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ADA News

AUGUST 6, 2018

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 49 NO.14



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BRIEFS

ADA Visa cardholders can earn 2x points on Great-West Financial

Association members using the ADA Preferred Rewards Visa from U.S. Bank when making their ADA member's insurance plan premium payments to Great-West Financial will receive double rewards points, ADA Member Advantage announced June 4.

"It's a convenient way for participants in any one of the seven ADA Members Insurance Plans to pay their insurance bill and earn up to 5,000 points each year, equivalent to \$2,500 in eligible net purchases," said Gina Goodreau, director of



specialty insurance markets at Great-West Financial. The ADA member's group insurance portfolio of plans underwritten by Great-West Financial includes life, disability, office overhead expense, hospital indemnity with extended care rider and critical illness.

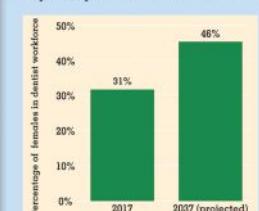
"Granting two times bonus points on what is a pretty substantial and important purchase really gives us another opportunity to say thank you," said Kim Wagner, vice president and senior product manager at

See VISA, Page 11

JUST THE FACTS

Female supply of dentists

The supply of female dentists in the U.S. workforce is expected to increase to nearly half by 2027, up from less than one-third in 2017.



Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, est. 2008

Action for Dental Health progresses in Senate

BY KELLY GANSKI

The ADA's Action for Dental Health Act unanimously passed the Senate Committee on Health, Education, Labor, and Pensions July 25, clearing the path for a vote in the full Senate.

Action for Dental Health is the

INSIDE California Dental Association wants soda tax vote, Page 6

ADA's nationwide, community-based movement aimed at enhanc-

ing ongoing efforts to reduce the barriers to oral health care facing many Americans. The ADA's next step is to lobby the Senate GOP leadership to get on the calendar for a floor vote. The House bill, led by Representatives Robin Kelly, D-Ill., and Mike Simpson, R-Idaho, passed

the House of Representatives in February. It was introduced in the Senate June 6 by Senators Cory Booker, D-N.J., Bill Cassidy R-La., Mazie Hirono, D-Hawaii, and Tim Scott, R-S.C.

See ACTION, Page 8

Find-a-Dentist increases online ad campaign through September

BY KIMBER SOLANA

That bowl cut hairstyle. A generic background. Those dated photos. And that awkward smile

towards the camera.

"You can't change your old photos, but you can make sure your smile is ready for new

ones," according to a Facebook post, which directs potential patients to the ADA Find-a-Dentist website.

In an effort to help potential patients find ADA member dentists in their area, the Association is ramping up its online advertisement campaign for Find-a-Dentist, especially during the high-utilization months of July through September.

"Whether it's for themselves or their children's back-to-school visits, this is a time of year when dental visits are top of mind for patients," said Dr. Robin Reich, chair of ADA Council on Communications. "Ramping up our advertising presence now reminds them to look for an ADA dentist specifically."

The campaign's ads are a mix of display advertising, including the throwback school photo sponsored social media posts, search engine ads and animated banners on websites reminding people that your smile is the first thing people notice, and showcasing the importance of teeth in one's overall health.

"Your teeth are amazing," the ads say. "Your ADA dentist can keep them that way."

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20 Likes 562 Comments 311 Shares

Throwback: In an effort to help potential patients find ADA member dentists in their area, the Association is ramping up its online advertisement campaign for Find-a-Dentist, especially during the high-utilization months of July through September.

See CAMPAIGN, Page 19

ADA commends government's upcoming report on oral health

BY DAVID BURGER

Washington — A forthcoming Surgeon General's Report on Oral Health will document progress in oral health since 2000 and articulate a vision for the future, a move the ADA is commending.

The U.S. Public Health Service's Oral Health Coordinating Committee is commissioning the report, nearly two decades after a similar one was released.

"The role that dentists play in patients' oral as well as overall health is greater than what it was almost 20 years ago when the first surgeon general's report was released," said ADA President Joseph P. Crowley. "Dentists are leading the way in scientific advancements and clinical treatments that improve patients' oral health and by extension their overall health. I am excited to see the progress that has been made and the challenges that remain so the ADA can lead interdisciplinary efforts to address them."

"In the intervening two decades, oral health has improved for many Americans, but not for all," said Dr. Lawrence A. Tabak, Ph.D., deputy director of the National Institutes of Health, in a July 27 news release. "Many Americans are retaining more of their natural teeth, complete tooth loss among older adults

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Silver diamine fluoride use on adults examined in August JADA

BY MICHELLE MANCHIR

Applying silver diamine fluoride to exposed root surfaces of older adults can be an effective way to prevent caries, according to the August issue of The Journal of the American Dental Association.

Authors of a systematic review, “Controlling Caries in Exposed Root Surfaces With Silver Diamine Fluoride: A Systematic Review With Meta-analysis,” examined over a thousand articles to identify high-quality randomized controlled, human clinical trials that critically examined the preventive effect of silver diamine fluoride on root surface caries.

They found that annual 38 percent silver

diamine fluoride applications to exposed root surfaces “are a simple, inexpensive and effective way of preventing caries initiation and progression,” according to the article’s abstract.

“Silver diamine fluoride application to root surfaces presenting dental caries also appears to be very safe,” said the article’s corresponding author, Dr. Branca Heloisa Oliveira, a dentist with a Ph.D. “The only known



potentially relevant side effect would be the discoloration of the treated caries lesions. Thus, dentists should be prepared to address patients’ concerns regarding the blackening of the decayed tooth surfaces after silver diamine fluoride applications.”

To read the entire systematic review with meta-analysis, visit JADA.ADA.org.

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



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Kenneth L. Krowne, D.M.D.

At various times during my 52-year career as a dentist I have been asked, “Is it really true that there is a high rate of depression amongst dentists?” I haven’t been able to respond to the question, other than to say that it hasn’t been my experience to know many dentists who seem to suffer from this condition. Certainly, it would be an important topic at any number of the study clubs I’ve participated in, as well as in courses at continuing education institutes. We attend any number of programs to improve our clinical skills, but what it takes for us to be creating satisfaction for ourselves in our everyday practices seems to have a much lower priority.

Definitely, the demands of working hard to provide excellent quality dentistry, while tending to the various other aspects of our practices — like working with our staffs, dealing with insurance companies, communicating with labs, as well as vendors — can all be daunting at times. Yet, my experience of practicing has generally been very satisfying and enjoyable. It’s been wonderful to be able to relieve dental pain, lower apprehension, provide pleasing esthetics and get to know thousands of people over the years. Frequently, I’ve wondered what it might be like for many of my colleagues. Certainly I have been in enough dental offices to have formed my own opinions; however, I was looking to broaden my view.

Recently, I took the opportunity to interview three sales representatives from the companies that sell us most of our supplies. I asked them what was the atmosphere like in offices they visited and what that might say about the satisfaction these dentists might be experiencing in their professional lives.

While they reported that their experience of the majority of the practices was very positive, there were a significant number of practices that did not seem like there was a healthy environment present. While this is a highly subjective assessment, and open to question, it got me thinking.

I decided to look at how we did our initial visit with our new patients, from the prospective patient’s first call, to how we greeted them, how my hygienists regarded meeting them and how I interacted with them. While I wanted the new patient to feel welcome, I also very much wanted to experience satisfaction myself with both that visit and with this new relationship.

I began meeting with a number of dentists who were at different places in their careers and shared with them how we did our initial visit. The main points were to attempt to have the dentists experience satisfaction with their time with the patient and to begin to create a relationship that would engender trust and confidence.

In our office, I generally go out to the reception room and introduce myself briefly. I tell the new patient what the hygienist will be doing: cleaning their teeth, going over their health history, discussing prevention and

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Supply of dentists per 100,000 population

The number of dentists per 100,000 population who reported working in dentistry was 60.9 in 2017, a net increase of 4.1 percent since 2007. Dentists working in dentistry include those working as private practitioners; dental school faculty or staff; graduate students/interns/residents; hospital staff dentists; in the armed forces; in local or state government; in other federal services; and in other health or dental organizations.



Source: ADA Health Policy Institute, “Supply of Dentists in the U.S.: 2001-2017.” Available from ADA.org/en/science-research/health-policy-institute/data-center/supply-of-dentists.

ADA participating in discussions regarding Medicare dental benefit

BY MICHELLE MANCHIR

As a coalition of consumer advocacy groups continues to seek an addition of a dental benefit in Medicare, the ADA is educating the coalition and advocating for members and patients.

Organizations including the American Association of Retired Persons, Families USA and Oral Health America are looking to raise awareness among federal legislators with the long-term goal of introducing a bill in the next few years that would add an oral health benefit in Medicare, the federal health insurance program for people who are 65 or older and certain younger people with disabilities.

The coalition July 20 released a white paper on the proposed benefit, examining need, cost and needed legislative changes. The ADA contributed data to the white paper, but the Association’s input “does not con-

stitute endorsement of inclusion of a dental benefit under Medicare at this time,” ADA President Joseph P. Crowley said in an email to members July 23.

“The ADA Board of Trustees determined that it was critical for the ADA to educate this coalition to ensure that the dentist perspective

patients, Dr. Crowley said.

“On behalf of our members and the public, the dentist perspective on this national health policy issue must be represented and understood,” Dr. Crowley said. “Ultimately, success depends on establishing a sustainable program that will actually increase oral health for seniors.”

The ADA’s Council on Dental Benefit Programs is studying this issue in order to make an informed recommendation for the profession.

Members who want to share opinions on this issue can email the council at dentalbenefits@ada.org. Comments will also be shared with other ADA councils and the Board of Trustees for review.

To learn more about how Medicare works, visit www.kff.org/medicare/issue-brief/an-overview-of-medicare. ■

—manchirm@ada.org

LETTERSPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

ADA Foundation launches challenge to raise \$125,000 for patients with special needs

BY KIMBER SOLANA

For the month of August, the ADA Foundation is challenging Association members to help raise \$125,000 to fund grant programs benefitting special needs patients.

Henry Schein Cares, the company's global corporate social responsibility program, will match up to \$125,000 — for a total of a quarter million dollars that the ADA Foundation will dedicate to improving access to oral health care for patients with special needs.

According to the ADA Foundation, it plans to build relationships with groups that are improving access to care for special needs patients and those finding new ways to address the issue.

Patients with special needs are those who,

due to physical, medical, developmental or cognitive disabilities, require special consideration when receiving dental treatment. This can include people with autism, Alzheimer's disease, Down syndrome, spinal cord injuries and countless other conditions or injuries that can make standard dental procedures more difficult.

"There are many barriers to quality oral health care for people with disabilities, whether they be physical, financial or simply finding a dentist who understands their needs," said Stanley M. Bergman, chairman of the board and CEO of Henry Schein Inc.

"I encourage the dental community to contribute to the Henry Schein Cares challenge so we can foster an improved understanding of this critically important issue and spur action towards enhancing the oral health, overall health, and quality of life of this most deserving population."

Earlier this year, Nassau County Dental Society's Give Kids A Smile program included about a dozen students from The Henry Viscardi School, a Long Island, N.Y.-based school for children with severe physical disabilities. The school is part of The Viscardi Center, a network of nonprofit

How to donate

To donate, visit ADAFoundation.org/donate. For more information, contact Marshall Hayes, ADA Foundation development director, at hayesm@ada.org.

organizations that provides services for children and adults with disabilities. Program

See FOUNDATION, Page 19

MyView

Continued from Page 4

X-rays and doing a thorough examination. I let them know that I will then come in and begin to get to know them by asking them about themselves then sharing about myself. I might say that I like the adage of "never treat a stranger." I might ask them about their backgrounds, job, family, interests outside of work and will be open about myself as well about these areas, then we do our exam. A key part of this is putting myself in their world, and listening carefully to what they share. After the patient leaves, I will write down several notes from our conversation and will follow-up on some detail of interest when they return for dental treatment or at their next recall. Definitely, people appreciate that we are interested in them, and I believe this makes for a great beginning in our professional relationship. It's also very enjoyable to me. Typically when I go home at night, my family doesn't ask me how the #3 MO composite turned out, but they frequently enjoy it when I share that our new patient may be working as a chemist looking for breakthroughs in the treatment of Alzheimer's Disease or pancreatic cancer.

The dentists who have begun incorporating at least some of this method into their protocols have all reported that they are enjoying their first visits more than ever before, and, hence, enjoying practicing more. In fact, one of the dentists, who has been practicing more than 30 years, shared with me that previously she had been reluctant to talk about herself, fearing that her patients might think that she was boasting. In fact, she's finding it very satisfying to be open and her patients are now getting to know her more as a person. She is so enthusiastic about it that she finds herself being more open with all of her patients and enjoying her work day far more. I further believe that our patients develop greater trust in us earlier in our relationships when we give them the opportunity to get to know us.

While what I have discussed may not be for everyone, I invite you to tailor it to your style and see if you notice any difference in your level of enjoyment and satisfaction in your practices, as well as in the quality of your relationships with the people who add so much to our lives: our patients.

Dr. Kenneth L. Krowne practices in Brookline, Massachusetts, has been a guest lecturer in practice management at the Boston University School of Dentistry and is a past president of the Brookline Dental Society.



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GOVERNMENT

California dental, medical associations want voters to decide soda tax

BY KIMBER SOLANA

Sacramento, Calif. — The California Dental Association and the California Medical Association announced July 2 that they want state voters to decide on a soda tax initiative on the 2020 ballot.

The ballot measure, if approved, would fund public health programs and constitutionally preserve the ability of California's local communities to make their own decisions regarding future soda taxes.

The two health care associations filed the ballot measure four days after Gov. Jerry Brown signed a bill containing a soda tax ban, creating a 12-year moratorium on any local soda tax. The signing was in response to a ballot measure that could have jeopardized the fiscal outlook of local governments, according to a CDA news release. The soda industry had proposed in a ballot measure requiring cities and counties to achieve a two-thirds vote instead of the cur-

rent 50 percent vote threshold to raise taxes.

"Big Soda may have won a cynical short-term victory but, for the sake of our children's health, we cannot and will not allow them to undermine California's long-term commitment to health care and disease prevention," wrote CDA chief strategy officer Carrie Gordon and Dustin Corcoran, CMA CEO, in a joint statement.

The 2020 ballot initiative by the California Dental Association and California

Medical Association would implement a statewide 2-cents-per-fluid-ounce tax on sugar-sweetened drinks and is estimated to provide about \$1.7 billion in revenue for health programs.

California jurisdictions that already impose sugar-sweetened beverage taxes include Albany, Berkeley, Oakland and San Francisco. Those communities are allowed to maintain the taxes and are not affected by the statewide moratorium signed by Gov. Brown. ■



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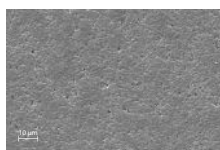
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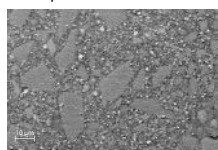


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House approves streamlining OTC drugs approval

BY MICHELLE MANCHIR

Washington — On the same day that the ADA sent U.S. House leaders a letter of support for legislation that would hasten the approval process for some over-the-counter drugs, the House passed the bill.

HR 5333, the Over-the-Counter Monograph, Safety, Innovation, and Reform Act of 2018 gained approval by the House July 16.

ADA President Joseph P. Crowley and Executive Director Kathleen T. O'Loughlin expressed the ADA's support for the measure in a July 16 letter to House Speaker Paul Ryan, R-Wis., and Nancy Pelosi, D-Calif., calling it "an important step towards alleviating the scourge of opioid abuse that has been devastating our families and communities."

The bill, which now goes to the Senate for consideration, would empower the Food and Drug Administration Commissioner to approve a drug submission by administrative order, bypassing a sometimes decades-long rulemaking process.

According to the letter from the ADA, "streamlining the approval process will, among other things, allow for the submission of nonnarcotic pain relievers with a combination of two more active ingredients, which is particularly important the context of preventing opioid abuse."

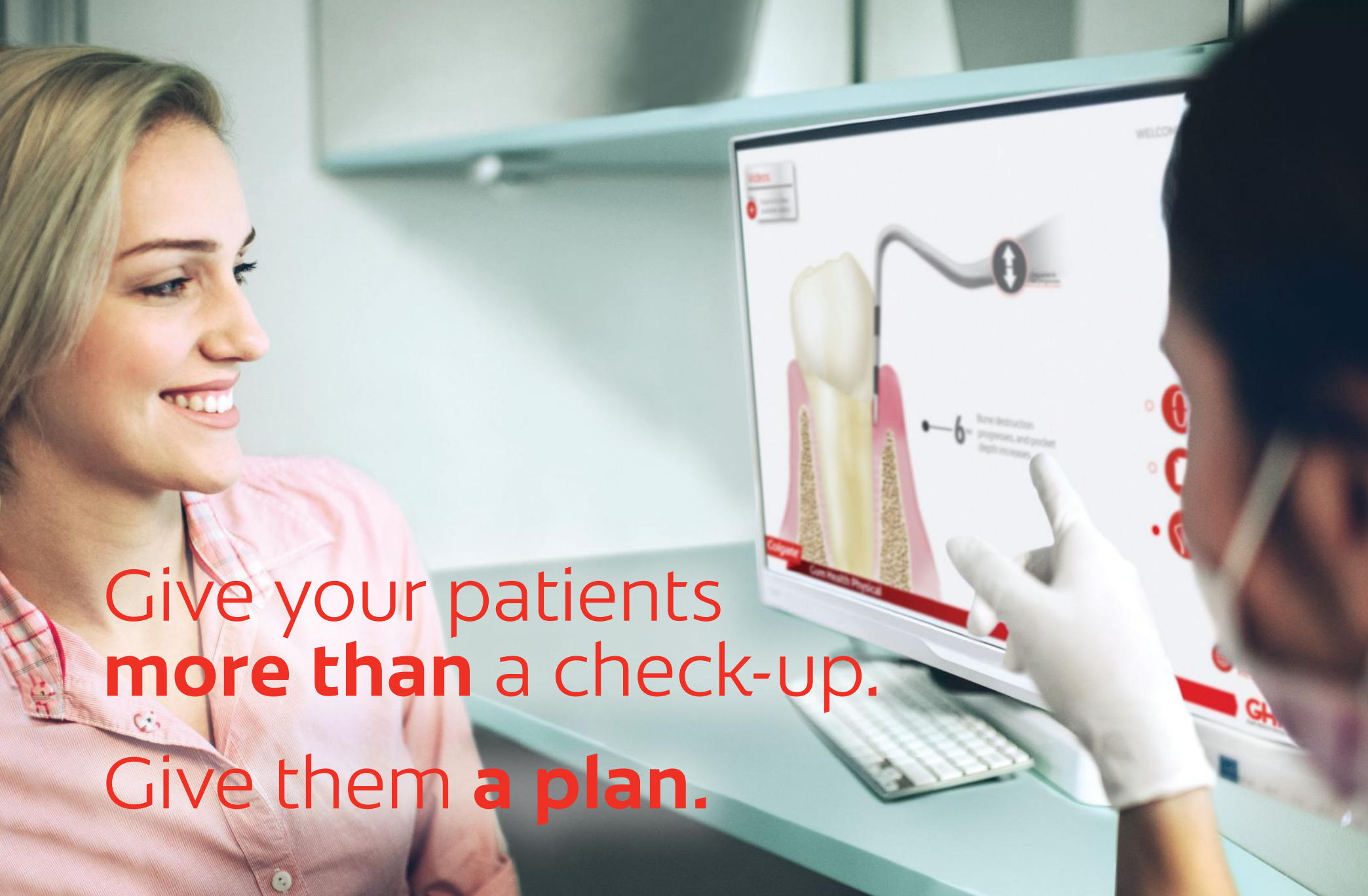
Pointing out that dental patients are often advised to treat post-operative pain with acetaminophen and ibuprofen in lieu of a prescription pain medication, Drs. Crowley and O'Loughlin wrote that the bill would establish "a pathway to a strength-controlled acetaminophen-ibuprofen combination drug to be considered for approval to be sold OTC."

"These types of combination drugs would be a safe, effective and convenient alternative to opioid pain relievers, which could be easily available," Drs. Crowley and O'Loughlin wrote.

The bill would benefit dental patients by "allowing for more innovation in oral care," said Dr. Marcelo Araujo, ADA Science Institute vice president. The measure may make more oral health care products eligible for consideration for the ADA Seal of Acceptance program.

The legislation received support from other health advocacy groups, including the American Academy of Pediatrics and the American Public Health Association.

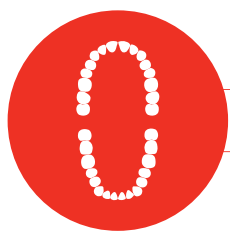
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California state budget increases Denti-Cal reimbursement rates

BY KIMBER SOLANA

Sacramento, Calif. — California's 2018-19 state budget includes funding that would increase reimbursement rates for providers in Denti-Cal, the dental program within the state's Medicaid (Medi-Cal) program, according to the California Dental Association.

The budget, signed by Gov. Jerry Brown, dedicates \$210 million from a state tobacco tax revenue to Denti-Cal providers, up \$70 million from last year's amount. With federal matching dollars, the total will equal up to \$600 million in new funding for the program.

The California Dental Association said in

an announcement that the increased funding is part of an effort to improve the Medi-Cal dental program and increase access to oral health care for the state's 13.5 million Medi-Cal enrollees.

"We hope this new funding will allow more dentists to participate in the program, which has suffered from chronic underfunding, including reimbursement rates among the lowest in the nation," said Dr. Natasha Lee, California Dental Association president.

The proposals in the 2018-19 budget includes:

- Maintaining the 40 percent supplement-

tal payments approved in 2017. In 2017, the state allocated \$140 million of the tobacco tax funds for Denti-Cal provider payments, which were disbursed as a 40 percent reimbursement supplement on hundreds of CDT codes, including restorative, endodontic, prosthodontics, surgical and adjunctive services.

- Adding incentives for the top 26 utilized CDT codes, including adult dental preventive services, periodontal services and some diagnostic services.

- Increasing reimbursement to support the additional time needed to treat individuals

with special health care needs.

- Increasing reimbursement for general anesthesia and intravenous sedation to create parity with medical providers.

"In addition, the one-time allocation of funding toward student loan repayments will allow new dentists to serve Denti-Cal beneficiaries in areas that lack adequate providers," Dr. Lee said. "We hope these changes demonstrate a real commitment from state lawmakers to bring in more providers and improve the oral health of Californians."

According to the CDA, low reimbursement rates have been one of the troubling aspects of the Denti-Cal program for years. However, the additional funding brings reimbursement rates on some of the most common services up to 70 to 90 percent of commercial rates.

The new rate package went into effect July 1. The payments will be applied to both Medi-Cal dental fee-for-service and dental managed care delivery systems, according to the California Dental Association. The California Department of Health Care Services will post detailed methodologies for the proposals on its website, dhcs.ca.gov, before Sept. 30.

According to the California Dental Association, providers do not need to take any action. They can simply continue normal billing and supplemental payments will be automatically added to payment checks. ■

Action

Continued from Page 1

"As a physician, I know that dental care is crucial to overall health. Untreated dental disease leads to millions of dollars in preventable dental-related ER visits each year," said Sen. Cassidy. "Action for Dental Health expands the reach of existing community base programs which screen, treat and educate underserved populations connecting patients to dentists who can continue to treat them down the road."

"Oral health is an important part of one's overall health and well-being, but many people lack access to these essential services — especially those from underserved communities," said Sen. Booker. "This legislation takes a vital step in addressing those gaps and increasing families' access to oral health care and preventive services."

With the passage of the Action for Dental Health Act, the ADA hopes the legislation will lead to:

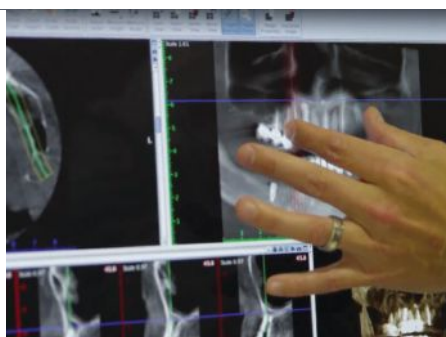
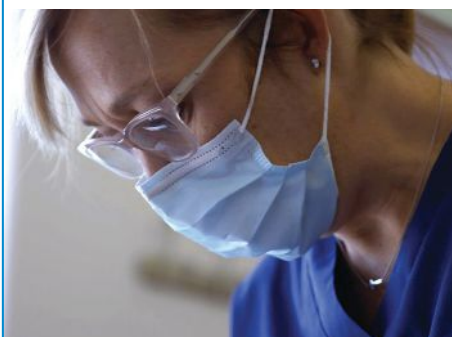
- Improving oral health education and dental disease prevention.
- Reducing the use of emergency rooms for dental care.
- Helping patients establish dental homes.
- Reducing barriers, including language barriers and cultural barriers, to receiving care.
- Facilitating dental care to nursing home residents.

"The Action for Dental Health Act will help Americans improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care," ADA President Joseph P. Crowley said in June. "It will also help organizations qualify for oral health grants to develop and expand programs that establish dental homes for children, adults, the elderly, blind and disabled at no extra burden to taxpayers."

For more information about the ADA's Action for Dental Health initiative, visit ADA.org/en/advocacy/advocacy-issues/action-for-dental-health-act. ■

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Kentucky reverses Medicaid dental cuts after uproar

BY DAVID BURGER

Frankfort, Ky. — After fierce opposition from many constituents, including the Kentucky Dental Association, the state of Kentucky announced July 19 that it would rescind Medicaid cuts that eliminated dental and other services for nearly 400,000 residents.

“We have begun the process to reinstate vision and dental coverage, as well as non-emergency transportation services, for those whose benefits were affected,” according to a statement from Kentucky’s Cabinet for Health and Family Services.

The Medicaid cuts, announced by Gov. Matt Bevin, came after a federal judge struck down the governor’s plan to substantially overhaul Medicaid by requiring Medicaid recipients to work in able to receive benefits.

The overhaul would have placed about 460,000 “able-bodied” adults in a plan called Kentucky HEALTH. The changes, in a program called My Rewards, would have meant that individuals could earn points toward paying for dental and vision care through work or activities such as online classes and volunteering.

After the court decision, the Cabinet for Health and Family Services said in a statement that immediate cuts in dental, vision and transportation benefits were required “to compensate for the increasing costs of expanded Medicaid” and were “an unfortunate consequence of the judge’s ruling.”

The Kentucky Dental Association responded forcefully to the initial decision to eliminate dental benefits. Dr. Ansley Depp, president of the Kentucky Dental Association, and Rick Whitehouse, Kentucky Dental Association executive director, said in a July 5 statement, “We are disappointed by the removal of dental benefits on July 1 due to the court ruling. Our continued goal is to work with our member dentists and patients to achieve optimal dental health in all populations. The Kentucky Dental Association remains committed to advocate for the inclusiveness of dental benefits in Medicaid and to partner with the administration to restore those benefits as soon as possible.”

A week later, Dr. Depp issued another statement about how the cuts affected dental providers and their patients: “On Monday, July 2, a patient walked into one of our Kentucky dentist’s office ready for dental work to prepare for a heart procedure. Imagine his disbelief when he found out that as of July 1, all his dental benefits had been discontinued overnight. In this person’s case, he could not continue with his heart surgery until his oral problems had been resolved. This is a great example of the importance oral matters can have on other health issues.”

Dr. Depp continued: “While we are deeply discouraged by the removal of the benefits and the lack of notice, we are happy to start the conversation on how dental health in our Medicaid population could benefit our entire state. In recent years, the significance of dental health on our overall health has become better known, even as many state governments and even Medicare chose to exclude dental benefits.

“While we think there are better options than the [state] program [and] we would love to see a return of dental benefits for the expansion Medicaid population to ensure dental health. The Kentucky Dental Association asks that as we determine where we go next we consider the health of our patients first and foremost. When we focus on that, how can we lose?”

In a blog post, the Kentucky Oral Health Coalition hailed the state’s decision to rescind its planned cuts to dental care: “Oral health is an essential component to the overall health and well-being of children and their families. Given our historic issues with poor oral health in Kentucky, we have made strides towards improvement in oral health by increasing ac-

cess and preventive services. These are reasons why Kentucky Oral Health Coalition executive committee members are glad to see the Bevin Administration’s commitment to restore an essential benefit, such as dental coverage, to Medicaid expansion adults retroactive to July 1, 2018. Receiving routine dental care allows for chronic disease management and early detection of chronic diseases that display symptoms in the mouth. We hope the Cabinet for Health and Families Services continues to emphasize the importance of dental coverage for all Kentuckians throughout Medicaid transitions.”

The cabinet statement said, “Unfortunately,

changing benefits and coverage is not as easy as flipping a single switch. As cabinet officials testified, system changes are risky and cannot be made overnight. The cabinet has spent the last few weeks working on a temporary solution for restored benefits to be implemented by Aug. 1. In addition, while dental, vision, and non-emergency medical transportation eligibility for those in the Alternative Benefit Plan will not show in the system until Aug. 1, the cabinet is close to completing a manual system work-around that will allow payment of claims incurred by any eligible Medicaid beneficiary for dental, vision, and nonemergency transportation services in-

curred during the month of July.”

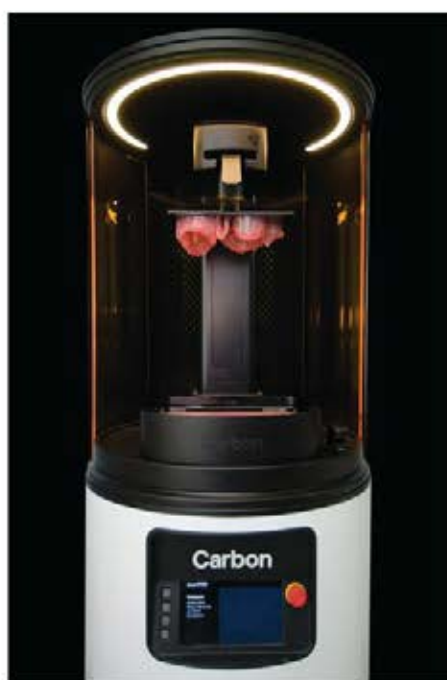
The state also said the Centers for Medicare and Medicaid Services will open a fresh 30-day period for public comment on Kentucky’s proposal to transform its Medicaid program but has not given any clear direction on a timeline or likelihood of approval after the comment period. CMS originally approved the plan in January.

The ADA has a Medicaid provider reference guide and advocacy toolkit available at ADA.org by searching for the name of the guide and toolkit. ■

—burgerd@ada.org

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Much unknown about prevalence of illegal dentistry

BY MICHELLE MANCHIR

A California man with a dental license expired for more than a decade was arrested after using a fake name to lure patients to Mexico to perform dental implant surgeries.

Two Arizona women unlawfully billed their “patients” thousands of dollars for dental-related work they performed without a license.

Two men in New Jersey were arrested after performing dentistry on a woman who developed a severe oral infection.

Just this year, these are among the news reports in the U.S. related to illegal and unlicensed dentistry, though it remains unclear how widespread this activity is.

Each state has its own licensing board as the authority to regulate professional licensing, and neither the ADA nor the American Association of Dental Boards, or AADB, tracks all cases of reported illegal dentistry.

Dr. Norm Magnuson, president of the AADB, said each state is responsible for tracking the cases under its state board’s jurisdiction.

Some states make it easy to search online for the number of license scofflaws.

Florida’s Division of Medical Quality Assurance posts annual reports on unlicensed activity among professions. For the 2016-17 year, the state reported receiving 58 complaints about dentists. Forty-six of the complaints were referred for investigations, and 14 of those were referred to law enforcement. In the 2015-16 fiscal year, the state referred 19 cases to law enforcement.

The state of New York has a list of people with various professional licenses who agreed to “cease any actions ... relating to the unauthorized practice or unauthorized use of a professional title in the profession indicated.” Five names are listed under “dentistry,” though it’s unclear how often the state updates the list. State officials did not respond to emails from the ADA News about how often

the list is updated.

Dr. Magnuson said he sat on Oregon’s dental board for eight years, during which time the state reviewed no more than four cases of unlicensed dentistry, and two of the cases involved the same individual.

Many cases of unlicensed dentistry involve individuals who were dentists in countries other than the U.S., and who provide treatment in their homes to people in their communities after they move to the U.S., said Dr. Magnuson.

No matter the scenario, state dental boards want to stop the practice of illegal and unlicensed dentistry, Dr. Magnuson said.

While the state boards do not have the authority to make arrests, most boards have an investigator who will take action when the board receives the report of a suspected illegal dentistry, Dr. Magnuson said. If evidence of wrongdoing is uncovered, the boards usually refer the cases to the appropriate law enforcement authority.

“The board is a starting point,” he said. “Your state dental board is going to have an influence on the local prosecutors who would decide whether to bring charges. The state boards want to stop the practice of illegal dentistry but they don’t necessarily have authority alone to do so.”

Dr. Magnuson said letting the public know they can usually check online to see if a dentist is licensed and educating them about low cost dental options in their communities are a couple ways dentists can protect patients from illegal dentistry.

Earlier this year in Fairfax, Virginia, when news broke about a person who had contracted a life-threatening bloodborne infection following illegal dental treatment in the



Ms. Griffanti



Dr. Willis

area, leadership with the Northern Virginia Dental Society took the initiative to contact the local TV station to do a follow-up story about local nonprofit dental clinics available to low-income residents.

“I explained that our clinics provide these individuals with a true dental home where they receive ongoing care and oral health education,” said Cathy Griffanti, executive director of the Northern Virginia Dental Society. “It was extremely important to us as a society make every effort to get the word out that access is available and the public need not resort to this unsafe ‘underground dentistry.’”

The TV station took them up on the idea, and ran a two-minute segment highlighting two low-cost clinics founded by member dentists of the Northern Virginia Dental Society.

“I’m very glad we did it. I think it is important that we raise awareness that licensed, sanitary, ongoing care is available,” said Dr. James Willis, president of the Northern Virginia Dental Society. “Several people have told me that they appreciate what the society is doing for the community through Northern Virginia Dental Clinics. They recognize that we are going above and beyond our ob-



ligations in a sincere effort to help others.”

ADA policy states that constituent dental societies are urged to “support enactment of legislation which gives each board of dental examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person.”

Dr. Willis said he feels it is important for dental professionals to discuss with patients the risks of unlicensed dentistry.

“Clearly our patients are seeking licensed professional care, so while they may not directly benefit from such a discussion,” he said, “they may be able to caution others against obtaining unlicensed, unsafe services and to direct them to safe, sanitary alternatives such as local clinics similar to the Northern Virginia Dental Clinics.”

For more information about the AADB, visit dentalboards.org. ■

—manchirm@ada.org

HPI: More publicly insured children seeing dentists

BY MICHELLE MANCHIR

More publicly insured kids are seeing the dentist.

In 2016, 50.4 percent of children on Medicaid or the Children’s Health Insurance Program, or CHIP, had a dental visit in the past year, according to an ADA Health Policy Institute infographic released in July. The percentage of publicly insured children with a dental visit in the past year has grown each year since 2006, when 35.3 percent of children saw a dentist.

In 2016, 67.1 percent of privately insured children saw a dentist in the last year, while in 2006, 57.9 percent of privately insured kids saw a dentist.

The data reveal a narrowing gap in dental care use between publicly and privately insured kids in the past decade, said Marko Vujicic, Ph.D., ADA’s chief economist and HPI’s vice president.

For the report, HPI researchers analyzed Medicaid- and CHIP-enrolled children and children with private dental ben-

efits in all available states.

Numbers varied “tremendously” by state, said Dr. Vujicic.

Connecticut, Hawaii, Idaho, Texas and Washington had the highest rates of overall dental care use and the highest rates of preventive dental care use, according to the report. Texas in 2016 reported the highest percentage of publicly insured kids with a dental visit: 69.2 percent. Meanwhile, Wisconsin had the lowest percentage, with 32.1 percent of publicly insured kids reporting a dental visit in the past year.

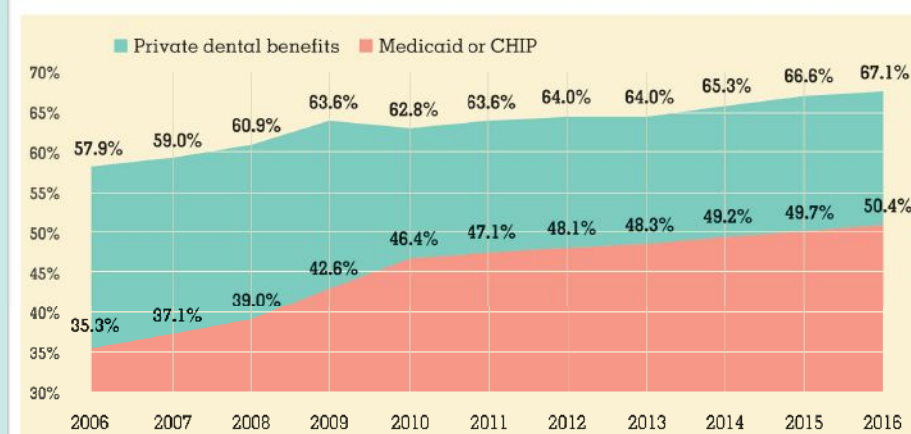
Between 2011 and 2016, Florida, Hawaii, Indiana, Michigan and Montana made the greatest gains in overall dental care use.

To see the full report, visit ADA.org/HPI.

Dr. Vujicic said the report demonstrates steady progress among Medicaid kids in one indicator of oral health. This is due in part, Dr. Vujicic opined, to “getting pol-

Dental care use among children, 2006-16

Over two-thirds of children with private dental benefits had a dental visit in 2016. The dental care use gap between publicly and privately insured children has narrowed the past decade.



Source: HPI analysis of Truven Health Analytics MarketScan® Research Database and Medicaid data from CMS-416 reports.

Note: We analyzed two groups of children, Medicaid/CHIP-enrolled children and children with private dental benefits. Overall dental care use figures based on the percentage of Medicaid or CHIP and privately insured children with a dental visit in the past 12 months. Preventive dental care use figures based on Medicaid or CHIP children with at least one preventive dental visit in the past 12 months. North Dakota did not report Medicaid/CHIP data in 2016; therefore, we used 2015 data for North Dakota’s Medicaid/CHIP figures.

icy right,” such as Medicaid expansions and the CHIP mandate for comprehensive dental coverage. This progress could be reduced in coming years, though, as some states are weighing cutting back on existing benefits.

Additional research is needed to understand

the ease with which Medicaid enrollees are able to navigate the health care system to find dental care, Dr. Vujicic said.

For more information, visit ADA.org/HPI or contact the Health Policy Institute at hpi@ada.org. ■

House passes bill repealing medical device tax

BY KELLY GANSKI

Washington — The House of Representatives in late July passed bills that repeal the current medical device tax and increase the flexibility and dollar amount caps on health savings and flexible savings accounts.

The votes are a win for the ADA, which sent a letter of support July 20 to House Speaker Paul Ryan, R-Wis., Majority Leader Kevin McCarthy, R-Calif., and Majority Whip Steve Scalise, R-La., applauding their efforts to improve the tax system for health care providers and patients. HR 184 repeals the 2.3 percent medical device tax created by the Affordable Care Act.

“The dental manufacturing industry has estimated that the medical device tax would increase the cost of dental care by over \$160 million annually resulting in harm to our patients and an increase in the overall cost of health care,” ADA President Joseph P. Crowley and Executive Director Kathleen T. O’Loughlin wrote in the letter.

Drs. Crowley and O’Loughlin also urged the House Committee on Ways and Means in a July 10 letter to increase the flexibility of HSAs and FSAs and preserve the current tax exclusions for employer-provided medical and dental plans.

Health savings accounts are tax-advantaged medical savings accounts that enable individuals to save for medical expenses and also reduce their taxable income. Flexible spending accounts are accounts that allow people to set tax-free dollars aside to pay for certain out-of-pocket health care costs.

HR 6311, the Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act of 2018, allows individu-

als to carry over unspent FSA balances into the following calendar year as long as it does not exceed three times the FSA contributions limit.

The bill also increased HSA limits from \$3,450 to \$6,650 for individuals and from \$6,900 to \$13,300 for families.

Taxpayers can use their HSA to cover costs that may be incurred during a period between when they establish a high deductible health plan and when they establish their HSA. Until now, the law only permitted HSAs to reimburse taxpayers for expenses incurred

after the establishment of the HSA, regardless of when a high deductible plan was established.

HR 6199, the Restoring Access to Medication Act of 2018, allows certain over-the-counter medical products to be paid for through HSA funds.

The Affordable Care Act had placed a prohibition on using HSAs for over-the-counter products. The ADA will continue to advocate to ensure that OTC oral health care products will also be allowable for purchase by HSA funds.

“Toothpaste, standard and powered toothbrushes, dental floss, interdental cleaners, oral irrigators and preventive and therapeutic mouth rinses are vital to maintaining oral health,” Drs. Crowley and O’Loughlin wrote in the July 10 letter. “Science continues to demonstrate the relationship between oral health and overall health; therefore, allowing for reimbursement of these products will serve to reduce oral health care costs.

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

—ganskik@ada.org

Visa

Continued from Page 1

U.S. Bank. “We believe many members are already using their ADA Preferred Rewards Visa for their premiums, so this gives them the opportunity to earn some extra points and use them for something fun.”

The ADA Preferred Rewards Visa, the only card endorsed by ADA Member Advantage, was updated last year with additional member benefits, including the removal of foreign transaction fees and additional opportunities to earn extra reward points.

ADA members already receive double bonus points on purchases made with their endorsing state associations and select ADA Member Advantage companies including Lands’ End, AHI Travel, HealthFirst, PBHS and others. Members also earn five times bonus points on all purchases made with the ADA, such as the CDT code book, registration for ADA 2018 – America’s Dental Meeting in Honolulu and ADA continuing education courses.

Reward points are redeemable for gift cards, merchandise, cash back in the form of a statement credit and travel. When redeemed on over 150 airlines with no blackout dates, 25,000 points can buy a ticket valued up to \$450.

For more information on the ADA Preferred Rewards Visa card, visit ADAVisa.com or call 1-888-327-2265 ext. 39495. For information on the ADA members Group Insurance Plans through Great-West Financial, visit insurance.ADA.org or call 1-866-607-5330. ■

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Traveling to annual meeting?

Dentists can offset carbon footprint in Hawaii

BY DAVID BURGER

Honolulu — Surfing. Swimming. Snorkeling. Offsetting your carbon footprint.

All of the above can be easily done in the Aloha State.

The Association is collaborating with the nonprofit Hawaiian Legacy Reforestation Initiative and Hawaii Convention Center to plant trees during ADA 2018 – America's Dental Meeting in October to symbolize the ADA's commitment to the islands and sustainability.

To kick-start the effort, Dr. Jeffrey Cole, ADA president-elect, visited Hawaii in May with his wife Linda and participated in a tree planting at Gunstock Ranch on the North Shore of Oahu. Oahu will host the ADA annual meeting Oct. 18-22 in Honolulu.

"As contributing members of our community, both professional and personal, we are always working to give back to the public," Dr. Cole said. "Our organization's vision is helping the public achieve optimal health, so it made sense to participate in this initiative. Our partnership with the Hawaiian Legacy Reforestation Initiative offers a great opportunity to offset our carbon footprint in traveling here and to help keep the islands that we love pristine and picturesque for years to come."

The Hawaii Convention Center has committed to planting one million Legacy Trees across the state, where fewer than 10 percent of the old-growth native and endemic forests remain. The Initiative has reforested more than 400,000 trees across 1,200 acres on the island of Hawaii since 2010 and will reforest more than 600,000 trees at Gunstock Ranch.

Teri Orton, general manager of the Hawaii Convention Center, said participation in the program allows the Center's guests to "become more intimately connected to the islands."

Hawaii Convention Center guests receive a special Legacy Tree sponsorship rate for the reforestation of koa trees, which are rare and endemic to Hawaii.

"The impact of planting a single tree is significant," said Jeff Dunster, executive director of the Initiative. "Just one koa tree can offset a weeklong trip to Hawaii for a family of four."

ADA annual meeting attendees are invited to visit the Hawaiian Legacy Reforestation Initiative booth on the exhibit hall floor to sponsor a koa Legacy Tree for \$60 with the option of signing up for a Hawaiian Legacy Tour, in which they can tour the 600-acre Gunstock Ranch and plant a seedling on Oahu's North Shore. Planting tours are also available at the Legacy Forest on the island of Hawaii.

In addition, dental professionals can also sponsor a tree prior, during or after the meeting by visiting onemillion.legacytrees.org.

"Making a difference isn't a one-time thing," Dr. Cole said. "Bring the aloha spirit back home with you and continue your work."

The tree also symbolizes the newly unveiled ADA master brand, which has been represented visually as a tree with deep roots historically and culturally. Like a strong tree, the ADA continues to grow, strengthening the profession of dentistry and advancing the overall oral health of the public.

The ADA is donating \$6,000 to the Hawaiian Legacy Reforestation Initiative, essentially purchasing 100 trees.

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Honolulu

To sponsor a Legacy Tree or for more information, visit ADA.org/Aloha.

The Association has a long history of meeting in Hawaii — first visiting the islands prior to the Hawaii Convention Center opening.

Registration for ADA 2018 is open. To register or learn more, visit ADA.org/meeting. ■



Replenishment: ADA President-elect Jeffrey Cole, left, with wife Linda, with lei, plant a tree at the Gunstock Ranch in Oahu during a May trip to Hawaii to show the ADA's commitment to the environment. The Association is collaborating with the nonprofit Hawaiian Legacy Reforestation Initiative and Hawaii Convention Center to plant trees during ADA 2018 – America's Dental Meeting. Oahu will host the ADA annual meeting Oct. 18-22 in Honolulu.

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ADA Officer Campaign Statements

Candidates seeking ADA-elected offices prepared platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are presented as information for Association members.

The candidates included are those who — as of Aug. 6 — had decided to seek these offices through the upcoming Association elections being held concurrently with the Oct. 19-22 House of Delegates meeting in Honolulu. Candidates are listed by office sought in alphabetical order. Delegates will vote Oct. 22. The candidates' profiles and statements are also available on ADA.org for Association members only. President-elect candidates are presented here; the second vice president candidates are presented on Page 16. The Aug. 20 ADA News will include an article about the candidates for ADA treasurer.

ADA ELECTIONS 2018

Second vice president candidate statements, Page 16.

Rickland G. Asai, D.M.D.

President-elect candidate

The 11th District truly mirrors the political climate of our country. Unlike most trustee districts, I represent five states with a multitude of different political opinions on any given day or on any given issue: Oregon, Washington, Montana, Idaho and Alaska.



As the trustee of this unique district, I have come to appreciate the time and effort necessary to address distinctive challenges that each community in our organization faces. That experience of working with a diverse group of states gives me the ability to hit the ground running as your president-elect. At this critical juncture, these qualities are mandatory to represent dentists from Alaska to Florida and every state in between.

Serving as chair of the Audit Committee has given me a strong understanding of our financial position, strengths and weaknesses. My time on the Strategic Planning Committee has reinforced my commitment to the road map necessary for our success. My other Board assignments have provided me a foundation in the structure of our Association. I am ready to lead you.

You have my promise that I will fight for our profession and the ability to continue to be the architects of our destiny for generations to come. ■

PROFILE

Current residence: Portland, Oregon

Dental school attended: Oregon Health Sciences University

Year received dental degree: 1981

Years of ADA membership: 41

Other professional memberships:

- American Dental Association.
- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.
- Academy of General Dentistry.

Volunteer posts/elective offices held in organized dentistry:

- 11th District trustee.
- ADA Foundation Board.
- Chair, ADA Audit Committee.

See DR. ASAI, Page 15

Chad P. Gehani, D.D.S.

President-elect candidate

For dentistry to maintain its status as a highly respected profession, we must be unified, collaborative and focused on the future. The American Dental Association represents the highest ideals of dentistry. Our members work hard to provide the best care possible to their patients and to earn a quality lifestyle. Our patients trust us because we put their interests above our own. We must continue to do this, even as the world is changing. Group practices are here to stay. We must welcome all dentists into the ADA and encourage them to share our ideals and strict adherence to a Code of Ethics.



The dentist must remain the ONLY leader of the dental team. All treatment recommendations should be based upon sound scientific research and ethical judgment without any third-party interference. The ADA must continue to set the aspirational goals for dentistry.

With my teaching experience in both university and hospital settings, I have enjoyed working with our next generation of dentists. We owe these new dentists a future-focused Association that is proactive in preparing them for what lies ahead. Together, you and I can make this happen. I ask for your vote and for your continued support. ■

PROFILE

Current Residence: Manhasset, New York

Dental school attended: University of Bombay

Year received dental degree: 1973

Postgraduate education/specialty: GPR Beekman Downtown Hospital, New York City; Endodontics, Columbia University

Years of ADA membership: 40

Other professional memberships:

- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.
- American Association of Endodontics.
- Indian Dental Association (USA).

See DR. GEHANI, Page 15

Ronald P. Lemmo, D.D.S.

President-elect candidate

We live in common times. As a private practice general dentist, I know the challenges our members face. During times like these, the ADA must have leaders with a vision for the future to maintain the ADA as THE organization representing the dental profession. I have that vision. I understand that the ADA must shift from reacting to the enormous external pressures we face to proactively anticipating emerging issues so we are in a position to meet the challenges and seize the opportunities as they present themselves. Now is the time for bold and innovative action to ensure that all dentists find value in ADA membership, regardless of age, race, gender or practice model.



We must lead change, instead of chasing change, so that the ADA is recognized as the main resource for our members, the patients we serve, policymakers, the dental education community and all other stakeholders.

As your treasurer, I have worked tirelessly to refine our financial processes, reporting and accountabilities to enhance the ADA's transparency and strategic reserves. I will bring that same energy as ADA president, while honoring our core values of ethics, integrity and professionalism that have earned our patients' trust and our members' loyalty. ■

PROFILE

Current residence: Solon, Ohio

Dental school attended: Case Western Reserve University School of Dental Medicine

Year received dental degree: 1984

Postgraduate education/specialty: Northwestern University Kellogg School of Management, Executive Management Program for Dentists, 2005

Years of ADA membership: 38

Other professional memberships:

- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.

See DR. LEMMO, Page 15

Lindsey Robinson, D.D.S.

President-elect candidate

I love being a dentist and sharing that passion with my fellow ADA members. Having grown up in a dental family, advocating for and supporting our profession is an extension of that passion.



Working at all levels of the tripartite, I championed programs and policies that ensure a long-term future for dentistry, creating an environment for success for current and future dentists which is a core function of leadership.

I have supported this environment by taking on dental benefits companies through litigation and legislation, and providing leadership on three ADA standing committees, including Budget and Finance.

Like most of you, I am a small business owner. My books have to balance every month, and I have to keep up-to-date on technology, staff training and my skills to provide value for my patients. I want to bring that same eye toward value, sustainability, support for new dentists and budgeting common-sense to the ADA presidency.

I continue to be committed to supporting the sustainability of independent private dental practice and champion preventive strategies that reduce the burden of oral diseases in our communities. This dual purpose is fundamental to maintaining dentistry as a highly respected profession.

I humbly ask for your vote. ■

PROFILE

Current residence: Grass Valley, California

Dental school attended: University of Southern California School of Dentistry

Year received dental degree: 1990

Postgraduate education/specialty: University of Florida School of Dentistry, pediatric dentistry

Years of ADA membership: 31

Other professional memberships:

- American Academy of Pediatric Dentistry.
- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.
- Academy of General Dentistry.

See DR. ROBINSON, Page 15

Continued from Page 14

Rickland G. Asai, D.M.D.

PROFILE

- Chair, Council on Ethics, Bylaws and Judicial Affairs.
- President, Oregon Dental Association.

What are your main qualifications for the office you seek?

- Financial expertise.
- Ability to find solutions.
- Taking time to listen to new ideas.
- Positive attitude.
- Enthusiasm and dedication to my profession.

Why do you want to be an ADA officer?

The first step of my journey to become an ADA officer started when I was a pharmacist. I saw that the private practice of pharmacy was coming to an end. I chose dentistry because I saw certain incremental steps wear away at the profession of pharmacy, opening the door for corporations to take over and virtually eliminate the private practice of pharmacy. Now we are seeing those same changes in medicine. There is no chance that I will stand by and watch from the sidelines and let what happened to pharmacy and is now happening to medicine happen to our profession.

Unlike most trustee districts, the 11th district has five states (Oregon, Washington, Montana, Idaho, Alaska) with a multitude of different political opinions on any given day or on any given issue. This district truly mirrors the political climate of our country.

As the trustee of this multistate district, I have come to appreciate the time and energy necessary to address unique challenges that each community in our organization faces. That experience of working with this diverse group of states gives me the ability to hit the ground running as your president-elect. At this critical juncture, these qualities are essential to represent dentists from Alaska to Florida and every state in between.

Serving as chair of the ADA Audit Committee has given me a strong understanding of our financial position, strengths and weaknesses. My time on the Strategic Planning Committee has reinforced my commitment to the road map necessary for our success. My other board assignments have provided me a foundation in the structure of our Association. I am uniquely prepared to lead you.

As your ADA president, I will never support anything that will devastate your practices or your ability to support your families. I will fight for our profession and our ability to continue to be the architects of our own destiny. ■

Continued from Page 14

Chad P. Gehani, D.D.S.

PROFILE**Volunteer posts/elective offices held in organized dentistry:**

- ADA trustee for the 2nd District.
- Past president, New York State Dental Association.
- Chair: Diversity & Inclusion Committee; Committee on Annual Meeting; Dental Content Committee.
- Trustee liaison: Council on Ethics, Bylaws and Judicial Affairs; Western Regional Examination Board; Council on Dental Practice.
- Assignments: Interagency Workgroup on Dental Group Practice; Taskforce on Busyness; Workgroup on ADA/Commission on Dental Accreditation Relationship.

What are your main qualifications for the office you seek?

- Executive experience: Past president NYSDA and component society.
- Dental education: associate clinical professor, endodontics, New York University, 1984-2018.
- Advocacy: Successfully got legislation passed protecting members from burdensome regulations and third-party interference; maintained adult Medicaid in New York.
- Team Builder: Collaborative leadership style creates strong working relationships.
- Successful dental practitioner in private practice.

Why do you want to be an ADA officer?

I am truly fortunate that I am at a place and time in my life where I have the opportunity, the energy and the passion to give back to the great profession that has given me, an immigrant from India, so much. My professional career and the many volunteer positions I have held at all levels of the tripartite have shaped me into a candidate who understands the challenges facing dentists of all ages, backgrounds and experiences. I've been an ADA member for almost 40 years. The ADA is my home, and I firmly believe is and should be the home for the entire profession. As ADA president, I will be committed to getting that message across, and in the process, developing opportunities where current challenges exist.

We must have proactive leaders who are not afraid to ask the hard questions, and then work to find answers that protect the doctor-patient relationship. We must be able to deliver our best care unimpeded by outside forces.

Given your support, I can be that leader. ■

Continued from Page 14

Ronald P. Lemmo, D.D.S.

PROFILE**Volunteer posts/elective offices held in organized dentistry:**

- ADA treasurer.
- Chair, ADA Special Committee on Financial Affairs.
- Chair, ADA Pension Committee.
- ADA Council on Dental Education and Licensure.
- President, Ohio Dental Association.

What are your main qualifications for the office you seek?

• As treasurer, not only do I understand the finances and how they integrate into the strategic plan, but I have a deep understanding of every program the ADA offers, enabling me to suggest areas where we may be able to modify our products and services to enhance member value.

• As a private practice general dentist, I understand the challenges our members face and have the vision to lead our Association to meet our members' needs and expectations.

Why do you want to be an ADA officer?

If I am honored with the privilege of continued leadership as ADA president-elect, my priorities will be to focus on solutions that help our members and Association succeed in today's challenging environment, including:

- Providing clinical and nonclinical support to our members to assist them to thrive in today's evolving marketplace.
- Marshalling our resources so that the ADA continues to be the lead advocate on oral health issues in Washington, D.C., and provide support to states to ensure their continued success in the advocacy arena, protecting our member dentists and their patients from unnecessary government interference.

- Disrupting the dental benefit marketplace by developing a comprehensive blueprint for in-office dental plans rivaling traditional insurance programs.
- Leveraging the loyalty and expertise of our membership to mentor our new colleagues in an inviting, welcoming and rewarding manner.
- Capitalizing on our investment in science by providing evidence-based clinical information to our members to utilize chairside, helping them deliver the highest quality care for patients.

I am committed to defining a visionary, proactive agenda for the ADA. It is time for bold and innovative thinking around the emerging issues our members and Association are facing. ■

Continued from Page 14

Lindsey Robinson, D.D.S.

PROFILE**Volunteer posts/elective offices held in organized dentistry:**

- ADA 13th District trustee.
- Chair, ADA Budget and Finance Committee.
- Chair, ADA Governance Committee.
- Chair, ADA Council on Access, Prevention and Interprofessional Relations.
- President, California Dental Association.

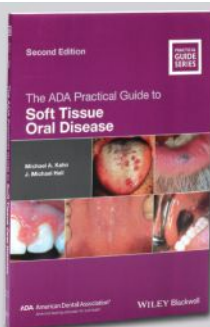
What are your main qualifications for the office you seek?

A collaborative and proven leader with a track record of bringing people together to solve complex, challenging issues that face the profession:

- Dental benefits — as CDA president, played a key role in successful litigation against Delta.
- Changing economics of dental care delivery — provided leadership in formation of The Dentist Supply Company, an e-commerce platform for discounted supplies.
- Access to care — As Council on Access, Prevention and Interprofessional Relations chair, led development of the Community Dental Health Coordinator from concept to actual workforce model.
- Prevention of oral diseases — national leader promoting oral health literacy as a member of the National Academy of Medicine Health Literacy Roundtable.
- Understanding the mutually beneficial relationship between specialty associations and tripartite — assisted with the ADA's adoption of policy on the age one dental home; former president, California Society of Pediatric Dentistry.

Why do you want to be an ADA officer?

I believe the breadth of my leadership experience will serve the national Association well into the future. During my tenure on the ADA Board I have had the opportunity to chair three standing committees: Budget and Finance, Governance and Business Innovation. This experience, along with liaison positions to the councils on Ethics, Bylaws and Judicial Affairs; Scientific Affairs; Dental Benefits Programs; and the American Dental Political Action Committee, has given me a comprehensive working knowledge of the ADA and deep respect for the member-centric focus of the Association. I am committed to maintaining that strategic focus, our core values, and the promotion of ADA policy within the broader spectrum of national health care policy. With great respect for your voice, I humbly ask for your vote in October. ■



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ADA Officer Campaign Statements Continued

Frank J. Graham, D.M.D.

Second vice president candidate

Since its founding more than 150 years ago, the ADA has been evolving to help its members better manage their practices and treat their patients. Technological advances have greatly accelerated the pace at which change is now happening to dentistry. While this has increased the pressures placed on dental practice, it has also provided members with the opportunity to find what they need to succeed by joining organized dentistry. The ADA needs to respond to “climate change” and help members adapt.

Adaptation ultimately has to occur at the individual level but the ADA needs to become more active in assisting members in today’s competitive marketplace. The ADA must examine from top-to-bottom its policies, practices, programs and perspectives to foster improved individualized learning, increase market value and maximize flexibility so that each and every member can garner the most from what the ADA has to offer them.

Essential to this adaptive process is listening to our members and embracing new ideas while simultaneously never compromising the fundamental tenets of the profession to improve oral health while maintaining strong ethical standards. Standing still is not an option. ADA leadership must be prepared to explore a new future. Let us move forward together! ■



PROFILE

Current residence: Teaneck, New Jersey

Dental School Attended: Fairleigh Dickinson University School of Dental Medicine

Year received degree: 1979

Postgraduate education/specialty: Orthodontics

Years of ADA membership: 43

Other professional memberships:

- American College of Dentists.
- American Association of Orthodontics.
- Commission on Dental Competency Assessment.
- Northeastern Society of Orthodontics.

Volunteer posts/elective offices held in organized dentistry:

- Chair/vice chair, ADA Council on Government Affairs.
- Chair/vice chair, ADA Council on Dental Practice.
- American Dental Political Action Committee.
- Consultant, ADA Council on Scientific Affairs.
- Delegate/alternate, ADA House of Delegates.

What are your main qualifications for the office you seek?

- Extensive leadership and governance experience serving in the ADA House of Delegates for the last 15 years as well as holding positions at the component, state and national levels since becoming an ADA member. Having served as the New Jersey Dental Association president as well as my component president twice, I have an understanding of membership, finance, strategic planning, and constitution and bylaws.
- Strong national advocacy experience serving as the chair of the ADA Council on Government Affairs as well as the 4th District ADPAC representative. For the last 15 years I have served as a member of the New Jersey Dental Political Action Committee and the NJDA Council on Governmental and Public Affairs where I have gained understanding of state-specific issues.
- Chairing the Council on Dental Practice; working 35 years as a solo practitioner and 11 years in a hospital-based residency program (two as program director); and serving 10 years as a board examiner has provided me with the requisite experience and knowledge of dentistry’s challenges and opportunities.
- My greatest leadership strengths are good listening and building

See DR. GRAHAM, Page 18

Craig W. Herre, D.D.S.

Second vice president candidate

Our profession has and always will be in a continual state of change. While the ADA has a long history of success as the leader and voice of dentistry it must adapt to the current reality. Practice models are changing, dentists are more diverse and outside forces such as declining insurance reimbursement and decreasing busyness greatly affect every dentist. The ADA needs to work closely with third-party providers, dental service organizations and government agencies developing strategies that benefit all our members.

I strongly believe in ethics and integrity for all aspects of our profession regarding patient care. The ADA’s new master brand strategy, “The ADA powers the profession of dentistry to advance the overall health of the public,” reflects the vision necessary to achieve a high public opinion and patient care outcomes. This strategy needs our members’ support and with guidance from the ADA can be an opportunity for member growth and retention.

Tangible, direct member benefits such as the successful Find-a-Dentist program directly influence the future and sustainability of the ADA. Value for individual membership is key. I am passionate about these issues and I respectfully ask for your support as your ADA second vice president. ■



PROFILE

Current residence: Leawood, Kansas

Dental school attended: University of Missouri, Kansas City School of Dentistry

Year received dental degree: 1981

Years of ADA membership: 38

Other professional memberships:

- American College of Dentists.
- Pierre Fauchard Academy.
- Academy of General Dentistry.
- Omicron Kappa Upsilon.

Volunteer posts/elective offices held in organized dentistry:

- Past chair, ADA Council on Communications.
- Past president, Kansas Dental Association.
- Delegate, ADA 12th District.
- Past president, 5th District Dental Society.
- Chair, ADA Social Media Subcommittee.

What are your main qualifications for the office you seek?

- Practicing general dentist for 37 years; practiced with my father, now partners with my son. Strong commitment and passion for dentistry.
- Recent chair of the Council on Communications; led the development of the ADA “Find-a-Dentist” program, which places patients with ADA members.
- Delegate to the ADA House of Delegates for the past nine years which has provided a rich understanding of ADA governance.
- Past president of state and local association; leadership experience at all levels of the tripartite.
- Co-founder—The Texas Center for Occlusal Studies; developed residency program to support dentists personally as practitioners and business owners.

Why do you want to be an ADA officer?

I believe the ADA has unprecedented opportunities to remain the voice of dentistry and a resource for the success of all dentists. However the future of the ADA and our profession is at stake. The next generation needs the ADA to be relevant in their daily

See DR. HERRE, Page 19

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Report

Continued from Page 1

is at the lowest level ever measured and many younger children have less untreated tooth decay. Over the past two decades, we have learned more about how changes across the lifespan can substantially influence oral health and how health promotion activities and interventions targeted for specific life stages can benefit oral health and quality of life.”

Dr. Tabak continued: “However, many Americans continue to experience unnecessary pain and complications from poor oral health that adversely affect their well-being, adding substantial economic and social costs. Poor oral health also impacts our nation’s ability to recruit young adults for military service and maintain military readiness.”

The new report, Dr. Tabak said, has five objectives:

- Underscore the critical nature of poor oral health as a public health issue.
- Provide a comprehensive review of the importance of oral health throughout life.
- Describe important contemporary issues affecting oral health and the promise of science to transform the oral health of the nation.
- Outline a vision for future directions.
- Educate, encourage and call upon all Americans to take action.

“The first Surgeon General’s Report on Oral Health addressed determinants for oral health and disease,” Dr. Tabak said in the news release. “Twenty years later, the knowledge gained from science and technology has continued to provide a better understanding of the etiology and natural history of oral and craniofacial diseases and conditions and we have gained a better understanding of these determinants.”

“We hope to have the report finalized for release in 2020,” said Dr. Bruce Dye, dental epidemiology officer, office of science policy and analysis with the National Institute of Dental and Craniofacial Research. “We are still in the early stages of making preparations to initiate work on the report and more information will be forthcoming including outreach efforts to stakeholders.”

The report was commissioned on behalf of the U.S. Department of Health and Human Services, the Office of the Surgeon General, the National Institutes of Health and the National Institute of Dental and Craniofacial Research. ■

Continued from Page 16

Frank J. Graham, D.M.D.

PROFILE

consensus by bringing together divergent views to improve the Association and our profession.

Why do you want to be an ADA officer?

To serve as the ADA second vice president represents an opportunity to bring my years of tripartite leadership experience to the Board. It is a seat conferred by the House and not by a single district, so is best served by someone who has extensive knowledge and understanding of existing ADA policy and governance but who is not afraid to embrace new ideas that help chart organized dentistry’s vision for the future. ■

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NEW YORK — Elderly dentist retiring from general practice upstate NY college town. **If interested in moderately well equipped dental office please call (607) 432-1022 or 2161 and leave message if no immediate answer.**

PENNSYLVANIA — Established practice for sale. Dentist retiring. 1m +, averaging 40 new patients per month. Good mix of restorative, cosmetic, endo, and dentures. 11 operatories in beautiful free standing building, plenty of room for growth, great location. Just 10 miles from Williamsport, PA. Located near world class hunting, fishing, fine arts and cultural activity. **Interested parties please send inquiries to: alicia@bfc.services.**

VIRGINIA — Partnership/ownership opportunity in fee-for-service and PPO, “Awesome College town” 2 location, \$4M revenue practice, high income/profit potential, top 1% of private practices in the nation, seeking additional owner in main practices or founding partner of 3rd location, pay off dental school debt quickly! **Email inquiries to: damon@reallifedental.com.**

WISCONSIN — Middleton, Wisconsin (“Best Place to Live in USA” - Money Magazine), practice for sale: Dentist retiring after 50 years, excellent opportunity, upscale growing General practice in high-end location on Madison’s far west side, 4-operatories, up-to-date equipment, Root-form Implants, efficient ortho (“Master Provider”), Cosmetic (AACD Member), retiring Doc will work back 1 to 3 years and mentor if desired. **Email alicia@bfc.services for an interview.**

DENTAL PRACTICES FOR SALE?

Advertise in ADA NEWS!
Call Today! 877.394.1388

Campaign

Continued from Page 1

The ads target about 19.6 million potential patients for ADA members. These prospective patients have the means and believe in the importance of dental visits but for some reason are not following through with regular dental check-ups, according to a digital strategy developed by the Health Policy Institute, based on audience research and technology. Because the target audience understands the importance of taking care of their teeth, according to the HPI strategy, the messaging encourages consumers to schedule a checkup to preserve their oral health.

The ADA's targeted display ads will appear on sites the target audience visit, including weather.com, espn.com, cnn.com and usatoday.com.

The ADA regularly optimizes the ad campaign by removing less effective ads and increasing visibility of top performing ads to drive the most efficient traffic and searches on the site.

The ADA Find-a-Dentist online search tool, which launched in April 2017, is part of a planned \$18 million, three-year initiative to drive utilization of dental services for ADA members.

As of June 2018, the ADA Find-a-Dentist website has received 2.8 million visits, with over 724,000 completed searches and more than 1.4 million profile views.

"More patients are searching for ADA dentists than ever through this campaign, and one of its greatest strengths is our member's participation in it," said Dr. Reich. "Consumers are rating the site favorably, and I believe this is in large part to our members with updated profiles giving them a strong first impression. If you haven't updated your profile, do so today."

Dentists can update their Find-a-Dentist profile by logging in to their MyADA page, ADA.org/UpdateNow, using their member ID number and password. For more information or assistance, contact the ADA Member Service Center. For more information on Find-a-Dentist and for resources to help market a practice, visit ADA.org/findadentist. ■

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Craig W. Herre, D.D.S.

PROFILE

practices, be more active in both workforce development and political advocacy and to stop the commoditization of dentistry. Delivering tangible benefits that positively affect dentists' financial success is critical.

As second vice president, I will proudly support the ADA leadership and staff with key initiatives and will help the ADA adapt to the changing marketplace. If the ADA can become the "go to" resource that every dentist needs, the membership decline will take care of itself. I have the experience necessary, and I will advocate for all members with an understanding of what dentists want and need from the ADA. Dentistry has always been part of my life and this is my opportunity to impact the future for a profession I am passionate about. ■

Foundation

Continued from Page 5

organizers said options for dental care among patients with physical, medical, developmental or cognitive disabilities are often limited because of issues such as low insurance reimbursement rates or lack of training and proper equipment.

The Henry Schein Cares challenge is the latest example of the company's commitment to enhancing the oral health of people with disabilities. In October 2017, The Viscardi Center joined with Henry Schein to create Project Accessible Oral Health,

an international public-private partnership that aims to raise awareness of the oral health challenges facing this population, educate policymakers and industry stakeholders about this important health issue and advocate for improvements in the delivery of care. Most recently, the company entered into a multi-year agreement with Special Olympics to support the organization's Healthy Athletes program that delivers health care and education among athletes with intellectual disabilities at select Special Olympics events around the world.

After the ADA Foundation's fundraising campaign concludes, it plans to begin accepting letters of intent and then narrow down candidates for an application process

to begin by the end of 2018.

"The ADA Foundation is seizing this opportunity to challenge the dental community to come together and increase access to oral health care for one of our most vulnerable populations: people with special needs," said Dr. William R. Calnon, president of the ADA Foundation. "For years, many dedicated professionals and organizations have worked tirelessly to improve the oral health of these high-risk patients. Unfortunately many challenges persist regarding access to appropriate timely diagnosis and treatment. We thank Henry Schein Cares for their continued support as we continue to address various barriers to care." ■

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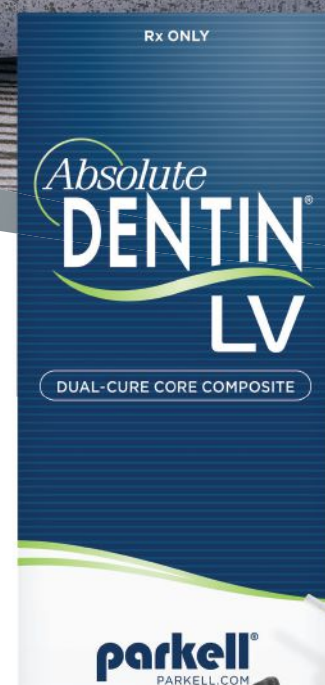


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Absolute Dentin LV's dual-cure capability ensures complete polymerization in deep areas of the tooth and root (when cementing a post and building a core). Absolute Dentin LV is available in Tooth Shade for maintaining aesthetics under full ceramic restorations and a White Shade for masking underlying aesthetic discrepancies and for allowing a visual delineation of the core from natural tooth shades.



Available in Two Shades

WHITE SHADE

TOOTH SHADE



S298	Absolute Dentin [®] LV Kit (White Shade)	\$59.99
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Includes one 5ml syringe with 8 mixing tips, 4 intraoral tips, and 4 endo tips.



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