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ADANEWS

MAY 3, 2010

VOLUME 41 NO. 9

Financial services legislation

Lawmakers differ on whether dentists covered

BY CRAIG PALMER

Washington—Wall Street may have center stage in the financial services debate on Capitol Hill, but dentists

and dental practices may get caught up in the regulatory sweep of legislation.

That's the view of several bipartisan members of Congress and the Associa-

IHS testimony, page six

tion concurs, notwithstanding a Senate report disclaimer that the banking committee intends to exempt "persons
See FINANCIAL, page 10



Proclamation: Kids and volunteers at the Give Kids A Smile event April 16 at the A.T. Still University of Arizona School of Dentistry and Oral Health in Tempe, Ariz., show off a proclamation from Gov. Jan Brewer. Volunteers, standing from left, include Phyllis Yancy, Arizona Dental Association; Dr. Greg Pafford, Arizona Dental Foundation president; Dr. Jack Dillenberg, ASDOH dean; Dr. Michael Smith, ADF board member; Ginger Froncek, ADF executive director; and Dr. Gary M. Johnson, a Phoenix dentist also known as Molar Man. Story, page 24.

Align Tech listens

Responding to dental community, it drops controversial 10-case requirement

BY JAMES BERRY

Responding to customer complaints and input from dental organizations, including the ADA, Align Technologies Inc., announced April 22 that, effective immediately, it no longer would require dentists to start at least 10 cases each year in order to remain Invisalign providers.

ADA leaders learned in a telephone conversation with Align President Thomas Prescott in late April that the

Brican litigation, page 12

company had dropped the 10-case requirement from a so-called "proficiency program."

Announced in June 2009, the 10-case requirement was met with sharp opposition from dentists using the Invisalign system and spurred the ADA to contact the company.

"We were able to sustain the relationship with Align while working to convince them that their proficiency requirements would not be effective in assuring patient satisfaction or professional competency," said Dr. Ron Tankersley, ADA president. "We are pleased to have played a role in reversing this policy on behalf of our members."

In disclosing its policy change,
See ALIGN, page 31



Dr. Tankersley: ADA engaged in discussions with Align on its policy.

BRIEFS

Hotel deals: Book discounted hotel rooms through the ADA for summer travel to Chicago. ADA members can take advantage of specially



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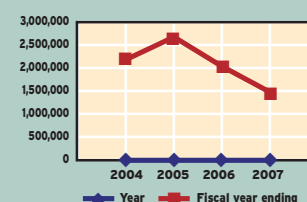
- Affinia;
- Hilton Suites;
- Homewood Suites;
- Four Seasons;
- Ritz-Carlton;
- Whitehall;
- Wyndham.

To make a reservation please visit "www.ada.org/goto/chicagohotels". Members may extend this benefit to their families and staff. All reservations are subject to availability and are offered to current ADA members. Limit three rooms over the same dates, per member. ■

JUST THE FACTS

Dental school capital expenditures

Average total major capital expenditures for all dental schools (excluding those reporting \$0) have dropped from \$2,195,666 in fiscal year 2004 to \$1,479,631 in 2007.



Source: ADA Survey Center
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Dental Record offers update

The Dental Record has a new solution to help save dentists time and recordkeeping space when creating emergency patient records.



Their record-keeping experts have created a unique emergency record that measures 6-by-9-inches and includes information on patient registration, patient history, the doctor's notes, and release and consent information.

Front office staff can begin logging information from the patient's first telephone contact, eliminating the need for the patient to repeat details when he or she arrives at the office. The record also provides space to record information on past treatments, illnesses, current medications or pertinent medical conditions.

"The Emergency Record is a big value in small packaging," said Lee Johnston, president of The Dental Record. "Now dentists can save valuable record space among their active patient files, yet still have all the critical information they require. There's no need to create a whole chart for the

patient dentists may see only one time."

The Emergency Record also has a section to verify that release and consent was obtained after discussing the treatment plan, the risks involved, the procedure and alternatives prior to performing services. For patients who subsequently become a patient of record, the Emergency Record is two-hole punched and can easily be incorporated into a permanent record.

For more information, visit "www.dentalrecord.com" or call toll-free at 1-800-243-4675. Members who mention the ADA can receive 15 percent off their first order. ■

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ViewPoint

MyView

Volunteerism is soul food



Kurt Ferré, D.D.S.

I graduated from Northwestern University Dental School in 1976. When my daughters were younger, I volunteered in their classroom for a couple of hours on a near-weekly basis, and I was a volunteer soccer coach for 12 years. Yet, it wasn't until 1999 that I did my first volunteer dental work. Up to that point in time, I wanted to be away from dentistry on my day off during the week.

I met Georgene Burnett of Northwest Medical Teams (now Medical Teams International) at the Oregon Dental Conference. She was the volunteer coordinator, and I liked her. She made it very safe in that she asked me, "How many days a year do you want to volunteer?" I believe I told her that day,

"Two." With a smile on her face, she replied, "Great."

My first day was in the summer, and Georgene asked me if I would drive to Newberg. There was a summer school for low-income children, and they wanted to schedule a clinic. What I remember most from that first day was I met a 9-year-old boy with an abscessed first permanent molar. I asked him how long it had been hurting, and he told me he couldn't remember. With no provisions for endodontic follow-up care, I had to extract this tooth.

What struck me at the time was: (1) this wasn't the typical patient that I saw in my practice; and (2) if I or someone could have seen him a couple of years earlier, a dental sealant would have protected this tooth for almost no expense. This

Why did I wait so long to give back my dental skills to less fortunate members of our society?

Was I not ready to volunteer earlier in my career, or did I just not ever have someone ask me to try it?

young boy didn't choose what socio-economic class he was born into. Essentially, he is a victim of his circumstances, something my two daughters will never, ever have to deal with.

This hit me between the eyes like a figurative brick. One of my volunteer dentist heroes, Dale Canfield (who has lead seven MTI missions to Cambodia), had a similar experience. He started volunteering for NW Medical Teams about a year before me. Both of us told ourselves that we can, and

must, keep doing this. I asked myself, "Why did I wait so long to give back my dental skills to less fortunate members of our society? Was I not ready to volunteer earlier in my career, or did I just not ever have someone ask me to try it?"

I called Georgene after my first day and said that I wanted to increase my MTI volunteer work from two to four days a year.

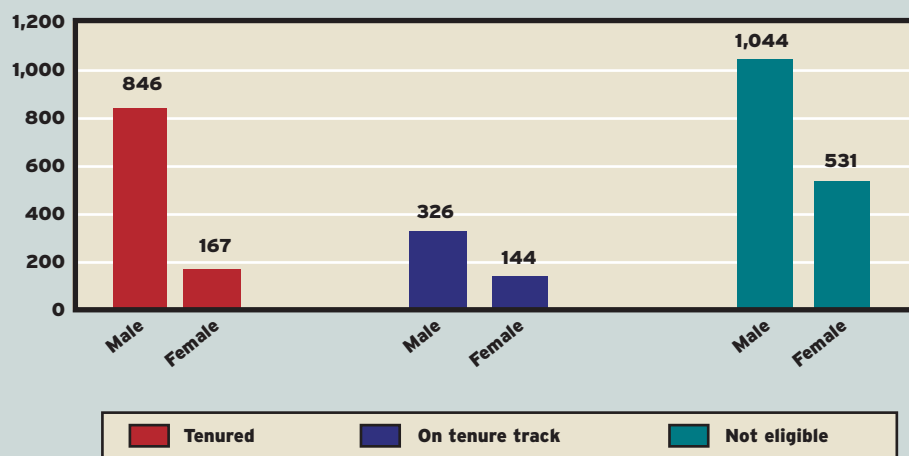
I also found out that although I am not a pediatric dentist, I prefer to see

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Faculty tenure by gender

While males made up the majority of dental/clinical science faculty in all three tenure categories, they were much more likely to be tenured, on tenure track or not eligible for tenure compared with females in the 2007-08 school year.



Source: American Dental Association, Survey Center, 2007-08 Survey of Dental Education.

Letters

New team members

"You oughta be able to learn to fix teeth in a year or two."

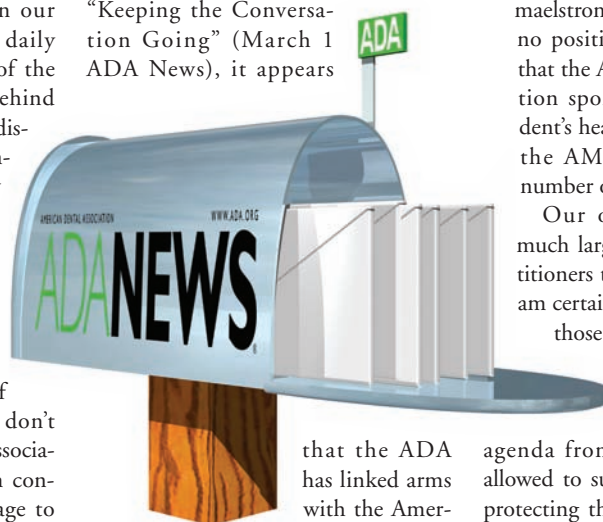
As a dentist, I've always believed it takes a dentist to really appreciate another dentist. We have a huge storehouse of knowledge which we must extemporaneously access. Even our auxiliaries who work with us daily comprehend only a modicum of the logic and nuanced reasoning behind our work. This is not meant to disparage their intelligence; they simply have not been sufficiently educated because they have not gone to dental school.

I recognize that the layman, be it politician policymaker or tradesman, may reason that there just can't be that much to "fixing teeth." A year or two of training should do it. What I don't understand is our professional association's apparent lack of resolve in conveying the fallacy of that message to political policymakers relative to the new "dental team member."

The reason given for the apparent capitulation by the ADA on this issue is that we must have a seat at the table with the policy formulators, most of whom appear to be dental academicians. The price of admission, it would appear, is that we must dilute our commitment to provide quality practitioners for the public. How else to explain

that a new team member will be created who, in my opinion, will simultaneously deliver sub-par work and ineluctably undermine the security of the private practitioner? Better to have no seat at the table than be a party to the assault.

Judging from the article "Keeping the Conversation Going" (March 1 ADA News), it appears



that the ADA has linked arms with the American Dental

Education Association in an effort to establish guidelines for this new program. Perhaps the ADEA believes it has the duty to see that the access to care issue is met regardless of the consequences to our profession. Perhaps they are pursuing a social agenda that, in their minds, trumps all else. They will create a "new baby" for politicians to kiss, and in so doing they are creat-

ing an existential threat to our profession as we know it. In all likelihood the new program will not address the problems it purports to solve. I believe it won't matter because the damage to our profession will already have been done.

The present national health care maelstrom comes to mind. I defend no position here, but I am aware that the American Medical Association spoke in favor of the president's health care reform. However, the AMA represents a limited number of physicians.

Our own ADA represents a much larger percentage of its practitioners than does the AMA, and I am certain that a strong majority of those dentists are opposed to a "trade-level" practitioner. I do not believe that any idealized social

agenda from any source should be allowed to subordinate our mission of protecting the public and the dentists who serve them.

My son will soon complete a hospital-based general practice residency, after which he will enter practice with me. During his five years of dental education, I have always encouraged him and his classmates to embrace organized dentistry. I will continue to do that, but I think that we should be given assurances that the money we

See LETTERS, page five

LettersPolicy

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MyView

Continued from page four

children in my volunteer work. I'm a sucker for these children: their innocence, their ability to smile during situations that you and I would term deplorable, and their courage in my dental chair. Working with the school nurses and teachers, I can actually see progress with my young patients' oral health when we implement preventive measures at their schools: fluoride supplements, oral health instruction and fluoride varnish treatments. There is hope.

One of my goals was to retire relatively young and to do dentistry as a hobby. I can now volunteer

on a weekly basis, but I tell you that I wouldn't do it unless it was fun. I am way over any positive strokes that I get from my peers for doing this work, meaning that I don't do it to please others or suggest what a wonderful person I am. My greatest positive stroke is the feedback that I get back from the children.

Two years ago, the Multnomah Education Service District of Oregon presented Dr. John Kilian and me a certificate for our volunteer services at an MESD board of directors meeting.

About a month before this meeting, I had visited Rigler Elementary School in northeast Portland, where 11 of the 12 children I had treated cried when I administered local anesthetic to them. I was sure that I had created more than a few future dental-phobic patients.

However, one of the teachers at the school had asked these young patients to write thank you cards to me, and these cards were presented at this meeting.

So here I am standing in front of the MESD board of directors. The first card that I opened read as follows, "Dear Dr. Ferré, Thank you for helping my teeth feel better, and I am not scary now. Your friend, Maria." There were two hearts drawn next to her name. Well, I may have made 11 children cry that morning when I visited Rigler School, but a little girl got me back. My eyes watered up, and I had to just stand there for 30 seconds to compose myself before I could say a few words to the board of directors.

While I practiced with Permanente Dental Associates, I coordinated the Give Kids A Smile

Day at our Kaiser North Interstate Clinic. One of our pediatric dentists, Dr. Greg Stafford, and I were walking out of our clinic one evening just before our GKAS event, and we were discussing the upcoming day. Greg is originally from Danville, Va., and he had participated in the six previous GKAS Day events that Kaiser has sponsored. I asked Greg, "Why do you think we volunteer every year for this event?" Greg turned to me, and sliding back into his southern Virginia accent, responded, "It's good for the soul!"

Soul food, my friends.

Dr. Ferré is the president of the Multnomah Dental Society (Oregon). His comments, reprinted here with permission, originally appeared in the March issue of Hotline, an MDS publication.

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Letters

Continued from page four

send to our national organization in Chicago will not be used to the detriment of patients and private practitioners. I realize that it is easy to sit on the sidelines and throw stones at our members who are trying to force a round peg into a square hole, but if the ADA ceases to represent the opinions of the majority of its members, it will irrefutably diminish in stature.

Stephen D. Carter, D.D.S.
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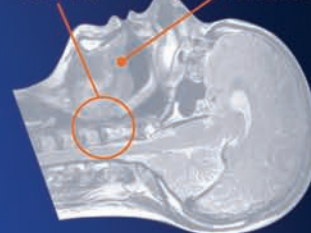
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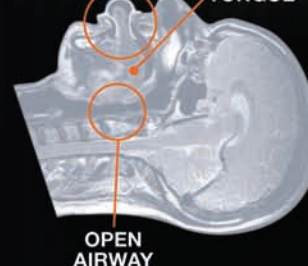
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Progress reported on IHS dental ‘challenges’

BY CRAIG PALMER

Washington—American Dental Association and Indian Health Service congressional testimony reports progress in recruiting and retaining IHS dentists as the agency launches an initiative to reduce “epidemic” level tooth decay among Native American children.

“The dental program is seeing improvement,” the Association told Congress. “Two years ago, there were over 140 dental positions open. Last year that number fell to 87. Today it is 55.” The Association commended IHS and tribal caries initiatives and urged Congress to support them. (See story, page seven.)

Dr. Mark Walker, Council on Government Affairs chair, testified for the Association, which also offered more detailed written testimony. “The most pressing oral health issue in Indian Country is tooth decay, or caries, among young children,” he testified. “It has reached epidemic proportions.”

Dentist/Rep. Mike Simpson (Idaho), ranking Republican at the House appropriations hearing, engaged IHS Director Yvette Roubideaux, M.D., in a dental conversation in which she described the IHS early childhood caries initiative as “very innovative” and the dental vacancy rate as “improved.”

“The problem of dental caries, especially in American Indians and Alaska Native children, is quite significant, and it’s an incredibly challenging problem, given the problems that can cause them in the future,” Dr. Roubideaux replied to Rep. Simpson’s inquiry. The IHS director is a member of the Rosebud Sioux Tribe, South Dakota.

“Historically, recruitment and retention of health care professionals has been one of the greatest challenges for providing consistent and proper health care in Indian Country,” Rep. Simpson continued. “Can you tell me what are you doing to address that problem, because obviously recruiting and retaining health care providers is one of the most important things we can do in making sure that we have available health care services regardless of the health care bill that passed (a reference to recently enacted health care reform legislation).”

“We are making progress with the electronic dental record. It’s critical for us to be able to provide good clinical care and track administratively our care. This funding will get us up to about 80 of our sites potentially implementing the electronic dental record.”

“In terms of recruitment and retention, we’re looking at position descriptions and how much we pay providers and trying to see how we can be more competitive, either through their salaries or through additional incentive pays or bonuses,” Dr. Roubideaux replied. “And I have to say, that has really helped us with the dental vacancy rate and the additional incentive pays and improvements in salary, along with an increase in loan repayment awards to dentists, has really improved our dental vacancy rate.”

The House Appropriations Committee last year directed the Indian Health Service to use part of its health information technology funding to enhance electronic dental records. “Where do we stand on this electronic dental record?” Rep. Simpson asked.

“We are making progress with the electronic dental record,” Dr. Roubideaux replied. “It’s critical for us to be able to provide good clinical care and track administratively our care. This funding will get us up to about 80 of our sites potentially implementing the electronic dental record. And we realize we still have another 145 sites to go, but we want to continue trying to make progress to implement it, because we understand it is so important for us to provide better quality dental care.”

The Indian Health Service used \$4 million in economic stimulus funding and \$1 million from the dental budget toward developing an electronic dental record, Dr. Roubideaux testified. ■

—palmerc@ada.org

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Association commends tribal caries initiative to Congress

BY CRAIG PALMER

Washington—Commending one tribe's initiative for caries-free children entering school, the Association asked Congress April 15 to extend it to all Native American children under age 5.

"The most pressing oral health issue in Indian Country is tooth decay, or caries, among young children," Dr. Mark Walker told a House appropriations subcommittee. "It has reached epidemic proportions. The decay rate is about 400 percent greater in this population than in the general U.S. population. Worse still, the severity of decay is substantially higher. Preschool children average more than five teeth with decay compared to one decayed tooth among the rest of the population."

The House Appropriations Committee's subcommittee on interior, environment and related agencies took testimony from Native American witnesses and the American Dental Association. Dr. Walker chairs ADA's Council on Government Affairs.

The Association commended the Indian Health Service for recently initiating an early childhood caries initiative ("Curbing Caries, Boosting Access Goals of IHS Effort," ADA News, Feb. 1 issue) to promote prevention and early intervention of tooth decay in young children and cited a 2009 ADA symposium on early childhood caries in American Indian and Alaska Native children among efforts to address the problem.

One tribe, the Sisseton-Wahpeton, set a five-year goal to have all children caries free when they enter school, Dr. Walker testified. "We ask this committee to support that goal and extend it to all Native American children under the age of 5. We estimate that accomplishing this would require an additional \$50 million."

"We'll bring that up with the director of the Indian Health Service if we can get her here," said Rep. James Moran (D-Va.), who was chair-



ing the hearing when the Association testified.

The Sisseton-Wahpeton Tribe is located primarily in Roberts, Day and Marshall counties in South Dakota. The tribe has a population of more than 11,787 enrolled members and about half of them live on the reservation.

The Association also called for increased funding for the IHS dental division and the dental loan repayment program and offered recommendations to improve the IHS electronic dental record system. ■

Testimony: Dr. Mark Walker (left), chair of the ADA Council on Government Affairs, testifies April 15 before a House appropriations subcommittee discussing oral health issues of Native American children. Dentist/Rep. Mike Simpson looks on.

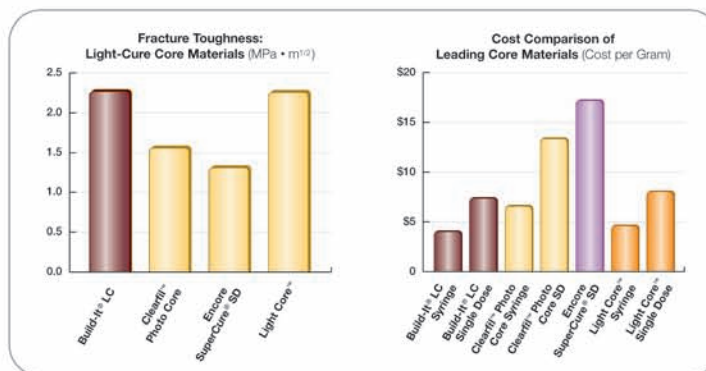
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ADA describes 'excellent' IHS student outreach

Washington—Indian Health Service dental recruiters "have conducted an excellent campaign to attract dental students to participate in their summer extern program as a way to introduce them to the service," the Association told the House Appropriations Committee.

"Thanks to this committee's recognition of the success of this program we expect that the IHS will be able to place up to 240 applicants this summer." The IHS received applications from 322 dental students representing 49 dental schools in 2008 and had funding to place 120 students.

The ADA supports the IHS extern program with travel support for second-year dental students who assist the externs, introducing even more students to career opportunities serving Native Americans. ■

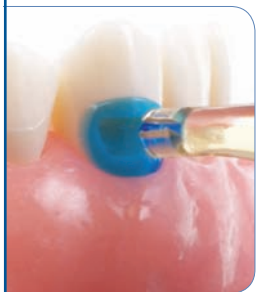
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GKAS awards presented April 13

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TeamSmile: Dr. William Busch (left), TeamSmile, presents a \$15,000 donation to the ADA Foundation GKAS Fund during the GKAS Awards Gala April 13 in Washington. Accepting the award are GKAS National Advisory Board members Candy Ross, Robert Henderson and Steve Kess.



NDA: The National Dental Association donates \$15,000 to the ADA Foundation Give Kids A Smile Fund during the GKAS Awards Gala. Pictured from left are Robert Henderson, Ph.D., ADA Foundation Board of Directors; Dr. Darrell Clark, NDA; Dr. Edward Chappelle, NDA; Steve Kess, ADA GKAS National Advisory Board chair; Dr. Hazel Harper, NDA; Dr. Belinda Carver-Taylor, NDA; Dr. Walter Owens, NDA; and NDA Executive Director Robert S. Johns.



HDA: From left, Dr. Ernie Garcia, ADA Foundation board member; Robert Jones, vice president, Human Resources, GE Capital; Dr. Yolanda Bonta, executive director, Hispanic Dental Association; Cindy Hearn, senior vice president of marketing, Care-Credit; and Dr. Victor Rodriguez, HDA, are shown as the HDA donates \$15,000 to the ADA Foundation GKAS Fund.



ADCF: Bruce Bergstrom (left), executive director, America's Dentists Care Foundation, presents a \$15,000 donation to the ADA Foundation GKAS Fund. Accepting it are GKAS Advisory Board members Cindy Hearn and Steve Kess.



OHA: Dan Perkins, Oral Health America Board of Directors, and Beth Truitt, OHA president and CEO, present a \$15,000 donation to the ADA Foundation GKAS Fund during the GKAS Awards Gala.

Awards and smiles at Washington Leadership Conference in April

BY CRAIG PALMER

Washington—Nearly 600 dental advocates convened in the nation's capital April 12-14 to lobby Congress and celebrate Give Kids A Smile events reaching millions of children.

During the annual Washington Leadership Conference, the American Dental Political Action Committee presented grassroots advocacy awards to the Rhode Island Dental Association and Georgia Dental Association.

In presenting the awards, Dr. Gary Jeffers, ADPAC board member, said "efforts in Rhode Island spurred legislative action on third-party insurers throughout the country."

"Member dentists throughout the state were mobilized to attend fundraisers and communicate with Rhode Island legislators the importance of passing this legislation. The response to the bill by the dental community was outstanding."

The most successful fundraiser award went to the Georgia Dental Association "for its work in helping to raise \$125,000 to elect Lee Hawkins, a past GDA president and ADA member," Dr. Jeffers said.

Dr. Hawkins is running for a seat in Congress, and more than 200 GDA members have



Georgia award: The WLC Georgia delegation receives best fundraiser award from ADPAC's Dr. Gary Jeffers (far left) for supporting the campaign of Dr. Lee Hawkins, past president of Georgia Dental Association seeking "dental voice" in U.S. Congress.



ADPAC pitch: Go home fired up, Dr. Roger Triftshauser, ADPAC chair, exhorts WLC attendees, "continue to help our congressional candidates;" WLC participants running for seats in Congress include Dr. Paul Gosar, Dr. Lee Hawkins and incumbent Rep. Mike Simpson (R-Idaho), who delivered the keynote address.



Election drivers: This year "everybody is going to run as an outsider," Amy Walter, a fresh voice of political punditry as editor-in-chief of National Journal's The Hotline, says in WLC look ahead to fall elections.

contributed to his campaign.

The Association honored Rep. John Dingell (D-Mich.) and Sen. Charles Grassley (R-Iowa) for leadership in oral health advocacy at a GKAS reception and gala April 13.

The WLC and GKAS activities just happened to coincide with an April 12-13 nuclear security summit, which commanded increased security in the extended downtown area.



Rhode Island award: From left, Dr. George A. Resnevic, Rhode Island Dental PAC chair, and Dr. Jeffrey E. Dodge, ADPAC/RIDPAC team leader, accept best state award for pushing noncovered services legislation; "Rhode Island took the lead and succeeded," says ADPAC's Dr. Gary Jeffers.

Upwards of 400 dentists from across the United States asserted professional policy on Capitol Hill during the WLC. The dental advocates included state dental association representatives, members of the Alliance of the American Dental Association and guests.

"Your willingness to come to Washington to advocate for our profession and the patients we serve is a critical element if we are to be successful in our government affairs," Dr. Ron Tankersley, ADA president, said in welcoming remarks. "I thank you for that commitment. It is critical that the ADA represent our members' interests by focusing on what matters most to the profession and all the caring professionals who comprise our organization."

The dental advocates lobbied lawmakers on a number of issues including antitrust legislation, the Federal Trade Commission's Red Flags rule and insurance reforms for ERISA-governed dental plans. Dentist/Rep. Mike Simpson (R-Idaho) delivered the keynote address, and other

members of Congress were among the WLC speakers.

The WLC also focused on persuasive communications with presentations on the enhanced "www.ada.org" website, which the Association unveiled to the profession and public on April 7, and on "trends transforming social media and politics."

Many of the dental advocates met with members of Congress and congressional staff during the WLC to discuss issues of interest to the dental profession. The third annual ADA Foundation Give Kids A Smile reception at the Capitol Visitor Center and awards gala at the Decatur House April 13 honored GKAS sponsors and partners and announced a third round of grant awards to dental organizations with "the stature and energy to make a remarkable difference in the lives of at-risk children by enhancing their oral health" and "to thank you for all you do for our underserved children." ■

—palmerc@ada.org

Government Financial

Continued from page one
such as dentists" from the financial regulatory overhaul unless they are "engaged significantly in offering or providing consumer financial products or services."

For clarification, go to Section 1027(a)(2) subparagraphs (A), (B) and (C) of S. 3217 as reported March 22 by the Committee on Banking, Housing, and Urban Affairs and you may find the statutory language "very confusing" on whether dentistry is exempt, according to an Association

analysis of the legislation. "The assertion that dentists are covered by it is more than likely," says the ADA.

Sen. Jon Kyl (R-Ariz.) took to the Senate floor April 19 and again April 21 to make the point, also asserted at his website, that "It (the legislation) even would cover a dentist's office or an optometrist. If it takes more than four payments to take care of what he had to do, he would be covered by this."

It depends in no small part on how the legislation defines "creditor," and that has Rep. Nydia Velazquez (D-N.Y.), House Small Business Committee chair, seeing Red Flags. "Though Section 1027 does provide for businesses and entities subject to regulation, I am concerned that the current language could be interpreted as applying to small health care practitioners (such as dentists and

physicians)," she said in a letter to Sen. Chris Dodd (D-Conn.), who chairs the banking committee, with copies to other key financial services legislators in the House and Senate.

"A recent determination by the Federal Trade Commission, which found that dental and law practices were creditors, highlights how agencies can have such broad interpretations," Rep. Velazquez wrote. The letter by footnote says she explicitly refers to the FTC's identity theft Red Flags Rule. "Given the scope and reach of the 'Restoring American Financial Stability Act,' the assertion that solo and small group practitioners would be covered by the legislation is more than likely." As for report language purporting to exempt dentists, Rep. Velazquez said "such language does not carry the force of law."

"The statute leaves open the possibility for vary-

ing interpretations and potentially creating unintended outcomes such as the recent FTC decision. As chair of the Small Business Committee, I urge legislative changes to be included making sure small health care practices are protected. I recognize that while the report language makes clear this is the intent, legislative text will guarantee clarity in this matter."



Dr. Shoemaker

The number of installment payments allowed and interest requirements figure into the calculation of whether a "creditor" will be covered in the same way that the FTC's Red Flags Rule requires health care workers and other professional groups to develop, implement and monitor identity theft prevention programs.

Sen. Dodd is on record as characterizing as "not true" assertions that small businesses like dental practices will be subject to new financial services regulation. "These rules we have crafted apply only to firms engaged in offering consumer financial services or products, not the butcher, not the laundromat and not the dentist. Just because ... your dentist offers a payment plan doesn't mean these rules apply" (Congressional Record Senate Procedural Matters, April 21).

Under the Red Flags Rule, the FTC says health care practices may be "creditors" as defined by a 2003 law to include "any entity that extends or renews credit—or arranges for others to do so—and includes all entities that regularly permit deferred payments for goods or services," and are thus subject to Red Flags regulation. The Association has challenged FTC's interpretation of the Fair Credit law while seeking legislative remedy.

The pending financial services bill and the 2003 Fair Credit law use like definitions of "creditor" but different enforcement agencies.

Questions of dental impact from the financial services legislation are well below the public radar screen but starting to gain media visibility. Dr. Eugene Shoemaker, Wisconsin Dental Association president-elect, told the Milwaukee Journal Sentinel in response to an interview request that the ADA and WDA do not know how the legislation's proposed Consumer Financial Protection Agency specifically would affect dentists but that it could lead to dental practices being scrutinized "just like major financial institutions."

The Journal Sentinel reporter wanted to know how Wisconsin dentists' patient-credit programs might be impacted. Dental practices could choose to stop offering payment options which, in turn, could discourage some patients from seeking care and needed treatment because they couldn't pay in full, Dr. Shoemaker said.

A Washington, D.C. insider publication, Politico, quoted a U.S. Chamber of Commerce representative April 17 as saying that a local orthodontist who extends credit to help parents pay for their children's braces "would fall under the new regulatory regime."

The Association seeks legislative language exempting certain "creditors" such as dentists from the new agency's regulatory reach. "Our view is that the statute itself, not report language, is what governs and that we need clarity in the bill language itself," says the ADA analysis of the pending legislation. "If Congress means to exempt dentistry, they should put that in the law." ■

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Class action complaints filed against Brican America

BY JENNIFER GARVIN

Miami—It's a testimony to this era of rapid information that an e-mail and a visit to a social networking site played a big part in attorney Ron Gossett's decision to file a class action complaint

against Brican America Inc. on behalf of some 500 dentists and optometrists.

That complaint, filed by Mr. Gossett March 16 against Brican in the U.S. District Court in the Southern District of Florida, alleges that

Brican—a company that markets specialized computer and television screens for doctors' waiting rooms—used “fraudulent sales” to create a “pool of money for the related company.” The complaint also says that at the time the fraud was

executed, Brican “had no business with which it could possibly fulfill its contractual obligation to pay advertising fees, other than the money diverted to it from the fraud perpetrators.”

The suit also names Brican America LLC; Brican America Financial Services; NCMIC Finance Corp. (doing business as Professional Solutions Financial Services); Jean Francois Vincens; Jacques Lemacon; Salvatore M. DeCanio Jr.; JJR Investments LLC; Lifestyle of Vision Inc.; Viso Lasik Medspas LLC of Florida; Viso Lasik Medspas of Charlotte LLC; and Viso Lasik Medspas of San Antonio LLC.

It is one of four known class action complaints pending against Brican.

Brican markets its equipment almost exclusively to health care practices, and doctors who sign leases for the computer equipment also sign marketing agreements that promise monthly fees for displaying advertising. Many of the marketing agreements also state that should Brican fail to pay the marketing fees, Brican will repurchase the leased equipment upon the client's request.

Members who have called the Association confirm this, saying they agreed to lease the Brican systems as part of an overall transaction under which they would also receive fees in return for running certain content on the leased television/computer system.

“This is going to be a long process. This is going to take some time before there's a resolution. This is not going to be resolved this summer. This is going to take 2-3 years, maybe even another year.”

Since late 2009, the website Leasing News Forum, which publishes leasing-related news, and the health care social networking sites, DentalTown and CafePharma, have seen Brican pop up repeatedly on their message boards.

Mr. Gossett, who owns a law practice in Hollywood, Fla., said prior to March of this year he had never heard of Brican, but by March 16, his firm Gossett & Gossett was working nonstop on the case.

According to Kit Menkin, Leasing News founder, Mr. Gossett previously impressed him with his work for the plaintiffs on the ongoing NorVergence litigation, in which customers allege they were stuck with long-term equipment rental payments even though they no longer received telecommunications services.

“Kit was impressed with how I handled that and so he suggested to the Google group (formed by plaintiffs who had leased the Brican systems) that I get involved,” explained Mr. Gossett.

Mr. Gossett said Mr. Menkin gave him a heads up via e-mail and within two hours, dentists and other customers of Brican started contacting him.

As of April 27, 500 plaintiffs and “more joining every day” had signed with Mr. Gossett and Des Moines attorney Billy Mallory. The complaint alleges that Brican sold 1,672 systems that were leased by Professional Solutions Financial Services, and additional systems leased by other leasing companies. Mr. Gossett says the actual



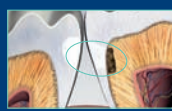
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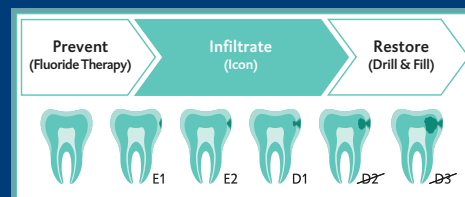


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number of systems sold might approach 2,000.

At least three additional lawsuits seeking class action status have been filed—in Florida, California and New Jersey—all naming Brican America LLC and NCMIC (doing business as Professional Solutions Financial Services) as defendants.

On March 3, the Charlip Law Group, also of Miami, filed a class action complaint in Miami-Dade Circuit Court against NCMIC Finance Corp. (doing business as Professional Solutions Financial Services), Brican America Inc. and Brican American LLC.

According to David Charlip, who represents plaintiffs in a suit filed in Miami-Dade Circuit Court, his firm currently represents more than 50 optometrists and dentists. In the complaint, the Charlip Group alleges that Brican's agreement with the plaintiffs was a "pyramid scheme."

"This is the type of situation that calls for class-action treatment," said Mr. Charlip.

On April 15, attorney Kenneth J. Catanzarite of Anaheim, Calif., filed a class action complaint against NCMIC (doing business as Professional Solutions Financial Services); Brican America Inc.; Brican America LLC; Mr. Vincens; Mr. Lemacon; and Viso Lasik Medspas LLC of Florida.

The New Jersey complaint was filed by McKenna McIlwain LLP on behalf of Frank DeRienzo, O.D., an optometrist from Jersey City, N.J.

That suit, according to the complaint, seeks to "redress the fraudulent and malicious conduct" of Brican America LLC and NCMIC (doing business as Professional Solutions Financial Services), because, the complaint alleges, the defendants "misappropriated hundreds of thousands of dollars from plaintiff and similarly situated." It also seeks injunctive relief.

In preparing his complaint, Mr. Gossett said he used the transcripts, depositions and pleadings from a suit that was dismissed earlier this year between Brican and NCMIC Finance Corp., doing business as Professional Solutions Financial Services. PSFS sued Brican America Inc., in the U.S. District Court in the Southern District of Florida for breach of contract, seeking \$38 million in damages.

Brican filed a counterclaim seeking several millions of dollars in damages, claiming that PSFS breached the contract by failing to fund more than \$3 million in purchase orders issued by PSFS. On Feb. 23, the two companies reached a settlement with undisclosed terms, and the claims of each were dismissed by the court with prejudice. Although attorneys cannot share what specific advice they give clients because of attorney-client privilege, Mr. Gossett said several potential clients have asked him if they should continue to make payments.

"Whether or not you make the payments is a personal decision on your part," he tells them, but shared that he does have a commitment from the attorney for NCMIC that it will not file reports with the credit bureaus. If clients continue to pay, he reminds them that "the money which they pay to their adversary will be used by that very adversary to defend their claims."

More importantly, he said, if they pay, PSFS might claim that they are ratifying the contracts, which the clients want the court to determine to be unenforceable.

"It is likely that once suit is filed against his clients, whether in Iowa or as a counterclaim in the federal action, credit bureaus will report that fact," said Mr. Gossett. "In that event, the clients can advise the credit bureaus that the debts are contested."

In addition to posting a copy of the complaint at "www.charlipgroup.com", the Charlip Law Group has also posted a fact sheet listing commonly asked questions about Brican.

Regarding the subject of lease payments, the Charlip fact sheet advises "unless and until we

advise you to stop making payments on your rental agreements, you should continue to make your monthly rental payments."

Mr. Gossett told the ADA News that he prefers that his clients not discuss the case simply to protect the claims of some 500 clients from the potential error of one.

"This is going to be a long process," he said. "This is going to take some time before there's a resolution. This is not going to be resolved this summer. This is going to take 2-3 years, maybe even another year."

"You are going to have to let go," he tells the clients. "You've handed it to me and you're

going to have to let me handle the process. I will keep you informed."

The Charlip fact sheet concurs, saying, "we reasonably anticipate that will not be able to obtain quick settlements. In our experience you cannot obtain a good settlement until the other side perceives that not only are you ready, willing and able to go to court, but that you are very eager to get there."

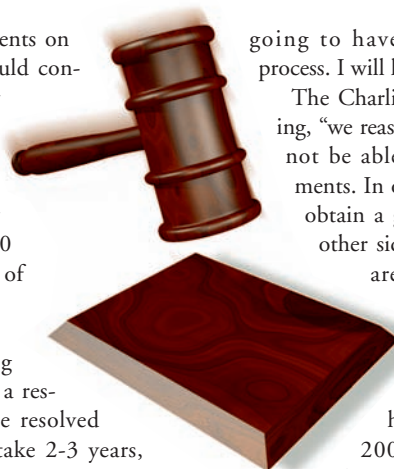
Brican America Inc. has been in business since 2004 and has about 2,400 clients, of which company president Mr. Vincens told the ADA News in March, "roughly 1,900-2,000 are dentists."

Mr. Vincens said he wanted his customers to know "that we are doing everything in our power in order to clean up everything that has to be cleaned up" and that the company needs "time and patience to give the customer what they are expecting."

When reached by telephone on April 23, NCMIC President Greg Cole told the ADA News that while he could not comment on the lawsuits, NCMIC d/b/a PSFS has "no affiliation with Brican" and "never has."

Members who have questions about Brican can contact their Brican representative, or contact the company using the resources offered on its website: phone at 1-866-588-6995 or 1-786-388-6995; fax at 1-786-388-1489; or "www.bricanamerica.com". ■

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A different color award—green

One of two new Golden Apples promotes environmental sustainability

Two new categories, including one with a revamped name—covering access and the environment—expand the opportunities to win an ADA Golden Apple Award this year.

Excellence in Access to Dental Care Programs and The Green Apple-Excellence in Environmentally Sustainable Programs and Education have been added to the list of categories for the 2010 awards. The annual awards present an opportunity to showcase a society's best work, and to publicly

thank and recognize hard-working volunteers.

The Excellence in Access to Dental Care Programs category marks the combination of two awards into one. It grew out of action in January 2009 when the Council on Access, Prevention and Interprofessional Relations eliminated the CAPIR Access Recognition, Community Preventive Dentistry and Geriatric Oral Health Care Awards.

These awards were 20-30 years old and in need of revision. In addition, corporate funding to sup-



Entrants should include a description of how the program directly or indirectly serves members,

port the Community Preventive Award had been withdrawn.

The council proposed a new category to include in the Golden Apple Awards Program.

patients or the public's health; the project budget; background on the program's volunteer and staff activity and how it was evaluated; and relevant surveys or background documents.

The Green Apple-Excellence in Environmentally Sustainable Programs and Education award entry can include programs/activities in waste reduction, energy conservation, water conservation and pollution prevention. The focus can be the dental society office or offering more environmentally sustainable meetings for the members in addition to educating members on how to develop a more environmentally sustainable practice.

Entries for the 2010 Golden Apple Awards are due June 1. There are nine additional award categories for dental society participation this year:

- Legislative Achievement;
- Excellence in Membership Recruitment and Retention Activity;
- Excellence in Dental Health Promotion to the Public;
- Excellence in Member-Related Services/Benefits;
- Outstanding Achievement in the Promotion of Dental Ethics;
- Achievement in Dental School/Student Involvement in Organized Dentistry;
- Excellence in Science Fair Program Support and Promotion;
- Excellence in Dentist Well-Being Activities;
- Open Category—For programs that do not clearly or appropriately fit in the other categories.

Programs and activities represented in entries must have been produced between June 1, 2009, and May 31, 2010.

Nominations for the New Dentist Legislative Leadership Award, New Dentist Leadership Award and Outstanding Leadership in Mentoring awards—judged by the ADA Committee on the New Dentist—are due Dec. 1 to enable these awards to be presented at the ADA New Dentist Conference.

Golden Apple Award entries must be postmarked or submitted electronically by June 1. For information and forms, contact ADA Dental Society Services at Ext. 2600 or "ddss@ada.org". ■

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ADA.org posts health care reform provisions timeline

Washington—The ADA has put together a timeline, posted on ADA.org, showing when the various provisions of the new health care reform law will take effect.

Some provisions took effect upon enactment, while others won't kick in until as late as 2018. A full rundown of recent activity is online in the Advocacy section ("www.ada.org/goto/advocacy") of ADA.org in the Health Care Reform Section. ■

WSDA change of address

Seattle—The Washington State Dental Association moved May 1 to a new permanent home: 126 NW Canal St. in the Seattle neighborhood of Fremont.

WSDA maintains the same phone number (1-206-448-1914), and its website is "www.wsda.org".

The association went from lessors to owners through the purchase of a three-story brick building. ■

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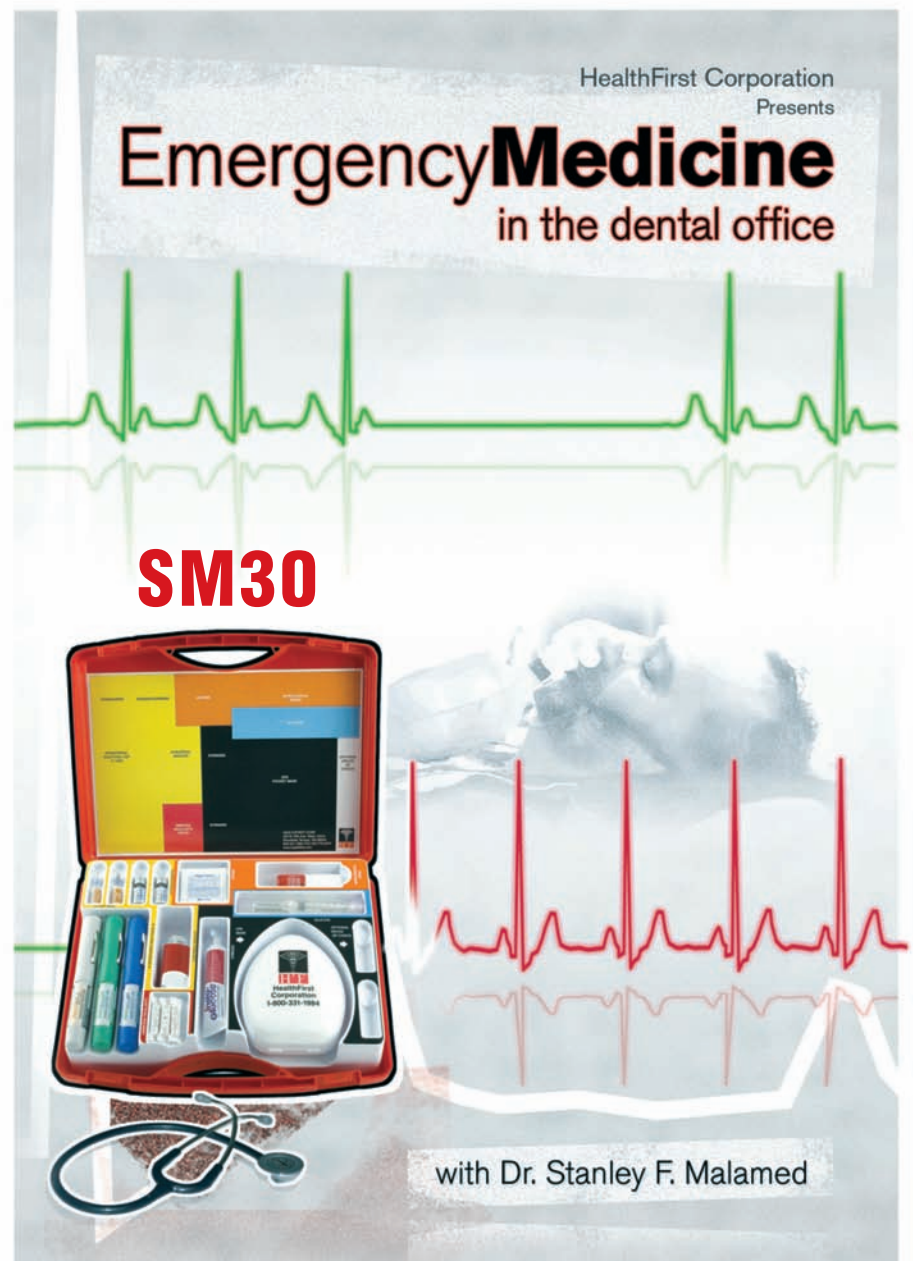


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DentalPractice

New credit card standard

Protecting patients' financial information can affect dental practices

BY KELLY SODERLUND

There's a new standard for businesses who accept credit cards to help them protect patients'

financial information from theft, but many dentists are unaware it exists and may find it hard to understand.

The new standard is not a law but a set of security practices agreed upon by Payment Card Industry Standards Council members and

applied to merchants through their agreements with their credit card provider. PCISC was created by the five major credit card networks—American Express, Discover, JCB, MasterCard Worldwide and Visa Inc.

They have established a standard for organizations that accept and process credit cards, including lesser requirements for what small businesses, where most dental practices would fall, should do to keep their customers' payment information secure. The Payment Card Industry Data Security Standard (PCI DSS) is a list of 12 requirements that includes installing and maintaining a protective firewall, using anti-virus software and encrypting the transmission of cardholder data, among others. (See story, this page.)

"We need to be aware of the devastating effects of credit card fraud. As health professionals we instinctively protect the identities of our patients. As business people we need to help protect their financial information as well," said Dr. Jake DeSnyder, chair of the Council on Dental Practice.

The PCI council recommends that dentists complete a self-assessment questionnaire to prove they are complying with the regulations.

Verizon Business, a company hired to investigate major corporate security breaches, conducted a study last year and found that in 81 percent of the cases it investigated the victims were not PCI-compliant. The company dug into 90

See CREDIT CARD, page 27



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Standard detailed

The following is a list of requirements small businesses, including dental practices, must do to comply with new standard called the Payment Card Industry Data Security Standard.

- (1) Install and maintain a firewall configuration to protect data.
- (2) Do not use vendor-supplied defaults for system passwords and other security parameters.
- (3) Protect stored data.
- (4) Encrypt transmission of cardholders' data-sensitive information across public networks.
- (5) Use and regularly update anti-virus software.
- (6) Develop and maintain secure systems and applications.
- (7) Restrict access to data by business need-to-know.
- (8) Assign a unique ID to each person with computer access.
- (9) Restrict physical access to cardholder data.
- (10) Track and monitor all access to network resources and cardholder data.
- (11) Regularly test security systems and processes.
- (12) Maintain a policy that addresses information security.

More information on these requirements can be found at "www.pcisecuritystandards.org". ■

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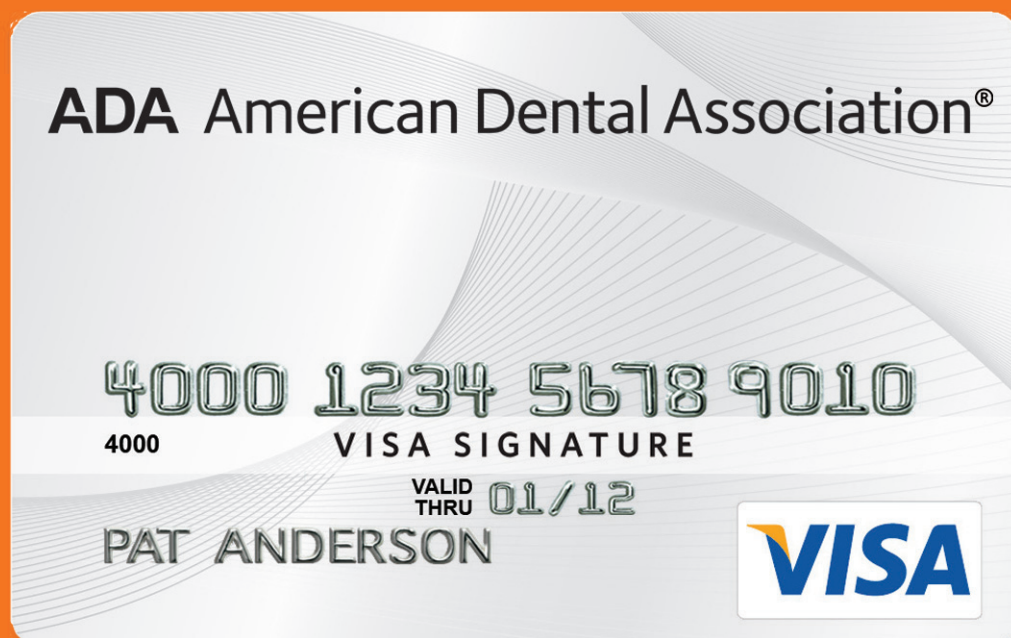
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AnnualSession

A special night awaits in Orlando

Annual session private event will showcase Universal's Islands of Adventure

Orlando, Fla.—A night of magic and adventure will offer those attending the ADA annual session a private night at Universal's Islands of Adventure theme park and each of its unique islands on Sunday, Oct. 10.

The annual session special event, "ADA Night at Universal's Islands of Adventure," will offer ticket holders exclusive access to the theme park and all its unique islands, including The Wizarding World of Harry Potter, set to open this spring. Inspired by J.K. Rowling's compelling stories and characters—and faithful to the visual landscapes of the films—The Wizarding World of Harry Potter at Universal's Islands of Adventure will provide visitors with a one-of-a-kind experience complete with multiple attractions, shops and a signature eating establishment. For more information, visit the website at "www.universalorlando.com/harrypotter/salesclients".

Universal's Islands of Adventure is also home to Jurassic Park, Lost Continent, Seuss Landing, Toon Lagoon and Marvel Super Hero Island, including The Amazing Adventures of Spider-Man, Incredible Hulk Coaster and Dr. Doom's Fearfall.

In addition to all the amazing attractions, ticket holders will enjoy entertainment throughout the park and unlimited free play on all video games and pinball machines in the Kingpin Arcade at Marvel Super Hero Island. Select specialty shops will also be open throughout the evening for guests' shopping pleasure.

Tickets are \$70 for adults and \$55 for children if purchased by Sept. 10. Prices include complimentary round-trip shuttle service to and from ADA official hotels, access to the park from 7-11 p.m., and a \$10 food coupon per guest to be used at any concession stand during the event.

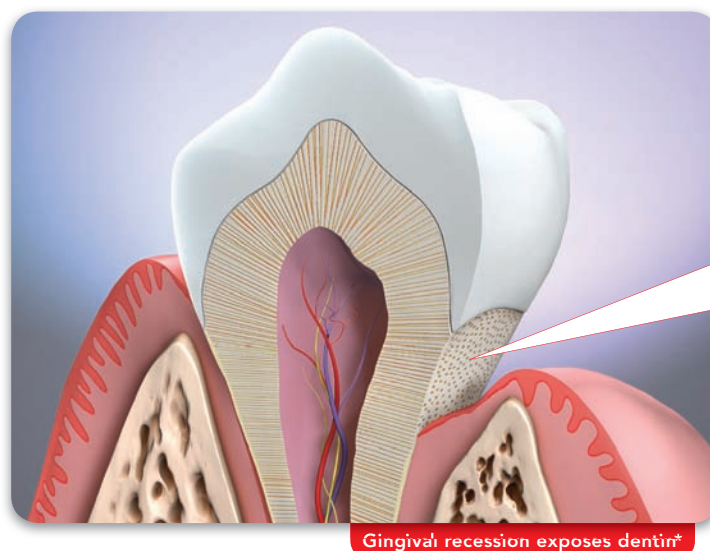
Shuttle service to the park begins at 6:45 p.m., and the last shuttle departs the park at 11:30 p.m.

For more information or to purchase tickets, see the Preliminary Program, available this month, by sending an e-mail to "annualsession@ada.org" or calling 1-800-232-1432 (toll free, U.S. only) or 1-312-440-2388. Or see the digital Preliminary Program available on ADA.org. Tickets can be purchased when registering for annual session or added to an existing registration. ■

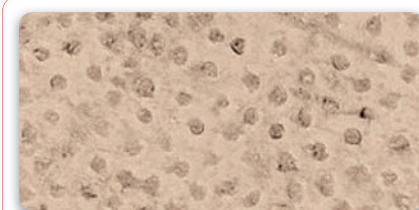


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*The above graphical representations are for illustration purposes only

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Important Safety Information: Colgate® Sensitive Pro-Relief™ is a desensitizing paste that should only be administered by individuals professionally trained to perform dental prophylaxis. It may cause eye irritation upon contact and is contraindicated in patients with a known allergy to any of the components. See adjacent (or following) page for full Prescribing Information.

Annual session learning starts now

ADA365 website, competitions enhance CE opportunities

Orlando, Fla.—From online learning, networking and self-study before annual session to competitions at the ADA's high-tech multimedia Competition Hub on-site at the Orange County Convention Center, dental professionals have some unique opportunities to enhance their learning and share their knowledge with their peers this year.

Those registered for annual session continuing education courses can log on now to ADA365.org and join the online community. Users can create a profile, network with colleagues, share research experience, participate in forum discussions and message boards, and have



American Dental Association ANNUAL SESSION OCTOBER 9 - 12, 2010

access to lectures, readings and other supplemental course materials—all before annual session convenes Oct. 9-12.

And, beginning June 1, ADA365 online community members can earn an extra hour of CE credit for each participating ADA365 course. Attendees who register for one or more of these courses can simply log on to the website, read the speaker-supplied material for the course and complete a four-question self-assessment exercise.

The self-assessment exercises will be reviewed by the Council on ADA Sessions and each hour of self-study will be automatically added to CE verification after attendance at the in-person course. A list of ADA365 courses is available at "www.ada.org/goto/session".

Dental professionals whose practice provides industry-leading preventive care to adult patients or clinicians who have made a professional discovery that can improve patient care and benefit the practice of dentistry should enter one of the ADA's professional competitions showcased at annual session.

The Adult Preventive Care Practice of the Year Competition, sponsored by 3M ESPE Preventive Care, recognizes and rewards offices that have:

- designed and implemented practical prevention techniques;
- provided preventive oral health care, outreach and patient education; or



Earning and learning: Attendees at the ADA 2009 annual session in Honolulu compare ideas on preventive care strategies and earn continuing education credit by viewing the Adult Preventive Care Practice of the Year Competition entries at the ADA Competition Hub.

- implemented a successful prevention program through a dental team communication and work plan.

The Education Exchange Competition, sponsored by Cleankeys Inc., gives participants a chance to share clinical experience, educate fellow dental professionals and raise awareness about a procedure, theory, service or emerging trend in dental practice.

Also appearing at the Competition Hub will be the 2010 Dental Office Design Competition sponsored by Matsco, a Wells Fargo company showcasing the best in new office designs and renovations.

Annual session attendees who visit the Competition Hub can earn continuing education credit by viewing entries for these contests.

Participants for all competitions must be registered for the 2010 annual session. Participants in the Adult Preventive Care Practice of the Year Competition and the Education Exchange Competition should enter their presentations online by July 31 at ADA365.org. Entries will be reviewed and judged by members of the Council on ADA Sessions.

Participants in the Dental Office Design Competition should enter by July 31 at "www.matsco.com/DODC". Accepted entries will be showcased in the Competition Hub.

For more information, contact Rich Schuch, Ed.D., senior manager, Program Development, for the Council on ADA Sessions, by calling toll-free, Ext. 2663, or e-mailing "schuchr@ada.org". Or log on to "www.ada.org/goto/session". ■

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IN OFFICE TREATMENT

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PRESCRIBING INFORMATION

Description: Colgate® Sensitive Pro-Relief™ is a desensitizing paste that provides instant sensitivity relief after 1 application. The Pro-Argin™ Technology effectively plugs and seals open dentin tubules when polished into teeth with a rotary cup.

Composition: Colgate® Sensitive Pro-Relief™ Desensitizing Paste contains hydrated silica, calcium carbonate, glycerin, arginine, water, bicarbonate, flavor, cellulose gum, sodium saccharin, FD&C blue no.1.

Indications and Usage: Colgate® Sensitive Pro-Relief™ is to be used for the management of sensitive teeth, post scaling and root planing. It is a tubule occluding agent designed for professional application with a rotary cup during standard dental practice hygiene procedures.

Dosage: To be determined by the dental professional for the treatment of dentin hypersensitivity.

Directions for use:

1. Place enough paste for one procedure in a clean dappen dish or other suitable container (when dispensing from tube).
2. Fill a rotary cup with paste and run rotary cup at low to moderate speed.
3. Polish product into each tooth, on sensitive areas or areas that can become sensitive (can be applied to entire dentition). Apply product to sensitive areas for 3 seconds, then repeat.

NOTE: Throughout procedure, sufficient paste should be maintained on the cup to avoid overheating of the tooth surface. Saliva evacuation is recommended to avoid excess dilution and swallowing of the paste.

Contraindications: Colgate® Sensitive Pro-Relief™ is contraindicated in patients with a known allergy to any of the components.

Warnings: Colgate® Sensitive Pro-Relief™ may cause eye irritation upon contact. If contact with eyes occurs, immediately flush eyes with plenty of water for 15 minutes. Seek medical attention if irritation or discomfort persists.

Precautions: Colgate® Sensitive Pro-Relief™ should be used only by individuals professionally trained to perform dental prophylaxis. During use, wear protective glasses, mask and gloves.

Storage: Store at room temperature. Do not store pastes above 77°F (25°C). Keep out of direct sunlight. Close cap immediately after use to avoid moisture loss.

Lot number and Expiration date: The lot number should be quoted in all correspondences which requires identification of the product. Do not use after the expiration date.

Rev. 04/09

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Tours showcase the best of Orlando

Orlando, Fla.—Because Orlando has hundreds of attractions, golf courses, dining, nightlife and entertainment spots, the ADA and Hello Florida can help annual session attendees enjoy their time outside the convention center easily and conveniently by choosing ADA tours.

Nearly two dozen tour options are available Oct. 8-12, from a trip to Kennedy Space Center and lunch with an astronaut to swimming with dolphins at Discovery Cove.

Other choices include dining, cooking and wine tours; a shopping trip; a painting class; and a cultural tour of Winter Park.

For adventure lovers, parasailing, kayaking, Richard Petty kart racing and bass fishing options are planned. Nightlife seekers can enjoy Blue Man Group, a trip to

the Blue Martini lounge and Cirque du Soleil. Or dig in to behind the scenes looks at Disney and check out gators and other Florida fauna.

Visit "www.ada.org/goto/session" for complete tour descriptions and purchasing information from Hello Florida.

Discounted tickets to some of Orlando's hottest attractions are also available. (See story, page 22.)

ADA attendees can also save on transfers to and from the airport when making reservations online at "www.hello-usa.com/tickets/ada10". ■

Adventures await: Nearly two dozen ADA tours are available for annual session attendees, including a visit to Kennedy Space Center and lunch with an astronaut.

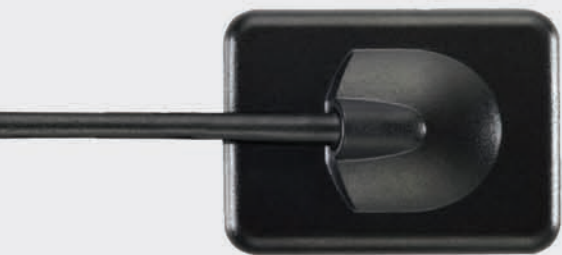


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Save on Orlando attraction tickets

Orlando, Fla.—Those attending annual session can save time and money on a visit to some of Orlando's most popular attractions by purchasing in advance exclusive, specially priced tickets offered by the ADA through Hello Florida.

Walt Disney World attractions include Magic Kingdom, Disney's Animal Kingdom, Epcot, Disney's Hollywood Studios, DisneyQuest, Bliz-

AnnualSession

zard Beach, Typhoon Lagoon and Oak Trail Golf Course.

A two-, three-, four- or five-day Park Hopper pass admits you to all four Disney Parks: Magic Kingdom, Epcot, Disney's Hollywood Studios and Disney's Animal Kingdom, plus one Fun Visit to one of the following: Blizzard Beach, Typhoon Lagoon, DisneyQuest or Oak Trail Golf Course. Ticket prices are:

- 2 Day Park Hopper + 1 Fun Visit \$207 (Adult), \$181 (Child 3-9);
- 3 Day Park Hopper + 1 Fun Visit \$271 (Adult), \$238 (Child 3-9);
- 4 Day Park Hopper + 1 Fun Visit \$279 (Adult), \$245 (Child 3-9);
- 5 Day Park Hopper + 1 Fun Visit \$282 (Adult), \$247 (Child 3-9).
- 1 Day, 1 Park after 2 p.m. to Magic Kingdom, Epcot, Disney's Hollywood Studios or Disney's Animal Kingdom (not available at the gate), \$61 (Adult/Child);
- 2 Day, 1 Park Per Day after 2 p.m. to Magic



Disney fun: Magic Kingdom is a popular Orlando destination for kids of all ages.

Kingdom, Epcot, Disney's Hollywood Studios or Disney's Animal Kingdom (not available at the gate), \$108 (Adult/Child);

- DisneyQuest \$35 (Adult), or \$27 (Child 3-9).

Disney tickets are valid for 14 days after the first day of use.

Explore Universal Orlando's three unique theme parks—Universal Studios Florida, with more than 40 rides, shows, movie sets and attractions; Universal's Islands of Adventure (See story,



Hands on: SeaWorld Orlando gives visitors a chance to see dolphins up close.

page 19.); and Universal CityWalk, and its array of nightclubs, restaurants, concert venues, shops and more. Ticket prices are:

- 1 Day/2 Park Pass, \$116 (Adult), \$105 (Child 3-9);
- 2 Day/2 Park, \$142 (Adult), \$128 (Child 3-9);
- Universal After 2 p.m. Ticket (not available at the gate), 1 Day/2 Park Pass, \$64 (Adult/Child);
- CityWalk Pass Free to ADA attendees and



guests Oct. 8-12 by showing an ADA Badge.

SeaWorld Orlando, features more than 200 acres of world-class shows, rides and animal encounters. Ticket prices are:

- 1 Day \$71 (Adult), \$62 (Child 3-9);
- 1 Day after noon (not available at the gate) \$59 (Adult), \$48 (Child 3-9).

Tickets for three dinner show events are also available.

• Arabian Nights, an equestrian extravaganza, features riders, acrobats and more than 60 horses. Tickets are \$49 (Adult) and \$25 (Child 3-11).

• Medieval Times, where knights on horseback dazzle guests with tournaments and pageantry. Tickets are \$46 (Adult) and \$31 (Child 3-11).

• Sleuth's Mystery, is a whodunit dinner filled with mystery and intrigue. Tickets are \$46 (Adult) and \$22 (Child 3-11).

Visit "www.ada.org/goto/session" for complete park descriptions and purchasing information, including important ticket shipping information and deadlines. ■

Orlando features variety of hotel choices

Orlando, Fla.—From luxury resorts to family-friendly accommodations and even theme park hotels, there are more than 30 properties offering special ADA rates for those attending annual session Oct. 9-12.

Guests can choose hotels by location using the hotel map in the Preliminary Program.

Three hotels available are within walking distance of the Orange County Convention Center for those who are looking for a convenient, meeting-friendly location. Guests can also choose a property north of the convention center, close to Wet 'N Wild; near the Universal Orlando area; south of the convention center, near attractions including SeaWorld Orlando and Discovery Cove; and in the Lake Buena Vista area, near the Disney attractions.

For those who want to stay near Orlando attractions, several in-park hotels are also featured, including Disney Beach Club, Disney Port Orleans, Hard Rock at Universal, Loews Portofino Bay at Universal, Loews Royal Pacific at Universal and Renaissance Orlando Resort at SeaWorld.

The online Hotel Profile allows users to click



Hotels: Guests can compare Orlando hotels for convenience, location and amenities.

on each hotel for descriptions, a list of amenities, rates and a map detailing its location. The Preliminary Program also offers a handy hotel grid that allows users to compare hotel amenities, rates and locations.

Log on to ADA.org to access the digital Preliminary Program or request a print copy by sending an e-mail to "annualsession@ada.org" or calling 1-800-232-1432 (toll free, U.S. only) or 1-312-440-2388. ■

ADA Kids' Camp offers learning, fun and field trips for session-going youngsters

Orlando, Fla.—Families planning to attend annual session Oct. 9-12 will be staying in one of the world's most kid-friendly destinations—and the ADA Kids' Camp is ready to help parents provide a safe, entertaining environment for children while Mom and Dad learn, network and shop at the Orange

County Convention Center.

ACCENT on Children's Arrangements Inc., a nationally recognized professional child care company, will entertain ADA campers with arts and crafts activities, interactive games, special guests and optional field trips to the Orlando Science Center Oct. 10, and Gatorland on Oct. 11.

Kids' Camp will be open Oct. 9-11, 7 a.m.-6:30 p.m., and Oct. 12, 7 a.m.-10:30 a.m. It will be located near the registration area at the convention center.

For more information on activities, fees and optional evening child care, or to register a child for ADA Kids' Camp, consult the Preliminary Program online at ADA.org and available in print this month. Request a print copy by sending an e-mail to "annualsession@ada.org" or calling 1-800-232-1432 (toll free, U.S. only) or 1-312-440-2388. ■



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Philips Sonicare For Kids® Transforms Patient Compliance and Brushing Results for a Lifetime of Healthy Habits

Dental professionals and parents share the common goal of ensuring that children develop effective brushing habits that will lead to a lifetime of good oral health. They also share common frustrations: dental professionals encounter pediatric patients with frequent caries because they haven't learned how to effectively remove plaque from their teeth, while parents struggle to help their children learn good brushing skills.

With its kid-friendly features and clinically proven results, Philips Sonicare For Kids leverages the expertise of the number one recommended power toothbrush brand for adults to deliver a better way for kids to build healthy brushing habits for life.

Specifically designed for parents to teach children to brush effectively and then transition to independent brushing, Sonicare For Kids supports pediatric patients ages four to ten through every brushing phase.

"We understand that dental professionals are looking for ways to empower parents to instill effective brushing habits in their children for superior results in at-home care," said Dr. Joerg Strate, Vice President, Philips Oral Healthcare, Clinical & Scientific Affairs.

Philips Sonicare For Kids combines Sonicare's patented sonic technology with kid-friendly features to create a unique toothbrush that provides a thorough yet gentle clean.

"Philips conducted extensive research to ensure that Sonicare For Kids offers kid-friendly features to encourage patient compliance for superior results," said Dr. Strate.



Sonicare For Kids is clinically proven to remove more plaque than a children's manual toothbrush.^{1,2}

In fact, Sonicare For Kids is clinically proven to remove up to 90 percent more plaque overall than a Crest battery-powered Spinbrush®.² It's no wonder 91 percent of dental professional parents surveyed preferred Sonicare For Kids for their own children.³



Some of these innovative features include

- A KidTimer function to help pediatric patients reach the recommended two-minute brushing time by progressively increasing the brushing duration over the course of 90 days
- Special KidPacer musical tones that indicate when it's time to move to another quadrant of the mouth
- An ergonomic handle that fits easily in a child's hand and includes two gripping locations for first training with an adult and later for independent brushing
- Two power modes to provide a gentle yet effective clean and age-appropriate brush heads that come in two sizes

To learn more, please visit www.sonicare.com/dp or call 1-800-682-7664.

References

1. Pelka M, DeLaurenti M, Master A, et al. *International J Pediatric Dent.* 2009;19:s1
2. Millemann J, Putt M, Olson M, et al. *International J Pediatric Dent.* 2009;19:s1
3. Sonicare in-home survey of U.S. dental professionals with children ages 4-10.

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sense and simplicity

Community-wide effort

Spring GKAS blooms as Arizona stakeholders work together

BY STACIE CROZIER

Mesa, Ariz.—April 16 was Give Kids A Smile day at the A.T. Still Arizona School of Dentistry and Oral Health, where sunshine, children, volunteers, toys, balloon animals and—of course—smiles were plentiful.

All in all, 46 volunteer dentists, 232 dental and dental hygiene students, and nearly 100 lay volunteers and support staff gathered to provide 313 Mesa Public School District children with much-needed dental care valued at about \$200,000.

“It’s amazing to see how much this program has grown since we started in 2003,” said Dr. Michael Smith, a board member for the Arizona Dental Association’s charitable arm, the Arizona Dental Foundation, and a third-generation dentist in Phoenix. “We have a great group of volunteers who have donated their time and talents at programs all across Arizona. We have terrific donors and sponsors who help offset the costs. And we are reaching more and more children in need every year. It’s really exciting to watch it evolve.”

Dr. Greg Pafford, a Phoenix general dentist and ADF president, has been providing charitable dental care in the community for more than 20 years.

“I started out holding a Christmas dental day in my office, and in addition to providing dental care to kids who couldn’t afford it, we included Santa and gifts into the celebration,” said Dr. Pafford, who has served as GKAS chair in Arizona since 2003. “When the ADA launched the national Give Kids A Smile, I was part of the state leadership and we felt that the program was a great model for Arizona dentists. Since 2003, we’ve worked hard to maintain momentum, and it’s been growing steadily ever since. We work with school nurses to help identify kids who have oral health issues and get them prescreened before the event. And we appreciate the support of our sponsors, who donate funding, time and effort to help children in need receive dental care.”

The first school bus of the morning pulled up around 8:30 a.m., and students from Lowell School—dressed mostly in red shirts—arrived for a morning of dental care and entertainment.

Students from other schools sported shirts in other colors—creating seas of color in the waiting area of the clinic as children gathered to meet Molar Man (Dr. Gary M. Johnson of Phoenix) and the Tooth Fairy (Debbie Rindal, a lay volunteer who has been participating for five years)—and helping volunteers more easily identify children by school group during the event.

ASDOH Dean Jack Dillenberg was on hand to greet children, cheer on volunteers and headline a 10-minute program that included a proclamation from Arizona Gov. Jan Brewer and a brief statement by Arizona State Rep. Cecil Ash.

“This is a great opportunity for our students to learn from dentists in practice,” said Dr. Dillenberg, “and a great opportunity for our volunteer dentists to get to know the students and give them a sense of what a career in dentistry will be like. When students work in the dental school clinic, they tend to be very meticulous, and they take their time. This exposes them to a real-world atmosphere that shows them how to work quickly and efficiently.”

Some dental students served as escorts, taking kids and their charts from X-ray to triage to hygiene to treatment. And older students assisted volunteer dentists at chair side.

Escort Bao Huynh, a first-year student from Mountain View, Calif., helped Matthew and his sister Mikayla navigate from the waiting room to the X-ray area to triage during the first few minutes of the event. Close behind was their little brother



Open wide: A volunteer from the Mesa Community College School of dental hygiene helps a young girl brush during the GKAS event.



Keeping busy: Children waiting for their escorts to X-ray, triage, dental hygiene and treatment stations keep busy with educational coloring/activity books donated by Phoenix’s own dental hero, Molar Man (also known as Dr. Gary M. Johnson).

Ashton. The three siblings, students at Jefferson Elementary school, ranged from first to fifth grade. All smiles, they said they have a family of eight and this is their second time visiting a dentist.

Dr. Bob Price, a private practice dentist in Phoenix and an adjunct faculty member at the dental school, examined an enthusiastic Ashton as second-year student Roberta Kerr, who hails from South Dakota, assisted.

“GKAS is really a lot of fun,” said Dr. Price. “The kids are happy to be here. It’s a great service we can provide to the community, and it offers great experience for dental students who are enhancing their clinical skills.”

“The kids are great,” added Ms. Kerr, “and I’m enjoying seeing this as a second-year student, where I have different duties than I did last year. Students here have duties depending on what year they are in, and they get excited about moving up each year.”

In the hygiene area, a spry older gentleman was creating smiles by handing out his balloon animal creations.

Ken Anderson, a Phoenix-area resident and patient at the dental school clinic, heard about the GKAS Day during a dental appointment the week before. “I told them I’d like to help, so I’m here today making balloon animals for the kids. It’s



Smile-maker: Ken Anderson, a ASDOH clinic patient, volunteers his talents making balloons for GKAS kids.

something I love to do, and I wanted to come today and help out.”

Outside the doors, first-year dental students manned activity tents for the kids to enjoy after their dental visit. Kids visited face painting and coloring stations; a Lions Club tent where they received a free book; a free eye exam tent provided by national vision benefits company, Davis Vision; and other areas featuring games like corn hole, mini golf and other sports games. Each tent provided participating children with a punch on a punch card, and before they headed back to school, kids could redeem the card for a toy donated by Scottsdale oral and maxillofacial surgeon Sabah Kalamchi and his children. The Kalamchi children have been raising funds and buying and donating the toys since the Mesa GKAS program began five years ago.

“Give Kids A Smile is an important dental school function,” said Ilan Shamos, a first-year



Triage: Phoenix dentist and GKAS volunteer Dr. Bob Price examines first-grader Ashton during the dental school event.



All in the family: Siblings Ashton, Mikayla and Matthew wait for X-rays at the dental school.



Post-op fun: GKAS participant Miranda shows off the face painting she received after her dental visit.

student from Phoenix, as he played catch with a youngster. "We are having a great time. It's great spending time with the kids."

The ASDOH event is just one of a dozen Arizona GKAS clinic-based programs planned throughout this year by the ADE. In addition, more than 30 private dental practices also observe GKAS each year by providing care to youngsters in their offices. Annual events also include a GKAS near the Arizona Capitol each fall, to help bring awareness to policymakers about the importance of

oral health for the overall health and well-being of children.

From 2003 through 2009, Arizona's GKAS programs provided nearly \$2.3 million in free dental care—and more than 17,000 volunteer hours—to treat more than 7,500 children statewide.

"It's terrific how much the program continues to branch out," said Kevin Earle, executive director of the Arizona Dental Association. "In addition to enabling Arizona dentists to reach more and more kids in need, it's giving us opportunities to show legislators and policymakers how important oral health is and how many children in our state lack access to oral health care."

GKAS supporter SmartPractice, a Phoenix-based company that markets products and services to health care professionals, has donated more than \$46,000 from its annual SmartScramble golf tournament since 2006. The 2010 golf tournament held in the afternoon of April 16, following the volunteer clinic event, raised another \$20,000 for Arizona GKAS programs.

"SmartPractice understands the importance of good oral health and its relationship to overall health," said Tina Strickler, director of business development. "The company even offers its employees lower health insurance rates when they have a yearly dental exam."

Other supporters this year include United Concordia Dental, Rotary International, Henry Schein Dental and Soredex. ■

—croziers@ada.org

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Credit card

Continued from page 16

breaches where 285 million records were compromised, according to the study, titled 2009 Data Breach Investigations Report.

Many dentists are unaware the compliance standard exists and are frustrated to have to worry about another issue related to their business, said Arthur Meisel, executive director of the New Jersey Dental Association.

“It’s just one more item that you have to comply with that’s a pain in the neck, when the dentists just want to practice dentistry,” Mr. Meisel said.

The ADA’s goal is to inform members that the standard exists and educate them about how they can comply, said Dr. DeSnyder.

“The forms use credit card industry jargon and could be complicated for dentists or their staff to understand,” said Dr. Michael Halasz, member of the Council on Dental Practice.

Some New Jersey dentists have had to pay fines for not filling out the questionnaire, Mr. Meisel said. The fines differed depending on the credit card processor and have ranged from a

“We need to be aware of the devastating effects of credit card fraud. As health professionals we instinctively protect the identities of our patients. As business people we need to help protect their financial information as well.”

monthly billing statement charge of about \$10 to a one-time, presumably annual, fee of around \$300, he added.

According to Mr. Meisel, the NJDA’s endorsed processing company, Health Card Systems, has notified the group that dentists will be charged an additional fee if they fail to complete the questionnaire. Beginning Jan. 1, Health Card Systems began charging a monthly fee of \$8.95 to the members of the NJDA who did not complete the self-assessment questionnaire. It’s his understanding that Health Card uses the fee to buy insurance to provide coverage in the event a claim is made against a non-PCI compliant vendor, he said.

Dr. DeSnyder encourages all ADA members to contact their credit card processor to learn about possible penalties or fees.

Chase Paymentech, a credit card processing company that ADA Business Resources and 16 constituent dental societies endorse, requires all of its merchants to comply with the standard. Unlike some other providers, Chase Paymentech does not charge any annual or monthly fees to assist members with PCI compliance.

For more information, members can reach Chase Paymentech at 1-800-618-1666 or on the Web at “www.chasepaymentechsales.com”. To find out more about the PCI standard, visit “www.pcisecuritystandards.org”. ■

—soderlundk@ada.org



Dental team issues: Vicky Brawley (left) and Sandra Creamer listen to a panel discussion at the March 19 Dental Team Advisory Panel meeting at ADA Headquarters. Ms. Brawley, a registered dental assistant employed in the Minnesota practice of Dr. Mark Kleive, and Ms. Creamer, office manager in the Missouri dental practice of Dr. Mark Zust, are among nine 2010 DTAP members who, through their practical experience, annually assist the Council on Dental Practice in creating and developing projects that support and enhance the dental team concept. Panel discussions covered perceptions about workforce, the economy, dental laboratory issues, going green in the dental practice and ADA.org topics interesting to the dental team and patients.

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CORRECTION

Dr. Malvin Ring was a resident of Brighton, N.Y., which is where he died. The April 19 ADA News incorrectly stated his location. Also, the correct title of the ADA anniversary book, of which Dr. Ring was a consultant, is “150 Years of the American Dental Association: A Pictorial History, 1859-2009.” ■

PRODUCT NEWS



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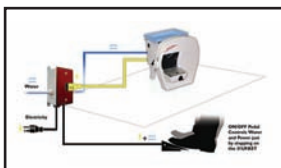
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Alliance smiles in Arizona

Conference targets legislative, membership and well-being activities

BY STACIE CROZIER

Tempe, Ariz.—Nearly 90 members of the Alliance of the ADA, 18 dentist spouses and eight family members found reasons to smile at the 2010 AADA Conference April 15-18 at The Buttes Resort here.

Sessions during the conference were designed to help attendees “relax, renew and recharge” as they honed their skills in legislative advocacy, membership recruitment, oral health education and well-being.

“Conference 2010 Tempe was a great success,” said Carol Reitz, Alliance president. “We had sun-

“The Alliance is busy encouraging membership recruitment and retention for 2010 and we are discovering news ways to reach and meet the needs of our membership ... We have changed our website, we are on Facebook and will start a blog.”

shine, blue skies, education and fun. We tried some new things, and participants learned to handle stress, built in time to renew our friendships and discover new friends while we saw Sedona or had a late night get-together to talk. We strengthened our leadership skills for the legislative arena and discovered how we can best help our ADA partners.”

The conference also marked the debut of the Alliance’s new logo and message: The Reason to Smile.

“The Alliance is busy encouraging membership recruitment and retention for 2010, and we are discovering news ways to reach and meet the needs of our membership,” Mrs. Reitz added. “We have changed our website, we are on Facebook and will start a blog. We may be changing our look but what we all have in common is that we said “I Do” to an ADA dentist and are committed to supporting the dental association and our dental spouses.”

The conference program kicked off April 16 with an interactive wellness session by Julia Pearl, an Arizona-based wellness consultant. Ms. Pearl had participants use audience response system keypads during the program, “Take Charge of



Well-being: Alliance student spouse member Kimberly Fleming, Cleveland Heights, Ohio, listens during the well-being program.



Welcome: Alliance of the ADA President Carol Reitz of Reading, Pa., welcomes attendees to the Reason to Smile event.



Group activity: Alliance District 1 Trustee Kristi Peppy tries a stretching pose during a wellness program.

Alliance of the
American Dental Association
the reason to smile



Responding: April Cobb, a student spouse Alliance member from Houston, enters a vote during “Take Charge of Your Health and Live Life to the Fullest.”

Smiles: Johanna Manasse, Olympia Fields, Ill., AADA Membership Council chair, shows off the new Alliance logo.

Your Health and Live Life to the Fullest,” to vote for the techniques and topics they preferred to focus on during the three-hour session. Later that evening, those attending headed for the poolside for the Reason to Smile Welcome Event.

On April 17, Alliance members welcomed Dr. Paul Gosar, a Flagstaff, Ariz., general dentist and candidate for the U.S. House of Representatives; Dr. Mark V. Walker, chair, ADA Council on Governmental Affairs; and Dr. Denny Zent, American Dental Political Action Committee treasurer; to a legislative advocacy breakfast.

Members also attended a membership recruitment program and a dental health education session that covered maternal and infant dental health, “meth” (methamphetamine) mouth and an update on the Senior Smiles program.

Alliance members also honored nine “new reasons to smile,” with AADA’s Beulah K. Spencer New Member Service Awards. Honorees are

Alliance members of 10 years or less whose overall involvement, commitment and volunteer efforts are making a significant impact. Spencer award winners include:

- Stacey Butler, Millville, Utah;
- Requil Golbek, Broken Arrow, Okla.;
- Jean Harrington, Milledgeville, Ga.;
- Maralyn Hauer, Tucson, Ariz.;
- Karen Mantoan, Chicago Heights, Ill.;
- Joann Richard, Lititz, Pa.;
- Kaleena Shreeve, Gilbert, Ariz.;
- Dr. Brenda Valliere, Fort Wayne, Ind.;
- Claudia Williams, Canton, Ohio.

The awards are sponsored by ADA Insurance Plans underwritten by Great-West Life & Annuity Insurance Co.

Other conference activities included a student spouse forum, the Constituent Presidents’ Gala and a silent auction to benefit the Alliance’s Foundation for Dental Health Education.

For the latest on Alliance activities or to join or renew membership, visit the AADA website: “www.allianceada.org”. ■

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ADA News, JADA and Global Affairs Web page gain national awards

BY KELLY SODERLUND

ADA News, JADA and the ADA Division of Global Affairs each won EXCEL Awards from the Board of Directors of Association Media & Publishing for material published last year.

The ADA International Volunteer Web page won a Silver EXCEL Award for online publishing: website, special members area category.

The Web page, launched in July 2009, includes personal

photographs from ADA International Development Subcommittee members. The International Dental Volunteer Guide section of the Web page, "Get Involved," was edited by both the ADA Division of Global Affairs and Dr. Frank Serio, associate dean for clinical affairs and professor, East Carolina University School of Dentistry. Bark Design of Chicago worked with Global Affairs in designing the page.

ADA News won a Bronze EXCEL Award for the Feb. 2, 2009 and Feb. 16, 2009 issues in the design excellence category for newspapers. JADA won a Bronze EXCEL Award for its March 2009 issue in the cover illustration category for journals.

The groups were among 175 winners representing 91 nonprofit organizations and associations. They were selected from nearly 1,000 entries.

Winners were chosen for displaying exemplary work in editorial, design, advertising and market-

ing, online publishing, mobile applications, digital editions and electronic newsletter categories.

"Congratulations to the 30th Annual EXCEL Award winners," said Amy Lestition, Association Media & Publishing executive director. "By producing and delivering content in a variety of formats, these associations continue to raise the standard for association publishing. We're thrilled to honor their work and inspiration, which showcases the value of the association to their constituents."

Each group will be recognized June 14 at the 30th Annual EXCEL Awards Gala in Washington D.C. ■



Winners: ADA International Volunteer web-site won an EXCEL silver and 2009 issues of JADA and ADA News won bronze awards.

Align

Continued from page one

Align also issued a "Frequently Asked Questions" document in which the company acknowledged that it was dropping the annual case requirement from its proficiency program in response to customer "frustration and unhappiness" with the policy.

"Many customers were upset by the proficiency program, particularly the case requirement," the company noted. "The volume of complaint letters has tapered off, but the mood and frustration of our customers has not improved."

The FAQ goes on to note that the company was aware that many state and national dental organizations also opposed the case requirements.

"Many organizations, including the [American Association of Orthodontists] and the ADA, have recommended that Align focus on continuing education, rather than case requirements, as a means to encourage proficiency," Align said in its FAQ.

The company also acknowledged that opposition to the proficiency program was "far more intense" than Align had anticipated.

In addition to the 10-case-per-year requirement, Align's original proficiency program also required providers to complete 10 Invisalign continuing education hours per year.

That part of the program will remain, the company said, noting that "Invisalign is an evolving product and technique, and ongoing training and education are necessary to stay up to date with ongoing product and clinical advancements."

Providers who fail to complete 10 or more Invisalign CE hours in a calendar year will have their Invisalign account temporarily suspended until they complete the minimum CE requirement. They will retain full access to in-progress cases, but won't be able to submit new cases.

Align offers a clinical education curriculum with more than 200 hours of lecture-based and online learning opportunities each year. All online content is available 24 hours a day, seven days a week at no charge to Align customers. ■

—berryj@ada.org

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- 12 shades are available in non dripping syringe or unit dose caps

*Data on file

The Clinical Proof

Class II Comparison of Highly Filled and Flowable Resin-Based Composites "Conclusions: When using a highly filled flowable (80.2%w/w) the clinical performance is the same at two years as the highly filled Grandio (87%w/w)."

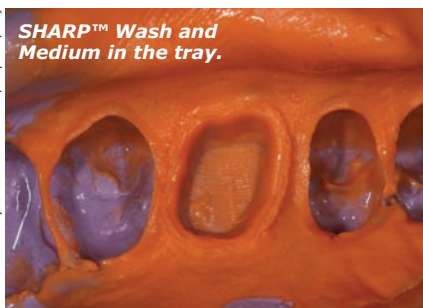
Paper: Class II Comparison of Highly Filled and Flowable Resin-Based Composites (AADR Annual Meeting (March 3-6, 2010), B. Waldo, J. Burgess, R.L. Meador, D. Givan, M. Anabtawi, L.C. Ramp, Departments of General Dental Sciences and Prosthodontics, University of Alabama School of Dentistry at Birmingham



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MATERIAL	SHORE A HARDNESS	WORKING TIME	SET TIME (INTRAORAL)
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SHARP™ Medium	55	1:30	3:00
SHARP™ Heavy	68	1:30	3:00
SHARP™ Clear	65	0:30	2:00

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