles are located at ADA.org/en/science-research/dental-quality-alliance/dqa-publications. ■

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VA picks NYU to address gap in dental services for veterans

BY DAVID BURGER
New York

Tony Petrozza, who served as a mortar gunner and paratrooper with the 82nd Airborne in the U.S. Army in the 1980s, hadn't received dental care for a half-decade.

"The VA has always taken great care of me, but never dental," the Brooklyn veteran said.

That's why he said the latest development at the New York University College of Dentistry is a "godsend" to veterans.

The U.S. Department of Veterans Affairs selected the NYU College of Dentistry, along with New Jersey's Zufall Health Center and Rutgers School of Dental Medicine, to implement its new initiative, called the Veterans Oral Care Access Resource, part of the VA's VetSmile program.


Dr. O'Connor


Dr. Bertolami

In New York, VETSmile began July 1 in partnership with the VA New York Harbor Healthcare System and seeks to provide comprehensive dental services to veterans like Mr. Petrozza in the New York City area who are not eligible to receive those services through the VA.

The VA provides dental services on an annual basis to about 8% of the veterans who are enrolled in the VA health care system, according to the Federal Register Notice of Intent for the Community Provider Collaborations for Veterans Pilot Program.

The VETSmile pilot program in New York addresses this gap by increasing veterans' access to comprehensive quality treatment at NYU College of Dentistry in Manhattan and at NYU Dentistry Brooklyn Patient Care.

The ADA applauded the program.

"The American Dental Association is proud to collaborate with the VETSmile partnership to improve veterans' access to quality and affordable dental care," said ADA President Daniel J. Klemmedson, D.D.S., M.D.

Charles N. Bertolami, D.D.S., DMedSc, the Herman Robert Fox Dean of NYU Dentistry, said increasing access to comprehensive, timely, holistic dental care is critical for achieving health equity, especially for veterans who face barriers to receiving care.

"We are very excited to partner with [the] VA to expand veterans' access to quality dental services," said Eva Turbiner, president and CEO of the Zufall Health Center, in a VA blog post. "For many years, Zufall has made special efforts to engage and serve the many veterans in our community who need affordable oral health care."

The VA has called itself fortunate to collaborate with its dental care providers, said Roshni Ghosh, M.D., acting executive director for the Veterans Health Administration Center for Care and Payment Innovation.

"VETSmile is an opportunity for us to bridge the gap in veterans' access to continuous, accessible and affordable oral care, which is crucial for their overall well-being, " Dr. Ghosh said.

NYU Dentistry expects to provide 5,000 veteran patient visits in the first year of the VETSmile program, with a goal of providing between 6,000 and 7,500 patient visits in the future, said Michael O'Connor, Ed.D., executive vice dean of NYU Dentistry. Veteran enrollment in the program is based on referrals received from the VA New York Harbor Healthcare System.

"Our aim with VETSmile/Veterans Oral Care Access Resource is to provide veterans with a dental home in an effort to improve their overall health and quality of life and reduce the need for emergency dental care in hospitals," Dr. O'Connor said.

The program in New York builds on the experience and knowledge NYU Dentistry gained through its Veterans Oral Health Initiative, a smaller pilot program created in 2019 and funded by the New York State Dental Foundation. That program also aimed to provide comprehensive dental care at no out-of-pocket cost to veterans. The new VETSmile program is a much larger program and formal partnership with the VA, Dr. O'Connor said.

VETSmile will also accommodate veterans with disabilities or a history of post-traumatic stress disorder at its specialized clinic, the NYU Dentistry Oral Health Center for People with Disabilities, where the staff are trained with special skillsets.

Additionally, VETSmile will focus on integrating an oral health educational component for veterans to encourage adoption of oral hygiene practices into their daily lives.

For Dr. O'Connor, the commitment to veterans comes from his life. His father was a World War II veteran with many health conditions, but over the years the son was never able to help his father receive the dental care he desperately needed.

"This is personal for me," Dr. O'Connor said.

As for Mr. Petrozza, he has been a patient at NYU Dentistry since the VETSmile program began in July.

"I have been thrilled and delighted with the whole program," said Mr. Petrozza, who has been treated for gingivitis and periodontal disease and has a root canal scheduled in the near future. "Just like soldiers get the job done, these dentists get the job done. They have been fantastic." ■


Photo credit: NYU Photo Bureau: Roemer

Room with a view: Veterans are seen at NYU Dentistry's main location in Manhattan as well as NYU Dentistry Brooklyn Patient Care (pictured here), a new dental care practice that opened in 2020 in downtown Brooklyn.

Group exceeds $500M in treatment for patients with special needs

BY DAVID BURGER
Denver

Dental Lifeline Network is celebrating a milestone, having just reached $500 million in donated dental treatment from more than 39,000 volunteer dentists and 6,500 volunteer laboratories that have participated in the charitable program.

Since the launch of Dental Lifeline Network's first Donated Dental Services (DDS) program in 1985, the organization has exceeded half a billion dollars' worth of treatment for 165,000 people with special needs, said Fred J. Leviton, president and CEO of Dental Lifeline Network.

Mr. Leviton, who is being honored this year as an honorary member of the ADA, credited the ADA and its members for being staunch supporters.

"Without the ADA and its members, many of whom volunteer, our organization would not be what it is today," he said. "We probably would've dissolved years ago and never attained this remarkable milestone to help so many people, and for that support, we are eternally grateful."

Mr. Leviton will retire at the end of 2021 after spending 45 years with the organization that provides free, comprehensive dental treatment to the country's most vulnerable people with disabilities or who are elderly or medically fragile.

As for retirement, Mr. Leviton said that, simply, it was time. He thought about ending his tenure in 2020, but perished at the thought that his successor would face a "hornet's nest" due to the challenges of the pandemic.

He was modest about his accomplishments.

"I'm hoping, from the bottom of my heart, that someone can do a better job than I've done," he said.

Frank Maggio, D.D.S., past ADA trustee who has been on DLN's board for two decades, said that Mr. Leviton has dedicated his entire career to the network's mission.

"I can't think of anyone more concerned for getting dental care for the most vulnerable folks," said Dr. Maggio, current chair of Dental Lifeline Network's board of directors. "It will not be easy to find someone like him. I have been able to see it grow year by year thanks to all our dentist volunteers and dental labs that have always stepped up to help when needed."

Mr. Leviton said that the best part of his job was meeting and interacting with so many compassionate and skilled dentists

See TREATMENT, Page 31

A tale of two cities

STUDY FINDS THAT COMMUNITY WATER FLUORIDATION PREVENTS CARIES

BY DAVID BURGER

The prevalence of caries in the primary dentition of children was significantly higher in Calgary, Canada, without fluoridated water, than in Edmonton, where the water is still fluoridated, according to a study published by the journal Community Dentistry and Oral Epidemiology.

Calgary and Edmonton are the two largest cities in the province of Alberta, with a population of about 1.2 million and 932,500, respectively. In Calgary, fluoridation began in 1991 and ceased in 2011, and fluoridation has existed in Edmonton since 1967.

"We concluded that our findings were consistent with a short-term adverse effect of fluoridation cessation on children's dental caries experience, and on social inequities in children's dental caries experience," wrote the researchers from the Department of Community Health Science at the University of Calgary and School of Dentistry at the University of Alberta in Edmonton, among other Canadian researchers.

The researchers studied second-graders born after fluoridation cessation in Calgary. Data collection included a dental exam conducted in school by dental hygienists, a questionnaire completed by parents and fingernail clippings for a small subsample, which provided assessments of dental fluorosis and estimates of total fluoride intake.

They examined differences in dental caries experience between Calgary and Edmonton over time and evaluated whether differences were likely to reflect fluoridation cessation in Calgary, rather than other factors.

The findings "point to the need for universal, publicly funded prevention activities — including, but not limited to, fluoridation," the researchers wrote.

The research was funded by a grant from the Canadian Institutes of Health Research.

The study was an important contemporary study that adds evidence of the benefit of community water fluoridation to the many other studies of its kind, said Howard Pollick, fluoridation consultant to the California Department of Public Health, health sciences clinical professor at the University of California, San Francisco School of Dentistry and member of the ADA's National Fluoridation Advisory Committee.

"I hope this is sufficiently convincing to the leadership in the city of Calgary, Alberta, that they see the harm that stopping fluoridation has happened to the children of their city to want to reinstate fluoridation of the water supplies," Mr. Pollick said.

The findings mirror the results of a 2019 study in which children with Medicaid in Juneau, Alaska, without access to optimally fluoridated water had more dental caries-related procedures than youth who grew up before the Alaskan capital ceased its fluoridation program, according to research published in BMC Oral Health.

For that study, public health researchers analyzed Medicaid dental claims records of about 1,900 0- to 18-year-old patients in Juneau's main ZIP code. They compared claims from a year in which the city water was fluoridated at an optimal level for tooth decay, 2003, and from 2012, five years after the city ended its fluoridation program.

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

TREATMENT *continued from Page 30*

and laboratories. He called them "the crème de la crème of the dental world."

Dental Lifeline Network's board of directors has created a special committee charged with finding a new leader who will create the next chapter for the organization, he said. A firm has already conducted an organizational assessment to determine potential opportunities and the necessary skills needed for the position.

The goal is to have a new president and CEO in place by the end of the year.

Joseph P. Crowley, D.D.S., past ADA president, said he became directly involved in DLN as an ADA representative to their board, and was amazed at the magnitude of the work that the organization had been doing across the county for many years.

"Fred Leviton is a tireless leader who has tremendous communication skills that benefit his role to lead a company with possibly the largest network of dentists in America," Dr. Crowley said. "Fred has always been appreciative of the partnership with the ADA, and our ADA members are a substantial part of the provider network for the Dental Lifeline Network. As a profession we need to be part of the greater good. The network affords that opportunity for our profession."

Currently there are 15,000 dentists and 3,500 labs volunteering across the country.

To volunteer or for more information, visit dentallifeline.org. ■

PRODUCT**NEWS**

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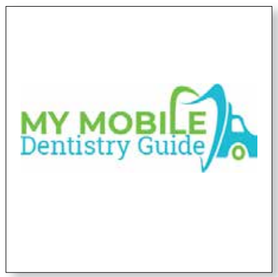

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PRACTICE

Dental Insurance HUB

Make sense of explanations of benefits to protect practice's bottom line

LATEST READY-TO-USE DENTAL INSURANCE RESOURCES HIGHLIGHT NEED FOR TRANSPARENCY, HEALTHY DENTIST-PATIENT RELATIONSHIP

Editor's note: Dental Insurance Hub is a series aimed to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care. These three stories are part of the series. The ADA has a new online hub for ready-to-use dental insurance information that can help dentists address and resolve even their most frustrating questions at ADA.org/dentalinsurance.

BY DAVID BURGER

When it comes to explanation of benefits statements, the key word should be transparency.

"Clear and accurate communication between patients, dentists and dental insurers is essential to the delivery of oral health care," said Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs. "Explanation of benefits statements written in this fashion can help to strengthen and support that message."

An explanation of benefits is a written statement sent to a beneficiary from a dental plan after a claim has been adjudicated. The document indicates which benefits and/or charges are covered, limited or not covered by the plan.

Unfortunately, explanation of benefits language from plans can create misunderstandings between patients and dentists, Dr. Markarian said.

When insurers change the procedures from those provided and reported on the claim form to ones not provided — typically to less complex or inexpensive procedures — they also report the change to patients in their explanation of benefits. This can imply that the dentist

Dr. Markarian

acted inappropriately in providing the service, when in fact the dentist was being forthright in reporting the exact services provided.

The insurer's act of changing procedure codes from what was reported on the claim form to what appears on the EOB can provoke unwarranted patient distrust with regard to the dentist's services, Dr. Markarian said.

"EOB language should provide information that clearly delineates the benefit limitations of the plan and any balance due to the dentist by the patient," said Dr. Markarian. "It should not contain language that may disparage the dentist or otherwise wrongfully interfere with the dentist-patient relationship. EOB language should be written in a clear and concise fashion to plainly communicate the benefits determination and payments made to beneficiaries and dentists alike."

The ADA and state dental associations have targeted misleading EOB statements through advocacy. Several states have adopted new insurance reform legislation, including laws passed in Utah and Louisiana within the last year.

In Louisiana, the law limits downcoding and requires EOBs to provide the reason for the insurers' changes along with a citation of the dental insurers' applicable policy allowing them to make such changes. The law explicitly prohibits insurers from implying that the service billed by the dentist was inappropriate or that the charge was excessive, barring clear evidence to the contrary. The similar Utah law requires insurers to provide a reason for any downcoding or bundling in any EOB statement sent to patients.

"This helps protect the dentist-patient relationship," Dr. Markarian said.

The ADA has created a model explanation of benefits statement with clear language and formatting, urging insurers to adopt this model.

In addition, the Association also released a new guide in May that helps dentists and their team understand EOB statements. The guide is available at ADA.org/en/member-center/member-benefits/practice-resources/dental-insurance/third-party-payer-concierge/dental-insurance-frequently-asked-questions. ■

—burgerd@ada.org

Coding guides help ensure timely reimbursement

BY DAVID BURGER

The ADA added four new coding guides in August to the ADA's Coding Education webpage to aid dentists and others in the dental community.

That's because some CDT codes, especially recent additions, may not be easily and quickly understood.

"These codes prompt a need for a coordinated educational message on the procedure and its reporting that goes beyond the often-brief description in the CDT Code manual," said Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs.

This information is available online to download, read or view at ADA.org/CDT.

The four guides are:

- Guide to Reporting Placement of Wound Dressing Materials. This addresses the selection of the applicable CDT Code entry to document and report placement of materials that promote hemostasis or protect tissue during the healing process.
- Guide to Graft Material Collection Procedure Reporting. This provides guidance on when material collection is reported in addition to reporting soft or hard tissue graft procedures.
- Guide to Reporting Caries Preventive Medicament Application. This is updated guidance concerning the procedure first published in CDT 2021.

- Guide to Understanding and Documenting Teledentistry Events. This is another updated guide to these procedures and their codes, first published in CDT 2018.

Two more coding guides, related to pre-visit screening and overdentures codes becoming effective in 2022, will be released online on or about Oct. 1.

In all, CDT 2022 has 16 additions, 14 revisions and six deletions. ■

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Retroactive denial laws priority for ADA advocacy

BY DAVID BURGER

People don't become dentists to spend their time navigating the insurance claims process.

They do it to take care of people.

Unfortunately, the reality of dealing with insurance carriers and their varying claims policies can create headaches not only for dentists and their front-office staff, but for patients as well.

"It can be particularly frustrating when it comes to insurers' retroactive denials," said Hope Watson, D.M.D., vice chair of the ADA Council on Dental Benefit Programs.

Insurers typically limit dentists' window of time to file clean claims, meaning any claim filed after their arbitrary deadline can result in no payment to the dentist. And, with retroactive denials, dental insurers have the ability to review claims after payment has been delivered to the dentist. Even in those instances when the insurer made an error, they can request a refund from the dental office years after the claim was originally paid.

The ADA and state dental associations recognize the pain points these types of retroactive denials cause, so they have been working together in state legislatures to enact laws that restrict the timeframe in which insurers are allowed to request such a refund.

"While direct communication with their contracted insurer can be a method for dentists to solve day-to-day concerns, it can take passage of laws to truly rectify problems," Dr. Watson said.

Retroactive denial laws simply require that when insurers make a payment error, they must execute their refund demands within a certain amount of time. Over half of states — counting Nevada and North Dakota added to the list this year — have such a law and they mirror the insurers' time limit for dentists to file a claim, typically 12-18 months. However, the laws are not so rigid that they don't account for instances of fraud or abuse or complicated claim adjudication.

"The ADA Fight Insurer Interference Task Force has identified retroactive denial as a priority issue and created a toolkit series to help state dental association lobbyists talk about the benefits of such laws," Dr. Watson said. "The toolkit includes talking points, one-pagers for legislators and model legislation. ADA provides technical assistance and advocacy advice as well."

Dr. Watson

This can also hit patients in the pocketbook. Dr. Watson said patients in states without the protection inherent in retroactive denial laws might assume they are covered, only to learn years later that their insurer made an error and end up having to pay a surprise bill for a service long forgotten.

"Retroactive denial laws help keep insurers accountable to perform their operations reasonably, just as insurers require dentists to file claims in a timely manner," she said.

IMPORTANCE OF CDT CODE

Claim denials can also be triggered when dentists incorrectly code.

So it's important for dentists to stay up-to-date with the latest edition of the CDT Code, which is critical information for patient record keeping as well as being reimbursed quickly and avoiding rejected claims.

For example, CDT 2022 has 16 additions, 14 revisions and six deletions, as well as the eight codes adopted in March regarding vaccine administration and molecular testing for a public health-related pathogen. It includes full descriptors and a section on ICD-10-CM codes relevant to dentistry.

The updated code set becomes effective Jan. 1, 2022.

To order, visit ADACatalog.org. ADA members can save 15% on the kit by using the promo code 21109 by Oct. 5. To order products, email or call the ADA Member Service Center at msc@ADA.org or 1-800-947-4746.

BENTO SOLUTIONS

Bento, a dental benefits technology company, also is an avenue to help dentists avoid retroactive denials, as it is an industry solution that can ease administrative burdens for dentists and their practices with its advanced cloud-based solutions.

Bento solves some of the biggest headaches experienced by all dentists, especially those who participate in one or more traditional dental insurance networks by connecting patients to practices with real-time eligibility and benefits data and direct payment information.

Bento empowers dentists to create customizable in-office plans for people who do not have insurance, helping practices keep a robust patient flow of those people who are looking for financial options outside of traditional dental insurance. Bento's software platform provides cost transparency for both dentists and their patients.

To learn more, dentists can contact Bento directly to request a live product demo by calling 1-800-734-8484 or emailing smile@bento.net. ■

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PRACTICE

HPI: Staffing challenges becoming major issue

BY DAVID BURGER

Filling dental team vacancies remains a struggle for dentists across the country, according to the ADA Health Policy Institute's latest data from a poll conducted the week of Aug. 16.

The August results included data about:

- Patient volume in private practices was at 89% on average in August, the highest it has been since polling began in March 2020.
- Dentists' confidence in pandemic recovery declined in August to the lowest it's been since early 2021. More than 70% of dentists still express confidence in the recovery of their practices and the sector in general, but this decreased from roughly 80% in July.
- Dentists are facing even greater challenges in recruiting dental team members than in October 2020. About four in 10 have recently or are currently seeking dental assistants, and roughly one-third have recently or are currently hiring dental hygienists. Among those recruiting, 90% considered recruitment of dental hygienists extremely or very challenging. ■

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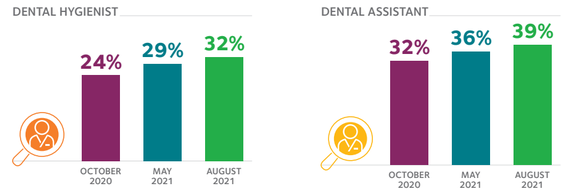
PERCENTAGE OF OWNER DENTISTS RECENTLY OR CURRENTLY RECRUITING BY POSITION



Source: ADA Health Policy Institute's COVID-19 Economic Impact on Dental Practices Poll.

ADA publishes FAQ on vaccines in the dental office

Questions-and-answers include whether dentists can mandate vaccination for employees

BY DAVID BURGER

Can I as a health care employer require my employees to get COVID-19 vaccines?

If I require staff members to be vaccinated, what proof can I request them to provide?

What should I do if a staff member refuses to be vaccinated?

These questions as well as a half-dozen others regarding the responsibility and obligations of owner dentists when it comes to vaccination and their team members are answered in a FAQ sheet prepared by the ADA, COVID-19 Vaccines in the Dental Workplace: FAQs for Practice Owners.

Other questions answered include:

- If I require my staff to be vaccinated, must I pay for the vaccine and/or provide paid time off for them to receive the shot(s) (or pay for time off in the case of side effects)?
- What if I require a vaccination and a staff member suffers an adverse reaction?
- May staff members who have been vaccinated refuse to wear a mask and socially distance?
- Can I tell patients if my staff members are vaccinated?

In addition, the FAQ addresses the vaccine requirements regarding the accommodation of team members with disabilities, including pregnancy-related disabling health conditions, as well as employees with genuinely held religious beliefs that prevent them from receiving a vaccine.

As of June 2021, according to the ADA Health Policy Institute, 93.4% of dentists surveyed reported having received at least one vaccine dose, and 89.8% reported they were fully vaccinated. As of late July, 72.7% of surveyed dental hygienists were fully vaccinated, and 78.2% had received at least one dose. ■

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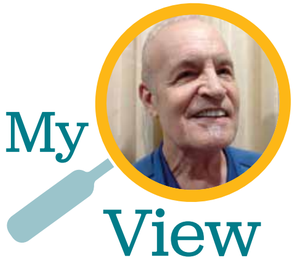

Licensure reform: The case for eliminating the clinical exam

BY JONATHAN NASH, D.D.S.

Some may argue that progress has, indeed, been made in the administration of the licensure exam over the last 50 years given that regional testing authorities have increased from two in 1971 to five currently.

Although undoubtedly there has been improvement in the uniformity, the ease of test-taking, and the administration of the examination, the traditional mode of testing essentially remains the same.

That is, dentists and dental students in 44 states (per the website of the Coalition for Modernizing Dental Licensure) still have to endure the single-episode/performance-based high-stakes clinical exam, whether it be on patients or manikins.

It is striking (and embarrassing) that our dental profession remains the only health care profession that subjects its candidates for licensure to this mode of testing (i.e. M.D.s don't need to perform surgery, nurses and EMTs don't need to demonstrate CPR or start an IV, midwives don't need to deliver a baby, and osteopaths don't need to perform various manipulations, etc.).

Some stakeholders, such as the American Student Dental Association, proclaim that real progress has been made by fighting for the substitution of manikins for patients, thereby attempting to score a meaningful victory for patient rights.

While this is undoubtedly a noble, feel-good cause, it is not something new. It has been official ADA policy since 2005, and American Dental Education Association policy since 2011, and I would argue that it is not a fundamental licensure concern. It takes the focus off the real target — the objectionable SE/PB itself, which still persists, as does the degradation of our dental profession.

There are many compelling reasons that support the elimination of this form of testing, whether it uses live patients or manikins:

1. It is not logical, nor in the public interest, to accept that the SE/PB method of testing and evaluation is appropriate simply because it is the way licensure exams have been conducted for over 100 years.

2. Educators and advocates have been arguing for decades that graduation from an accredited dental school and passing the National Boards should be sufficient and is a far more reliable measure of competency than performing clinical procedures in a high-stakes environment on a single day. For dental students to take the position that they accept and welcome this level of scrutiny is to essentially belittle their preparation for dental practice bestowed by their education and certification for graduation from their accredited dental schools.

3. By accepting this type of exam as a valid test for licensure, dental students and educators are separating themselves from the licensure and certification requirements of their health profession colleagues in other disciplines. It begs the question, why is it necessary that public safety and protection requires an SE/PB clinical exam by dentist applicants, but not for physicians, midwives, nurses, EMTs, etc.?

4. There is no evidence to support that this level of scrutiny actually protects the public interest. To the contrary, it is well documented that the SE/PB exam demonstrates a concerning lack of reliability and validity. The ASDA website presents a comprehensive review of these studies from their 2016 White Paper. Unfortunately, I could not find any published research on this topic since 2011.

Some may argue that it would be beneficial if there were more recent studies on the manikin SE/PB, particularly the recent ADEX exam, which was developed by the American Board of Dental Examiners.

However, I contend that ADEX is merely a modification of kind, and not of essence. It does not change the fact that an SE/PB exam, whether on patients or manikins, does not demonstrate any valid connection to the public interest mandate. State boards exist as legislative-authorized entities, created by laws and statutes. Their public policy statements and procedures (aka rules and regulations) should be based on, and supported by, legitimate concerns and real data. As such, the onus falls on these government entities to justify their policy positions with cogent arguments and supportive data — for which most dental boards have been totally remiss.

5. One of the inherent flaws in the public safety argument promulgated by state dental boards and others, is the hypocrisy of, what I term, the "anointment effect." If the SE/PB clinical exam is truly a valid and necessary measure to protect the public interest, why then is there no interest in the periodic testing of practicing dentists to assure that the public is protected frombelowstandardkinesthetic/clinicalcompetency, and/or the degradation of clinical skills due to illness or aging? I mention this point not because I support such a ridiculous idea, but rather to point out the logical inconsistency in the testing-for-public-safety argument. If this level of scrutiny were truly valid and necessary, are we to believe, from a public advocacy point of view, that state dental boards are truly fulfilling their public trust and mandate by only scrutinizing recent graduates and not licensed practitioners? This situation creates a stench of hypocrisy, and a suspicion that there might be something else at play here other than protection of the public.

This is a state-by-state issue, embedded in the statutes and rules and regulations of each state. This stubborn feature of the licensure process in America cannot be wiped away in one fell swoop, regardless of how many manifestos, 'earnest' recommendations, and protestations are promulgated by the ADA, the ADEA, ASDA and others. Sending letters and signing petitions will not get the job done.

Given this reality, I recommend following the impressive strategy employed in the "Ohio Model" (as explained in the Coalition for Modernizing Dental Licensure webinar series on its website, dentallicensure.org/en/news-and-resources/dental-licensure-webinars.

In this case Mr. David Owsiany, the executive director of the Ohio State Dental Association, after failing to gain the cooperation of the state board over many years and many attempts, decided to take the legislative route. They succeeded in gaining substantive changes in the dental law. Today, Ohio accepts the test results from all five of the Regional Testing Agencies; accepts the credentials of all out-of-state practitioners with five years or more of experience; and accepts dentists holding the PGY-1 credential.

If significant progress is to be made to replace the SE/PB exam with other proven alternatives, the "Ohio Model" needs to be replicated all over the country. State legislators are interested and sympathetic to data and arguments showing the irrelevance of clinical testing to the public interest.

This method of intervention requires targeting one state at a time to build momentum and try to create a domino effect. Initially, a consortium of stake holders should carefully choose a vulnerable State with favorable dynamics, i.e. strong and sympathetic: dental schools, state dental associations, and local ASDA chapters; and a legislative structure favorable for modifying the dental law. To that end, stake holders should seriously consider retaining the services of a local lobbying firm that is familiar with the particulars of that state — to advise, devise and implement strategies.

To read the full version of the MyView, visit ADA.org/eliminating. ■

Dr. Nash was the ASDA chair of dental licensure reform in 1971, and founder and chairman of the National Council for Improvement of Dental Licensure from 1969-73.

1. Use of Human Subjects in Clinical Licensure Examinations: A White Paper of the American Student Dental Association. October 31, 2016. Accessed September 1, 2021. https://www.asdanet.org/docs/advocate/issues/asda_white-paper_licensure_web_final.pdf?sfvrsn=a0a868dd_18.

2. American Board of Dental Examiners, Inc. (ADEX). Accessed September 1, 2021. https:// adexexams.org *adexexams.org.*

Letters

VACCINE

As a member of the ADA for almost 45 years, I strongly feel that the COVID-19 vaccine should be a mandate for all members of our profession . I think the ADA is playing politics by refusing a mandate. This is unacceptable. Patients should request all of their providers to be vaccinated.

Robert G. Csillag, D.M.D.
Newton, Massachusetts

VACCINATION POLICY

Dentists need the ADA to take a strong position in requiring vaccination for all dental personnel. As a practicing dentist in north Georgia, we have ignorant reluctance. Please help us by supporting your members. Our effort to squash this pandemic, our hospitals have taken the stand that everyone in a health care setting be vaccinated. I'm begging the ADA to have a backbone to stress a policy, not just a recommendation, as the hospitals, Google, airlines, most major corporations have recently done. Most of my dental colleagues feel exactly the same way. Please give us the policy: We will enforce it. Do what's right for the common good.

George D. Mason, D.D.S.
Lafayette, Georgia

Editor's note: The ADA strongly encourages dental professionals to be vaccinated for COVID-19 and other infectious diseases. The ADA has a policy on Infection Control in the Practice of Dentistry, which includes implementation of Centers for Disease Control and Prevention recommendations for vaccination. While the ADA is not calling for a nationwide vaccination mandate, it is urging state and local dental societies to consider all the public health strategies available to them, based on the exposure risks in their area. Nationally, the ADA is following the CDC's vaccination guidelines, which does not recommend mandatory COVID-19 vaccination for health care workers at this time. For more information, visit Success.ADA.org/en/practice-management/guidelines-for-practice-success/gps-managing-regulatory/10_staff-immunizations.

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PRACTICE

DentalPracticeSuccess
YOUR GUIDE TO A HEALTHY PRACTICE

ADA Member Advantage program helps dentist save on mortgage and purchase his dream vacation home

BY AMANDA WILANDER

This year, Dr. Michael Regan Anderson, D.D.S., took advantage of historic low interest rates to acquire not one, but two mortgages through the Laurel Road mortgages for dentists program.

A native of the Pacific Northwest, Dr. Regan Anderson relocated to Minnesota to attend dental school at the University of Minnesota School of Dentistry, where he completed his masters and certificate program in endodontics. He is the owner of a thriving endodontics practice, Zumbro Valley Endodontics, in Rochester, Minnesota, along with his business partner, Dr. Deborah Majerus, D.D.S.

Dr. Regan Anderson said he decided to settle in the Midwest after dental school because, "My wife is from Minnesota, and her family is here. We knew we wanted to live in a middle-sized city that had job opportunities for her as well as me. Rochester is home of the Mayo Clinic and my wife has a Ph.D. in molecular cancer biology, so it was a good location for both of us."

The past year has been eventful for Dr. Regan Anderson, to say the least. In spring of 2020, he, his wife and young son welcomed a new daughter into their family. "I had owned my home here in Rochester for about two years when I saw through an email from the ADA that Laurel Road had a mortgage program for dentists." He was already familiar with Laurel Road, because he worked with the company to consolidate and refinance his student loans. He did some homework and ultimately pursued obtaining a mortgage refinance. "The rates were great." Refinancing his mortgage from a 30-year down to a 15-year term, Dr. Regan Anderson was able to take advantage of further savings with the additional 0.25% rate reduction that ADA members are eligible to receive. "When I refinanced I had over 20% equity in my house, so I didn't need to take advantage of the waved PMI. It's a nice feature of the program that could help somebody else though, it just didn't apply to me in this case."

Dr. Regan Anderson's family was able to utilize the program a second time this year. "We have family with vacation places up in northern Minnesota and we knew we wanted to see if we could buy up there so all the kids can grow up together." He and his wife found a cabin on a lake in the Whitefish Chain outside Brainerd, Minnesota. "There is a main cabin with a guest cabin on the property and it's on a lake, so the kids just love to go fishing." When asked about the fishing prowess of his 1-year-old, he said he and his wife mostly just try to keep her from putting the fish in her mouth at this point, but it looks like she will grow up fearless. "The cabin faces west, so as a family we can enjoy the sunsets together."

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While the application process for a loan is never fun, Dr. Regan Anderson added, with Laurel Road it was a relatively smooth process. "Underwriting can be tough, especially as a young business owner. But the loan officer I used for the refinance was the same one I used for our second mortgage and they were probably the best loan officer I've ever worked with." He adds that he when he first started the process of refinancing his home and purchasing the cabin, he had started working with a friend who is a mortgage broker. "He and I were both surprised that this mortgage program was better than what he could get me even with a generous discount in closing costs." ■

Family time: Dr. Michael Regan Anderson's family now enjoys Minnesota sunsets thanks to a Laurel Road dentist mortgage that enabled him to purchase a vacation home in addition to refinancing his Rochester, Minnesota home.

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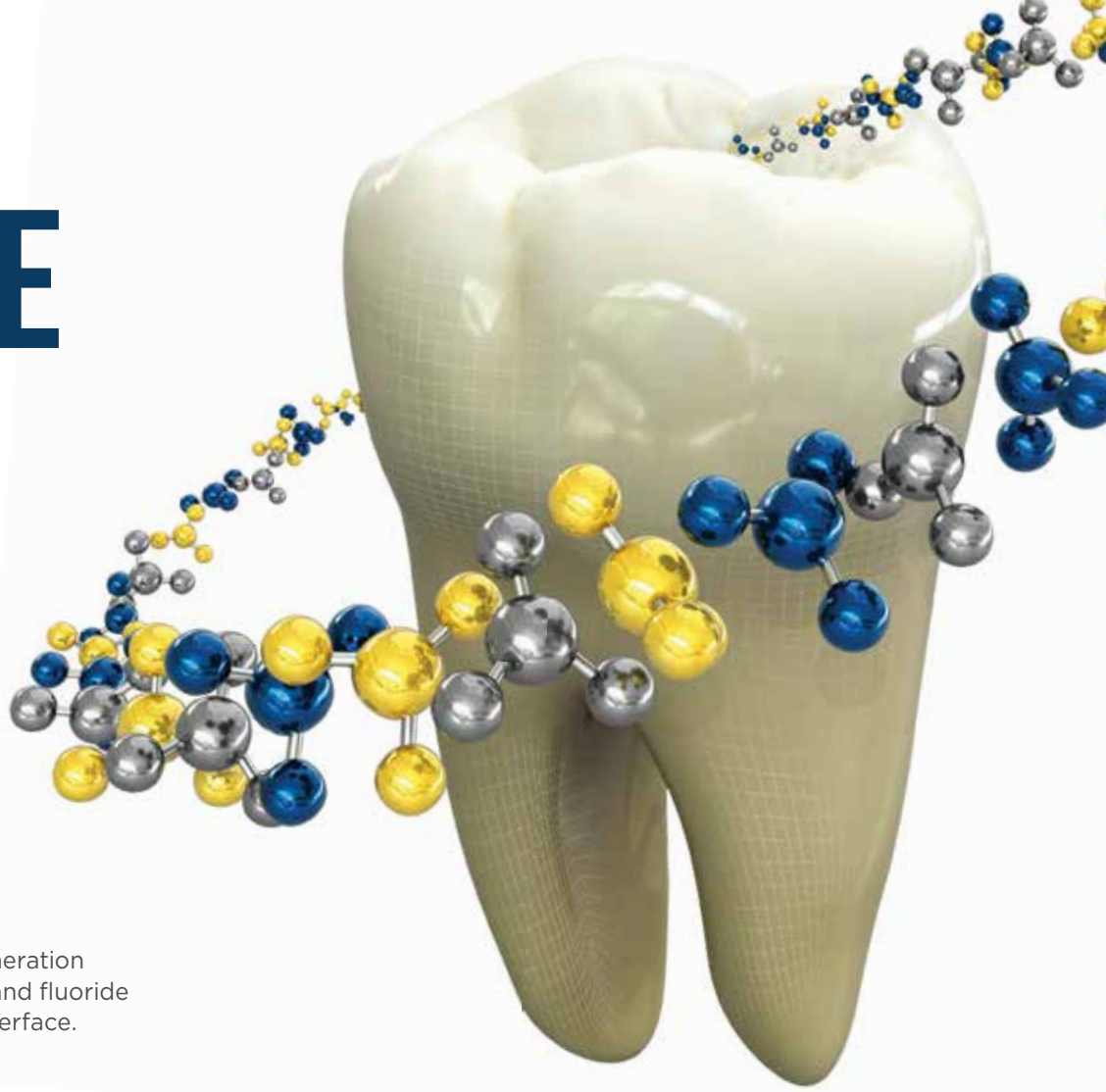

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