

ADA News

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EDUCATION

Number of bills moving in state legislatures on Dentist and Dental Hygienist Compact

COMPACTS CREATE STANDARDIZED CREDENTIALS AMONG PARTICIPANT STATES, REDUCE THE BARRIERS TO PORTABILITY



establishes pathways for dentists and dental hygienists licensed in a participating state to practice in another participating state in which they are not licensed. States retain the authority to regulate the practice of dentistry and dental hygiene in the state.

A state must enact the Dentist and Dental Hygienist Compact model legislation to join. The model legislative language became available in January and was written by a team made up of experts, stakeholders and state officials. The compact will go into effect once enacted into law by seven states.

"Compacts are an effective solution which allows states to craft their own solution to these problems rather than a one-size-fits-all dictate," said Matt Shafer, deputy policy director of the National Center for Interstate Compacts with the Council of State Governments. "In recent years, states have been examining the way they regulate and license professions with a view towards eliminating unnecessary barriers to labor market entry."

Ms. Lynch said response from state lawmakers has been positive, with more than a dozen states already interested in the legislation, according to tracking by the ADA Department of State Government Affairs.

"There is seemingly an appetite for workforce solutions across the industry and we can be part of that."

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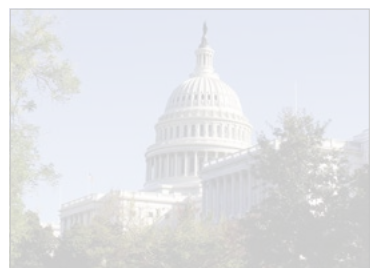
08 'Dental Dilemmas' podcast debuts second season

Features interviews with Ethical Moment authors from JADA



11 May JADA examines oral surgery risks with long-term glucocorticoid therapy

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15 ADA encourages members to advocate for improved adult access to Medicaid dental benefits

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EDUCATION

Number of bills moving in state legislatures on Dentist and Dental Hygienist Compact

COMPACTS CREATE STANDARDIZED CREDENTIALS AMONG PARTICIPANT STATES, REDUCE THE BARRIERS TO PORTABILITY



BY DAVID BURGER

Over two decades ago, the ADA approved policy supporting license portability. Fast forward to today, and with legislative activity on licensure in nearly a dozen states across the nation, license portability is making significant headway, as states consider joining the Dentist and Dental Hygienist Compact, with three already passing the compact.

The Council of State Governments, a nonpartisan, nonprofit organization that serves all three branches of state government, has been collaborating with the ADA, the American Dental Hygienists' Association, the Association of Dental Support Organizations and the Department of Defense to support the mobility of licensed dentists and dental hygienists through the development



Dr. Crowley

The Dentist and Dental Hygienist Compact would create standardized credentials among participant states and reduce the barriers to license portability, said Joseph P. Crowley, D.D.S., past ADA president and chair of the Coalition for Modernizing Dental Licensure.

A licensure compact would benefit the public by increasing access to care for patients; the professions of dentistry and dental hygiene by enhancing mobility for all professionals

of an interstate licensure compact. States interested in joining the compact must enact mirroring legislation.

including military personnel and spouses; and the licensure boards by preserving and strengthening the current system of licensure, Dr. Crowley said.

"License portability has long been a challenge for the professions of dental hygiene and dentistry," said Ann Lynch, director of advocacy for the American Dental Hygienists' Association. "The compact will offer a clear pathway for those licensed dentists and dental hygienists who wish to move across state lines or practice in multiple states. This will reduce the burden of obtaining multiple licenses, which is often expensive, cumbersome, and results in loss of income and delays in contributing to the workforce."

INTEREST FROM STATES

The compact, which sets up a legal agreement among states,

establishes pathways for dentists and dental hygienists licensed in a participating state to practice in another participating state in which they are not licensed. States retain the authority to regulate the practice of dentistry and dental hygiene in the state.

A state must enact the Dentist and Dental Hygienist Compact model legislation to join. The model legislative language became available in January and was written by a team made up of experts, stakeholders and state officials. The compact will go into effect once enacted into law by seven states.

"Compacts are an effective solution which allows states to craft their own solution to these problems rather than a one-size-fits-all dictate," said Matt Shafer, deputy policy director of the National Center for Interstate Compacts with the Council of State Governments. "In recent years, states have been examining the way they regulate and license professions with a view towards eliminating unnecessary barriers to labor market entry."

Ms. Lynch said response from state lawmakers has been positive, with more than a dozen states already interested in the legislation, according to tracking by the ADA Department of State Government Affairs.

"There is seemingly an appetite for workforce solutions across the country and the compact can be part of that conversation," she said.

"The compact language was only finalized in January, so we are very pleased with the number of states who are already showing interest," Mr. Shafer said. "The Council of State Governments is committed to providing education and technical assistance to stakeholders from states who are interested in learning more about the compact."

Dr. Crowley also said he was appreciative of some of the dialogues he's had with states and legislators.

"We are encouraged by conversations we're having with coalition partners who intend to move forward and introduce bills in the near future," Dr. Crowley said. "The compact is a great opportunity for the professions of dentistry and dental hygiene."

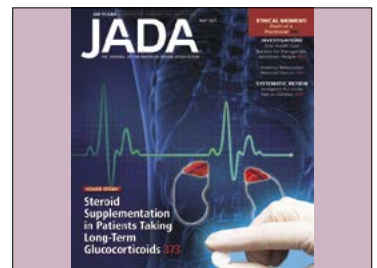
Washington became the first state to pass the contract, with its

See LICENSURE, Page 4



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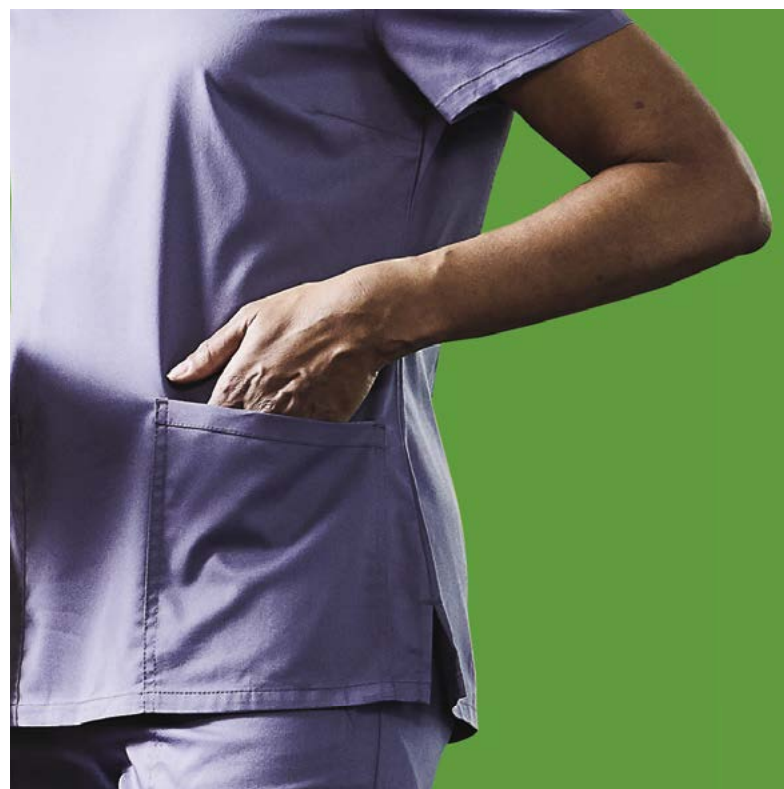
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AROUND THE ADA

Hertz offering members discounts, free days in May and June

Valid for bookings, rentals from May 1 through June

BY DAVID BURGER

ADA members can enjoy 25% off the base rate when reserving a Hertz rental car in May and June and using the discount code 42371.

In addition, if reserving a car for at least five days, the promotional code 211045 will unlock a free additional day.

The 2023 offer will be valid for bookings

and rentals from May 1 through June 30.

The offer is valid for all classes except dreams, minivans and large SUVs.

Discounts will vary depending on date, length of rental, car class, location and other factors. Taxes and fees are excluded. Terms and exclusions apply. The offer is at [hertz.com/rentacar/rental-car-deals/limited-time-offer-ADA-may-june-2023](https://www.hertz.com/rentacar/rental-car-deals/limited-time-offer-ADA-may-june-2023). ■

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Spotlight on schools

NEW SERIES SHARES FUN FACTS ABOUT U.S. DENTAL SCHOOLS

BY MARY BETH VERSACI

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

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

From the year they were established to their total current enrollment across all programs, learn more about the University of Maryland School of Dentistry and Harvard School of Dental Medicine in the fact boxes below, and stay tuned for details about more schools in upcoming ADA News issues. ■

— versacim@ada.org



Location: Baltimore

Year established: 1840

Dean: Mark A. Reynolds, D.D.S., Ph.D.

Total current enrollment: 616

FUN FACT:

Originally established as the Baltimore College of Dental Surgery, the University of Maryland School of Dentistry is **the oldest dental college in the world.**

Photo courtesy of Matthew D'agostino



Rite of passage: The University of Maryland School of Dentistry's Class of 2021 D.D.S. students participate in their white coat ceremony.



Location: Boston

Year established: 1867

Dean: William V. Giannobile, D.D.S., D.M.Sc.

Total current enrollment: 256

FUN FACT:

Harvard School of Dental Medicine was the first U.S. dental school to be associated with a university and its medical school and **the first to confer the D.M.D. degree.**

Photo courtesy of Steve Gilbert



All smiles: Harvard School of Dental Medicine's Class of 2026 D.M.D. students gather on the front steps of the school on white coat day.

Three-day ADA airway event to help children get best start in life

BY DAVID BURGER

With the conviction that it's never too early to help patients breathe well, the ADA will be hosting a children's airway conference at its Chicago Headquarters this summer.

Kids Don't Grow Out of It, They Need Your Help — Here's How: An ADA Children's Airway Event is scheduled for July 27–29 and offers 17 hours of continuing education credit.

One of the presenters is Steve Carstensen, D.D.S., who has treated sleep apnea and snoring in Bellevue, Washington, since 1988. As a consultant to the ADA for sleep-related breathing disorders and a diplomate of the American Board of Dental Sleep Medicine, Dr. Carstensen said that by guiding growth and correcting bad breathing habits early, dentists will help children get their best start in life.



"With 29 million adults in the U.S. with sleep apnea, this course will provide the dentist with specific techniques and devices to guide children at risk into a life that allows proper breathing, the base upon which all health is supported," he said.

LICENSURE *continued from Page 1*

governor expected to sign it into law in the near future after its House unanimously voted to approve the legislation.

"Given the severe shortage of hygienists we are seeing at both the state and national level, we are taking a multifaceted approach to address this shortage, and we believe the compact is an important part of that effort," said Emily Lovell, director of government affairs for the Washington State Dental Association.

Washington's compact legislation, House Bill 1576, benefits providers by making it easier to practice in the state by reducing the burden of applying for and maintaining multiple licenses, while also benefiting the state's patients by expanding access to qualified dental professionals, Ms. Lovell said.

Iowa and Tennessee have also completed final passage, with Iowa Gov. Kim Reynolds signing the bill into law April 27.

RECENT HISTORY

In 2018, the ADA, American Dental Education Association and American Student Dental Association formed the Taskforce on Assessment of Readiness to Practice to address issues related to dental licensure and competency assessment.

TARP released the Report of the Task Force on Assessment of Readiness for Practice, which provided a description of the recent history and current issues related to dental licensure, and focused on addressing the key challenges of eliminating the use of single-encounter, procedure-based examinations on patients as part of the licensure examination.

The report was reviewed and approved by the ADA Board of Trustees and the ADA Council on Dental Education and Licensure, the latter which called for state dental boards to enact changes that allow for increased licensure portability and to critically evaluate their licensure-by-credentials regulations and statutes, with the goal of accepting a common core of credentials that can serve as a basis for licensure compacts.

Later that year, the ADA, ADEA and ASDA co-founded the Coalition for Modernizing Dental Licensure to continue the work of TARP and encouraged states to consider its Policy Statement on Initial Licensure and Licensure

Portability. The Association of Dental Support Organizations joined the coalition in 2023.

The Coalition for Modernizing Dental Licensure is a coalition of more than 120 national and state organizations, institutions and programs representing dentistry, dental education, dental specialties, dental hygiene and nonprofit groups working to improve public access to oral health care by seeking to increase licensure portability and eliminate single-encounter, procedure-based patient examinations, replacing them with clinical assessments that have stronger validity and reliability evidence.

The 2018 ADA House of Delegates approved a comprehensive policy on dental licensure that stated, "Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public."

FUTURE STEPS

State advocacy efforts spearheaded by the American Dental Hygienists' Association, ADA, Association of Dental Support Organizations, and Council of State Governments will continue through the 2023 legislative sessions, with plans already underway for 2024.

The organizations are working together on identifying interested states and educating stakeholders within those states on the provisions of the compact. They are encouraging dentists and hygienists to advocate for the compact in their respective states by contacting state dental associations or representatives in the legislature.

"Next steps involve educating and engaging with those who have questions and concerns," Dr. Crowley said. "An obstacle could be the misunderstanding that compacts will impact a state's current licensure pathways, whereas a compact protects state sovereignty and offers an additional, optional pathway to licensure for those professionals who meet all the requirements. There have been significant positive changes to dental and dental hygiene licensure over the last few years, and the coalition wants to engage in conversations and assist our partners in their advocacy efforts to continue this forward progress for the professions of dentistry and dental hygiene." ■

— burgerd@ada.org

Many dentists are unsure if they have the skills and training to help the smallest patients with airway issues, Dr. Carstensen said.

"This event emphasizes behavioral management along with technical skills," he said. "The first half day is devoted to experts sharing what works in their practices to gain cooperation from children and their caregivers. The ADA's Children's Airway Event is one of the very few opportunities dentists have to sit side by side with practicing experts for hands-on and real-time learning."

Other speakers include Susan Maples, D.D.S., immediate past president of the American Academy for Oral & Systemic Health; Stacy Ochoa, D.D.S., a diplomate with the American Board of Dental Sleep Medicine certified with special knowledge and training in dental sleep medicine; and Michelle Weddle, D.D.S., a private practitioner with both general dental practices and dental sleep medicine-,

airway- and TMJ-focused practices in Elizabeth and Watchung, New Jersey.

According to the course description, at the end of the event, attendees will be able to:

- Become more comfortable when communicating with caregivers and patients.
- Understand how different appliances can be used in different clinical situations.
- Appreciate the roles nutrition and a patient's breathing have on developing bodies.
- Recognize underdeveloped anatomy and create an action plan around it.
- Draw on the connections formed at this event to support actions back home.
- Train teams with confidence and enthusiasm. To learn more, visit ADA.org/CELive. ■

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ADA releases toolkit to help dentists manage online reviews

BY MARY BETH VERSACI

Have you ever received an online review from a patient, and you weren't sure how — or even if — you should respond?

If so, you're not alone. In a survey by the ADA Health Policy Institute, 88% of responding dentists said they received online reviews from patients, and 39% said they were unable to respond because of Health Insurance Portability and Accountability Act regulations.

To help dentists protect their reputations, the American Dental Association has released a toolkit with tips on managing and responding to reviews on social media and other websites while maintaining patient privacy to comply with applicable laws, such as HIPAA.

Developed by the ADA's Council on Communications and Council on Dental Practice in

response to a resolution passed in 2022 by the ADA House of Delegates, the toolkit answers frequently asked questions, offers general best practices and describes sample responses to common scenarios.

In a letter sent in January, the ADA also asked the Federal Trade Commission to help protect dental practices from dishonest or misleading reviews on social media sites.

To access the toolkit, visit ADA.org/socialtoolkit. ■

Managing Your Online Reviews



ADA conducting survey to understand use, interoperability of electronic health and dental records

BY DAVID BURGER

The ADA is conducting a nationwide survey of U.S. dental offices in order to understand the use of electronic health/dental records and associated issues, such as the ability to transfer data between systems and the ability to share information with other dental and medical providers electronically.

The survey, "Provider Perspectives on Health Information Technology in the Dental Office," will provide the ADA with information that will aid in the development of policies and advocacy efforts to improve the impact of health information technology on practices.

Those providers who receive the link to participate and decide to participate will share crucial information as the ADA navigates its interactions with federal regulators and promotes policies that support dental practices.

"It's critically important that we understand from practicing dentists how dental practice management software and electronic dental records impact [their] business operations and clinical care in their practices and how the ADA can best advocate for dentistry," said Michael Saba, D.M.D., chair of the Digital Dentistry, Technology and Innovation Subcommittee of the ADA Council on Dental Practice.

Responses will be kept confidential, and results will be published in aggregate form only.

Preliminary results will be presented to the ADA Council on Dental Practice in May.

For questions, email dentalpractice@ada.org or call 312-440-2750. If a dentist does not wish to participate, they may click the opt-out link at the end of the survey email or email websurvey@ada.org. ■

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Environmental office cleaning

EXPERTS OFFER TIPS FOR KEEPING ENVIRONMENTAL SURFACES CLEAN AND DISINFECTED

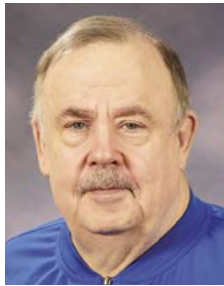
BY STACIE CROZIER

Keeping the environmental and housekeeping surfaces of a dental office clean and disinfected — walls, floors, sinks and more — requires planning, documentation, staff training, good communication and implementation.

“Regular training for staff is key to a clean and safe environment,” said Michael Koehne, D.D.S., owner of Amber Dental, PC, in Wheaton, Illinois. “Staff should be trained regularly in the proper use of surface cleaners and disinfectants and updated when products change, since the cleaning process may be different across various surfaces, materials and products. Employers must also maintain material safety data sheets for the cleaning products used in the workplace as part of the Hazard Communication Standard.”

Amber Dental, he adds, follows the Centers for Disease Control and Prevention’s infection control recommendations for dentistry. Visit the CDC website for more information.

Dr. Koehne says dentist owners should post checklists and instructions for products as a quick reference and have written office cleaning protocols to encourage staff adherence.



Dr. Koehne



Mr. Zabudovsky

Many dental practice owners choose to hire an outside company to handle regular cleaning of hard surfaces like floors, cabinetry, countertops, sinks, handles, switches and more, Dr. Koehne said.

The upsides to hiring an outside cleaning service, he said, include not having to add additional staff, staff time or involvement for the major tasks involved in environmental cleaning; not having to purchase any specialized cleaning equipment; and scheduling the cleaning crew to work after hours at the practice’s convenience.

Dr. Koehne says his office staff follows protocols for environmental cleaning between cleaning service visits and uses checklists and schedules to perform routine tasks.

There are a few downsides to hiring an outside cleaning service, he added, include having strangers in the office after hours.

“We have had instances of the cleaning crew setting off the security alarm, not setting the alarm and leaving the doors unlocked overnight,” he said.

The key to minimizing the downsides is to negotiate the specific services you want in the contract with the cleaning company, he said.

At Amber Dental, Dr. Koehne and his staff will work together on the list for the contract,

“

Cleaning dental practices is not more complicated than cleaning an office or retail space; it just requires the right expertise.

– Miguel Zabudovsky, Slate NYC

outlining CDC recommendations and specific instructions on where to clean, when to clean, what to clean with and how often to clean. Their contract specifies general office cleaning that includes floors, office counters, bathrooms, foyer, reception, consulting room, private office and sinks be performed once per week.

Dr. Koehne also notes that a contract should specify what days and times the crew will be on the premises and outline different frequencies for tasks like dusting window blinds, plant care and washing windows. It should also specify what EPA registered and approved cleaning products should be used. He and his office manager finalize the contract with the cleaning company, and the office manager serves as the main contact for the contracted company.

Miguel Zabudovsky, founder and owner of

Slate NYC, a nationwide cleaning company that provides environmental cleaning and housekeeping services to dental practices of all sizes across the United States, said his dental customers all develop a unique schedule and specific instructions based on their specific needs.

“Every practice has its own frequency,” Mr. Zabudovsky said.

He said Slate dental practice customers should expect a full cleaning and disinfecting of all surfaces, including floors, counters, handles, chairs, keyboards and bathrooms, as well as dusting of medical equipment and vacuuming throughout patient and staff areas.

“Cleaning dental practices is not more complicated than cleaning an office or retail space; it just requires the right expertise,” he said. “Companies with experience cleaning other dental or medical practices are best positioned for success because they have already learned the specific needs of dental practices.”

When shopping for a cleaning company, Mr. Zabudovsky said, the dentist owner should know what hourly rate is being quoted.

“If the price quoted is a fixed rate, ask how many hours of cleaning they are including for that and come up with the hourly rate. Depending on your location, frequency of visits and volume, you should be paying somewhere between \$40-\$60 per hour, not including supplies.”

Mr. Zabudovsky said it is also critical to make sure the cleaning company you hire is properly insured because you could be responsible if something happens to their employee at your space. The different types of insurance that cleaning companies should have include general liability, workers’ compensation, unemployment, disability and paid family leave, depending on the state. ■

Navigating 1099 versus W2 classification

BY STACIE CROZIER

The legal and tax implications of hiring or being an independent contractor versus being an employee can be confusing for both dental practices and dental professional workers.

Stynt, the ADA Member Advantage-endorsed company that helps members hire on-demand short-term and permanent staff, and the ADA Division of Legal Affairs have compiled tips for dental practice owners and dental professionals to help navigate the pros and cons of both types of staff classifications.

CONSIDERATIONS FOR DENTAL PRACTICE OWNERS

Most staff hired by dental practices are defined as employees as determined by Internal Revenue Service rules. According to the ADA resource, Should I Be a Dental Employee or an Independent Contractor, an employee follows an employer’s directions and supervision as to what and how work is to be performed, including what order or sequence to follow when performing the work; when and where to work; procurement of supplies and equipment; what workers to hire or assist with the work; and more.

If team members are hired as employees, the dental practice owner provides them with salary and benefits and, in turn, can direct all aspects of their work. They would be classified as W2 employees, according to IRS rules.

Independent contractors are self-employed professionals who exercise independent judgment and render services as specified in a contract. The independent contractor is able to

control the means and methods by which the work is performed. In return, the party who retains the contractor can direct what work is to be performed but does not control when and how the results are accomplished.

Generally, an independent contractor exercises more personal autonomy and carries greater financial and management responsibility than an employee. In general, the independent contractor will have greater control than an employee in terms of hours, fees, personal work routines, appointment book control and treatment and planning. Independent contractors would be classified as 1099 employees, according to IRS rules.

The criteria for determining the relationship between the worker and the practice falls into three general categories:

Behavioral control. Does the dental practice owner have the right to control what, when and how work should be performed?

Financial control. Does the dental practice owner control fees, payment and collection policies? How is the worker compensated for performance and reimbursed for expenses? To what extent will the worker incur a financial profit or loss from his or her activities?

Nature of the relationship. Are employee-type benefits, such as insurance, vacation or sick pay provided to the worker? Is the worker responsible for securing all of his/her own patients, or are patients provided by the engaging entity?

Dental practice owners should be careful about properly classifying workers. Improper classification could lead to lawsuits by taxing authorities (like the IRS and/or a state department of revenue), as well as lawsuits by

workers who have been improperly classified. Misclassified workers generally sue to recover multiple/punitive damages, including, but not limited to, monies/taxes they claim they should not have had to pay, or for lost employment benefits or other damages, as well as their attorneys’ fees.

Improper classification laws often carry penalties of multiple (sometimes double or triple) damages for each unpaid dollar or for each dollar a misclassified employee had to pay that they should not have, multiplied by each worker in the class.

CONSIDERATIONS FOR WORKERS

As a dental professional, it’s essential to be aware of any potential legal implications that come with a job offer, and if you are classified as an independent contractor, whether that classification is legally correct.

Generally, independent contractors are much less expensive for businesses to hire than employees, and independent contractors may have fewer rights under the law than employees. Independent contractors pay their own self-employment tax, whereas employees’ income, Social Security and Medicare taxes are all withheld by the employer.

Disadvantages of being classified as an independent contractor, or 1099 worker, include:

No employee benefits. Businesses do not have to provide independent contractors with employee benefits that W2 employees receive. This may include health insurance coverage, retirement plan benefits such as matching to a 401(k), IRA or other plans, sick leave, holidays, and vacation pay/paid time off.

Higher tax obligations. As an independent contractor, you are responsible for paying both the employer and employee portions of Social Security and Medicare taxes that total 15.3% of your federal income.

Fewer legal protections/rights.

Independent contractors do not benefit from the same legal protections as employees, including:

- Workers’ compensation benefits.
- Unemployment insurance benefits.
- Fair employment laws like anti-discrimination laws/anti-sexual harassment laws.
- The right to be free from retaliation for engaging in protected activity such as the Family and Medical Leave Act or paid family medical leave or rights under the Occupational Safety and Health Administration.
- The right to be paid overtime.
- Whistleblower protections under employment laws.
- Certain rights to be free from wrongful termination.

Employees that believe they have been improperly classified as an independent contractor might file a complaint with the State Attorney General’s Office or the state Department of Revenue, file a Form SS-8 with the IRS or hire an attorney to seek monetary damages arising out of any potential misclassification.

CONCLUSION

Dental practice owners must decide what kind of professional relationship they want with their dental team and what level of behavioral and financial control is best for their practice. Workers need to be aware of the increased tax burden, as well as the loss of potential valuable benefits, that could result from being classified as an independent contractor versus an employee.

ADA Member Advantage endorses Synt for short- and long-term dental team staffing. Every Synt professional is a W2 employee, so practice owners don’t need to worry about misclassification.

Editor’s note: This is not legal advice and should not be construed as such. If you have questions about classification issues, or any other issues addressed herein, you should consult with an attorney. ■

COVID-era telehealth HIPAA enforcement discretion to end

BY KELLY GANSKI

An enforcement discretion in place during the COVID-19 pandemic that allowed health care providers to conduct telehealth appointments that were not in full compliance with HIPAA is set to expire.

The U.S. Department of Health and Human Services Office for Civil Rights announced April 11 that it's ending this enforcement discretion May 11 and dental practices have until 11:59 p.m. Aug. 9 to come into full compliance with the Health Insurance Portability and Accountability Act rules on telehealth.

The enforcement discretion provided that during the public health emergency a dental practice could use any available nonpublic facing remote communication product to provide telehealth, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom or Skype. OCR encouraged health care providers to notify patients that these third-party applications potentially introduce privacy risks and to enable all available encryption and privacy modes when using such applications. The OCR notification stated that public facing video communication applications, such as Facebook Live, Twitch, and TikTok, should not

any new policies and procedures. Apply appropriate sanctions if a staff member does not comply with the policies and procedures. Telehealth policies and procedures may include details such as which workstation(s) may be used to provide telehealth and how the workstation(s) should be protected, and how to manage which staff members are permitted to access telehealth patient information. In addition, telehealth may be part of a dental practices contingency planning.

Different dental practices will develop different solutions for providing HIPAA-compliant telehealth. There is no one-size-fits-all HIPAA Security Rule solution. The HIPAA Security Rule permits a flexible approach, and requires dental practices to take the following factors into account when deciding which security measures to use:

- The size, complexity and capabilities of the dental practice.
- The dental practice's technical infrastructure, hardware and software security capabilities.
- The costs of security measures.
- The probability and criticality of potential risks to electronic patient information.

The OCR notification of enforcement

discretion for the public health emergency did not apply to the HIPAA Breach Notification Rule. If a dental practice providing telehealth in reliance on the notification discovers a breach of unsecured patient information, the dental practice is still required to notify affected individuals, OCR, and, in some cases, the media. Similarly, the OCR notification did not affect state laws on privacy, data security, or breach notification.

Compliancy Group, an ADA Member Advantage-endorsed service, offers HIPAA compliance software that can help dental practices comply with the law. Visit compliancy-group.com/hipaa-compliant-telemedicine-software for more information, or to purchase the software, visit store.ada.org/catalog/compliancy-group-hipaa-compliance-software-solution-88833. ■

“

Different dental practices will develop different solutions for providing HIPAA-compliant telehealth. There is no one-size-fits-all HIPAA Security Rule solution.

be used.

OCR encouraged health care providers seeking additional privacy protections while using video communication products to provide such services through technology vendors that are HIPAA compliant and willing to enter into HIPAA business associate agreements. The OCR notification provided examples of vendors that represent they provide HIPAA-compliant video communication products and will enter into a business associate agreement.

Some tips to consider when working toward compliance, include:

- Revise the HIPAA security risk analysis to assess the data security risks of their current method of providing telehealth services and implement risk management to bring any risks that are not low to an acceptable level.
- Enter into a business associate agreement with any telehealth vendor that creates, receives, maintains or transmits patient information. If a current vendor is unwilling to enter into a business associate agreement or otherwise not in compliance with HIPAA, take reasonable steps to fix the problem and if not successful, terminate the relationship if feasible.
- Encrypt patient information at rest and in transit.
- Update HIPAA policies and procedures on telehealth as appropriate and train staff on

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'Dental Dilemmas' podcast debuts second season that explores ethical issues in profession

BY DAVID BURGER

The ADA Council on Ethics, Bylaws and Judicial Affairs launched its second season April 17 of its podcast "Dental Dilemmas" that shines a spotlight on ethics in dentistry.

Available on the Spotify, Apple, Amazon and Google podcast platforms, the podcast will continue its format of featuring interviews with

the authors of Ethical Moment articles in The Journal of the American Dental Association.

Ethical Moment, which debuted in 2004, is a recurring feature in JADA written by ADA council members.

The first season of the podcast was hosted by Alex Mellion, D.M.D., and this season will be hosted by James Purvis, D.D.S., and Ansley Depp, D.M.D.

"Dr. Mellion got us off to an enormous start," Dr. Purvis said. "He was able to create a clear structure that we can use for future episodes and really got everyone excited about the podcast. It was also great to have him on Podcast Row at SmileCon doing some live recording. Dr. Ansley Depp and I look forward to building upon the great work of Dr. Mellion, mainly by



AN ETHICS PODCAST PRESENTED BY CEBJA

The ADA Council on Ethics, Bylaws and Judicial Affairs

engaging some exciting speakers and exploring timely and possibly even controversial topics."

The first installment of the second season features Dr. Depp interviewing Beverly Largent, D.M.D., concerning her Ethical Moment article "May I Ethically Treat the Child of a Friend Who May Not Have Custodial Rights?"

Dr. Depp said she was helping with a class at the University of Louisville School of Dentistry when the topic came up.



Dr. Depp

"When I saw that Dr. Largent had written an Ethical Moment addressing this situation, I knew we had to interview her," she said. "Discerning custodial agreements and treating children of divorced parents can be a difficult tightrope to walk for many treating practitioners. We wanted to help solve that ethical dilemma for our listeners."



Dr. Purvis

Dr. Purvis said issues like that speak to the need of a podcast that deals with ethics.

"We are faced with decisions like this daily, and an honest discussion of the ethical considerations behind this scenario would greatly benefit listeners," he said.

Season one featured 15 episodes, with the second season offering 16.

"As the world shifts to obtaining their reading material in different ways, we felt a podcast with our authors would be a great way to reach a broader audience," Dr. Depp said.



"We try to keep our podcasts limited to 15 minutes so that you can hear a dental ethics soundbite on the way to work, during lunch or at the gym. It is a great way to learn about the ADA Principles of Ethics and Code of Professional Conduct and easily apply them to your own ethical dilemmas." ■

— burgerd@ada.org

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Oral surgeon, staff save man's life with CPR, AED

'MY TEAM AND I ARE GOOD PEOPLE FIRST AND READY TO RESPOND AS ANY GOOD SAMARITAN WOULD'

BY DAVID BURGER
West Hartford, Conn.

On the morning of Feb. 2, an accountant employed at a firm inside the Armory Building in West Hartford, Connecticut, collapsed and turned blue.

Lucky for him, Central Connecticut Oral Maxillofacial & Implant Surgery was right across the hall.

"My team and I are good people first and ready to respond as any Good Samaritan would," said Joseph Howard, D.D.S., M.D., oral surgeon and owner of Central Connecticut Oral Maxillofacial & Implant Surgery.

Dr. Howard and his employees are all CPR-certified and trained on how to use an AED, short for automated external defibrillator, used to help those experiencing cardiac arrest.

When someone from the accounting firm sped into the practice's office pleading for help that morning, Dr. Howard and his staff leapt into action.

Dr. Howard and two oral surgery assistants from his practice, Amanda Sampson and Meghan Grondin, started CPR and then using the automated AED from their office to deliver a shock.

By the time West Hartford Fire Department firefighter paramedics responded, the accountant had a pulse and was breathing.

The paramedics took the patient to Hartford Hospital, and a week later he was discharged and is expected to make a full recovery, Dr. Howard said.

Dr. Howard said it was natural for him to react.

"Many of us went into dentistry to help people," he said. "We all remain vigilant and prepared that if a patient in our office, or even in our building, has cardiac arrest, we are prepared to help. Many of us will go our career and never need to use it. But if the situation ever presents itself, it's important to be able to respond to the emergency, do the right thing and save a life."

The West Hartford Fire Department presented Dr. Howard and the staff of Central Connecticut Oral Maxillofacial & Implant Surgery with the Life Saving Award on March 30.

West Hartford Fire Department Chief Greg Priest commended Dr. Howard and his team for their efforts in saving a life.

"While each link in the American Heart Association's 'Chain of Survival' is critical, in this incident, Dr. Howard and his team's quick actions with initiating CPR and using an AED are to be credited with having the most impact," he said in a statement to ADA News. "Had he not been willing to intervene and bring his medical expertise to the table quickly and efficiently, the outcome would likely not have been as positive. Jumping into action in an emergency requires a certain type of person and we are humbled and honored to have folks like Dr. Howard and his team in our community."

Dr. Howard said he is using the experience as an opportunity to encourage dentists to have an AED in their offices and have their staff CPR-certified.

"Cardiac arrest is still a leading cause of death in the United States," Dr. Howard said. "You never know when or where this is going to happen. We have an obligation as health care providers to be prepared and equipped

to manage. I feel fortunate to have been given the opportunity to exercise my skills to do the right thing, and to have been impactful in the moment, as I am certain that all dentists would have done." ■

— burgerd@ada.org



Photo courtesy of Dr. Howard

Honor: The West Hartford Fire Department presented Joseph Howard, D.D.S., M.D., and the staff of Central Connecticut Oral Maxillofacial & Implant Surgery with its Life Saving Award on March 30. Dr. Howard is pictured in the center of the photo.

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ACE Panel report finds 3D printing not common in dental offices but users report benefits

Dentists cite improved efficiency, reduced cost as biggest advantages

BY MARY BETH VERSACI

While the use of 3D printing in dental practice is currently low, early adopters report improved efficiency and reduced cost, according to an ADA Clinical Evaluators Panel report published in the April issue of The Journal of the American Dental Association.

The report, which includes the responses of 277 ACE Panel member dentists, found 17% of dentists currently use a 3D printer, and of them, 67% have been using it for less than two years.

"Although this survey found that 3D printer use in private practices is currently low, it is growing due to workflow efficiencies and expanded applications associated with continuing developments and progress with these technologies," said Kevin Frazier, D.M.D., one of the report's co-authors. "Nonusers should continue to monitor these trends for adding 3D printing in their own practices."

The most common reasons dentists said they began using a 3D printer were to complement or enhance other digital technologies, control workflows, improve efficiency, use existing digital skills or procedures, and reduce cost or manufacturing time.

Nearly half of users said they use a 3D printer for at least a quarter of their cases per month. The interventions that used 3D printing most often were diagnostic models, splints and occlusal devices, and surgical guides.

The most common advantages cited were improved efficiency and reduced cost, while the most common problems involved software and printing failure.

For dentists who do not have a 3D printer, their main reasons were their clinical devices are made by a dental laboratory, the financial



Why did you begin using a 3D printer?



What have been the advantages to having a 3D printer?



investment is too high, and they do not need it or see a clinical benefit yet. Among nonusers, 21% were considering investing in a 3D printer, and 35% were considering obtaining training.

"3D printing was chosen for this survey because it was one of the top four topics on several 'hot' or 'emerging' trends in dentistry lists, and we wanted to know how our colleagues were responding to the advances in 3D printing technology that have led to expanded applications for practice," Dr. Frazier said. "The questions were chosen to determine market penetration (users vs. nonusers), rationale for adopting or using them in their practice (e.g., improved efficiency and workflow, or reduced cost or chair time), and actual experiences and practical applications. In short, to inform users about other users' experiences and to inform nonusers about the potential benefits that they could realize."

Dentists can view the entire ACE Panel report online and download the PDF at JADA.ADA.org.

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

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

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

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

States agree to \$462M settlement with Juul for allegedly marketing vapes to minors

ADA POLICY ECHOES CONCERN OVER MARKETING E-CIGARETTES AS LESS HARMFUL THAN CIGARETTES

BY MARY BETH VERSACI

Six states and Washington, D.C., reached a settlement with Juul Labs Inc., one of the largest U.S. manufacturers of e-cigarettes, on April 12 that prevents the company from marketing and selling its products to youth within those territories.

The attorneys general of California, Colorado, Illinois, Massachusetts, New Mexico, New York and Washington, D.C., each sued Juul as early as 2019, alleging the manufacturer marketed its vaping products to minors, contributing to the youth vaping epidemic.

The American Dental Association has expressed concerns in the past about the marketing of e-cigarettes. A policy passed in 2020 by the ADA House of Delegates states that marketing some nicotine-delivery



methods, such as e-cigarettes, as if they are less harmful than others, such as cigarettes, is not a viable strategy for preventing deaths and disease caused by tobacco use. That same policy encourages dentists to screen patients for nicotine use, including vaping, and provide counseling to help people quit.

The policy also calls for a total ban on all vaping products that are not approved by the U.S. Food & Drug Administration for tobacco cessation purposes. In June 2022, the FDA ordered Juul to stop marketing and selling its products in the U.S. but then issued an administrative stay that temporarily suspended the order while the FDA conducts further review.

A study published in the September 2021 issue of The Journal of the American Dental Association also documented the association between vaping and untreated caries nationwide.

In the territories included in the settlement, Juul must do the following:

- Refrain from any marketing that directly or indirectly targets youth, including using anyone younger than 35 in promotional material.
- Limit the number of retail and online sale purchases an individual can make.
- Perform regular retail compliance checks at stores that sell Juul products for at least four years.
- Refrain from providing free or nominally priced Juul pods as samples to consumers.
- Exclude product placement in almost all media.
- Increase funding to a document depository by up to \$5 million and add millions of relevant documents uncovered from the investigation to the depository to ensure public access to these documents. ■

New CDC resources address antibiotic stewardship

ADA ORAL HEALTH TOPICS WEBPAGE ADDS LINKS TO FACT SHEET, BROCHURE, VIDEOS

BY MARY BETH VERSACI

The Centers for Disease Control and Prevention, Organization for Safety, Asepsis, and Prevention, and American Dental Association have released new and updated antibiotic stewardship resources for dentists.

Available on the ADA's Oral Health Topics webpage on antibiotic stewardship, the new Dentists: Be Antibiotics Aware — Treating Patients with Dental Pain and Swelling fact sheet from the CDC highlights recommendations from the ADA guideline on the use of antibiotics for the management of dental pain and intraoral swelling, including interventions for different conditions.

The ADA has adopted an evidence-based approach to developing guidelines for antibiotic use. Its guideline advises against using antibiotics to manage most dental pain and intraoral swelling associated with pulpal and periapical infections and instead recommends the

use of dental treatment and over-the-counter pain relievers, such as acetaminophen or ibuprofen, if needed.

The Oral Health Topics webpage also includes a link to on-demand recordings from the Antibiotic Stewardship Summit. The CDC and OSAP participated in the Jan. 22 summit to address antibiotic stewardship in the dental setting. During the meeting, participants reviewed guidelines for oral infection treatment, prophylaxis, antibiotic-related adverse events, C. difficile infection and antimicrobial resistance and discussed challenges to responsible prescribing. The recordings are available to watch online for free.

The CDC also released the Antibiotic Use for a Safe Dental Visit brochure, which dentists can use to inform patients and their families about using antibiotics appropriately for a safe dental visit. It is available on the Oral Health Topics webpage.

For these and other resources related to antibiotic stewardship, find the Oral Health Topics webpage on antibiotic stewardship under the "Resources" tab at ADA.org. ■

May JADA looks at oral surgery risks in patients undergoing long-term glucocorticoid therapy

Study finds administering supplemental glucocorticoids before procedures unnecessary if underlying medical conditions stable

BY MARY BETH VERSACI

Patients undergoing long-term glucocorticoid therapy are commonly administered additional glucocorticoids before minor oral surgery, but this practice appears unnecessary for those whose underlying medical conditions are stable, according to a study published in the May issue of The Journal of the American Dental Association.

The researchers divided the patients into three groups: those taking long-term glucocorticoids who were given supplemental glucocorticoids before their procedures, those taking long-term glucocorticoids

without supplemental glucocorticoids, and those not undergoing long-term glucocorticoid therapy.

Among the three groups, the researchers found no clinically relevant changes in hemodynamic parameters and a low occurrence of periprocedural adverse events, such as loss of consciousness, seizure, dizziness and vomiting.

“We found that when underlying medical conditions are stable, we can perform minor oral surgery with only the usual daily dose of [glucocorticoids],” the authors said in the study. “Our results are consistent with earlier case series and observational studies; it is safe to carry out simple surgical procedures without [glucocorticoid]

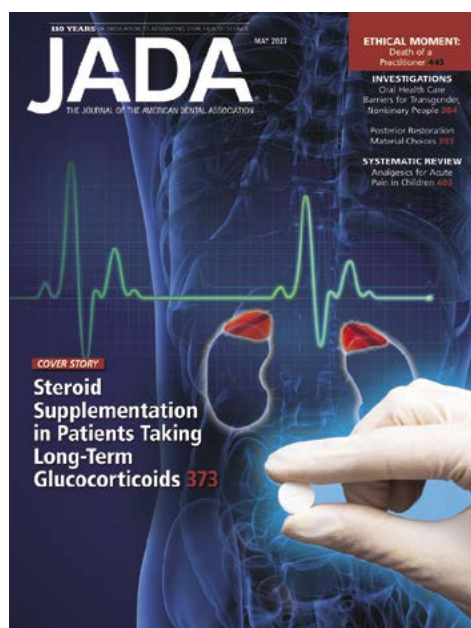
supplementation among patients undergoing [long-term glucocorticoid] therapy for indications other than primary adrenal insufficiency when the patient’s medical conditions [are] optimized.”

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

Other articles in the May issue of JADA discuss oral health care barriers for transgender and nonbinary people, posterior restoration material choices, and analgesics for acute pain in children.

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

— versacim@ada.org



During times of surgical stress, patients undergoing long-term glucocorticoid therapy may have an increased cortisol requirement, and if that additional demand is not met, an adrenal crisis can occur that manifests as acute hemodynamic instability. However, the risk of adrenal crisis during dental procedures among patients with secondary adrenal insufficiency has been estimated to be low, according to the study.

“

We found that when underlying medical conditions are stable, we can perform minor oral surgery with only the usual daily dose of [glucocorticoids].

The May cover story, “Steroid Supplementation Before Minor Oral Surgical Procedures in Patients Taking Long-Term Glucocorticoids: A Triple-Blinded, Randomized, Placebo-Controlled Trial,” looked at changes in hemodynamic parameters and frequency of adverse events among 270 patients undergoing minor oral surgical procedures.

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1. Based on an analysis of global SureSmile® cases conducted between Jan. 2019–Dec. 2021. Data on File.
2. Independent third-party survey among 295 U.S. Clear Aligner Clinicians, 2020. Data on file.
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Exclusive survey results

AI: Measuring the Impact of a Transformative Technology

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Artificial and augmented intelligence (AI) will forever change the delivery of oral care.

While emerging clinical and business applications of AI offer dentists powerful tools to assist in a wide variety of operational tasks, a new ADA Vendor Showcase survey indicates that dentists clearly recognize the transformative power of AI to improve patients' oral health. The survey also suggests clinicians are still in the early stages of learning and adoption.



Sergei Azernikov, Ph.D.

AI is used in a variety of applications in dentistry, including image analysis, pathology detection, other areas of diagnostics, smile design, manufacturing, robotic surgery, clinical decision support, predictive analytics, and a host

of other business-related and communications functions.

“For a complex technology, the benefits to dentistry are simple,” explains Sergei Azernikov, Ph.D., vice president of CAD/CAM software at Glidewell. “Today, this technology enables efficiency and accuracy in many clinical areas of dentistry, including the design and fabrication of restorations. AI’s applications within all areas of dentistry are advancing rapidly.” Tomorrow, the technology will likely have a role in most dental practices due to its ability to improve efficiency, speed, accuracy, and reliability.



Joshua Prentice, D.D.S.

Joshua Prentice, D.D.S., of Ponderosa Dental Center in Bend, Oregon, agrees. While AI is in the early stages of a transformative future for dentistry, there are a variety of applications that will help dentists and their teams

improve oral care. His practice has been an early adopter of AI, and he is achieving measurable improvements in production and efficiency. Dr. Prentice says that his case acceptance rate has dramatically improved (close to 75% today) simply because patients can better visualize their

5 KEY FINDINGS ABOUT AI AND ADOPTION TRENDS

In an exclusive 2023 Glidewell/ADA Vendor Showcase survey on AI, dentists and dental health professionals note these opportunities with this technology:

Base: 963 respondents

- 1 **Dental imaging and interpretation, and smile design are the areas most influenced by AI.**
- 2 **55% of dentists say the technology is very important or important in improving oral health for patients.**
- 3 **The majority of dentists report they are in the early stages of understanding the technology and emerging applications for dentistry.**
- 4 **68% of survey respondents chose predictive analytics/data insights (for clinical and business applications).**
- 5 **While 94% of dentists believe that same-day dentistry is important to improving the patient experience, about 63% of survey respondents note that it is “extremely” or “very” important.**

current (and future) state of dental health. It is one of many unanticipated benefits his practice is experiencing since adopting and using the technology.

“Rather than be fearful of the impact of technology, I believe we can adopt this technology to improve our workflows and automate processes. In my practice, everything we do is driven toward delivering quality patient results, predictable quality results, and a positive experience. The more

we leverage this technology, the more we will be able to do that in dentistry and society as a whole.”

Key Survey Findings

According to the Glidewell-sponsored ADA Vendor Showcase survey, dentists cited multiple benefits of AI and its overall influence on dentistry.

The areas of dentistry that will be impacted most by AI applications range from dental imaging and interpretation to robotic surgery, according to survey respondents.

AI will improve dentistry in multiple ways, dentists report, including improved diagnosis of cases and restoration design and manufacturing.

The Goal of Offering Same-Day Dentistry

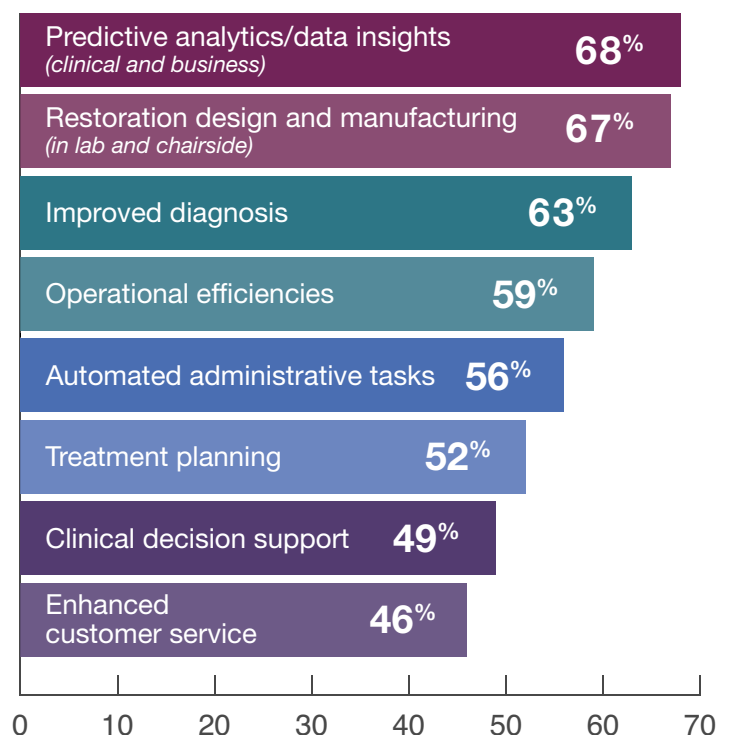
According to Dr. Azernikov, Glidewell started its AI journey more than a

decade ago with a vision and goal of using technology to enable automation, especially with image identification and crown design. Glidewell has over 20 million restoration cases in its database, and this data works to recognize and speed up the accurate design and manufacture of restorations. This technology is what allows Glidewell to house a fully automated BruxZir® manufacturing process, known as Glidewell Intelligent Manufacturing, to create over 2 million restorations in 2022 alone. By using an advanced machine learning algorithm, the AI software instantly creates crown designs with near perfect accuracy. Even doctors with an analog workflow are reaping the benefits of AI and digital dentistry when they work with Glidewell.

Some of this early work with AI has enabled the development of the glidewell.io™ In-Office Solution, that allows a user to confirm a patient’s margins and access ready-to-use digital restoration designs in seconds.

For Azernikov, this developing technology offers an even closer working relationship between the laboratory and dental practice to achieve the goal of delivering same-day dentistry, which will, in turn, improve access to needed dental care for pa-

AI'S CORE BENEFITS TO DENTAL PRACTICES



Base: 963 respondents

Source: Glidewell/ADA Vendor Showcase Survey, 2023

Important Clinical Applications of AI Models in Use^{1,2}

| | |
|--|---|
| Detection and diagnosis of dental caries | Cancerous lesions |
| Quantitative and qualitative radiographic findings | Alveolar bone loss |
| Vertical root fractures | Predicting orthodontic extractions |
| Apical lesions | Need for orthodontic treatments |
| Salivary gland diseases | Cephalometric analysis |
| Maxillary sinusitis | Chairside scanning, designing, and milling |
| Maxillofacial cysts | Design of surgical guides and occlusal guards |
| Cervical lymph nodes metastasis | Case scoring, routing, automated margin marking |
| Osteoporosis | Image enhancement and manipulation |

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¹ American Dental Association. SCDI White Paper No. 1106. Dentistry – Overview of Artificial and Augmented Intelligence Uses in Dentistry. 2023. Available at: https://www.ada.org/-/media/project/ada-organization/ada-ada-org/files/resources/practice/dental-standards/ada_1106_2022.pdf

² Khanager S, Al-Ehaideb A, et al. Developments, application and performance of artificial intelligence in dentistry – A systematic review. *J Dent Sci* 2021; Jan;16(1):508-522. doi: 10.1016/j.jds.2020.06.019. Epub 2020 Jun 30.

About the Survey

The ADA Vendor Showcase survey was sent to dentists between February 23 to March 24, 2023, netting 963 responses of primarily dentists (95%). Demographic profiling of the respondent base, includes:

Practice Role

Owner: 38%
Owner-Group Practice: 9%

Associate: 22%

Associate-Group Practice: 11%
Employee: 7%
Employee-Group Practice: 4%
Independent Contractor: 4%
Other: 5%

Top Specialty Areas:

General Dentistry: 80%
Pediatric Dentistry: 7%
Orthodontics and Dentofacial Orthopedics: 3%
Periodontics: 3%
Other specialties: 7%

Number of Locations per Respondent

1: 62%
2: 16%
3-4: 8%
5-6: 3%
7-8: 1%
9 or more: 10%

tients, improve patient satisfaction, and offer dentists highly sophisticated and precise clinical information to help them make better-informed clinical decisions for patients.

Nearly all the respondents in this survey recognize the importance of same-day dentistry in improving the patient experience.

“For patients, they are becoming more aware of the applications of technology and these automated systems.”

The Bright Future of AI in Health Care

While plenty of education is needed to help dentists in the adoption phase of AI solutions, Dr. Prentice emphasizes that “the best tools and systems for automating processes require very little training. Most of the training required is to better understand how you interact with the software.”

“For patients,” Dr. Prentice adds, “they are becoming more aware of the applications of technology and these automated systems. When they see a colored overlay on an X-ray, they ask questions about their oral health because they can see it.”

“Today, I can 3D scan for a night guard, and I can have the proposal back within about an hour,” Dr. Prentice explains. “We can present the patient with a designed and printed night guard while they are having their teeth cleaned. That is progress, and the evolution and speed of AI technology will only accelerate.”

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VIEWPOINT



Special care dentistry should be next dental specialty

BY JOSHUA WALKER

Special care dentistry has a rich history of treating some of the most underserved and vulnerable members of our community, but this area needs more trained providers and proper funding. Special care dentists provide comprehensive, compassionate care to individuals with conditions, disorders or diseases that complicate dental treatment, including those with intellectual and developmental disabilities and/or complex medical histories. They provide care to patients wherever they are in life or in a community. Treatment can occur in hospital settings, homes, institutionalized settings, or traditional dental practices. Unfortunately, there are not enough special care dental providers or financial resources available to care for the growing older adult population and special needs populations.

Specifically trained special care dentists, with specialty status recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards, would help solve this problem. Specialty training programs would enrich doctoral training and ensure a new generation of special care-trained providers. This is necessary both for the dental profession and to support the community at large.

At some point in every provider's career, they will have a patient with a condition or disorder that complicates delivering dental care. Some patients who were once routine will age and develop a condition that limits their ability to receive care. Most private practitioners are not equipped to see patients in wheelchairs or who are medically complicated. Some patients may not even have the opportunity to go to a traditional dental office because they are confined to nursing homes, group homes or other institutionalized settings.

Additionally, many providers lack the training to care for those with profound intellectual and developmental disabilities as well as Parkinson's and stroke survivors, etc., who may not be able to communicate in traditional ways. My family witnessed this firsthand. My grandfather struggled to receive necessary dental care as he battled with Alzheimer's disease.

To help this community receive dental treatment that would dramatically improve their overall health and well-being, they need not only trained practitioners but funding that supports this care.

We must innovate means to reduce the gap between dental treatment need and treatment received impacting our community, especially those with special health care needs. This would not only improve health and well-being, but also reduce associated medical health care

costs and emergency room visits. A national dental insurance program is a possible solution to reduce this gap. Medicare integrating dental coverage into insurance plans will not help special care communities without additional change. Additional financial reimbursements must answer to the additional costs to provide care and expertise to special care populations. Without additional funding, the dental utilization gap for the most vulnerable and underserved, such as those in institutionalized settings, will persist. The current fee-for-service model does not reflect the extra value of care provided to special care populations or the environments in which care is delivered.

At some point, we will all care for someone or be that someone who requires the skills of a special care dentist. We do not want anyone requiring necessary medical treatment to forgo care. The same should be said for dental care, too. Without it, those around us will continue to experience pain, issues with nutrition and a general negative impact on their overall health and well-being. We need the resources provided by special care education, specialty status, and funding to provide that basic dental area – the same care you can receive in a private practice. ■

Joshua Walker is a third-year dental student at the East Carolina University School of Dental Medicine and a 2022-23 NC J. Bradley Wilson Schweitzer Fellow. He formerly worked for Access Dental Care, a leader in special care dentistry.

Letters

DENTAL LICENSURE

This is a critical time for dental licensure. We have an opportunity to come together as a profession or tear our profession apart. I am currently in the state board/examination silo. My experience also includes being a part of another silo as president of the American Student Dental Association at a time when exams included patients and failure rates often exceeded 40%.

I do not use the term silo lightly, and these represent my personal opinions and not those of the organizations to which I belong. Opportunities move, silos don't. We have strong leaders within each group, and I encourage them to come together with a consensus statement for an appropriate clinical assessment. There is an opportunity here for state regulators, testing agencies, educational programs, and organized dentistry to serve the public and the profession.



DENTISTRY'S POSITION

I was reading my Feb. 6 copy of the ADA News and the article "Dentistry Rises to Top 10 in Best Jobs List." While pay is only a part of what makes a job fall on the "best" list I wanted to pass along another story from USA Today. This article, "Airline Pilots Got the Sharpest Pay Increases Since 2010; Dentists, the Smallest," discusses dentistry having the "most modest pay increases" since 2010. I think this article suggests a greater problem in dentistry, particularly with changes in increasing costs (tuition/student debt, payroll, materials, insurance, etc.) combined with minimal changes in reimbursements from insurance companies, since most associate

dentists' and owner dentists' pay comes from reimbursements from insurance companies. While I appreciate being in a profession that makes the best jobs list, I'm disappointed to be at the top of another list that indicates we are the worst job when it comes to keeping up with inflation over the last 13 years. I wouldn't have expected that with all of the efforts of the ADA and other lobbying organizations which benefit from high rates of membership relative to fields like medicine.

Robert G. McNeill, D.D.S., M.D.

Board member, Texas State Board of Dental Examiners
Board member, ADEX
Examiner, CDCA-WREB-CITA

James Dix, D.D.S.

Richmond, Virginia

AROUND THE ADA

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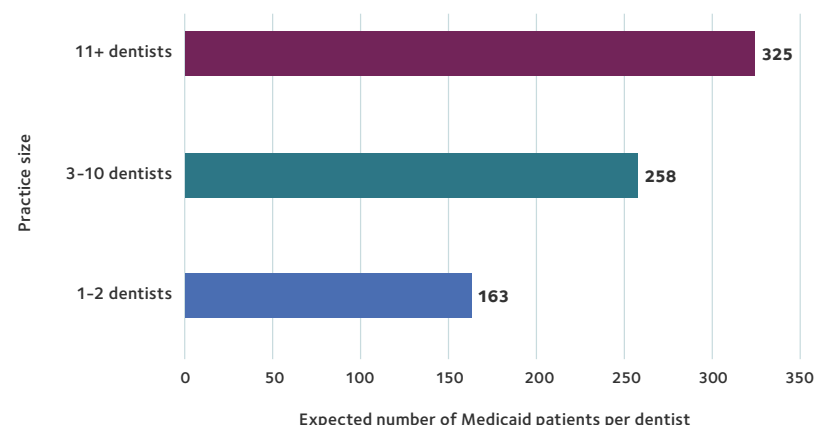
ADA Morning Huddle's Weekend and Finance editions are published every Saturday.

All of these Huddle newsletters are sent from the email domain @smartbrief.com. To verify your ADA Morning Huddle subscription status or share feedback, contact the ADA Member Service Center at MSC@ADA.org. ■

HPI CORNER

MEDICAID PATIENTS BY PRACTICE SIZE

Medicaid claims data indicate a positive correlation between practice size and the number of Medicaid patients seen. For example, in a practice with 11 or more employed dentists, each dentist is expected to have 325 Medicaid patients in a year, twice as many as dentists employed in a practice with just one or two dentists.



Source: Dentists Who Participate in Medicaid: Who They Are, Where They Locate, How They Practice. Webinar. September 2022. Available from: [ADA.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpi_dentist_participation_medicaid_webinar_slides.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpi_dentist_participation_medicaid_webinar_slides.pdf)

ADA: Contact Congress to improve adult access to Medicaid dental benefits



BY DAVID BURGER

The ADA sent out an action alert April 25 asking members to request Congress's support of efforts to improve adult access to Medicaid dental benefits.

Members of the House of Representatives are being asked to cosponsor HR 1342, the Medicaid Dental Benefit Act of 2023, and HR 1422, the Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act. HR 1342 would make comprehensive dental care a mandatory component of Medicaid coverage for adults in every state, and HR 1422 would reduce the administrative burdens for dentists in Medicaid, including audits and credentialing.

In letters to U.S. House and Senate leaders, a coalition of more than 150 national, state and local oral health and advocacy organizations, including the ADA, urged congressional leaders to cosponsor and work to advance the Medicaid Dental Benefit Act (S. 570/H.R. 1342).

Only about half of states provide comprehensive adult dental coverage to their Medicaid enrollees, according to the alert.

"As you know, oral health is essential to overall health and well-being," according to the alert, signed by Mike Graham, ADA senior vice president, Government and Public Affairs. "However, many adults who use Medicaid benefits find that there is little, if any, coverage for dental care, and they are unable to afford basic dental care on their own. Without a federal requirement, and given the competing priorities for state budgets, the optional adult dental benefit is often not provided by states or is very limited."

The alert also said that ensuring that states provide comprehensive dental services for adult Medicaid beneficiaries is a sound economic investment.

Research from the ADA Health Policy Institute shows that across the states that currently do not provide comprehensive dental

coverage, the net cost of providing extensive adult dental benefits is \$836 million per year. This includes an estimated \$1.1 billion per year in dental care costs and \$273 million per year in medical care savings.

The Association is also asking Congress to remove barriers for dentists who want to participate in the Medicaid program. The SMILED Act would make it easier for dentists to become credentialed Medicaid providers and would help ensure fair Medicaid audits performed

by a dentist from the same specialty is based on guidelines from the ADA and other dental organizations.

The alert provides a sample letter for both a senator and representative that dentists can send to Capitol Hill by visiting ADA.org/advocacy/legislative-action-center/help-us-improve-access-to-medicaid-dental-benefits.

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

— burger@ada.org

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ADA asks Congress for additional resources for VA Dentistry

BY STACIE CROZIER

The ADA urged Congress to provide additional funding and resources to the Department of Veterans Affairs Dentistry to meet the dental care needs of all eligible veterans in a March 28 letter.

ADA President George R. Shepley and Executive Director Raymond A. Cohlma requested that Congress provide \$1.25 billion in funding for VA Dentistry — \$50 million above the fiscal year 2023 enacted level — noting that "because funding and resources for VA Dentistry has not kept up with the increase in veterans eligible for VA dental benefits, real access to care is threatened by VA Dentistry's lack of funding and resources."

See VA, Page 18



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Tom Viola, R.Ph., CCP



Denise Williams-Jones,
RDA

Agenda Builder launches
May 12 & registration opens
June 7 at **SmileCon.org**.

ADA joins coalition seeking more funding for public health workforce programs

BY STACIE CROZIER

The ADA joined 120 other health organizations in urging Congress to fully fund the Public Health Workforce Loan Repayment Program and to provide funding to launch the Health Resources and Services Administration's new Bio-Preparedness Workforce Pilot Program in fiscal year 2024.

The coalition of 121 organizations, in a March 24 letter, asked Rep. Robert Aderholdt, R-AL, chair and Rep. Rosa DeLauro, D-CT, ranking member of the Appropriations Subcommittee on Labor, Health & Human Services, and Education to allocate \$100 million in FY 2024 for the Public Health Workforce Loan Repayment Program and \$50 million to launch the Bio-Preparedness Workforce Pilot Program.

"Investing in these bipartisan programs would promote the recruitment and retention of as many as 2,000 public health professionals at local, state, and tribal public health agencies across the country, and as many as 1,000 [infectious disease] and HIV health care professionals in rural and urban health professional shortage areas, medically underserved communities or federal facilities by offering loan repayment in exchange for three-year service commitments. These commonsense incentives will help ensure our public health and infectious

disease workforces grow sufficiently to keep our communities safe and healthy in the years to come."

The letter said the state and local public health workforce — the backbone of the nation's governmental public health system — has lost 15% of essential staff in the past decade and 80,000 more full-time hires are needed to provide a minimum package of essential services, including screening and treatment for chronic and communicable diseases;

maternal and child health services; epidemiology and surveillance; routine immunizations; primary prevention services; and regulation, inspection or licensing.

The coalition also said that the nation's infectious disease workforce faces shortages and a lack of financial incentives for recruitment and retention among infectious disease and HIV health care professionals, including infectious disease physicians, clinical microbiologists, nurses, pharmacists, physician assistants, infection

preventionists and dentists. Communities without infectious disease health care professionals will be less equipped to respond to threats like antimicrobial resistance, health care associated infections and infectious diseases associated with the opioid epidemic, and less able to advance federal initiatives to end the HIV epidemic and eliminate viral hepatitis.

The Bio-Preparedness Workforce Pilot Program would provide student loan repayment to dentists who undertake careers in infectious disease in underserved areas. For example, dentists who provide care to patients with HIV/AIDS through the Ryan White program could be eligible for student loan repayment.

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

ADA supports legislation to reduce Medicaid administrative barriers


BY KELLY GANSKI

The ADA led 14 other dental organizations in thanking Rep. Mike Simpson, D.M.D., R-Idaho, for introducing legislation that would reduce administrative barriers for dentists who participate in Medicaid.

HR 1422, the Strengthening Medicaid Incentives for Licensees Enrolled in Dental Act, would reduce administrative barriers by simplifying the credentialing process so that dentists do not have long wait times to become Medicaid providers. This bill would encourage states to use an integrated system such as CAQH to minimize paperwork and complete the credentialing process within 90 days.

"In order to help ensure access to care, a strong network of dentists is needed to see the patients served by Medicaid," wrote ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., in a separate letter sent by the ADA. "Unfortunately, however, administrative requirements often discourage dentists from signing up for, or staying in, the Medicaid program."


Additionally, the SMILED Act would ensure fair Medicaid audits by requiring that they be performed by a dentist from the same specialty and be based on clinical practice guidelines from the ADA and other dental organizations. ■



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ADA expresses support for legislation that would prohibit noncovered services provisions in dental, vision plans

BY DAVID BURGER

The ADA sent a letter to the U.S. House sponsors of federal noncovered services legislation on March 30, expressing the Association's "strong support for this bipartisan legislation that would prohibit noncovered services provisions in dental and vision plans."

HR 1385, the Dental and Optometric Care Access Act of 2023, will provide greater access to high-quality care by helping to curb anti-patient and anti-competitive practices of dental

insurance plans, wrote ADA President George R. Shepley, D.D.S., and ADA Executive Director Raymond A. Cohlmiya, D.D.S.

"This legislation is crucial to bring needed balance to contract negotiations between providers, who are often small business owners, and large dental insurance companies," wrote Drs. Shepley and Cohlmiya.

Drs. Shepley and Cohlmiya said it is unreasonable for dental plans to set fees for services in which the plans have no financial liability.

According to the letter, 45 states have

enacted laws that limit interference with the doctor-patient relationship when the doctor delivers services insurers do not cover.

"However, a federal effort is needed as many dental plans are regulated on the federal rather than state level," they wrote. "The current landscape adversely impacts competition in the dental plan market, which is dominated by only a few national carriers in many states, and shifts costs to patients who are paying for their coverage out of their own pockets or are seeing a dentist out-of-network." ■

Bill would increase dental workforce, especially in underserved communities

BY DAVID BURGER

The ADA thanked U.S. Rep. Frank Pallone, D-NJ, for sponsoring The Doctors of Community Act. This bill would help address deficits in the dental workforce, especially in underserved communities and populations, through support for new and expanded dental residency programs.

ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., in an April 18 letter, also thanked Rep. Pallone, as the ranking member of the committee, for including the bill, HR 2569, in a House Energy and Commerce Health Subcommittee hearing, "Examining Existing Federal Programs to Build a Stronger Health Workforce and Improve Primary Care."

"As you know, the DOC Act would permanently extend and expand the Teaching Health Center Graduate Medical Education program, which trains residents to serve some of our nation's most vulnerable populations in community-based settings such as federally qualified health centers, rural health clinics, and tribal health centers," said Drs. Shepley and Cohlmiya. "Permanent, dedicated funding would provide stability to teaching health centers and strengthen continuity of care in underserved communities."

Drs. Shepley and Cohlmiya said the DOC Act would also direct critical funding to a program that has needed increased resources for years, allowing for the expansion of existing THCGME programs and the creation of many new THCGME programs and residency slots.

"The expansion would address general health workforce shortages and would also increase equity by addressing persistent disparities," wrote Drs. Shepley and Cohlmiya. "Because 60 percent of THCGME training sites are in Medically Underserved Communities, and research suggests that dentists and physicians are more likely to practice near the location of their training, this bill would likely increase access to care in MUCs and lead to better health outcomes among populations experiencing oral health disparities." ■



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VA continued from Page 15

Drs. Shepley and Cohlmiya also asked Congress to set aside dedicated funding for VA Dentistry so the money appropriated for VA Dentistry is not used elsewhere in the VA.

Additionally, the letter requests Congress provide "guidance to the VA in report language that the Assistant Under Secretary for Health for Dentistry be at the same executive level as other Assistant Under Secretaries at the VA, and reports directly to the Under Secretary." This will help ensure the Assistant Under Secretary for Health for Dentistry "has the authority and resources to provide outstanding care for veterans."

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

Which SmileCon adventure will you choose?

Registration opens June 7 with 3 pass options

BY MARY BETH VERSACI

Registration for SmileCon opens June 7, offering three different pass options to help you meet, play, learn and smile in the way that fits you best.

SmileCon will take place Oct. 5-7 in Orlando, Florida. Registration options include the Smile Pass, Platinum Smile Pass and Dental Central Pass.

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The Dental Central Pass is more limited in scope, only providing access to Dental Central, including exhibits and the CE offered there. These courses will focus on wellness, technology and the dental team but will not include hands-on clinical courses.



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Early-bird pricing for ADA member dentists is \$399 for the Smile Pass, \$2,999 for the Platinum Smile Pass and \$149 for the Dental Central Pass. This pricing ends June 23.

To help you pick your courses, the meeting's Agenda Builder opens May 12. There you'll be able to see course schedules and details about the fun festivities SmileCon has in store, including the Grin & Goblin' Fest and A Night at Universal's Islands of Adventure.

Two of the featured speakers at this year's SmileCon will be Uche Odiatu, D.M.D., and Denise Williams-Jones.

Dr. Odiatu is a practicing dentist in Toronto, as well as a National Strength and Conditioning Association-certified personal trainer, author,

certified yoga instructor and certified boot camp instructor.

His courses will focus on nutrition, gut health and fitness and the ways they impact your patients' overall health and your own performance as a health care professional.

"My goal for my audiences is to ignite or reignite their enthusiasm for total patient health," Dr. Odiatu said. "I am using my



Dr. Odiatu



Ms. Williams-Jones

insider strategies as an NSCA-certified personal trainer, lifetime athlete experience and as a practicing dentist. The new science of the mouth-body-mind connection is very

compelling."

Ms. Williams-Jones' courses will focus on setting goals, implementing systems that boost productivity and putting together a strong team, reflecting her experience as a registered dental assistant and the founder of Next Level to Success, a dental customer service consulting firm.

"In my courses, you can expect as a team member to come away empowered with a sense of what is expected of you and your role in the practice," Ms. Williams-Jones said. "You will find clarity and learn practical tools to foster leadership skills and improve current communication in your office."

To learn more and register, visit SmileCon.org. ■
—versacim@ada.org

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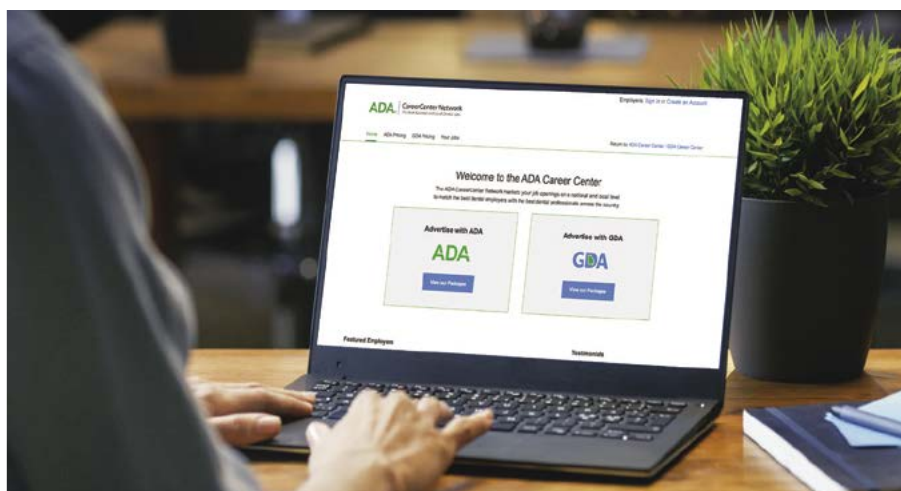
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Minnesota's Saint Paul District Dental Society commemorates 70-plus years of speakers bureau



Honor: Robert Baker, D.D.S., left, poses at his 100th birthday celebration at a Denver American Legion post in April with Bruce Bates, D.D.S., a member of Saint Paul District Dental Society's Speakers Bureau that Dr. Baker founded 70 years ago.

BY DAVID BURGER

Since the early 1950s, you can count on one thing in the greater St. Paul area of Minnesota.

Meetings of the Saint Paul District Dental Society's Speakers Bureau were, and still are, scheduled for lunchtime each Thursday from 12:30-1:30 p.m.

The society, a component district of the ADA made up of more than 650 member dentists in four counties in the greater St. Paul area, is enjoying its 71st year of the continuous sched-

The bureau's topics initially included dental careers and dental health information with discussions of the benefits of community water fluoridation but, over the years, have expanded and ranged from competitive ballroom dancing and home building projects to updates on various dental materials and procedures.

The bureau now meets weekly at the Minnesota Dental Association's headquarters building with a format very similar to the International Toastmasters, with two assigned speakers each week, followed by critiques of their presentations by assigned evaluators.

"The ongoing theme of the bureau is learning to operate a business meeting in a manner consistent with proper parliamentary procedure; developing leadership skills; and developing confidence with prepared and impromptu public speaking," said Bruce Bates, D.D.S., a member of the bureau and past president of the Minnesota Dental Association.

Dr. Bates said he was encouraged by a friend and mentor dentist to join the bureau in 1973.

"Although I retired from dental practice in 2021, I still maintain my membership," he said. "And now one of my sons is also a bureau member and bureau past president. There are also a few other parent-child connections within the bureau."

Mike Schafhauser, D.D.S., has been a member of the bureau since 1979.

"For me, I value the friendships and trust I have in the members, past and present," Dr. Schafhauser said. "I know their professional ethical standards, their families and personal morals. I hope mine match theirs. For more than a few, I feel very blessed that they let me be their friend. I think it really is a dental support group that goes beyond issues of net and gross."

He added, "I laugh that if I was in a foreign country in jail, one of the bureau members would come and bail me out."

"We members of St. Paul District Speakers Bureau believe that we have been extremely fortunate to have had the experience of gathering together with our colleagues and friends to personally grow in knowledge and skill, to enjoy long-lasting friendships within our professional careers, and to help, to some degree, in the leadership of dentistry," said Dr. Bates. "What a ride it has been." ■

— burgerd@ada.org

“

I thought it was a great idea. Dentists weren't together as a brotherhood like it should have been.

— Robert Baker, D.D.S.

uled meetings of its speakers bureau.

With 115 past and current members over the years, the bureau was founded in 1952 when the society noted that many requests were being received from local schools and educators for dental health information to contribute to the curricula being developed for presentation to students in the middle school grades.

Also at the time, the city of St. Paul was considering fluoridation of its water system. The proposal met with much public controversy, and the dental society's leadership believed that with some training in public speaking, dentists would be well-suited to publicly speak out in favor of the proposal.

Robert Baker, D.D.S., was assigned to draw together a group of dentists to meet these needs.

"I thought it was a great idea," said Dr. Baker, who recently celebrated his 100th birthday. "Dentists weren't together as a brotherhood like it should have been."

An initial meeting took place in 1952, with eight interested dentists attending.

New ADA Member App quiz helps users learn about, choose career that fits their goals

Take quiz by June 12 for chance to win VIP trip to SmileCon in Orlando

BY STACIE CROZIER

The ADA Member App has launched a helpful tool that can give dental students, new dentists and dentists considering a career change a good idea of what career path suits their interests, aspirations and lifestyle — just by taking a five-minute quiz. And, through June 12, everyone who takes the quiz will be entered into a sweepstakes to win a VIP 2023 SmileCon package in Orlando, Florida, from Oct. 5-7 or several other valuable prizes.

This hands-on tool was developed with the help of ADA research specialists who surveyed early career dentists about how they made career choices immediately following dental school and developed a predictive model to construct the quiz. The ADA also enlisted the help of several dental students and early career dentists to create and fine-tune the quiz and its resources.

“Deciding on what career path you choose can be very challenging for a new dentist,” said Gretchen Kreklow, D.D.S., an early career dentist who practices general dentistry in Grand Rapids, Minnesota. “In dental school you may not get much exposure to the different pathways within the dental field. As a co-creator of the app, I felt it was important to add this piece for both soon-to-graduate dentists along with already practicing dentists. This app quiz is a great way to get more exposure to all of the different possibilities you can choose with your degree.”

The interactive tool showcases nine different career paths for dentists: solo owner, small group practice, dental support organization, DSO co-owner dentist, dentist in the military, dental faculty, dentist in medical settings, federally qualified health center dentist, medical-dental practice and dentist in federal settings (Indian Health Service, U.S. Coast Guard, Federal Bureau of Prisons and other U.S. Public Health Service roles).

Quiz takers will receive a primary career recommendation plus additional careers to consider, “a day in the life” videos, additional ADA resources that might be helpful for making a decision and advice from mentoring ADA dentists on why they chose that career path. The quiz also provides an overview of each career path so that quiz takers can explore all options.

Dr. Kreklow said that as a dental student, she would have liked using a tool like this to explore all the options her dental degree could offer and also to take some time to understand her priorities for her career path.

“Knowledge about all of your choices is key when you are deciding what career path is best for you,” she said. “Choosing what to do as a dental career can be very overwhelming. Having this feature on the app helps dentists to better connect their passions to possible career avenues.”

Dr. Kreklow said the career path quiz not only helps quiz takers learn what option meets their needs and aspirations, but it also provides them with exposure to fields in dentistry they may have never considered before.

“We hope that this helps bring clarity when deciding what career path to pursue,” she said.

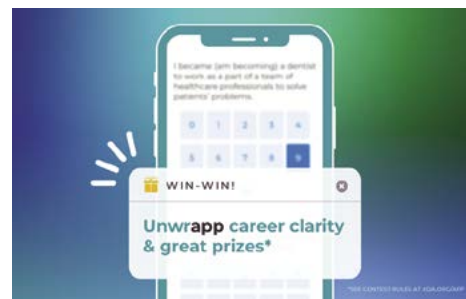
“My favorite feature on this new quiz is its ability to link your answers to generate your top career pathways,” Dr. Kreklow added. “Also, if you see a career you are interested in, you can further explore it in this app. There is an abundance of information at your fingertips to help you make the most educated decision in choosing a career path to

take with the degree you have worked tirelessly for.”

A prompt to take the quiz will appear at the top of your screen in the ADA Member App until the quiz is completed. Quiz takers will still have access to their quiz results or the ability to retake it.

Everyone who takes the career path quiz by June 12 will be automatically entered into a special sweepstakes.

The grand prize winner will receive a VIP 2023 SmileCon package, including



a Platinum Smile Pass to engage in new learning, networking events at Universal

and more, plus a \$2,000 travel stipend (a \$5,000 retail value), or they may choose a \$2,000 cash alternative.

Five winners will receive an ‘appiness box (a \$500 retail value), including a \$250 gift card to Threadfellows (a new member perk from ADA Member Advantage), a \$50 Grubhub gift card, a \$30 Starbucks gift card, a one-year Calm.com subscription and ADA swag, including a Yeti tumbler and a Fjällräven mini-cooler from Threadfellows.

See terms and conditions at ADA.org/App. ■



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