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ACCESS TO CARE

VOLUME 54 NO.7

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

07.10.23

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AROUND THE ADA

Propelling the profession forward

RETIRED DENTAL SCHOOL DEAN, RESEARCHER RECEIVES ADA DISTINGUISHED SERVICE AWARD

BY MARY BETH VERSACI

John D.B. Featherstone, Ph.D., grew up in a small town in New Zealand that few people ever left.

But at the encouragement of his high school chemistry teacher, Dr. Featherstone attended college, a decision that led to a career in research and academia highlighted by discoveries surrounding caries, fluoride and lasers and an appointment as dean of the University of California San Francisco School of Dentistry.

The American Dental Association Board of Trustees is recognizing Dr. Featherstone's contributions to dentistry by presenting him with its highest honor, the ADA Distinguished Service Award. He will be recognized during the Saturday Keynote on Oct. 7 at SmileCon in Orlando, Florida.

"I was very surprised to get the call from the ADA president telling me of the award," Dr. Featherstone said. "It was totally unexpected. Why would I be given such an honor? I was greatly

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the University of Rochester Medical Center Eastman Institute for Oral Health in New York.

After moving to New York in 1980, his work over the next 15 years involved studying the fundamental mechanism of dental caries and the true mechanism of how fluoride works to prevent and reverse caries. He also pioneered research on dental lasers and began an interest in caries risk assessment and management.

BUILDING A TEAM

In 1995, Dr. Featherstone joined the University of California San Francisco School of Dentistry.

"I was fortunate there to be able to build an amazing team and to extend my laboratory and clinical research into major activity in the caries management arena, as well as lasers in dentistry," he said.

Dr. Featherstone was appointed chair of the department of preventive and restorative den-

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Experts advise conservative approaches may decrease risks



23 Fluoridation at risk in 'forever chemical' proposal

EPA rule could inadvertently filter fluoride from drinking water

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JOURNEY INTO DENTAL RESEARCH

After earning a bachelor's degree in mathematics and chemistry from the Victoria University of Wellington in New Zealand in 1964, Dr. Featherstone began his career in industry as a chemist, which brought him to the U.K. for a job as a production manager in a pharmaceutical company. While there, he decided to go back to school to earn a master's degree in physical chemistry from the Manchester University College of Pharmacy.

"When I graduated with my B.Sc., I went into industry with no intention of being in academia," he said. "However, after traveling across the world and ending up in the pharmaceutical industry in Manchester, U.K., I decided to go

back to university to do a master's degree, and I got hooked on research and the health sciences. With the aid of a couple more scholarships, the rest is history."

Dr. Featherstone then moved back to New Zealand to pursue his doctorate in chemistry from the Victoria University of Wellington in 1975. His thesis focused on the chemistry of dental caries because he wanted to continue his career in the health sciences.

"That was nearly 50 years ago, and I have been active in the world of dentistry ever since, not just in research and its application to clinical dentistry, but in organized dentistry, student activities, teaching, fundraising, scholarships, endowed chairs and many related activities," Dr. Featherstone said.

Dr. Featherstone received the ADA's Norton M. Ross Award for Excellence in Clinical Research in 2007, and in 2015, he was named an honorary lifetime member of the Association. He is also an honorary fellow of the

American College of Dentists and the Pierre Fauchard Academy and an honorary lifetime member of the Academy of Laser Dentistry. He was a founding member of the American Academy of Cariology and a founding board member of the ADA Science & Research Institute.

"Dr. Featherstone has helped to propel the dental profession forward through his research on cariology, service in organized dentistry and mentorship of the next generation of dentists," said ADA President George R. Shepley, D.D.S. "I am honored to recognize the long and noteworthy career he chose to dedicate to dentistry through this year's Distinguished Service Award."

Dr. Featherstone's journey to the U.S. began after he presented his doctoral research on the chemistry of caries at the International Association for Dental Research annual meeting in 1977, where he was recruited to join

the University of Rochester Medical Center Eastman Institute for Oral Health in New York.

After moving to New York in 1980, his work over the next 15 years involved studying the fundamental mechanism of dental caries and the true mechanism of how fluoride works to prevent and reverse caries. He also pioneered research on dental lasers and began an interest in caries risk assessment and management.

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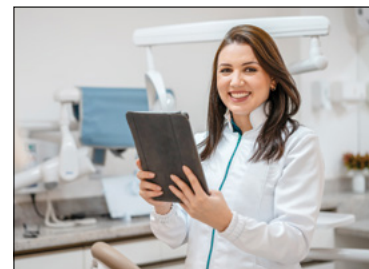
"I was fortunate there to be able to build an amazing team and to extend my laboratory and clinical research into major activity in the caries management arena, as well as lasers in dentistry," he said.

Dr. Featherstone was appointed chair of the department of preventive and restorative dental sciences and became dean of the dental school in 2008. His continued research included spearheading the development of CAMBRA, or caries management by risk assessment, and he is currently active in encouraging the implementation of CAMBRA in several venues across the world.

"I have been supported by many amazing colleagues, collaborators and graduate students over the years, not only in the U.S., but across the world," Dr. Featherstone said. "These are the people who have made my career possible and the ones who really deserve this recognition."

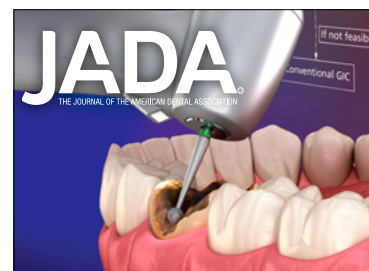
Peter Rechmann, D.M.D., Ph.D., professor in the UCSF School of Dentistry department of preventive and restorative dental sciences, met Dr. Featherstone more than 30 years ago at an international dental laser conference.

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ADA Member Advantage endorses Compliancy Group for OSHA Compliance Solution

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Already endorsed for their HIPAA compliance solution, this new endorsement marks an expansion of the offerings recommended for ADA's member dentists.

Through this endorsement, ADA Members can receive a simplified Occupational Health and Safety Management compliance management and tracking solution at a members-only rate. New customers save 15% on Compliancy Group's services and receive five times bonus points on payments made using the ADA Visa Business Rewards Card. While HIPAA and OSHA packages can be purchased separately, dentists receive additional savings when they bundle services.

Compliancy Group created an OSHA program specifically for dental practices with certain hazard exposures and standards in mind. While OSHA has hundreds of standards, Compliancy Group's OSHA product covers those for dental offices, including:

- Bloodborne Pathogen
- Ionizing Radiation
- Respirable Crystalline Silica and Beryllium

"We worked closely with the ADA when developing our OSHA dental product to ensure the material covers hazards specific to dental," said Kelly Anne Koch, director of dental relations for the Compliancy Group. "With OSHA having hundreds of standards, it can be difficult to determine

which apply to your practice. This is why we prioritized making our product as simple and easy to understand as possible."

As an established ADA-endorsed solution for HIPAA compliance, dentists have the benefit of using a single service to manage all their compliance needs. Both HIPAA and OSHA training, self-assessments, and policy management can be done in a central location.

"We believe that it addresses a pain point for the ADA's member dentists as managing the technical aspects of OSHA compliance is time consuming and can be confusing. Compliancy Group has been a great company to work with, and we have received a lot of positive member feedback regarding their responsiveness and customer service," stated Bill Bulman, chair of the ADA Member Advantage Board of Directors. ■



GOVERNMENT

ADA urging members to contact Congress to support Dental and Optometric Care Access Act

Legislation would prohibit dental, vision plans from setting fees network doctors may charge for services not covered by insurers

BY DAVID BURGER

The ADA is asking the dental community to urge their congressional representatives to support bipartisan legislation that will address provisions in dental plans that dictate how much dentists may charge a plan enrollee - even though the services provided to the enrollee are not covered by the plan.

"The ADA supports the Dental and Optometric Care Access Act, legislation that would prohibit dental and vision plans from setting the fees network doctors may charge for services not covered by the

insurers," wrote ADA President George R. Shepley, D.D.S., in a June 26 action alert emailed to member dentists. "As you know, noncovered services provisions in dental and vision plans disadvantage enrollees, doctors and the public at large because they interfere with the patient-doctor relationship, skew the pricing charged to nonsubscribers and encourage the consolidation of the dental and vision insurance industries, resulting in higher premiums overall."

Dr. Shepley said what he called "take it or leave it" behavior of these plans is an unacceptable leveraging of their greater market share to push doctors into accepting provisions such as noncovered services.

"These practices place the smaller dental and vision carriers at a competitive disadvantage and shift costs, rather than reducing them," Dr. Shepley wrote.

The Dental and Optometric Care Access Act would:

- Establish some rules of the road for provider network participation.
- Prevent plans from establishing nominal payments for otherwise noncovered services in an effort to have such services considered covered inappropriately.
- Limit network agreements to two years for each contract extension unless the doctor agrees to accept a longer contract extension.
- Preserve doctors' freedom of choice in laboratories.

"Dental insurance issues are often rated among the most important concerns confronting dentists," Dr. Shepley said. "We are working at both the state and federal level to address these insurance concerns."

To take action, visit [ADA.org/advocacy/legislative-action-center/urge-your-members-of-congress-to-support-the-doc-access-act](https://ada.org/advocacy/legislative-action-center/urge-your-members-of-congress-to-support-the-doc-access-act). Follow all of the ADA's advocacy efforts at [ADA.org/advocacy](https://ada.org/advocacy). ■



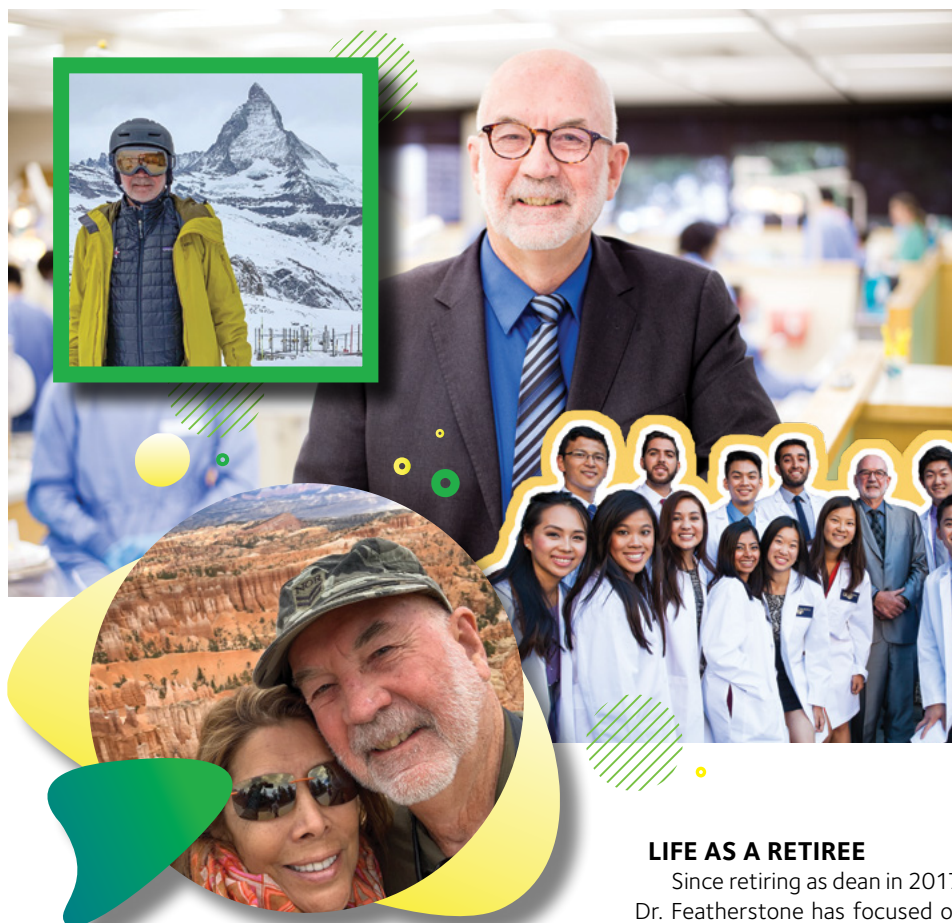
SERVICE continued from Page 1

Their paths continued to cross at conferences at least twice a year, and in 2001, Dr. Featherstone hired Dr. Rechmann to be the director of the clinical sciences research group in the department of preventive and restorative dental sciences. His responsibilities included translating Dr. Featherstone's laboratory research into clinical applications.

"John's research dealt on multiple levels with caries prevention, and I believe that his impact on dental research has been very important," Dr. Rechmann said. "He was one of the first researchers that elucidated the topical mode of action of fluoride in the demineralization and remineralization process of caries. Furthermore, his interest in understanding the mechanisms of this widespread disease made the implementation of CAMBRA in the U.S.A. and other parts of the world possible. He is also a pioneer in researching a specific carbon dioxide laser wavelength to render enamel more acid resistant. It has always been fun working with him."

Jane Weintraub, D.D.S., former dean of the University of North Carolina at Chapel Hill Adams School of Dentistry and immediate past president of the American Association for Dental, Oral, and Craniofacial Research, collaborated with Dr. Featherstone on several research projects while she was part of the faculty in the department of preventive and restorative dental sciences at the UCSF School of Dentistry.

"John Featherstone has excelled as a visionary leader, whether leading a research team or serving as a dental school dean, as an inspiring educator for generations of students, and as a first-rate, world-renowned scientist," Dr. Weintraub said. "Few people have been able not only to obtain scientific evidence through randomized clinical trials and other studies, but also use that knowledge to change dental curriculum and dental practice with the goal of improving health. He has been at the forefront of shifting our tradition of repair, restore or

**LIFE AS A RETIREE**

Since retiring as dean in 2017, Dr. Featherstone has focused on spending time with the people who matter most, including his family, friends and colleagues. This has taken him all around the world.

He and his partner and collaborator, Yasmi Crystal, D.M.D., live in both California and New York and have visited 12 countries in the last 12 months, combining work with leisure. They regularly visit each other's grown children and especially enjoy spending time with their grandchildren. Dr. Crystal works in private practice and as a clinical professor at the New York University College of Dentistry. She is also active in the

American Academy of Pediatric Dentistry and International Association of Paediatric Dentistry.

Dr. Featherstone's travels also reflect his passion for the outdoors. He used to be an active mountain and rock climber and still skis and hikes.

"We love spectacular outdoor places and archaeology," he said. "We have been able to do some amazing trips since I retired. One of my hobbies is outdoor photography, ranging from mountains to ruins that are thousands of years old."

Dr. Featherstone is not completely removed from the dental world since retiring, however. He continues to consult for organizations and companies, but only when he feels the work could really make a difference. He and Dr. Crystal also attend scientific meetings around the world, where usually one or both of them are speaking.

But retiring has freed up a lot of his time to focus on his love of family, travel and other hobbies, including playing the piano. He stopped playing for more than 20 years because he had no time for it, but he now plays daily.

"My retirement present to myself was a grand piano," Dr. Featherstone said. ■

Leader: John D.B. Featherstone, Ph.D., retired dean of the University of California San Francisco School of Dentistry, is the recipient of this year's ADA Distinguished Service Award. Clockwise, from top left: Dr. Featherstone skis at the Matterhorn in Switzerland in 2019. Dr. Featherstone visits the UCSF School of Dentistry's predoctoral dental clinic. Dr. Featherstone gathers with members of the UCSF School of Dentistry Class of 2019 after their white coat ceremony. Dr. Featherstone and his partner, Yasmi Crystal, D.M.D., visit Bryce Canyon National Park in Utah. Photos courtesy of Dr. Featherstone, Noah Berger and Elisabeth Fall.

Asian American Dental Society seeks to create safe space for member dentists

GROUP PLANS TO OFFER NETWORKING, MENTORSHIP, OUTREACH OPPORTUNITIES

BY MARY BETH VERSACI

Originally from Seoul, South Korea, Janet Youn, D.D.S., earned her dental degree from the Ohio State University College of Dentistry and then moved to New York City to pursue her dream of making it big in the Big Apple.

As a first-generation dentist, Dr. Youn was not sure how to hit the ground running and did not find the necessary support from organized dentistry.

"I turned to national and local dental organizations for guidance, but I did not find the support that I needed. For instance, a mentorship program did not exist back then," she said. "I could not connect and relate to other dentists at these dental meetings because the members were much older, and there were very few, if any, Asian American dentists in attendance."

Dr. Youn eventually made connections and found mentors by seeking them out herself, and she is now the owner of a general dental practice in Manhattan. Her experiences, combined with the desire to help provide the support she lacked, led her to found the Asian American Dental Society. The society launched during Asian American and Pacific Islander Heritage Month in May with a networking event in New York City that drew about 60 attendees.

"Over the years, speaking with dental students, residents and recent graduates, I discovered that some of my challenges still exist," Dr. Youn said. "This is why and how the concept of the Asian

American Dental Society was born. This is an organization that has been formulating in my mind for some time now, but it became even more apparent during the pandemic. The random acts of violence against Asians, the racial slurs, the discrimination based on skin color were all reasons why AADS was even more imperative."

Dr. Youn recruited some of her friends and colleagues to help launch the society, including Mina Kim, D.D.S., president of the New York County Dental Society; Lewis Chen, D.D.S., co-founder and managing partner of a dental studio in New York; and Vera Tang, D.D.S., vice president of the New York County Dental Society.

The Asian American Dental Society's mission is to build a community where Asian American dentists can network, share ideas, learn, advocate and uplift each other.

"We want to create a safe space for our Asian American dentists to ask questions and share their experiences without judgment," Dr. Youn said.

While data from the ADA Health Policy Institute show Asian American dentists made up 18% of the dental workforce in 2020, the society's founders said these dentists are underrepresented in organized dentistry and leadership roles.

Other dental organizations exist that represent specific groups within the Asian American community, and the founders hope the Asian American Dental Society will help unite those dentists. They also hope to expand the society to states beyond the tri-state area of New York, New Jersey and Connecticut, where it is currently based.

"Our profession needs organized dentistry in order to ensure that all dentists are protected and respected and, most importantly, to support our future dentists," Dr. Youn said. "We are in our infancy, but if the positive responses that we received after our first event are any indication, it is my hope that AADS will continue to grow and live beyond my professional career into the far future."

In addition to organizing networking events, the founders also plan to offer mentor matching, business coaching and outreach events to help dentists give back to their communities.

"Most people do not realize that Asian Americans face poverty and mental health issues, as we are often seen as the model minority," Dr. Kim said. "We hope by bringing together Asian American dentists from diverse backgrounds, we can serve as a strong voice for not just the dental community, but our patients as well."

To learn more and get involved, follow @aads_ny on Instagram. ■



Celebrate: The Asian American Dental Society hosts its kickoff event May 10 in New York City. Pictured are founders Lewis Chen, D.D.S. (left), and Janet Youn, D.D.S.; Jarrett Mathews with Bank of America, one of the sponsors of the event; and founders Mina Kim, D.D.S., and Vera Tang, D.D.S. Dr. Kim is the president and Dr. Tang is the vice president of the New York County Dental Society, another event sponsor.

Photo courtesy of Dr. Kim

ADA Health and Well-Being Summit set for September

ONE-DAY SUMMIT WILL ADDRESS IMPORTANCE OF PRIORITIZING DENTAL COMMUNITY'S WELL-BEING

BY DAVID BURGER

The ADA Health and Well-Being Summit, scheduled for Sept. 8 at the Association's headquarters, will welcome wellness leaders and stakeholders to join the ADA Wellness Ambassadors and other members in a conversation to prioritize provider well-being.

"I am excited to be among leaders and colleagues at September's summit as we better understand how we can empower the dental community to prioritize their well-being," said Linda Edgar, D.D.S., ADA president-elect.

"We should all care for ourselves as we care for others."

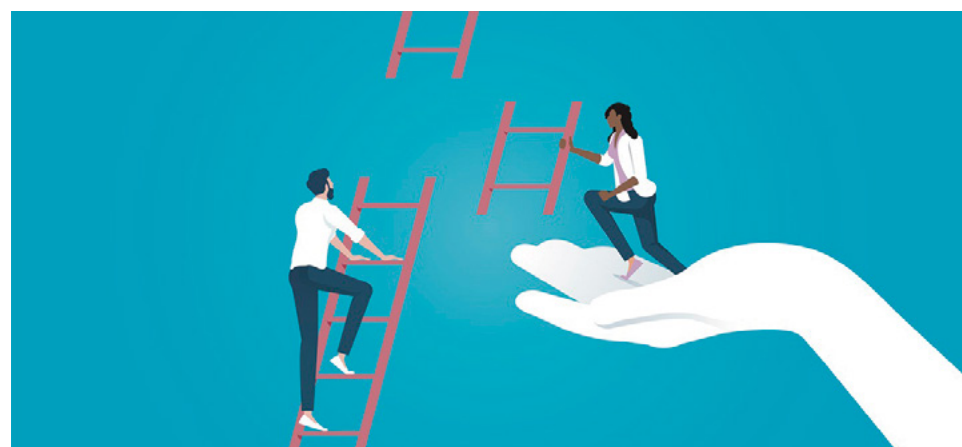
The purpose of the summit is to elevate the conversation and collaboration around the importance of supporting struggling providers so that they can continue the focus on patient care.

"I believe it is 'OK not to be OK,' and the ADA will be there for our members when they need us the most," said Dr. Edgar.

State and local dental society leaders, well-being directors, ADA wellness ambassadors and members are welcome to attend to connect, learn from each other and bring wellness ideas back to their states.

For questions about the summit, email dentalpractice@ada.org. For assistance with on-line registration, contact the ADA Member Service Center at 1-800-947-4746 Monday through Friday. ■

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**Burnout is more than
a rough patch. It's a
problem that we as
a profession need
to address ...**

— Manny Chopra, D.M.D.

"Dentists play an essential role in making people healthy — but it's much harder for them to do so if they are not healthy themselves," said Raymond Cohlma, D.D.S., ADA executive director, who will welcome summit attendees. "This year's summit is one of the many ways the ADA looks to fulfill its commitment to the well-being of dentists and the entire dental team. We look forward to welcoming some of our profession's foremost voices on the subject to share ideas and best practices. Together, we can find a path forward on helping our dental community stay well as they care for their communities too."

The summit will showcase panelists who will share their expertise with a national- and state-level perspective. Additionally, a panel representing medical organizations will share their approaches to alleviate physician burnout and reduce stigma and barriers to care.

"Burnout is more than a rough patch," said Manny Chopra, D.M.D., ADA Council on Dental Practice chair. "It's a problem that we as a profession need to address for the betterment of not only our colleagues and teams but for our patients. Taking actionable steps towards wellness are key strategies to reach a life full of purpose and connection."

Enter "ADA Health and Well-Being Summit" in the ADA.org search engine to find the registration link.

'Women need to create our seat at the table'

WOMEN IN DENTISTRY LEADERSHIP SERIES TO FOCUS ON PRIORITIZING WHAT MATTERS MOST

BY MARY BETH VERSACI

Get ready to transform your perspective and life during the Women in Dentistry Leadership Series at SmileCon.

This year, the series will again showcase powerful and passionate voices that disrupt the status quo and help attendees rethink how they approach the world.

"Women need to create our seat at the table. Nobody is going to give it to us," said Hazel Glasper, D.D.S., CEO of The Comprehensive Dental Continuum, which offers customized coaching plans to assist dentists in moving their practices to the next level. "Leadership takes heart, courage, wisdom and growth."

Dr. Glasper will deliver a keynote speech Oct. 6 titled Being Your Own Change Agent: Success

on Your Terms. In today's fast-paced world, it's common for women to lose sight of their true selves and desires, both in their professional and personal lives, and oftentimes, they are expected to sacrifice their own needs for the sake of others. In this session, participants will learn there is a way to reconnect with their authentic selves and prioritize what truly matters to them.

"We must examine how the models we have been given in our life contribute to or detract from our willingness to step into leadership, develop self-awareness about our blind spots and be willing to try new things even when they are uncomfortable, so we can apply them where they can make the biggest impact," Dr. Glasper said.

Anne Duffy, CEO of Dental Entrepreneur Media, will moderate the session, with a networking event to follow.

Earlier in the day, Christine Cashen, business humorist, speaker and author, will lead a session titled Staying Inspired When You're So Darn Tired. Ms. Cashen will share how women can achieve their goals using the resources they already have, identify energy gainers and drainers and what to do about them, and develop tools for problem-solving. The session will be followed by a networking event.



As in past years, the Women in Dentistry Leadership Series is sponsored by Crest + Oral-B.

"Crest + Oral-B is excited to be sponsoring the Women in Dentistry Leadership Series for

the seventh year," said Stephanie Gans, D.D.S., P&G North American professional and scientific relations manager. "With over 50% of dental school students now being women, it is more important now than ever to continue supporting women with mentoring, networking and needed tools to be successful in their dental careers. We believe learning from others through this leadership series is a great way to support women in dentistry."

SmileCon will take place Oct. 5-7 at the Orange County Convention Center in Orlando, Florida.

Registration opened June 7. To learn more and register, visit SmileCon.org. All are welcome to attend the Women in Dentistry Leadership Series to hear women's viewpoints on the subjects that matter most to them, both professionally and personally.

"I want women to connect with the power of their voice and their vision," Dr. Glasper said. "Our gift for inclusion and our ability to form lasting relationships help us create strategies for success that we may not tap into if we buy into the outwardly imposed limitations that often encumber women in the business arena." ■



EDUCATION

BY MARY BETH VERSACI

The U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists.

This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year they were established to their total enrollment across all programs, learn more about the University of Iowa College of Dentistry and Dental Clinics and Meharry Medical College School of Dentistry in the fact boxes below, and stay tuned for details about more schools in upcoming ADA News issues.



IOWA

College of Dentistry
and Dental Clinics

Location: Iowa City, Iowa

Year established: 1882

Dean: Clark Stanford, D.D.S., Ph.D.

Total enrollment: 432

FUN FACT:

The University of Iowa College of Dentistry and Dental Clinics is **the only dental school in Iowa.**



Ready to graduate: University of Iowa College of Dentistry and Dental Clinics fourth-year students ring a cowbell signifying they have completed all requirements and competencies to graduate with their dental degrees this past spring.

Photo courtesy of University of Iowa College of Dentistry and Dental Clinics

MEHARRY
SCHOOL OF DENTISTRY

Location: Nashville, Tennessee

Year established: 1886

Dean: Cherae M. Farmer-Dixon, D.D.S.

Total enrollment: 312

FUN FACT:

Originally founded as the dental department of Central Tennessee College, the Meharry Medical College School of Dentistry was **the first institution established in the South for training African American dentists.**



Giving back: Meharry Medical College School of Dentistry students participate in the college's Oral Health Day in March to provide services to those in the community who find it difficult to afford oral health care.

Photo courtesy of Meharry Medical College

Student Ethics Video Contest highlights creative spin on ADA Code

Application deadline is Sept. 6

BY DAVID BURGER

The ADA Council on Ethics, Bylaws and Judicial Affairs has opened the application period for its 2023 Student Ethics Video Contest, an annual competition in which dental students can inventively demonstrate the tenets of the ADA Principles of Ethics and Code of Professional Conduct.

For the first time, the council is joined by the Student Professionalism & Ethics Association in Dentistry in co-sponsoring this year's contest.

This application period ends Sept. 6.

"It is great to see how the next generation of dentists embraces the ADA Principles of Ethics and Code of Professional Conduct through their creative efforts answering ethical dilemmas," said Bruce Burton, D.M.D., council chair. "It is heartwarming to see they want to protect our profession and keep it from becoming just a trade."

The video needs to be centered on ethics and should have a unique take as to who it affects, what the specific issue is, and why it's important. Entrants must take on the "Who? What? Why?" of the issue on which their video focuses, making an ethical principle a practical matter.

Dr. Burton

The Student Ethics Video Contest debuted in 2008 to encourage engagement with the ADA's ethical principles. The grand prize winner receives \$2,500, with an honorable mention winner awarded \$1,500. Both videos are posted to the ADA's YouTube channel.

"The Student Ethics Video Contest is important to instill the importance of ethics in dentistry, the backbone of our profession," said Karen D. Foster, D.D.S., a member of the council. "Ethics should be the basis of all decisions made as a dentist, and building this foundation in students is key. The contest sheds light on ethics and professionalism for our dental students in a fun and meaningful way."

Applicants can request the entry form, rules and other materials by reaching out to Daniel Franklin at franklind@ada.org.

The 2022 grand prize winner was Ellie Fridman of the Herman Ostrow School of Dentistry at the University of Southern California for her video "'Lose Yourself' Dental Ethics Parody."

The video, set to the music of Eminem's chart-topping hit "Lose Yourself," displayed the principles of patient autonomy, veracity, non-maleficence, justice and beneficence. ■

— burgerd@ada.org



American Dental Hygienists’ Association CEO dies after prolonged illness

ANN BATTRELL REMEMBERED FOR ADVOCACY FOR HER PROFESSION

BY DAVID BURGER

Ann Battrell, the first dental hygienist to serve as American Dental Hygienists’ Association CEO, died June 7 after a prolonged illness, according to an ADHA news release.

Raymond A. Cohlmlia, D.D.S., ADA executive director, said that with Ms. Battrell’s passing, the dental community lost a powerful voice and a dynamic leader.

“Her many years of service — first as the ADHA president and eventually its CEO — have left an indelible mark on the profession,” Dr. Cohlmlia said.

Among many accomplishments during Battrell’s tenure, according to the release, ADHA launched a new online education platform and worked to broaden the dental hygiene curriculum to address the oral health needs of diverse populations and improve access to care.

The ADA and ADHA were close collaborators during Ms. Battrell’s tenure, which included the ADHA working with the ADA Science & Research Institute and ADA Health Policy Institute to understand the COVID-19 pandemic’s impact on dental health care workers.

“She was instrumental to the ADA and ADHA’s research collaboration evaluating COVID-19’s impact on dental hygienists, the findings of which yielded great insight on the safety of dental care for both patients and professionals at the height of the pandemic,” Dr. Cohlmlia said.

“The collaboration also highlighted the mental health needs of dentists and dental hygienists, offering a path forward on wellness for the entire dental team during that challenging time and beyond.

“These are among the countless ways that Ms. Battrell’s leadership fostered a spirit of unity

and shared purpose across the dental profession. Her contributions certainly moved dentistry and public health forward, and she leaves an incredible legacy.”

ADHA President Dawn Ann Dean praised Ms. Battrell for being a champion for the association and the profession.



Ms. Battrell

“She would say that if you put your dreams out into the universe anything, even the hard things, could be accomplished if you worked together,” she said. “Ann’s leadership brought us into the 100th year of our organization, and her legacy will live on through all of us.”

A tribute was held July 7 during the Opening General Session of the ADHA 2023 Annual Conference at McCormick Place in Chicago. ■

SCIENCE & TECH

ADA seeks feedback on standard for gathering patient data to determine benefits

BY MARY BETH VERSACI

A new standard that would help dentists determine patients’ dental plan benefits prior to care is available for comment.

An effective benefits verification workflow requires the dental office to submit a detailed procedure-level inquiry and the payer to then return a detailed procedure-level response. To meet this need, proposed ANSI/ADA Standard No. 1113 for Dentistry — Contents of Dental Procedure-Level Data Required for Eligibility and Benefit Responses will specify the complete information necessary for providers to communicate to payers and for payers to communicate to providers.

The standard is available for download and comment at [ADA.org/resources/practice/dental-standards/aip-review](https://ada.org/resources/practice/dental-standards/aip-review). The comment deadline is Aug. 3. ■



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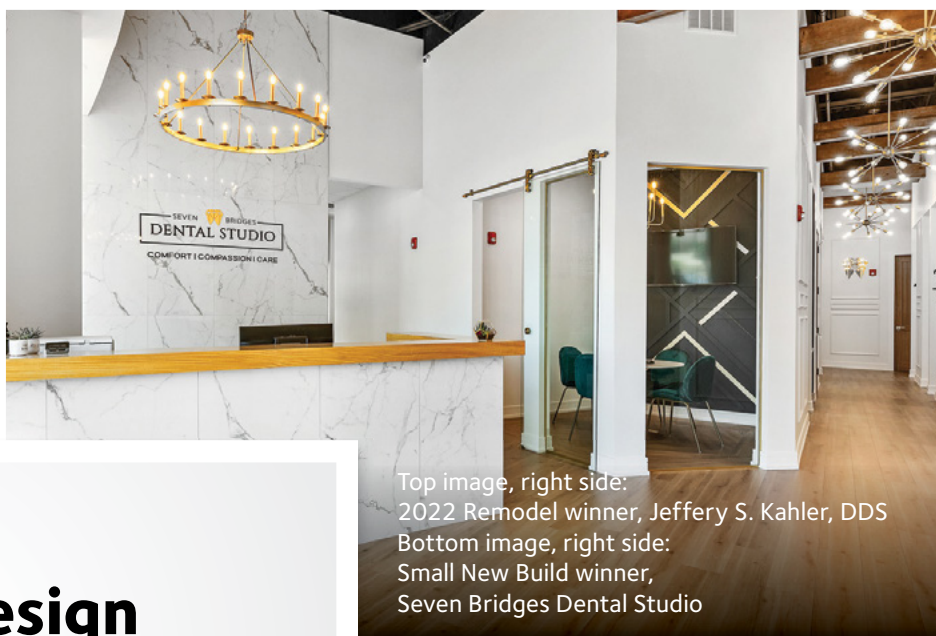
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Top and bottom image, left side:
2022 Large New Build winner,
Pure Dental

Top image, right side:
2022 Remodel winner, Jeffery S. Kahler, DDS
Bottom image, right side:
Small New Build winner,
Seven Bridges Dental Studio



Photos courtesy of 2022 winners.

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Ask the Senate to act now on the dental workforce

ADA URGES MEMBERS TO ASK THEIR SENATORS TO SUPPORT LEGISLATION THAT WILL ADDRESS DENTAL WORKFORCE ISSUES

BY STACIE CROZIER

An ADA Action Alert is urging ADA members to email their senators and ask them to support legislation that can help ensure there are enough dentists in underserved areas, members' offices are fully staffed and more patients are able to receive dental care.

"Dental practices in America are facing a workforce problem that is limiting access to care," the alert reads. "One-third of dentists have told ADA that they are actively recruiting dental hygienists and dental assistants, and 87% of dentists tell ADA that recruiting for these positions is extremely challenging despite incentives offered to prospective dental team members. Please write your senators to urge them to support legislation that will address dental workforce issues so that there are enough dentists in underserved areas, your offices are fully staffed, and more patients are able to receive dental care."

Please write your senators to urge them to support legislation that will address dental workforce issues so that there are enough dentists in underserved areas, your offices are fully staffed, and more patients are able to receive dental care.

- The ADA is asking that the emails request that senators support:
- Reauthorizing Action for Dental Health workforce grants directed towards programs for dentists and other dental professionals.
 - S 862, the Restoring America's Health Care Workforce and Readiness Act, which would double funding for National Health Service Corps' scholarships and loan repayment programs for health care workers, including dentists and dental hygienists who serve in federally designated shortage areas.
 - Allowing dental professional student loan borrowers to modify the interest rate on student loans to the current applicable rate.
 - Supporting S 704, the Resident Education Deferred Interest Act, which would address the difficulty, or inability, of those who must undertake several years of dental residency

with very low pay to begin repaying student debt immediately.

To send an email, click on the link in the ADA Legislative Action Alert or go to [ADA.org/advocacy/legislative-action-center/workforce-action-alert](https://ada.org/advocacy/legislative-action-center/workforce-action-alert) and fill out the form with your name, address and phone number, which will instantly generate a request to your senators.

"Please email your senators and ask them to support these bills," the alert said. "In doing so they can express their support for dentists and dental professionals, as well as patients who may not be able to receive care because of deficiencies in the dental workforce." ■





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Coalition urges Senate leaders to support REDI Act

BILL WOULD REDUCE STUDENT LOAN BURDEN FOR DENTISTS AND PHYSICIANS, HELP ADDRESS WORKFORCE SHORTAGES

BY STACIE CROZIER

A coalition of some 40 organizations representing dentists and physicians, including the ADA, urged the Senate to pass the Resident Education Deferred Interest Act, which would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.

In a letter June 6 to Sen. Bernie Sanders, I-Vt., and Sen. Bill Cassidy, M.D., R-La., the chair and ranking member, respectively, of the Senate Committee on Health, Education, Labor and Pensions, the coalition said the legislation would reduce student debt burden without loan forgiveness or reducing borrowers' original loan balance and would also be a key factor in alleviating projected physician and dentist shortages and help provide access to care in underserved areas.

"As you are aware, the cost of graduate-level medical and dental education is substantial for the vast majority of students," the letter said. "Further, those who must undertake several years of residency with very low pay are often unable to begin repaying student debt immediately. As a result, they qualify to have their payments halted during residency through deferment or forbearance processes, but they continue to accrue interest that is added to their balance. The REDI Act prevents physicians and dentists from being penalized during residency by precluding the government from charging them interest on their loans during a time when they are unable to afford payments on the principal. While the REDI Act reduces the student debt burden, it does so without loan forgiveness or reducing a borrower's original loan balance."

The coalition, led by the American Association of Oral and Maxillofacial Surgeons, also told lawmakers that "the ability for medical and dental

residents to save thousands of dollars in interest on their loans could make the concept of practicing in underserved areas or entering faculty or research more attractive and affordable to residents."

The REDI Act was introduced in both the House (HR 1202) and Senate (S 704) earlier this year.

The coalition includes the ADA, AAOMS, Academy of General Dentistry, American Academy of Dermatology Association, American Academy of Family Physicians, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association for Dental, Oral, and Craniofacial Research, American Association of Child and Adolescent Psychiatry, American Association of Clinical Urologists, American Association of Endodontists, American Association of Neurological Surgeons, Congress of Neurological Surgeons, American Association of Orthodontists, American Association of Orthopaedic Surgeons, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American College of Prosthodontics, American College of Rheumatology, American Dental Education Association, American Gastroenterological Association, American Osteopathic Association, American Podiatric Medical Association, American Psychiatric Association, American Society for Radiation Oncology, American Society of Anesthesiologists, American Society of Dentist Anesthesiologists, American Student Dental Association, American Urological Association, College of American Pathologists, National Association of Spine Specialists, Renal Physicians Association, Society for Cardiovascular Angiography and Interventions, Society for Vascular Surgery, Society of Interventional Radiology and Society of Thoracic Surgeons. ■



ADA outlines its tax reform priorities in letter to House Committee on Ways & Means

BY STACIE CROZIER

In a June 12 letter to the House Committee on Ways & Means, the ADA detailed dentists' priorities for tax-related issues affecting dentists and dentistry. Noting that most dental practices are small businesses, but that dental practices may also be organized as pass-through entities (S corporations) or C corporations, ADA advocated for both business and individual tax code reforms.

ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiia, D.D.S., focused on five tax policies in their letter to Rep. Jason Smith, R-Missouri, and Rep. Richard Neal, D-Mass., the chair and ranking member, respectively, of the House Committee on Ways & Means.

• **Pass-through entities:** The ADA supports the Main Street Tax Certainty Act, which would make the Section 199A 20% deduction created by the Tax Cuts and Jobs Act permanent. The deduction is scheduled to sunset at the end of 2025. "Without this deduction, S corporations would be subject to a tax rate far out of parity with C corporations, leading to an uncertain future for many small business dental practices," the letter said.

• **Use of pre-tax dollars for health care:** The ADA supports expansion of and increased flexibility for health savings accounts and flexible

spending accounts and preserving current tax exclusions for employer-provided medical and dental plans. The letter noted that the Association supports returning FSA limits to the pre-ACA level of \$5,000 and continuation of the index to inflation provision. Currently, FSA reimbursement is limited to \$3,050 for 2023. "The ADA believes the reduced amount is a step back for consumers when the cost of health care continues to increase and adversely impacts the patient's choices for dental care," the letter said.

The ADA also supports legislation that would treat oral health care products as paid-for medical care for purposes of eligibility for health savings account and flexible spending account reimbursement. "Oral health care products are not only essential for good oral health, but for health in general," Drs. Shepley and Cohlmiia wrote. "Americans should not be taxed on products like toothbrushes, toothpaste and dental floss that are necessary for maintaining their health."

• **Expensing:** The ADA supports maintaining full expensing of investments in equipment and property, particularly for small businesses. "Allowing businesses to immediately expense their investments increases dentists' ability to grow their practices and provide better care for their patients by utilizing the most up-to-date advances in dentistry," the letter said.

The ADA also supports the Small Business Growth Act, legislation that would lift the deduction cap to \$2 million with a phase out at \$3.5 million.

• **Cash accounting:** The ADA supports continued use of the cash method of accounting for small businesses, including pass-through entities and professional service corporations. "The cash method of accounting is a simpler, fairer system for dentists who often must wait a significant period of time before being reimbursed by insurance companies for the services they provide," Drs. Shepley and Cohlmiia said. "In addition, dentists, particularly orthodontists, frequently provide patients with extended payment plans for services, which delays payment for work performed."

• **Higher education incentives:** The ADA also encourages lawmakers to support measures that would help relieve dentists' significant debt load. "New dentists today are saddled with an average of over \$300,000 in student loan debt," the letter said. "This debt impacts their practice decisions, including whether to work in research, dental education or in underserved areas. It also affects dentists' ability to provide charitable care or pursue post-doctoral education."

Follow all of the ADA's advocacy efforts at [ADA.org/Advocacy](https://ada.org/Advocacy). ■

ADA asks House subcommittee to reauthorize Action For Dental Health program

Legislators held hearing June 14

BY STACIE CROZIER

The ADA asked the federal Energy & Commerce Health Subcommittee to support legislation that would reauthorize the Action for Dental Health program through fiscal year 2028.

"The ADA has long championed the ADH program, which provides federal grants for the dental health needs of underserved populations," wrote ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiia, D.D.S., in a June 8 letter to Rep. Brett Guthrie, R-Ky., and Rep. Anna Eshoo, D-Calif., the chair and ranking member, respectively, of the subcommittee. "ADH funding is directed towards dental disease prevention through improved oral health education, reduction of geographic and language barriers, and improved access to care, among other initiatives. Programs supported by ADH advance the important goal of decreasing dental health disparities in communities where better access to care is most needed."

The Action for Dental Health Act of 2023, HR 3843, was discussed in an Energy and Commerce Health Subcommittee Legislative Hearing, "Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases," on June 14. The hearing memo noted that more than 1 in 4 adults have untreated tooth decay and almost half of adults ages 30 years or older show signs of gum disease and that although dental health care outcomes have greatly improved over the years, there are still gaps that need to be addressed to help improve education and access to care.

The Action for Dental Health program focuses on access to care and the dental workforce.

"These issues are among the ADA's top priorities and are closely linked because one-third of dentists have told the ADA that they are actively recruiting dental hygienists and dental assistants, and 87% of dentists tell the ADA that recruiting for these positions is extremely challenging despite incentives offered to prospective dental team members," said Drs. Shepley and Cohlmiia. "Dental practice staffing difficulties limit the number of patients dentists can see, and this problem is especially acute in underserved areas." ■



ADA to Congress: Bring PATIENT Act to floor for passage

ASSOCIATION SUPPORTS BILL'S REAUTHORIZATION OF IMPORTANT WORKFORCE PROGRAMS FOCUSED ON THOSE MOST IN NEED OF CARE

BY DAVID BURGER

The ADA urged congressional leaders to bring HR 3561, the Promoting Access to Treatments and Increasing Extremely Needed Transparency Act, also known as the PATIENT Act, to the floor for a vote, as the Association strongly supports the bill's reauthorization of important workforce programs focused on those most in need of care.

In a June 8 letter addressed to Rep. Kevin McCarthy, speaker of the House, and Rep. Hakeem Jeffries, minority leader, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., wrote that the PATIENT Act would extend the Teaching Health Center Graduate Medical Education Program, which is currently set to expire on Sept. 30.

"It would also raise Teaching Health Center Graduate Medical Education Program funding by \$50 million every two years through fiscal year 2029, providing needed resources for new and expanded dental residency programs," Drs. Shepley and Cohlmiya wrote. "Teaching Health Center Graduate Medical Education Programs train residents to serve some of our nation's most vulnerable populations in community-based settings such as federally qualified health centers, rural health clinics and tribal health centers."

Drs. Shepley and Cohlmiya said extending and expanding the funding would provide increased stability to teaching health centers and strengthen continuity of care in underserved communities.

"This extension of the Teaching Health Center Graduate Medical Education Program would also direct critical funding to a program that has needed increased resources for years, allowing for the expansion of existing Teaching Health Center Graduate Medical Education Programs and the creation of many new Teaching Health Center Graduate Medical Education Programs and residency slots," they wrote. "New funding would address general health workforce shortages and would also address persistent health disparities."

Sixty percent of Teaching Health Center Graduate Medical Education Program training sites are in medically underserved communities. Research suggests that dentists and physicians are more likely to practice near the location of their training, so extending and expanding Teaching Health Center Graduate Medical Education Program funding would likely increase access to care in medically underserved communities and lead to better health outcomes among populations experiencing oral health disparities, Drs. Shepley and Cohlmiya said.

HR 3561, if passed, would also extend the National Health Service Corps through 2025, they wrote.

"The ADA strongly supports increasing National Health Service Corps scholarship and loan repayment opportunities for dentists," they said. "Extending National Health Service Corps programs would continue to address problems with health workforce distribution and local shortages, while also providing an opportunity for dentists and others to reduce student loan debt through service. The burden of paying off student loans for graduate dental education often contributes to geographical gaps in availability of dental services and access to oral health care because indebted graduates must seek out less risky and more lucrative opportunities. Extending the National Health Service Corps [programs] would encourage dentists and promising dental students to practice in underserved areas

by providing loan repayment and scholarships in exchange for a service commitment."

The ADA leaders added that passage of the bill would extend funding for community health centers through 2025.

"The ADA strongly believes in the importance of optimal oral health, and thus better systemic health,

for all Americans," they wrote. "Because of this commitment, the ADA supports community-based care like community health centers, which also provide needed care to underserved areas and populations."

In conclusion, Drs. Shepley and Cohlmiya wrote, "America's dentists thank you for your leadership on dental and health workforce issues, which

would be further demonstrated by bringing the PATIENT Act to the floor for a vote and passage. The ADA is ready to work with you to ensure that the dental workforce is sufficient to provide access to care for all Americans across our nation."

Follow the ADA's advocacy efforts at [ADA.org/advocacy](https://ada.org/advocacy). ■



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The ins and outs of careers in DSOs, associateships, practice ownership

DENTAL SOUND BITES PODCAST GUESTS DISCUSS UNIQUE CAREER PATHS

BY STACIE CROZIER

For Simon Wu, D.D.S., a practice owner in Riverside, California, working in a dental support organization after dental school was always part of his five-year plan and an integral step toward becoming a practice owner.

He shared his career path experience with listeners of the Dental Sound Bites podcast released June 13, “Navigating Your Dental Career, part 2: Ownership, DSO, and Associateship.”

“I’ve always wanted to start off working in a big DSO so that I could really gain that confidence, that time management skill,” Dr. Wu told Dental Sound Bites hosts ArNelle Wright D.M.D., and Effie Ioannidou, D.D.S. “Being able to see a lot of patients and get that exposure. There used to be this stigma that a DSO maybe is not the right choice. And I think that’s shifting a little bit for newer generation dentists like myself.”

Dr. Wu told listeners he felt confident to start seeing patients right away, rather than opting for a general practice residency or other advanced training. “I know there’s obviously a lot of benefits to those, especially for specialty or getting more experience in one specific area, maybe,” he said. “I was ready to just start seeing patients. I’ve always focused on the hand scale rather than didactic in dental school.”



Dr. Wu



Dr. Wright

Dr. Wu’s first job was in a large DSO in the Midwest, where he saw 17 patients his first day and was up to 23 patients by his third day. He said it was “really cool going from seeing three, four patients a day to seeing 10, 20, 25. I’ve always been very goal driven.” He worked at the large DSO for three years before joining a smaller DSO associateship.

“That very much felt like a small group practice,” Dr. Wu said. “It’s much smaller scale and they fully supported my continuing education.” Dr. Wu was encouraged to take a maxi implant course and several courses for clear aligners, all sponsored by his practice. He spent the next two years performing the procedures he was interested in in a slower-paced environment.

“There are very amazing DSO opportunities out there,” Dr. Wu said. “If I were to be an associate forever, I would stay there, but for me, I’ve always wanted to be an owner and that’s what happened. I’m so excited to be where I am now. I actually just bought a stand-alone practice two months ago, so it’s been really exciting, stressful, a mixed bag of different things because I’m working on rebranding and website creation. The name and slogan of the clinic is Smile Pathway Dental, ‘Blueprint to a Confident You,’” Dr. Wu said.

Dr. Wu told listeners he felt prepared for practice ownership at this stage of his career for several reasons.

“I’m really fortunate to have a lot of friends and colleagues who are also a practice owner,” he said. “So, I would say your connections are super important, asking your friends and professors that have

done that so that they can give you the resources they have.”

Dr. Wu said that dental podcasts, including Dental Sound Bites, were a great tool for him to prepare for practice ownership. He also searched for practices for sale on Google and found information about ADA Practice Transitions, a service

that matches dentists who want to buy or sell a practice, hire an associate or find a job.

ADAPT, Dr. Wu said, allowed him to search using several parameters, from location to specific practice features. ADAPT helped him meet with several potential sellers and eventually he settled on his practice in Riverside, California.

Dr. Wu acknowledges that there is no right kind of career for everyone. “I personally don’t think everyone is meant to be a business owner. Because there are so many hats you have to wear, so



you do get pulled in many directions. Some people only enjoy patient interaction and hands-on clinical stuff. At the end of the day, if you’re not going

See DSO, Page 14



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Dental Insurance Hub: Always appropriate to report your full fee

USE ADA'S CONTRACT NEGOTIATIONS TOOLKIT TO DISCUSS POTENTIAL INCREASES IN FEE SCHEDULES WITH PAYERS

BY DAVID BURGER

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.

The ADA Council on Dental Benefit Programs is recommending that it is always appropriate to report the full fee in the dental claim form for each service reported to a third-party payer.

A question frequently asked of the ADA staff is what fee should dentists put on the dental claim form, said Mark M. Johnston, D.D.S., chair of the council's Dental Benefit Information Subcommittee: The full fee or the plan's maximum allowable (network) fee?



Dr. Johnston

A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment. A contractual relationship does not change the dentist's full fee. Therefore, the council recommends that it is always appropriate to report the full fee.

"It is always surprising to me how many dentists do not submit their full fee on a claim," Dr. Johnston said. "It may be due to many factors,

including a front office person that does not like to deal with the practice management system's accounting package, so they just submit the fee that they know will not require any write-offs, making their job easier. The doctor may not be aware of the reduced fee submitted by the team

member and then wonders why there are never any increases in the reimbursement."

The council is also reminding dentists of the importance of conducting an annual review of their signed PPO agreements and talking to payers about fee increases. The ADA's contract

negotiations toolkit may come in handy if dentists want to try to renegotiate contract terms and provisions, including network fee schedules.



Another resource that may prove valuable is the ADA webinar PPO Contracts and Processing Policies: What you need to Know.

In addition, dentists can find useful information at ADA.org/DentalInsurance. ■

— burgerd@ada.org

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DSO continued from Page 13

home feeling like you had a good day of work and you're stressed out all the time, then that's not good for your mental health either."

Dr. Wright told listeners why she chose a to work in a DSO. "I was actually graduating, and I was pregnant with my first child, and ... I needed to make a decision," Dr. Wright said. She found an opportunity that enabled her to practice in Orlando, Florida — a little over an hour from her home and family.

"I needed to be closer to my family because I needed some support. So, I started with the DSO. I stayed with them for four years before I transitioned into another one, which is where I currently am," she said.

Dr. Wright says she spends a lot of time getting to know her patients, and spending time training her team to be an extension of her. "When I'm not in the room, what are the things that I'm going to ask? How am I going to manage those expectations? And I delegate. Delegating is something that I've gotten really, really good because I know that if I do want to be more clinically confident, somebody else has to be having certain conversations ... or answering certain questions, providing post-op instructions."

She also knows there are certain patients who only want to hear information from her, so when she sees them on the schedule, she asks the staff to make sure she can come in and give that patient her attention "so they don't feel like they're just being shuffled aside," Dr. Wright said.

You can listen to this — and every — episode of Dental Sound Bites on Amazon Music, Apple Podcasts, Google Podcasts, iHeart, Spotify, Stitcher, YouTube or the ADA Member App. ■

Enhanced CDT project shifts focus

PUBLIC FEEDBACK USED AS GUIDANCE FOR DECISION BY ADA COUNCIL ON DENTAL BENEFIT PROGRAMS

BY DAVID BURGER

The ADA Council on Dental Benefit Programs announced that it will amend its approach to enhancing the CDT Code. Public feedback led the council to conclude that a more robust CDT could be built using only the current CDT format without the proposed addition of modifiers. “The council will continue to monitor the dental

profession’s documentation and reporting needs, and determine how the CDT Code will best support transmittal of codified information,” said Stacey Gardner, D.M.D., chair of the Enhanced CDT Task Force and council vice chair. “We thank members for their interest in the project and the constructive and instructive feedback they provided.” The Enhanced CDT Code Project was created by the Council on Dental Benefit Programs with the intent of enhancing the Code on Dental Procedures

and Nomenclature — commonly known as the CDT Code — so that the ADA code set could better serve current and evolving needs for robust patient records and accurate claim submissions. The ADA held an open comment period from November 2022 through March to gather feedback on examples of an enhanced CDT Code architecture that included new content in the form of procedure code modifiers. Seven public listening sessions were held during that time.



Dr. Gardner

A total of 326 comments were received. These comments led the council to conclude that the CDT Code can, at the moment, be enhanced to accommodate evolving reporting needs without changing its current five character ‘Dxxxx’

format, Dr. Gardner said. Visit ada.org/publications/cdt/enhanced-cdt for updates and email questions to dentalcode@ada.org.

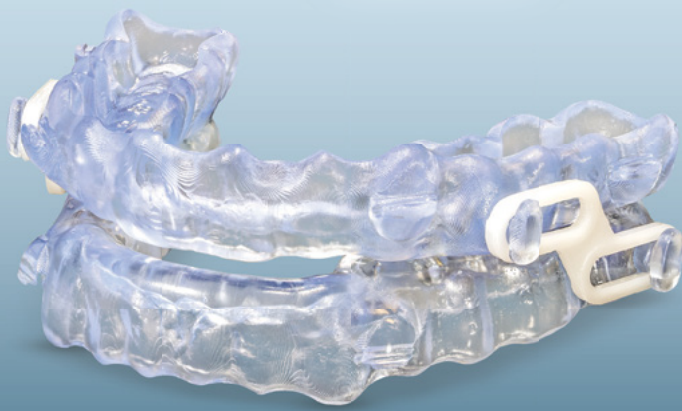
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GOVERNMENT

ADA thanks lawmakers for introducing PREVENT HPV Cancers Act

Legislation would establish national public awareness campaign on HPV vaccination

BY MARY BETH VERSACI

The American Dental Association sent a letter June 5 thanking federal legislators for introducing the PREVENT HPV Cancers Act, which would establish a national public awareness campaign on human papillomavirus vaccination.

The ADA supports increasing awareness of HPV and its vaccine and believes dentists play a key role in HPV cancer prevention, according to the letter. The campaign established by HR 3633 would disseminate vaccination information and communication resources to health care providers, including dentists, who would then use this information to educate their patients on the benefits of HPV vaccination.

HPV can affect the mouth and throat, causing certain head and neck cancers, according to the letter, which the ADA sent to Reps. Kathy Castor, D-Fla.; Julia Letlow, R-La.; and Kim Schrier, D-Wash. The Centers for Disease Control and Prevention estimates the virus is associated with 14,800 cases of head and neck cancer each year in the U.S.

The ADA adopted a policy in 2018 that urges dentists to support the use and administration of the HPV vaccine, recognizing it as a way to help prevent infection of the types of HPV associated with oropharyngeal cancer.

“The ADA ... would welcome the opportunity to partner with your offices and the CDC on informing the public about HPV vaccination,” ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said in the letter.



ADA releases new clinical practice guideline on caries restorations

EXPERT PANEL ADVISES CONSERVATIVE APPROACHES MAY DECREASE RISK OF ADVERSE EFFECTS

BY MARY BETH VERSACI

The American Dental Association has released a new clinical practice guideline on restorative treatments for caries lesions that suggests more conservative approaches to removing carious tissue may decrease the risk of adverse effects.

The guideline, published as the cover story of the July issue of The Journal of the American Dental Association, includes 16 recommendations for the treatment of moderate and advanced caries lesions in primary and permanent teeth that have not received endodontic treatment.

The recommendations identify selective carious tissue removal as an effective treatment option in most cases of moderate and advanced caries in primary and permanent teeth. The guideline also affirms the efficacy of the most common restorative materials for treating moderate and advanced caries and suggests specific

materials for primary and permanent teeth depending on the extent of the decay.

This is the second guideline in a series of clinical practice guidelines on caries treatment developed by the ADA Council on Scientific Affairs and ADA Science & Research Institute, which convened a panel of experts to review the best-available scientific evidence on treatments and materials. The group previously published a systematic review in the February issue of JADA that found general equivalence among restorative materials and helped to inform this guideline.

The recommendations are meant to assist clinicians in making restorative choices with their patients, but the guideline notes dentists should use clinical judgment to determine when the recommended course of action may not be appropriate, warranting deviation from these recommendations.

The guideline's lead author, Vineet Dhar, B.D.S., Ph.D., said the recommendations encapsulate restorative dentistry's two main objectives:

maintaining healthy tooth structure and protecting the soft tissue inside the tooth.

"While research had already confirmed that selectively removing decayed tissue is an effective approach to treating early tooth decay, dentists needed an evidence-based guideline to provide them with a range of treatment choices for patients with moderate to advanced tooth decay," said Dr. Dhar, the chair of orthodontics and pediatric dentistry at the University of Maryland School of Dentistry and a member of the ADA Council on Scientific Affairs. "These recommendations can now inform restorative care strategies in the U.S. and on a global level."

The new guideline on restorative treatments for caries lesions and the previously released guideline on nonrestorative caries treatments are available at ADA.org/cariesguidelines. To read the full JADA article online, visit JADA.ADA.org.

Other articles in the July issue of JADA discuss self-assembling peptide use on caries lesions, the



effects of in-office bleaching agents on nanofilled resin composite, and the prevalence and severity of enamel craze lines.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ADA members can access JADA content with their ADA username and password. ■



ADA applauds introduction of Dental Care for Our Troops Act

BILL WOULD PROVIDE PREMIUM-FREE TRICARE DENTAL COVERAGE TO RESERVE COMPONENT SERVICE MEMBERS

BY DAVID BURGER

The ADA wrote U.S. Rep. Andy Kim, D-N.J., to thank him for the introduction of the Dental Care for Our Troops Act, which would improve the oral health of service members and aid in military readiness.

In the May 15 letter, ADA President George R. Shepley, D.D.S., and ADA Executive Director Raymond A. Cohlma, D.D.S., said the Association strongly urges the House and Senate Armed Services Committees to include the Dental Care for Our Troops Act in the 2024 National Defense Authorization Act.

"The ADA applauds your leadership on this issue and stands ready to work with you to improve access to oral health care for members of the reserves and the National Guard," Drs. Shepley and Cohlma wrote.

The Dental Care for Our Troops Act would provide premium-free TRICARE dental coverage to reserve component service members. About 130,000 reservists and members of the National Guard do not have any form of health insurance, let alone dental coverage.

"Because servicemembers are required to meet dental and medical deployability requirements, the lack of insurance coverage among guardsmen and reservists presents a major challenge to the Reserve Component's readiness for deployment," Drs. Shepley and Cohlma wrote. "Providing access to TRICARE dental coverage at no cost to these servicemembers and their families who currently have inconsistent dental coverage would not only help ensure the oral health of our servicemembers, it would also assist national

security by making sure the servicemembers are able to deploy."

Drs. Shepley and Cohlma added that providing TRICARE dental coverage for guardsmen and reservists would also take the burden of providing dental insurance coverage off of employers, thus incentivizing the hiring and retention of Guardsmen and reservists.

"Many dentists serve in the National Guard and reserves and would benefit from this hiring and retention incentive," they said. "Additionally, many dentists are small business owners, and this bill would help facilitate their hiring and retention of Guardsmen and reservists."

Follow ADA advocacy efforts at ADA.org/advocacy. ■



ADA responds to CMS request regarding re-inclusion of dental services as a specific supplemental benefit

BY DAVID BURGER

The ADA supports the Centers for Medicare & Medicaid Services' re-inclusion of dental services as a specific supplemental benefit under Medicare Advantage Organizations reporting requirements, according to a May 10 letter from ADA leadership to CMS.

The letter, signed by ADA President George R. Shepley, D.D.S., and ADA Executive Director Raymond A. Cohlma, D.D.S., is a response to a notice of information collection request from CMS.

"Half of Medicare beneficiaries are now enrolled in Medicare Advantage, and it continues to grow in the number of enrollees each year," wrote Drs. Shepley and Cohlma. "However, despite this growth, we still do not know a lot about the supplemental benefits offered to these beneficiaries, especially the dental benefits."

The ADA also encouraged CMS to go further in collecting and publishing in a timely manner a state-by-state assessment of medical loss ratio data with the percentage of allocated Medicare Advantage funding that is being spent on dental services and asks that CMS monitor the specific dental loss ratio.

"Because Medicare Advantage is a critical access point for dental care to millions of enrollees, tracking the correct data is just as important to ensure Medicare Advantage enrollees are getting the dental care they need going forward," wrote Drs. Shepley and Cohlma.

The letter also emphasized the following:

- CMS should analyze data on supplemental benefits in the Medicare Advantage program, including who is enrolled by ages, race and ethnicity, education and income, what is covered, and what benefits are being utilized.
 - CMS should collect and analyze data on supplemental benefits for lower-income enrollees.
 - CMS should standardize the summaries of benefits offered by plans and also seek reporting from Medicare Advantage Organizations regarding what is covered versus noncovered, which should at least be at the level of the CDT category and not just "includes dental coverage" or arbitrary classifications such as "basic," "routine" or "major."
- In addition, the ADA recommended that CMS require Medicare Advantage plan administrators to report the following metrics pertaining to beneficiary enrollment and utilization of dental services and other aspects of quality of care supported by Medicare Advantage plans:
- Total number of beneficiaries (age, race and ethnicity, income, education).
 - Number of beneficiaries with a dental claim in a plan year (age, race and ethnicity, income, education) as a measure of access.
 - Cost sharing (average benefit paid per user [among enrollees who had a dental visit], average benefit paid per beneficiary [among all enrollees], coinsurance, annual maximums, total average out of pocket spending).
 - Applicable measures for the older adult population from the Dental Quality Alliance. ■

New PracticeUpdate Spotlight On series offers easy guide to latest research on timely topics

DIGESTS COVER DIGITAL WORKFLOWS, IMPLANTS, PERI-IMPLANTITIS

BY MARY BETH VERSACI

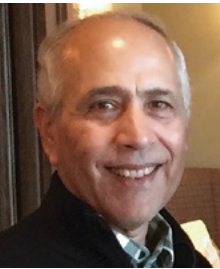
With countless articles published each year in dental journals, keeping up with the latest research can be difficult. Luckily, the PracticeUpdate Clinical Dentistry Channel is available to help dentists with the heavy lifting.

Supported by the American Dental Association and Elsevier, the publisher of The Journal of the American Dental Association, the channel curates the most clinically relevant research in general dentistry and all dental specialties and

creates summaries and take-home messages in easy-to-skim formats to help busy dentists stay informed of recent advances.

In June, the channel launched the Spotlight On series, which groups content into specific areas of interest. The first three digests cover digital workflows; implants and implant restorations; and peri-implantitis and maintenance of implants. Like the channel, the digests are free.

"The purpose of the PracticeUpdate Spotlight On series is to select some of the very best evidence in a wide range of clinically important topics from the world literature," said Michael Newman, D.D.S., editor-in-chief of the PracticeUpdate Clinical Dentistry Channel. "PracticeUpdate



Dr. Newman



Dr. Elangovan



Dr. Curtis

provides important, useful and essential information for achieving the best outcomes for patients."

The Spotlight On Restorative and Prosthodontic Digital Workflow — Digital Dentistry, which was sent June 23 to ADA members and other oral health professionals, explains clinical applications of digital workflows, compares technologies, and discusses benefits for dental education, clinicians and patients. For example, it highlights a JADA article that compares the efficiency and treatment outcomes of a digital versus a conventional method of fabricating a denture, finding the digital method can reduce clinical and laboratory times and improve the occlusion stability of the final denture.

Donald Curtis, D.M.D., one of two associate editors of the PracticeUpdate Clinical Dentistry Channel, said the channel represents the future of how clinicians can use literature to support clinical decision-making.

"Using an online platform like PracticeUpdate to support clinical decision-making is relatively new to dentistry but is rapidly catching on," Dr. Curtis said. "Already over 20,000 subscribers are benefiting from our daily summaries and take-home messages. The platform is easy to use and free."

The channel's expert editorial and advisory board considers every article in the top 100 dental journals, selecting ones that have direct relevance to dental practice, and writes the summaries and take-home messages. Every week, the board also finds recognized world experts and key opinion leaders to write commentaries on select articles.

The second Spotlight On issue, scheduled to launch in July, highlights new findings on implants and implant restorations, while the third, slated for August, provides the most up-to-date clinical guidance on peri-implantitis. All three showcase emerging trends in clinical dentistry and the editorial board's efforts to ensure oral

health professionals have easy access to the best research on those trends.

"The goal of the first PracticeUpdate Spotlight On digests is to highlight three areas within dentistry that are growing exponentially," said Sathesh Elangovan, B.D.S., D.Sc., D.M.Sc., associate editor of the PracticeUpdate Clinical Dentistry Channel. "Within these areas, Spotlight On provides a unique snapshot of the recent advances in dentistry in a focused manner, which would not be available otherwise."

Learn more and subscribe for free to the PracticeUpdate Clinical Dentistry Channel at practiceupdate.com. ■

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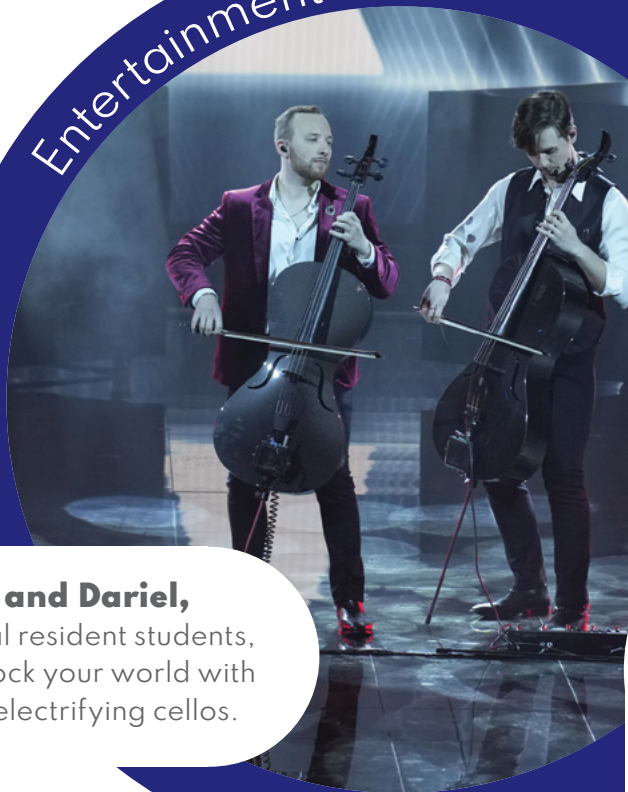
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Highlights

Remarks from ADA Executive Director **Dr. Ray Cohlma** and ADA President **Dr. George R. Shepley**

Recognition of the ADA New Dentist Committee **10 Under 10 Awards**

Presentation for the **Distinguished Service** and **ADA Humanitarian Award**

Study suggests regular toothbrushing improves glycemic control in people with diabetes

RESEARCH LED BY ADASRI SCIENTIST HIGHLIGHTS BENEFITS OF ORAL HEALTH COACHING

BY MARY BETH VERSACI

Regular toothbrushing is associated with better oral health outcomes and glycemic control in people with Type 2 diabetes, according to a study published in June in Diabetes Spectrum.

The systematic scoping review — conducted by Ruth Lipman, Ph.D., senior director of evidence synthesis and translation research for the ADA Science & Research Institute, as well as others at the American Dental Association and MedStar Diabetes Institute — examined results from 11 studies, including survey-based investigations that looked for associations between toothbrushing and better oral health or glycemic control and studies with an interventional component designed to improve home oral care.

“There are two important takeaways from this work,” Dr. Lipman said. “The first is that the data suggests that regular toothbrushing, the very bedrock of home oral hygiene, not only improves the oral health of people with Type 2 diabetes, but also improves control of their blood sugar levels.”

In every survey included in the review, participants who reported they brushed their teeth more frequently experienced better glycemic control. More frequent toothbrushing was often associated with better clinician-conducted measures of oral health as well, including less bleeding on probing, less gingival crevicular fluid, smaller periodontal pocket depth, less buildup of calculus, less tooth decay and decreased risk of periodontal disease.

education. However, the review notes additional studies are needed to further explore the potential for oral health coaching to improve the well-being of people with Type 2 diabetes. ■



“

The data suggests that regular toothbrushing, the very bedrock of home oral hygiene, not only improves the oral health of people with Type 2 diabetes, but also improves control of their blood sugar levels.

— Ruth Lipman, Ph.D.

“The second takeaway is that helping people improve their toothbrushing takes more than just talking at them about toothbrushing,” Dr. Lipman said. “The message for dentists is that lifestyle behavior change is difficult, so if dentists want to help their patients with Type 2 diabetes improve their oral hygiene, it is necessary to coach and motivate them rather than simply educate them about toothbrushing.”

In the interventional studies included in the review, oral health coaching was associated with greater improvement in glycemic control and toothbrushing behavior than oral health



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The value of the ADA: Organized dentistry's public works

BY BRACKEN KILLPACK

A question I regularly hear is, "What's the value of being a member of the ADA?" Some see more tangible value of membership in local and state organizations than in the national organization. While there are many reasons why the American Dental Association is valuable to our nation's dentists, I believe it is important to point out some of the less obvious values. Like road, electrical, water and sewage systems help ensure stable communities, the ADA provides important infrastructure that sustains and enhances the work of state dental associations, local dental societies and your practice.

Here are a few examples:

- **The ADA fully funds the cost of association management software for the entire tripartite.** Association management software is the lifeblood of any membership organization, reducing the time and expense of creating and maintaining data for membership, accounting, governance and events. The fact that almost every state dental association and local dental society uses the same association management software enables better collaboration. By covering the costs of a consistent association management software for the entire tripartite, the ADA collectively saves dental organizations hundreds of thousands of dollars annually.

- **The ADA significantly reduces the cost of knowing what activities are occurring in locations outside of your own jurisdiction.** For example, take the hypothetical case of a local dental society working with a rural city to install the new water fluoridation tablet feeder system that needs to quickly get technical guidance. Thankfully, the ADA is able to quickly connect a component with needed resources because they constantly monitor water fluoridation activities across the country. Tripartite organizations routinely access ADA resources because it's cheaper, less time-consuming, and more effective than building and maintaining that knowledge in-house.
- **The ADA invests in being a respected thought leader that furthers the practice of dentistry and makes our society healthier.** Two ADA entities that everyone should know about are the Health Policy Institute and the ADA Science & Research Institute. These entities provide valuable data that helps us be better advocates and drives

innovation in dental materials and other areas. HPI and ADASRI help shape the future practice of dentistry and innovative public policy that supports the delivery of optimal care.

- **The ADA is also a great aggregator of best practices and distributor of useful toolkits across organized dentistry.** Recently, my organization has used ADA toolkits on membership recruitment and retention, in-office dental plans and minimum loss ratio legislation. These are valuable resources that provide proven information that can be modified to state specifications, if necessary, once again saving us time and money.

Think about how the quality of life in your hometown would deteriorate if everyone had to build and maintain their own roads, utilities, water and sewage systems. The collective value of your community's public works is the same value the ADA provides for the entire tripartite. Providing these infrastructure services is often thankless and only becomes front of mind when these systems are not working properly.

In recent years, the ADA has increased its efforts to better collaborate with state and local organizations to improve the ADA-maintained organizational infrastructure. I am thoroughly impressed by this recent work, especially in comparison to the state of our collective infrastructure in 2006, my first year at the Washington State Dental Association.

The ADA is a valuable partner to you and your dental practice. As we work together for the good of your patients and profession, it's important to remember that the ADA makes this work more feasible, more efficient and more effective.

A version of this editorial, reprinted with permission, first appeared in the April 2023 issue of the WSDA News. Mr. Killpack is the executive director of the Washington State Dental Association. ■

A version of this editorial, reprinted with permission, first appeared in the April 2023 issue of the WSDA News. Mr. Killpack is the executive director of the Washington State Dental Association.



Former ADA president dies at age of 80

HOWARD JONES, D.M.D., WAS PRESIDENT FROM 2002-03

BY DAVID BURGER

Howard Jones, D.M.D., ADA president from 2002-03, died on March 4 in Athens, Georgia, at the age of 80.

A memorial service was held on March 27 at the Carrollton First United Methodist Church in Georgia.

Born in Tallassee, Alabama, on Nov. 13, 1942, he was the first child and only son of Theodore and Flora Jean Jones, according to his online obituary.

He is described in the obituary as "the father of three children and grandfather of five, a dentist and leader in his profession, an active member of his church, an avid gardener and a competitor in every sport he played."

Dr. Jones was the first person in his family to attend college, at Birmingham-Southern College, and graduated from dental school at the University of Alabama.

After dental school, he settled in Carrollton, Georgia, and was a general dentist for half a century.



Dr. Jones

With support from the local dentist community, Dr. Jones assumed increasing leadership responsibilities within the profession, eventually serving as president of the Georgia Dental Association in the 90s and as an ADA trustee before ascending to the

presidency of the American Dental Association.

"The ADA meant the world to him," said his wife, Lois Jones.

During his presidency, the ADA and two of its member dentists sued some of the nation's largest insurers under the federal Racketeer Influenced and Corrupt Organization Act and state laws for insurance abuses against dentists contracted under the insurers' managed-care plans.

See JONES, Page 22



New federal bill would guide rural students into health care

ADA leaders believe bill could strengthen dental workforce

BY ANNA FANELLI

The American Dental Association thanked Sen. Tim Kaine, D-Va., for sponsoring the Rural Health Workforce Pathway Act bill, which the ADA believes will help alleviate the dental workforce shortage.

The bill encourages students in rural communities to become health care professionals, hopefully contributing to the dental workforce in the future.

"The bill directs the Health Resources and Services Administration to award grants to consortiums of community organizations that would work to establish, improve, or expand health career exploration programs for rural elementary and secondary school students," wrote ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., in a June 23 letter.

These students would receive age-appropriate career guidance, academic counseling and mentoring, as well as assistance in enrolling in training programs.

"Students who are exposed to the health care professions from an early age are more likely to choose a health care career, and the guidance and mentoring they would receive under the Rural Health Workforce Pathway Act would help ensure that they succeed," Drs. Shepley and Cohlmiya wrote. "Also, because these students have a higher likelihood of staying and practicing in the community they grew up in or a similar rural area, your legislation will help to alleviate geographical disparities and ensure access to care for rural patients." ■

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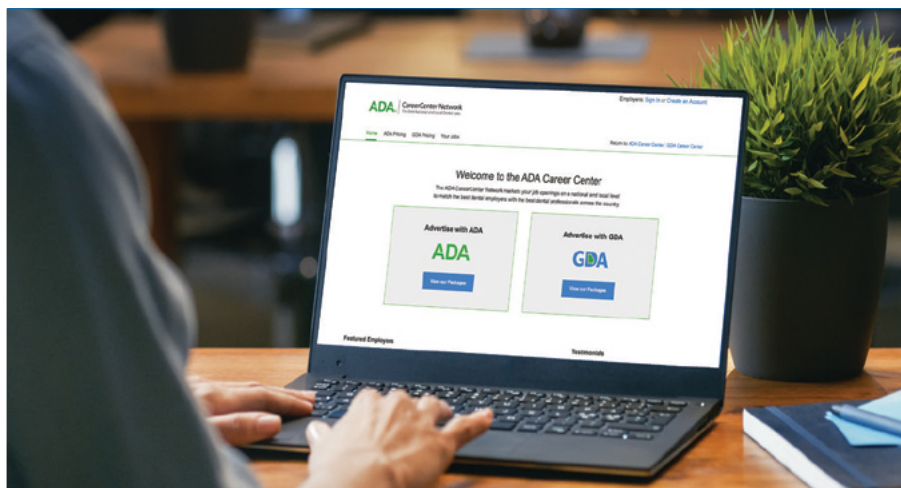
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JULY 10, 2023

ADA News



EDUCATION

ADA lauds senators for reintroducing Dental Loan Repayment Assistance Act

BILL WOULD HELP ASSIST DENTAL, DENTAL HYGIENE TRAINING PROGRAMS ATTRACT, RETAIN FACULTY THROUGH LOAN REPAYMENT PROGRAM

BY DAVID BURGER

The ADA is applauding U.S. Sens. Ben Cardin, D-Md., and Roger Wicker, R-Miss., for reintroducing the Dental Loan Repayment Assistance Act (S 2172), which would, if passed, help increase the number of dental and dental hygiene faculty in the workforce through loan repayment.

"Dental schools are having a difficult time recruiting quality faculty, especially for pediatric and public health specialties," said George R. Shepley, D.D.S., ADA president, in a news release issued by Sen. Cardin. "The Dental Loan Repayment Assistance Act will allow dental schools to recruit and retain full-time dental educators by alleviating the tax burden of the loan repayment benefits. We greatly appreciate the support of Senators Cardin and Wicker for recognizing the positive impact this will have on the future of the dental workforce in our country."

The Dental Loan Repayment Assistance Act would help allow faculty members to stay where they are needed most by eliminating certain loan assistance benefits from counting as taxable income.

Sen. Cardin said that oral health is integral to overall health and well-being, and that "crippling" educational debt, coupled with the pandemic, has created a shortage of oral health care providers across the nation.

According to the release, there are nearly 7,500 dental health professional shortage areas nationwide. Nearly 70 million Americans live in dental health professional shortage areas, with more than 11,000 practitioners needed to eliminate these shortage areas.

"Too many Americans already lack access to quality dental care," Sen. Cardin said. "The Dental Loan Repayment Assistance Act will strengthen recruitment and retention efforts for the next generation of dentists and dental hygiene faculty, so we have the oral health workforce to ensure that every American has access to a dentist when they need one."

Sen. Wicker said communities across the country continue to face unique challenges in recruiting and retaining dentists and dental faculty, drastically affecting access to dental care in underserved areas.

"Attracting more faculty to train a new generation of dental students is essential to addressing national shortages of dentists," he said. "Communities across the country continue to face unique challenges in recruiting and retaining dentists and dental faculty, drastically impacting access to dental care in underserved areas. Attracting more faculty to train a new generation of dental students is essential to addressing national shortages of dentists."

Along with the ADA, the Dental Loan Repayment Assistance Act is supported by the Academy of General Dentistry, American Academy of Oral & Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Pediatric Dentists, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Society of Dentist Anesthesiologists, American Student Dental Association and Hispanic Dental Association.

"The Dental Faculty Loan Repayment Program was created to address the significant difficulties in recruiting qualified individuals to fill faculty positions, especially acute in pediatric dentistry," said Scott W. Cashion, D.D.S., president of the American Academy of Pediatric Dentistry and pediatric dentistry residency program director at the University of North Carolina at Chapel Hill Adams School of Dentistry. "Pediatric dentists face staggering student loan debt [of] over \$300,000, often prohibiting them from entering into or remaining in a career as dental school faculty. We must do more to support the pediatric dental workforce, and that means working to ensure more dentists choose to become pediatric dental school faculty. By alleviating taxation of loan repayments to the individual, this legislation will make the Dental Faculty Loan Repayment Program even more effective in recruiting and retaining pediatric dental faculty." ■



AROUND THE ADA

JONES continued from Page 20

At the time, Dr. Jones was quoted as saying, "We are disturbed by these practices and intend to pursue vigorously all of our legal remedies for the benefit of our members and their patients."

An article published in The Journal of the American Dental Association quoted Dr. Jones: "This latest lawsuit is another example of the Association's advocacy for its members, for our profession and for the patients we serve."

In addition, during his presidency, a federal judge for the Northern District of Georgia dismissed two dental amalgam lawsuits filed against the ADA that alleged harm from mercury exposure from dental amalgams.

"We are very pleased with this ruling," Dr. Jones said at the time. "It reinforces our belief in the frivolousness of these lawsuits and that many unsuspecting individuals are being used as tools

to promote the causes of others. We hope the courts will continue to put these frivolous lawsuits behind us so that we may go unhindered in devoting our time and efforts to promoting the nation's oral health and working on solutions to help improve access to oral health services."

Dr. Jones is survived by his wife, Lois; sister Brenda and brother-in-law, Bill Brigadier, in Madison, Alabama; son Ted and daughter-in-law Miranda Kennedy in Washington, D.C.; daughter Amy and son-in-law Mark Abbe, in Athens, Georgia; son Dan and daughter-in-law Emily Jones in Alexandria, Virginia; and grandchildren, Olivia Jones, Henry Abbe, Annie Jones, Helena Jones and Penelope Abbe. In lieu of flowers, the family is requesting donations to the Alzheimer's Foundation or a favorite local charity. ■

— burgerd@ada.org



Fluoridation at risk in 'forever chemical' proposal

EPA RULE COULD INADVERTENTLY FILTER FLUORIDE FROM DRINKING WATER

BY DAVID BURGER

The ADA urged the Environmental Protection Agency in a May 30 letter to consider "forever chemical" filtration equipment location and laboratory certification standards that will not inadvertently remove fluoride from public water systems.

The agency continues to explore the best available removal technologies of per- and polyfluoroalkyl substances in drinking water. Those substances are colloquially termed "forever chemicals."

"It may be valuable to speak with the Centers for Disease Control and Prevention about options for removing PFAS from drinking water without removing fluoride in the process," wrote ADA President George R. Shepley, D.D.S., and ADA Executive Director Raymond A. Cohlmiya, D.D.S., in the letter addressed to the EPA's Office of Ground

Water and Drinking Water in Washington, D.C.

According to the letter, the EPA has proposed to reduce exposure to several per- and polyfluoroalkyl substances in drinking water, as those pose serious health risks at currently regulated exposure levels. These chemical compounds, which are

exceedingly slow to degrade, are commonly found in everyday products (e.g., clothing, cosmetics, toilet paper) or are the unintended byproducts of certain manufacturing processes. Their widespread use has led them to be found in blood, air, fish, soil and other places, including drinking water.

The EPA is proposing to reduce the maximum allowable concentration of these PFAS in public drinking water — from 4.0 nanograms per liter to 1.0 ng/L — based on a determination that no adverse effects are known or anticipated to occur at that exposure level.

Drs. Shepley and Cohlmiya noted that this goal would be achieved, in part, by requiring water control authorities to install new filtration

technologies at their public water distribution system's point of entry.

"However, the PFAS-removing technologies EPA is currently proposing have the potential to undermine a water treatment process that has advanced the public's oral health for more than 75 years: community water fluoridation," Drs. Shepley and Cohlmiya wrote.

In 2018, 73% of the U.S. population on community water systems — 207,426,535 people — had access to fluoridated water, according to the letter.

To learn more about the ADA's advocacy efforts, visit [ADA.org/advocacy](https://ada.org/advocacy). ■

— burgerd@ada.org



Former ADA trustee, Texas Dental Association president passes away

Hilton Israelson, D.D.S., was ADA trustee from 2011-15

BY DAVID BURGER

Dallas — Hilton Israelson, D.D.S., a Texas-based periodontist and former ADA trustee, passed away on May 19.

Dr. Israelson, who had been providing periodontal services to patients of greater Dallas since 1981, was an ADA trustee from 2011-15.



Dr. Israelson

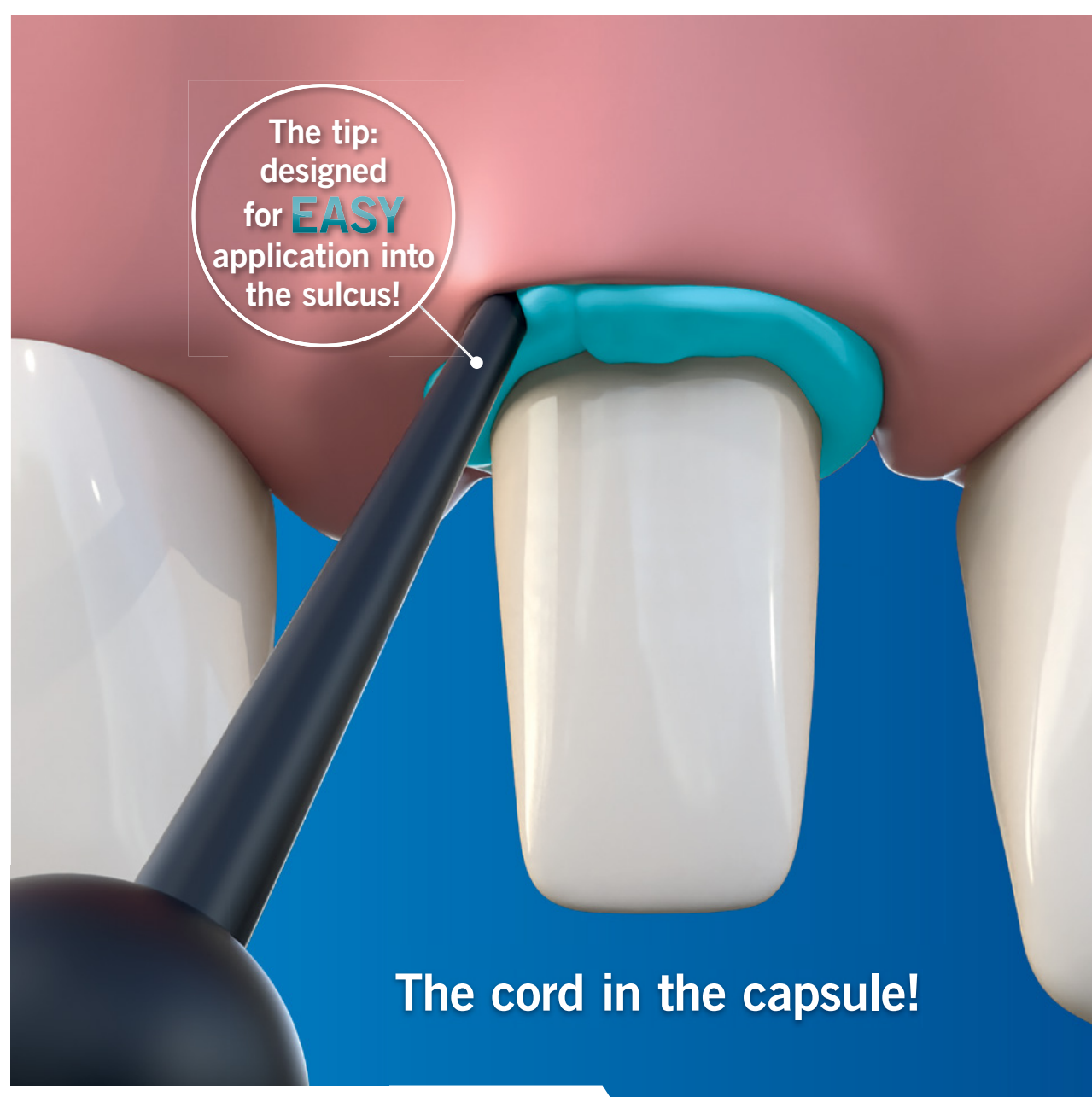
He was also a past president of the Texas Dental Association and the Dallas County Dental Society.

A native of South Africa, Dr. Israelson received his dental degree in 1973 from the University of the Witwatersrand, Johannesburg School of Oral Health Sciences. He then came to the U.S. for his periodontal specialist training and residency and graduated from the Tufts University School of Dental Medicine in Boston.

Dr. Israelson is survived by his wife, Maureen, their three children, Alana, Carla and Justin, and their six grandsons.

A memorial service was held on May 21 at the Restland Funeral Home in Dallas. ■

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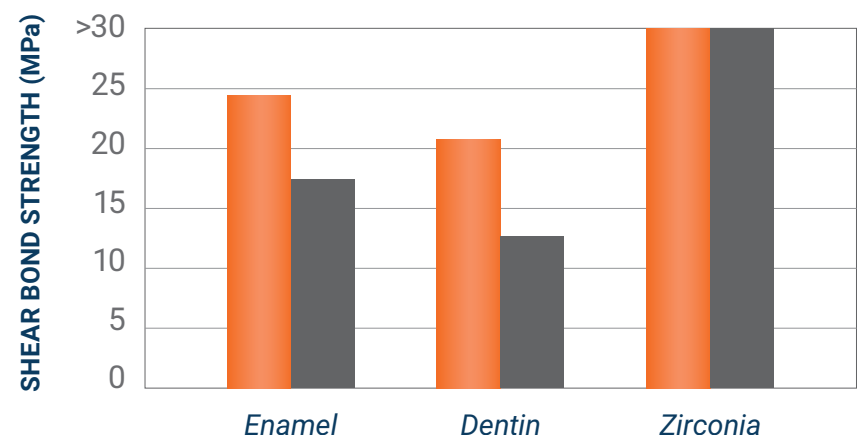


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