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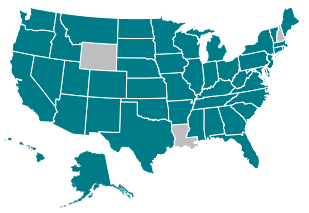
BPA WORLDWIDE

ACCESS TO CARE

ADA Community Dental Health Coordinator program celebrates 15 years

PILOT PROGRAM LAUNCHED IN 2006, NOW SHOWS IMPACT IN 47 STATES AND COUNTING

600+
CDHC graduates (plus more enrolled in CDHC programs)



47 states that have CDHC graduates, trainees or schools

19 schools offering or preparing to offer the program

BY DAVID BURGER

A federally qualified health center in New Jersey used eight ADA-trained community dental health coordinators, or CDHCs, in a 2019 program that boosted patients' human papillomavirus immunization rates from 12% to more than 40%.

Now, a new focus has emerged with the pandemic still wreaking havoc in the area and nation. Zufall Health Center chief dental officer Sam Wakim, D.D.S, has turned again to CDHCs, now to have them assist in the COVID-19 vaccine effort. They will be involved in addressing hesitancy among Zufall's most vulnerable populations and increasing the dental team's involvement in COVID-19 vaccinations.

"I believe that the introduction of CDHCs into New Jersey's dental workforce will mark a turning point for interdisciplinary collaboration and improvement in access to urgently needed dental care for underserved patients," Dr. Wakim said. "This critical job function has been missing from the equation in dentistry for too long."

Dr. Wakim is just one of the staunch believers in the ADA's CDHC program, which marks its 15th anniversary this year and now counts believers making an impact in 47 states, with a goal of 50 within reach.

"I'm proud to commemorate a decade and a half of one of the ADA's most successful programs," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "CDHCs are important members of the dental team, and their expertise links patients to available, but underutilized, dental care. I've witnessed how CDHCS help connect vulnerable populations with dental homes, and the ADA is grateful for their service as we continue supporting this valuable program for the next 15 years and beyond."

GENESIS

The origins of the program began in 2004, when the ADA, acting on a resolution passed by the House of Delegates, set up a task force to determine how to best meet the needs of dentally underserved rural, urban and American Indian communities.

Two years later, in 2006, the ADA established the Community Dental Health Coordinator pilot program as one component in the effort to break through the barriers that prevent people from receiving regular dental care and enjoying optimal oral health.

CDHCs are traditionally (but not exclusively) dental hygienists and assistants who are trained to educate and lead patients to appropriate dental services and ideally dental homes. CDHCs, who are generally trained at community colleges and health centers using an ADA-developed curriculum, coordinate care

See CDHC, Page 20

GOVERNMENT

Addressing workforce shortages, disparities

BILL CALLS FOR INCREASING FUNDING FOR NATIONAL HEALTH SERVICE CORPS

BY JENNIFER GARVIN

The ADA is supporting legislation aimed at improving the health workforce shortage and health disparities highlighted by the COVID-19 pandemic.

In a Feb. 25 letter to Sens. Dick Durbin, D-Ill., and Marco Rubio, R-Fla., ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked the lawmakers for sponsoring S 54, the Strengthening America's Health Care Readiness Act. The bill calls for additional funding for the National Health Service Corps as well as establishing an National Health Service Corps Emergency Service demonstration project.

"This historic investment in the NHSC and National Disaster Medical System will restore the pipeline of dentists and other health care providers needed to address existing health workforce shortages and bolster health emergency surge capacity," Drs. Klemmedson and O'Loughlin wrote.

They added that the ADA is committed to working to expand the availability of NHSC loan repayments and scholarships for dentists who agree to serve in NHSC-approved sites and said expanding these programs would not only address existing health workforce shortages across the country but would also lessen the student debt burden for those dentists who participate in the National Health Service Corps.

"Student debt associated with graduate dental education is a substantial barrier in meeting our nation's oral health workforce needs," Drs. Klemmedson and O'Loughlin wrote. "The burden of paying off student loans, which can average more than $200,000, has driven dentists toward higher-paying specialties and communities, leaving many areas with gaps in availability of dental services and access to oral health care. Your bill would address these challenges and encourage dentists to practice in underserved areas by providing loan repayments and scholarships in exchange for a service commitment."

The ADA letter also pointed out that S 54 would provide 40% in set-aside funding for loan repayments and scholarships for members of groups that have been "historically underrepresented in the health professions."

"This funding will help recruit and retain dentists from underrepresented groups and address disparities exacerbated by the COVID-19 pandemic," Drs. Klemmedson and O'Loughlin noted. "Members of such groups often have an especially strong need for loan repayments and scholarships, and they are also more likely to practice in their own, or similarly underserved, communities."

The Strengthening America's Health Care Readiness Act would also establish a demonstration project that would allow members of the NHSC workforce to serve in emergency capacities through the National Disaster Medical System.

"This pilot would expand the country's emergency preparedness capacity by enabling individuals currently serving in the NHSC, or its alumni, to be available for rapid deployment through the [National Disaster Medical System]," wrote Drs. Klemmedson and O'Loughlin, adding that dentists could be deployed to assist with COVID-19 vaccination efforts and receive supplemental student loan repayment awards.

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

Lawmakers call for improvements to CHIP

The organized Dentistry Coalition is supporting new legislation to improve oral health care for children and low-income pregnant women.

In a March 23 letter to Sens. Ben Cardin, D-Md., and Debbie Stabenow, D-Mich., the coalition, led by the American Academy of Pediatric Dentistry, thanked the lawmakers for introducing S 448, the Ensuring Kids Have Access to Medically Necessary Dental Care Act.

"As you know, the Children's Health Insurance Program provides health coverage to nearly 10 million children nationwide, through both Medicaid and separate CHIP programs," they wrote.

If enacted, the bill would:

- Eliminate annual and lifetime dollar limits for dental services provided under CHIP, including dental services provided to low-income pregnant women.
- Require that CHIP wraparound dental coverage be the same as dental coverage for CHIP enrollees. This means that states would be required to provide dental-only coverage to children who would otherwise be eligible for CHIP but for the fact that they are covered under a group health plan or employer-sponsored insurance. ■

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BPA WORLDWIDE

PPP Extension Act pushes application period to May 31

BY JENNIFER GARVIN

The ADA and more than 90 like-minded stakeholders led by the International Franchise Association are on the record supporting a new law that extends the Small Business Administration's Paycheck Protection Program application period to May 31.

The coalition sent letters March 15 to Senate Small Business Committee Chair Ben Cardin, D-Md., and Sens. Jeanne Shaheen, D-N.H., and Susan Collins, R-Maine, and House Small Business Committee Chair Nydia Velazquez, D-N.Y., and Ranking Member Blaine Luetkemeyer, R-Mo., and Reps. Young Kim, R-Calif., and Carolyn Bourdeaux, D-Ga., to thank the lawmakers for the PPP Extension Act of 2021. After the House and Senate passed the bill, President Joe Biden signed it into law on March 30.

In the letter the groups shared concerns over the lack of progress on major Paycheck Protection Program processing issues, including hold/error codes and application rejections due to taxpayer identification number issues or mismatches. They also reported there being many unresolved technical problems with the current process and noted, "these delays and denials may put many applicants in danger of not making the March 31 authorization deadline."

"Nearly one year into the COVID-19 pandemic, the continued liquidity challenges of the small businesses sector are acute, especially for those business limited by dramatic capacity restrictions and other critical health and safety protocols in place to protect the public, consumers and workers from COVID-19," the groups wrote. ■

$1.9T COVID-19 bill becomes law

LEGISLATION AIMED AT HELPING PEOPLE, BUSINESSES DEVASTATED BY PANDEMIC

BY JENNIFER GARVIN

Congress passed a $1.9 trillion COVID-19 relief bill March 10 aimed at helping the people and businesses nationwide devastated by the pandemic.

The relief package makes all COVID-19 student loan relief tax free — something the ADA has advocated for since the pandemic began. The bill also allocates $7.5 billion to the Centers for Disease Control and Prevention for distributing, administering and monitoring COVID-19 vaccines, including $1 billion to strengthen vaccine confidence. It also designates more than $6 billion for the Indian Health Service's COVID-19-related efforts, including funds for telehealth, vaccines, testing and the agency's electronic health records system.

The ADA sent a letter Feb. 12 to leaders of the House and Senate urging lawmakers to pass additional COVID-19 relief legislation with provisions the Association believes are crucial to ensuring the safety and economic stability of dental practices.

President Joe Biden signed the bill into law on March 11.

OTHER SIGNIFICANT MEASURES:

- Allocates $15 billion for targeted Economic Injury Disaster Loans and designates an additional $7.25 billion for forgivable loans in the Paycheck Protection Program. This includes allowing nonprofits that meet certain size and lobbying restrictions to apply for PPP loans.
- Designates $160 billion for vaccine and testing programs to help stop the spread of COVID-19. This includes funds to create a national vaccine distribution program that would offer free shots to all U.S. residents regardless of immigration status and would also establish community vaccination centers and deploy mobile units in hard-to-reach areas.
- Allots $10 billion for manufacturing and procuring medical supplies and equipment, including PPE, diagnostic products and medical devices.
- Earmarks more than $15 billion to enhance, expand and improve the distribution and administration of vaccines.
- Provides $47.8 billion to continue implementing an evidence-based national testing strategy with an emphasis on detection, diagnosis, tracing and monitoring.
- Requires Medicaid and Children's Health Insurance Program coverage of COVID-19 vaccines and treatment without beneficiary cost sharing. Vaccines and vaccine administration costs would be matched at a 100% federal medical assistance percentage until one year after the end of the pandemic. States also would have the option to provide coverage to the uninsured for COVID-19 vaccines and treatment without cost sharing at 100% of the federal medical assistance percentage. The bill also encourages states to expand Medicaid and allows states to provide full Medicaid coverage for women after childbirth for up to one year.
- Includes direct payments of up to $1,400 to qualifying individuals based on income.
- Extends pandemic-related federal unemployment benefits — $300 a week — through Sept. 6.
- Covers 100% of the costs of continuing health insurance through September for workers who have been laid off.
- Provides paid-leave benefits and tax credits for employers with fewer than 500 employees to reimburse them for the cost of sick time.
- Provides $50 million to the Federal Emergency Management Agency.
- Provides $7.6 billion to Community Health Centers, $800 million for the National Health Service Corps and $330 million for Teaching Health Centers.
- Provides $5 million for enhanced Occupational Safety and Health Administration enforcement activities at high-risk workplaces, including health care facilities.

For more information about the ADA's advocacy efforts during the COVID-19 pandemic, visit ADA.org/COVID19Advocacy. ■

—garvinj@@ada.org

Should dentists take the Employee Retention Tax Credit?

Dental CPA Allen Schiff shares insights on how this credit could help dentists, dental practices

BY JENNIFER GARVIN

As dentists begin filing their 2020 taxes, the ADA and Academy of Dental Certified Public Accountants are working together to highlight a new tax credit created in the 2020 CARES Act legislation and expanded by the recent COVID-19 stimulus bill that can help dentists when they file. In this Q&A, Allen Schiff, ADCPA president, addresses key takeaways regarding the Employee Retention Tax Credit and how it may help dentists. The deadline for filing federal taxes has been extended to May 17 for 2021.

Mr. Schiff

Question: What is the Employee Retention Tax Credit?

Answer: The Employee Retention Tax Credit was created to incentivize and provide a credit to employers that retained their employees on payroll even if they are not working during a covered period due to COVID-19. The Employee Retention Tax Credit is a refundable tax credit against certain employment taxes equal to 50% of the qualified wages an eligible employer pays to employees. For 2020, the credit is 50% of up to a maximum of $10,000 in qualified wages and costs for employee health insurance (including dental) for each full-time employee beginning March 13 and ending Dec. 31, 2020. Therefore, the maximum tax credit you can receive per employee is $5,000. For 2021, the credit is up to 70% of up to $10,000 in qualified wages and employee health insurance (including dental) costs per full-time employee for each calendar quarter beginning Jan. 1 and ending Dec. 31. Therefore, the maximum amount you can receive is $7,000 per quarter per employee.

Q: What businesses are eligible for the Employee Retention Tax Credit?

A: For 2020, eligible businesses are those that were ordered to fully or partially shut down due to orders from an appropriate government authority due to COVID-19 or that experienced more than 50% in lost revenue in comparison with the same period in 2019. This is based on calendar quarter comparison between 2020 and 2019. For 2021, eligible businesses are those that were ordered to fully or partially shut down due to COVID-19 or that experienced more than 20% in lost revenue in comparison with the same quarter in 2019.

Q: Can I take advantage of the Employee Retention Tax Credit even if I took out a Paycheck Protection Program loan?

A: Yes. Due to the advocacy efforts of ADA and numerous other stakeholders, Congress passed legislation that allows PPP borrowers to also take advantage of the credit. This became law in December 2020.

Q: What is the most important piece of advice regarding the Employee Retention Tax Credit?

A: Being able to utilize the Employee Retention Tax Credit and ensuring you receive the full benefit you may be eligible for is highly individualized, especially since "appropriate government authority" applies to state and local government orders. It is important that you work with your financial adviser or accountant to determine if and how much you can receive from the credit. This is especially important if you took out a Paycheck Protection Program loan given that while Congress did expand eligibility for Employee Retention Tax Credit to PPP borrowers, they also put guardrails in place to ensure that taking advantage of both programs does not result in any "double-dipping." Again, given the complexities of these two programs, it is key that dental practices have sound financial adviser support in order to fully maximize the tax credit. If you filed your 2020 tax return early and later determine you qualify for the credit, you will need to work with your financial adviser or accountant to potentially file an amended return. If you received a PPP first draw loan, we also recommend not rushing to file for forgiveness. During this busy tax season, which is exponentially more difficult this year, it is best to give your financial adviser or accountant time to review your eligibility and ability to fully utilize the Employee Retention Tax Credit and ensure full forgiveness of PPP as it pertains to the interplay between both programs.

For more information on the Employee Retention Tax Credit, the IRS has posted an FAQ at IRS.gov.

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

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Dentists, dental students authorized to administer COVID-19 vaccine nationwide

BY JENNIFER GARVIN

The U.S. Department of Health and Human Services is amending an emergency declaration under the Public Readiness and Emergency Preparedness Act to authorize additional providers, including dentists and dental students, to vaccinate patients for COVID-19 nationwide, according to a March 11 announcement in the Federal Register.

To date, at least 28 states already enlist dentists to administer the COVID-19 vaccines during the COVID-19 public health emergency. The federal declaration allows licensed dentists throughout the country to vaccinate the public against COVID-19, regardless of state laws that prevent dentists from doing so.

The American Dental Association sent a Feb. 11 letter to HHS on this issue and the ADA was also part of a September 2020 coalition letter asking for the same liability protection.

"Dentists already have the requisite knowledge and skills to administer vaccines and observe side effects — and many do so on a daily basis," wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and ADA Executive Director Kathleen T O'Loughlin, D.M.D., in the February letter. "Dentists are well educated in human anatomy, physiology, and pathophysiology, and are trained to administer intra-oral local anesthesia. It is arguably more difficult to administer an inferior alveolar nerve block inside the oral cavity than to vaccinate an exposed arm and manage any side effects."

The White House said March 11 the administration will be expanding the pool of qualified professionals able to administer shots to include dentists and other providers. And during his presidential address that night, President Joe Biden announced a goal to make "every adult in the U.S. eligible for vaccination no later than May 1." He also vowed to increase the number of places Americans can get vaccinated, including increasing the total number of participating community health centers to 950, and plans to double the number of federally run mass vaccination centers.

The Public Readiness and Emergency Preparedness Act, or PREP Act, allows the Health and Human Services Secretary to issue a declaration in a public health emergency. This declaration provides temporary immunity from tort liability claims (except willful misconduct) to individuals or organizations involved in the manufacture, distribution or dispensing of medical countermeasures, which may include vaccines. This declaration may be amended as circumstances warrant. During the COVID-19 public health emergency, a declaration was first issued in January 2020 by former HHS Secretary Alex Azar.

On March 11, Acting HHS Secretary Norris Cochran amended the declaration to designate additional health care professionals, including dentists and students, as "qualified persons" who are authorized to administer COVID-19 vaccines. The amended declaration also includes retired or nonpracticing health care providers who have had active licenses or certifications within the last five years as long as they were in good standing prior to the license becoming inactive, expired or lapsed.

For information about COVID-19 vaccinations, the ADA has created a fact sheet about the status and safety of COVID-19 vaccines. The ADA continues to monitor developments related to COVID-19 vaccine authorization and administration on behalf of the profession and public. Visit ADA.org/virus for the latest information. ■

HHS launches portal for potential vaccinators to check eligibility status

The U.S. Department of Health and Human Services has launched an online portal to help dental providers navigate the training and registration they will need to complete in order to become a part of the expanded COVID-19 vaccine workforce.

The Emergency System for the Advance Registration of Volunteer Health Professionals website verifies health professionals' identities, licenses, credentials and accreditations in advance so that state and territorial health agencies can determine the best way to use available COVID-19 vaccinators to help their communities.

"Some vaccinators may not be called to serve, but by registering you are making the commitment to help the people in your community if they need you. You could even administer a dose of vaccine that saves someone's life," wrote HHS on the Emergency System for the Advance Registration of Volunteer Health Professionals website.

For more information or to register, visit the HHS Public Health Emergency webpage at www.phe.gov/emergency/events/COVID19/COVIDvaccinators/Pages/register.aspx. ■

Partnership for Medicaid calls on Congress to improve health equity in US territories

BY JENNIFER GARVIN

The Partnership for Medicaid, of which the ADA is a member, is asking Congress to consider legislation to address the long-standing inequities in Medicaid affecting the U.S. territories.

The partnership sent a letter to the leadership of the House Committee on Energy and Commerce's Subcommittee on Health ahead of its March 17 hearing on health care in the U.S. territories. The coalition commended lawmakers for their past work to increase Medicaid funding and support but urged the committee to consider HR 265, the Insular Area Medicaid Parity Act. If enacted, the bill would lift the Medicaid funding cap in the territories and provide a "long-term solution for Medicaid beneficiaries residing in the U.S. territories, while ensuring that territorial governments are given fiscal relief to stabilize the health and economic security of their jurisdictions."

"The Medicaid program continues to be a vital lifeline for vulnerable individuals, families and children," the coalition wrote. "Our members see the value that Medicaid provides to ensure the optimal health and well-being of beneficiaries enrolled in the program. Unfortunately, due to limitations in the funding statute, the Medicaid program operates differently in the U.S. territories compared to those of the states through capped funding and a fixed federal medical assistance percentage."

The partnership also announced its support for the Coronavirus Medicaid Response Act, legislation that provides an automatic federal medical assistance percentage increase during an economic downturn.

In a March 12 letter to Sens. Bob Casey, R-Penn., and Catherine Cortez Masto, R-Nev., and Rep. Susie Lee, D-Nev., the coalition — which includes the ADA — said it was pleased to support the bill, which would provide an automatic federal medical assistance percentage increase to state Medicaid programs during an economic downturn, as measured by state unemployment levels. The bill also includes necessary maintenance of effort requirements to ensure states can sustain eligibility, benefits and services to Medicaid populations during times of hardship.

"Vulnerable populations, in addition to the providers and organizations that support them, rely on the promise of Medicaid to achieve access to quality, affordable health care," the coalition said. "In the face of economic instability and uncertainty caused by COVID-19, the Medicaid program fulfilled its purpose by providing a lifeline to millions of Americans whose livelihoods were threatened by the pandemic."

"Fortunately, Congress acted as it has during previous economic recessions and provided an enhanced federal medical assistance percentage to help states support their Medicaid programs during the public health emergency," the letter concluded. "By making that support automatic, your legislation would offer immediate certainty to states and Medicaid populations in the face of crises with unknown duration and scope. This stability is consequential to protecting access to care and other vital services for communities served by the Medicaid program."

The Partnership for Medicaid is a nonpartisan, nationwide coalition made up of organizations representing clinicians, health care providers, safety net health plans and counties.

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

HHS suspends penalties related to online scheduling of COVID-19 vaccinations

The U.S. Department of Health and Human Services' Office for Civil Rights announced Feb. 24 that it will not impose penalties for noncompliance with the Health Insurance Portability and Accountability Act against covered health care providers in connection with the good faith use of online or web-based applications for scheduling appointments for COVID-19 vaccinations.

The suspension of penalties will remain in effect until the HHS secretary determines that the public health emergency no longer exists.

The Office of Civil Rights encourages covered health care providers and their business associates utilizing online scheduling to implement reasonable safeguards to protect the privacy and security of individuals' protected health information.

The office recommends that covered health care providers and their business associates consider the following safeguards:

- Using and disclosing only the minimum protected health information necessary

See SUSPENDS, Page 8

ADA supports Ensuring Lasting Smiles Act

BY JENNIFER GARVIN

The ADA is expressing support for the Ensuring Lasting Smiles Act — legislation that would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect.

In March 17 letters to Sens. Tammy Baldwin, D-Wis., and Joni Ernst, R-Iowa, and Reps. Anna Eshoo, D-Calif., and Drew Ferguson, R-Ga., ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked the lawmakers and said they believe the bill will positively impact the quality of life for patients with congenital anomalies.

They noted that one in every 33 children in the United States is born with a congenital anomaly or birth defect that affects the way they look, develop or function and said the Ensuring Lasting Smiles Act is crucial to ensuring that children with congenital anomalies and birth defects are able to receive the treatment they need.

"Many of these congenital anomalies include severe oral and facial defects such as cleft lip or palate, skeletal and maxillofacial deformities, hypodontia (absence of teeth), and enamel hypoplasia," Drs. Klemmedson and O'Loughlin wrote. "These anomalies can interfere with a child's ability to breathe, speak and/or eat in a normal manner. Specialized surgery is needed to correct these anomalies. These procedures are reconstructive in nature and are performed to correct abnormal structures of the body."

Drs. Klemmedson and O'Loughlin pointed out that many insurance companies consider these services to be cosmetic, and while they may cover the preliminary surgeries, they often delay or deny follow-up or corrective procedures, including dental work related to the anomaly.

"This can further delay a child's developmental milestones," Drs. Klemmedson and O'Loughlin wrote.

"Passage of [the Ensuring Lasting Smiles Act] would not only help patients with craniofacial anomalies, but would also ensure they have the necessary coverage to restore their ability to function," the letter concluded. "On behalf of our members and their patients, we would like to thank you for taking the lead on this important legislation."

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

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Coalition urges FDA to ban menthol cigarettes, other nontobacco-flavored tobacco products

BY JENNIFER GARVIN

The ADA, Campaign for Tobacco-Free Kids and dozens of like-minded stakeholders are urging the Food and Drug Administration to prohibit menthol cigarettes and other nontobacco-flavored tobacco products, including e-cigarettes and cigars.

"The public health and medical community have long been united in calling on FDA to use its authority under the Family Smoking Prevention and Tobacco Control Act to issue product standards ending the manufacture and sale of flavored tobacco products," the groups wrote in a March 3 letter to the agency.

"There is no question that flavored products are particularly attractive to young people, leading to increased tobacco initiation," the letter continued, citing a 2015 study by the FDA and National Institutes of Health that found flavored tobacco products "may result in lifelong use" of tobacco.

The coalition also urged the FDA to grant the citizen petition the groups filed in 2013 and to quickly issue a proposed rule to prohibit menthol as a characterizing flavor in cigarettes.

"Menthol in cigarettes leads to greater initiation of smoking among youth, makes it harder to quit smoking and has a disproportionate adverse impact on the health of Black Americans," the groups wrote.

"If FDA is to adhere to its longstanding commitment to entirely science-based decision-making, it must grant the citizen petition and inaugurate a regulatory process to prohibit menthol as a characterizing flavor in cigarettes," the letter concluded. "Moreover, to prevent the industry from selling menthol cigarettes masquerading as cigars, FDA's menthol rule should apply to menthol in cigars as well."

The letter said the FDA is expected to rule on the citizen petition before April 29 and described it as a "first step toward a broader set of product standards prohibiting all non-tobacco flavors in all tobacco products."

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

SBA increases lending limit for Economic Injury Disaster Loans

The U.S. Small Business Administration announced March 24 that it is increasing the maximum small businesses and nonprofit organizations can borrow through its COVID-19 Economic Injury Disaster Loan program.

The SBA, starting the week of April 6, is raising the loan limit for the program from six months of economic injury with a maximum loan amount of $150,000 to up to 24 months of economic injury with a maximum loan amount of $500,000.

"More than 3.7 million businesses employing more than 20 million people have found financial relief through SBA's Economic Injury Disaster Loans, which provide low-interest emergency working capital to help save their businesses," SBA Administrator Isabella Casillas Guzman said in a news release. "However, the pandemic has lasted longer than expected, and they need larger loans. We are here to help our small businesses and that is why I'm proud to more than triple the amount of funding they can access."

According to the SBA, businesses that received a loan subject to the current limits do not need to submit a request for an increase at this time. It will reach out directly via email and provide more details about how businesses can request an increase. Any new loan applications and loans in process when the new loan limits are implemented, the SBA added, will automatically be considered for the increased lending limit.

For more information about the SBA COVID-19 Economic Injury Disaster Loan program and disaster loan payments, email DisasterCustomerService@sba.gov or call 1-800-659-2955. ■

SUSPENDS *continued from Page 6*

(e.g., an individual's name and phone number may be the minimum necessary for scheduling the appointment).

- Using encryption technology to protect protected health information.
- Enabling all available privacy settings (e.g., adjusting calendar display settings, as needed, to hide names or show only individuals' initials instead of full names).
- Ensuring that storage of any protected health information by the scheduling vendor is only temporary (e.g., the protected health information is returned to the covered health care provider or destroyed as soon as practicable, but no later than 30 days after the appointment).
- Ensuring the scheduling vendor does not use or disclose electronic protected health information in a manner that is inconsistent with HIPAA rules (e.g., does not engage in the impermissible sale of electronic protected health information collected from individuals who attempt to schedule a COVID-19 vaccination).

This notification does not apply to activities of a covered health care provider and its business associates other than the scheduling of COVID-19 vaccinations. Potential HIPAA penalties still apply to all other HIPAA-covered operations of the covered health care provider and its business associates, unless otherwise stated by the Office of Civil Rights. Additionally, this notification does not apply to a covered health care provider or business associate when it fails to act in good faith.

The Office for Civil Rights is responsible for enforcing certain regulations issued under HIPAA to protect the privacy and security of protected health information.

For more information, visit the Federal Register website at www.federalregister.gov. ■

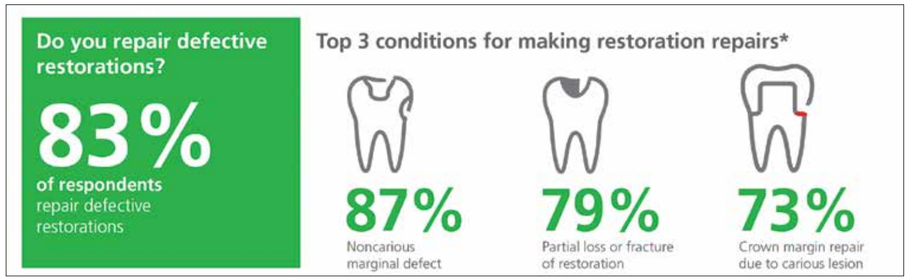
SCIENCE & TECH

ACE Panel report finds 4 out of 5 respondents repair defective restorations

BY MARY BETH VERSACI

Many dentists repair defective restorations, but the repairs depend on the proper selection of cases, material and technique, according to an ADA Clinical Evaluators Panel report published in the April issue of The Journal of the American Dental Association.

When a restoration defect is limited and localized and the remaining tooth structure's condition is sound, repairing the restoration may be a more conservative, minimally invasive approach than replacement, according to the ACE Panel report. The report includes responses from 400 ACE Panel member dentists about how they decide whether to repair or replace defective restorations and the technical aspects they consider when making a repair.



Restoration repair: The latest ACE Panel report includes responses from 400 ACE Panel member dentists about repairing or replacing defective restorations.

About 4 out of 5 respondents said they repair defective restorations. For those who said they make restoration repairs, the top three restoration conditions requiring repair were noncarious marginal defects (87%), partial loss or fracture of the restoration (79%) and crown margin repair because of carious lesions (73%).

"The main takeaway is that there is a paradigm shift from aggressive tooth removal to tooth preservation," said Juliana B. da Costa, D.D.S., one of the report's co-authors and a member of the ADA Council on Scientific Affairs' ACE Panel Oversight Subcommittee. "Dentists are making a conscious decision to be more conservative. Undoubtedly, the advances in dental materials, particularly direct resin composites, and research have given us the tools to conserve tooth structure. With that being said, the repair of secondary carious lesions was not in the top three conditions for performing restorations repair. Therefore, clinicians may not be as comfortable yet repairing over replacing restorations in the presence of a carious lesion."

Restoration repair typically involves removing part of the restoration at the defective site to eliminate a localized restorative material or tooth defect or to facilitate access to secondary carious lesions, according to the report. Amalgam and composite repairs are effective in increasing the original restoration's survival rate and may last as long as replacements.

When repairing amalgam restorations, mechanical retention in the remaining amalgam and surface roughening with a diamond bur before applying new amalgam are recommended, according to the report. There are several protocols for tooth preparation before resin composite application. The recommended surface treatment protocol from the only long-term randomized controlled trial is applying an adhesive system containing an etchant, primer and bonding agent, followed by application.

Among survey respondents who said they repair defective restorations, 98% repair direct resin composite restorations, and about one-third do not repair amalgam, glass ionomer or fractured indirect all-ceramic crowns.

Resin composite is used most often to repair direct resin composite restorations, and glass ionomer is used most often to repair glass ionomer restorations, according to the survey results. Only 54% of respondents use amalgam to repair amalgam restorations. Surface treatments varied when repairing amalgam, direct resin composite and fractured indirect all-ceramic crown restorations.

"I thought it was important to report not only when clinicians are repairing restorations but also how they are performing these procedures," Dr. da Costa said. "The survey showcased that dentists are confused about appropriate surface treatment when repairing restorations. This is most likely due to the inconsistency of restoration repair protocols in dental literature."

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. ■

—versacim@ada.org

University at Buffalo receives $1.5M grant to develop new therapies for oral cancer

The University at Buffalo announced March 25 that it received a $1.5 million grant from the U.S. Department of Defense to develop new therapies that can help reduce chronic inflammation and immunosuppression in oral cancers.

If successful, the findings could help increase survivorship of oral cancers, said Keith Kirkwood, D.D.S., Ph.D., principal research investigator and UB School of Dental Medicine professor of oral biology, in a news release.

Through the three-year grant, according to the University at Buffalo, the research will center on a type of white blood cell called a macrophage that — after migrating to oral tumors — triggers uncontrolled inflammation, suppresses the body's immune response and lowers the effectiveness of anticancer therapies.

The research will focus on oral squamous cell carcinoma, the most common type of oral cancer. Found in the lips, mouth or throat, oral cancers can affect the ability to eat and speak, and may cause permanent disfigurement of the face.

The researchers aim to reprogram the macrophages by targeting genes that regulate inflammation, said Dr. Kirkwood, also associate dean for innovation and technology transfer in the UB School of Dental Medicine.

By lowering inflammation, oral cancers will become more sensitive to new and traditional chemotherapies, he added.

According to the University at Buffalo, veterans are two times more likely to develop head and neck cancers than nonveterans. The increased risk may be attributed to higher rates of alcohol and tobacco use among veterans, Dr. Kirkwood said.

Nearly 75% of oral cancers are caused by either alcohol or tobacco use, according to outside research. ■

Study shows how SARS-CoV-2 infects cells in mouth, possibly leading to symptoms

Oral cavity may transmit virus to lungs, digestive system

BY MARY BETH VERSACI

A study examining the role of the oral cavity in SARS-CoV-2 infection has found evidence the virus infects cells in the mouth, which could explain why some patients with COVID-19 experience taste loss, dry mouth and blistering. The research also found saliva is infectious, indicating the mouth may play a part in transmitting the virus deeper into the body or to others.

"After months of collaboration, our study shows that the mouth is a route of infection as well as an incubator for the SARS-CoV-2 virus that causes COVID-19," said Kevin M. Byrd, D.D.S., Ph.D., one of the lead researchers and the ADA Science and Research Institute's Anthony R. Volpe Research Scholar. "This foundational work will help direct our next studies to further understand at the molecular level why individuals are presenting with altered/loss of taste and dry mouth after infection during COVID-19, why some individuals are demonstrating these effects six-plus months after the first infection, and if/how we can come up with treatment strategies to help these individuals recover."

The research from the National Institutes of Health and the University of North Carolina at Chapel Hill was published March 25 in Nature Medicine. Dr. Byrd, then an assistant professor in the UNC Adams School of Dentistry, led the study with Blake M. Warner, D.D.S., Ph.D., assistant clinical investigator and chief of the National Institute of Dental and Craniofacial Research's Salivary Disorders Unit.

Prior to this study, not much was known about how the oral cavity is involved in SARS-CoV-2 infection. The upper airways and lungs are known to be primary sites of infection and saliva can contain high levels of the virus, but scientists do not entirely know where the virus in saliva comes from, according to an NIH news release. In people with COVID-19 who have respiratory symptoms, the virus could potentially come from nasal drainage or phlegm coughed up from the lungs, but that may not explain how the virus gets into the saliva of people who do not experience those symptoms.

"Based on data from our laboratories, we suspected at least some of the virus in saliva could be coming from infected tissues in the mouth itself," Dr. Warner said.

The researchers tested this theory by surveying oral tissues from healthy people to identify areas of the mouth that are susceptible to SARS-CoV-2 infection. They found some cells in the salivary glands and tissues lining the oral cavity contained RNA for two key "entry proteins" — the ACE2 receptor and the TMPRSS2 enzyme — that allow the virus to enter cells, thus making them susceptible to infection. A small number of the salivary gland and gingival cells contained RNA for both the ACE2 receptor and the TMPRSS2 enzyme, increasing the cells' vulnerability because the virus is believed to need both entry proteins to gain access to cells.

The research team looked at oral tissue samples from people with COVID-19 for evidence of infection, finding SARS-CoV-2 RNA was present in slightly more than half of the salivary glands collected from patients who had died. In salivary gland tissue from one of the people who had died and from a living person with severe COVID-19, they also found specific sequences of viral RNA that indicated cells were actively making new copies of the virus.

In people with mild or asymptomatic COVID-19, cells that shed from the mouth into saliva were found to contain RNA for SARS-CoV-2 and the entry proteins, indicating infected oral tissues appear to be a source of the virus in saliva. The scientists exposed saliva from eight people with asymptomatic COVID-19 to healthy cells grown in a dish, and saliva from two of the volunteers caused the healthy cells to become infected, showing it is possible for asymptomatic people to transmit the virus to others through saliva.

See STUDY, Page 12

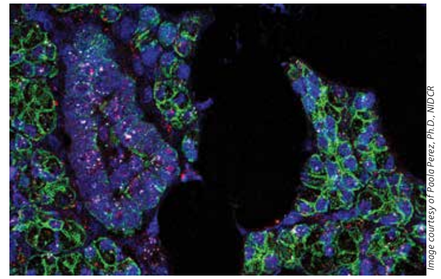


Image courtesy of Pablo Perez, Ph.D., NIDCR

Study: RNA for SARS-CoV-2 (pink) and the ACE2 receptor (white) was found in salivary gland cells, which are outlined in green.

April JADA finds curing lights inhibit gingival epithelial cell growth

BY MARY BETH VERSACI

Prolonged exposure to blue curing light slows the growth of gingival epithelial cells and may damage oral soft tissues, according to a study published in the April issue of The Journal of the American Dental Association.

The cover story, "Effects of Curing Lights on Human Gingival Epithelial Cell Proliferation," evaluated the performances of LED and quartz-tungsten-halogen curing lights, as well as the heat they generate, and measured the proliferation of human gingival epithelial cells under different light exposure conditions, including intensity, distance and exposure time.

The study found both LED and quartz-tungsten-halogen lights generated heat; however, the LED light generated less heat and could decrease curing time by two-thirds. When used for 18 seconds at a 6-millimeter distance, the LED light did not inhibit cell proliferation, but it did at longer exposure times. This effect increased as the exposure time increased. The quartz-tungsten-halogen light did not slow cell growth if the exposure time was less than 120 seconds.

"The study demonstrated that prolonged exposure to a blue curing light inhibits the proliferation of gingival epithelial cells in vitro," said Yanhui H. Zhang, Ph.D., corresponding author and associate professor in the department of bioscience research at the University of Tennessee Health Science Center College of Dentistry in Memphis. "It implies that in dental practices, a balance should be struck in consideration of curing time not only to cure the composites completely but also to minimize unnecessarily prolonged light exposure."

Because this was an in vitro study using cultured cells, the article advised that caution should be taken when interpreting the data in a clinical context. However, the study provided evidence that it is important for dental professionals to use an appropriate curing time specifically suited to their curing light unit and power output.

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

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

STUDY *continued from Page 11*

"Asymptomatic spread is the Achilles' heel of this pandemic, and we found the virus can be present in the saliva of asymptomatic individuals and also in the saliva of those who experienced changes to their taste/smell," Dr. Byrd said. "If changes to your taste/smell are your only symptom, it is still important for you to get a COVID-19 test and self-isolate for the good of your community."

The researchers collected saliva from a separate group of 35 NIH volunteers with mild or asymptomatic COVID-19 and found those who experienced symptoms were more likely to report a loss of taste and smell if they had virus in their saliva, suggesting oral infection could be the reason for oral symptoms.

The research also indicates the mouth could play a role in transmitting SARS-CoV-2 to the lungs or digestive system through saliva that contains the virus from infected oral cells.

"When infected saliva is swallowed or tiny particles of it are inhaled, we think it can potentially transmit SARS-CoV-2 further into our throats, our lungs or even our guts," Dr. Byrd said.

The study's findings will need to be confirmed in a larger group of people, and more research is needed to determine the exact nature of the mouth's involvement in SARS-CoV-2 infection and transmission inside and outside the body, according to the NIH news release.

"By revealing a potentially underappreciated role for the oral cavity in SARS-CoV-2 infection, our study could open up new investigative avenues leading to a better understanding of the course of infection and disease," Dr. Warner said. "Such information could also inform interventions to combat the virus and alleviate oral symptoms of COVID-19." ■

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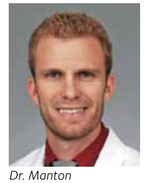
PRACTICE

Anesthesiologists allege Delta Dental doesn't credential them as specialists

SPECIALISTS WANT 'EQUAL PROTECTION, MORALLY AND LEGALLY'

BY DAVID BURGER


Dr. Hoffmann


Dr. Manton


Dr. Nassif


Dr. Orr

The National Commission on Recognition of Dental Specialties and Certifying Boards recognized anesthesiology as a dental specialty in 2019.

There is a problem, however, some anesthesiologists said.

The specialists allege that Delta Dental's inability to credential anesthesiologists appropriately as specialists minimizes their standing, training and experience, since anesthesiology requires unique knowledge and skills over a number of years beyond those commonly possessed by dental school graduates.

Beyond that, they said that not being treated to a specialty status by Delta Dental keeps their reimbursement levels low compared to other anesthesiology-providing specialists, affecting and even limiting their ability to treat certain patients.

Anesthesiologists simply want "equal protection, morally and legally," said Daniel Orr, D.D.S., Ph.D., M.D., J.D., retired director of anesthesiology and oral and maxillofacial surgery at the University of Nevada, Las Vegas School of Dental Medicine.

'ASKING FOR FAIR TREATMENT'

M. Cynthia Fukami, D.M.D., president of the American Society of Dentist Anesthesiologists, said that this has been a long-standing and ongoing issue for their patients, referring dentists and dental specialists.

"Discussing access to safe and cost-effective anesthesia services for many dental patients has historically been limited by the lack of credentialing as specialists and other seemingly arbitrary decisions by third-party carriers such as Delta Dental," Dr. Fukami said.

"Credentialing as a specialist by Delta Dental would be a step in the right direction to rectify a growing access problem," she said. "Acknowledgement by Delta Dental would not only allow dentist anesthesiologists to be credentialed correctly, but also to bill at an appropriate and equitable fee schedule. Lack of action by Delta not only poses a restriction on the practice of ADA specialists who are fully credentialed and certified, but more importantly inhibits the access to specialized care for the thousands of dental patients requiring such coverage."

Robert Nassif, D.M.D, a partner in an ambulatory anesthesia practice in Pittsburgh, said that his reimbursement levels from Delta Dental have not increased since he became a Delta Dental provider more than a decade ago.

"Delta Dental pretends not to understand," Dr. Nassif said. "No other carrier discriminates against us like Delta Dental. We're asking for fair treatment."

After anesthesiology was recognized in 2019 by the National Commission on Recognition of Dental Specialties and Certifying Boards, Dr. Nassif expected changes and more respect from Delta Dental.

"It was radio silence," he said.

'UNETHICAL, FALSE AND MISLEADING'

Jesse West Manton, D.D.S, assistant professor and dental/maxillofacial anesthesiologist in the department of oral & maxillofacial surgery at the University of the Pacific Arthur A. Dugoni School of Dentistry, said the individuals he has spoken with at Delta Dental of California do not seem to realize that his field has specialty recognition from the commission.

"Our manager of the billing department at our university told me that his efforts to register me with them as a specialist were met with being told that I would have to register as a general dentist," Dr. Manton said. "Upon cold-calling their provider concierge service via telephone, I spoke with a representative who told me the same thing. I requested to be escalated to a supervisor, who called me back the following day. I emphasized that registering as a general dentist is unacceptable as this is unethical, false and misleading. Registering as anything other than a dental anesthesiologist would be inaccurate."

Dr. Manton said that his university's clinic is a safety net for dental patients from underserved communities and accepts Denti-Cal

See SPECIALTY, Page 15

SPECIALTY *continued from Page 13*

and Delta Dental as its two participating insurance plans. He said Delta Dental insures a significant number of the university's patients who need an anesthesiologist's specialized care but cannot afford the fee-for-service cost that is typically charged.

"So that reimbursement is customary to the most highly specialized anesthesia providers in dentistry, we will encourage more dental schools and safety net clinics to hire anesthesiologists, thereby enhancing patient safety and reducing the insurance payer burden of hospital facility fees for operating room-based general anesthesia care for dental cases," Dr. Manton said. "This is a win-win-win, for everyone involved."

Anesthesiologists also expressed concern about what they are allowed to do as a Delta Dental provider. Dr. Fukami called Delta Dental's policy of a one-hour limit for deep sedation and general anesthesia services, regardless of the duration or complexity of planned dental treatment, "archaic" and poses a substantial barrier for care for patients.

One billed hour of anesthesia time may be sufficient for shorter procedures such as typical extractions in an oral surgery setting, but is usually insufficient for longer appointments involving multiple restorative needs or complex procedures, Dr. Fukami said.

"Many of our patients have significant dental needs as a result of long periods of neglect related to their behavioral, developmental or physical limitations. Dental treatment that eliminates pain, mitigates active infection, and restores function often takes much longer than one hour to complete. Current insurance reimbursement policies, such as Delta Dental's, promote unnecessary multiple appointments and increases the number of anesthesia exposures, which creates an avoidable risk for these compromised patients."

CHANGE SLOW IN COMING

Pennsylvania-based dental anesthesiologist Thomas Cwalina, D.M.D., echoed Dr. Manton's allegations that his Delta Dental representative disregarded his specialty.

"I tried to get credentialed as a dentist anesthesiologist with Delta Dental but my contact at Delta told me to erase my board's name from the application and to erase the alteration I made adding dental anesthesia as a specialty to my application," Dr. Cwalina said.

Michael Hoffmann, D.D.S, a dental anesthesiologist in St. Louis, said being credentialed as a specialty by Delta Dental has been a slow process.

"Our state is just now addressing how they are going to recognize the specialty," Dr. Hoffmann said. "We hope, that as a specialist, it will open doors to access for our patients."

He said that he has been a Delta Dental provider for more than three decades.

"However, recently it has been difficult because of the cuts they wish to make to our billing process," Dr. Hoffmann said.

Dr. Manton is perplexed by Delta Dental's apparent refusal to credential his specialty.

"If we can provide expert general anesthesia care for dental/maxillofacial surgical patients, for appropriately screened and selected patients, in a safe and efficient outpatient setting, for a fraction of the cost, with quicker scheduling and access, reduced impact on limited and stretched hospital resources, a reduced cost to insurance companies and equal or better patient and family satisfaction, why would Delta Dental not support us in making this important, just and ethical change?"

Several months have passed since the ADA first reached out to Delta Dental of California representatives to resolve the issue. Delta Dental declined to comment. ■

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New flyers help recruit allied dental professionals

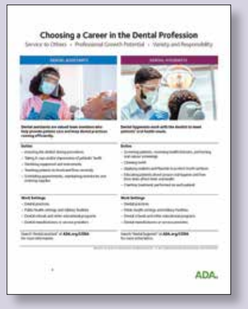
Recruiting the perfect dental team members has long been a challenge.

The ADA Council on Dental Practice has created two flyers meant to help address challenges practices across the country reported in finding, hiring and retaining qualified dental team members, such as dental assistants, dental hygienists, dental office managers and dental laboratory technicians.

Allison House, D.M.D., chair of the subcommittee on practice management for the ADA Council on Dental Practice, said that recruiting dental team members has been a challenge for practice owners before the COVID-19 pandemic and it continues to be a challenge for owners today.

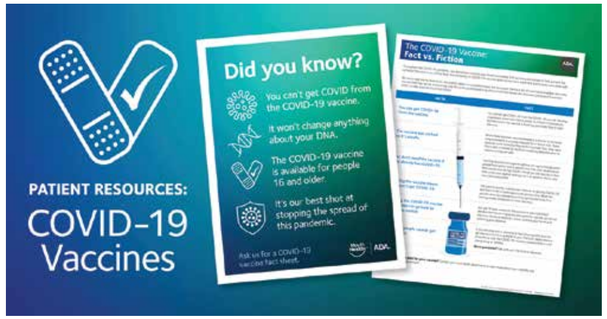
"The ADA has heard from our members about this challenge of raising awareness of the various allied dental-related employment opportunities," Dr. House said. "These flyers will help."

The flyers are meant to encourage people, primarily patients, to consider allied dental careers. Visit ADA.org/AlliedCareerFlyers to download. ■



ADA toolkit helps dentists discuss COVID-19 vaccine with patients

BY KIMBER SOLANA



"How was this vaccine developed so quickly?" "Is the vaccine safe and effective?" "I'm pregnant (or planning to be). Is it safe to get vaccinated?"

When patients ask these questions, dentists can have the answers. Responses to these commonly asked questions are among the resources available in the latest toolkit available to dentists in an effort to improve vaccine confidence, protect the public's health and end COVID-19.

The toolkit, Patient Return: Talking with Your Patients About COVID-19 Vaccines (ADA.org/vaccinetoolkit), includes the following information:

- Conversation starters, talking points and tips to help dentists bring up the subject of vaccination and ways to communicate with patients.
- What to share and not share regarding the dental team's vaccination status.
- Answers to frequently asked questions regarding the various COVID-19 vaccines.
- Downloadable in-office signs to display in waiting rooms, exam rooms and near the reception desk.
- Social media dos and don'ts.

In addition, the toolkit, which was published on March 2, includes two PDF tip sheets that separate the fact vs. fiction regarding the COVID-19 vaccine, and what research recommends to women who are pregnant or planning to start a family.

According to research from a February Associated Press poll, a third of U.S. adults are skeptical of the vaccine, with factors such as a person's age, where they live, their level of education, race and political affiliation impacting their decision.

The toolkit also reminds dentists to respect that patients' opinions vary and approach the conversation with empathy.

The Food and Drug Administration on Feb. 27 issued an emergency use authorization for Johnson & Johnson's COVID-19 vaccine — the first one-shot vaccine to be authorized for the prevention of COVID-19. The new vaccine was developed by Janssen, the pharmaceutical component of Johnson & Johnson. The FDA has previously granted emergency use authorization for the Pfizer-BioNTech and Moderna COVID-19 vaccines.

To download the Patient Return: Talking With Your Patients About COVID-19 Vaccines toolkit, visit ADA.org/vaccinetoolkit.

For key facts about COVID-19 vaccinations, the ADA has created a fact sheet for dentists and dental team members about the status and safety of COVID-19 vaccines. The Association also has posted a map of the United States with hyperlinks to state and local jurisdictions that contains population vaccination prioritization details, as well as the most current information about where dentists are authorized to administer the vaccine. ■

Codes concerning COVID-19 vaccine administration approved

COMMITTEE MEETS TO ADDRESS ANNUAL MAINTENANCE, IMMEDIATE REPORTING NEEDS PROMPTED BY PUBLIC HEALTH EMERGENCY

BY DAVID BURGER

In reaction to the ongoing COVID-19 public health emergency, the Code Maintenance Committee accepted and approved the inclusion of eight pandemic-related CDT procedure codes in CDT 2021 during its virtual annual session in March. Other CDT Code actions approved during the meeting will be effective in CDT 2022.

A suite of COVID-19 codes concerning vaccine administration were presented to and approved by the Code Maintenance Committee, the body that votes to accept, amend or decline requests to the CDT Code.

Dr. Markarian

"The ADA Council on Dental Benefit Programs recognizes the importance of supporting dentists' documentation needs and Centers for Medicare & Medicaid Services' interest in vaccination reporting by dentists," said Randall Markarian, D.M.D., council chair as well as chair of the Code Maintenance Committee. "Implementation of these public health emergency procedure codes should not be delayed."

Sharon Perlman, D.D.S., American Association of Public Health Dentistry committee representative, said the inclusion of the vaccination codes was important.

"This is a game-changer," she said.

A code for molecular diagnostic testing was also approved by the committee. The CDT Code already contains entries for documenting antigen and antibody testing, both prompted by the COVID-19 public health emergency and reflecting the committee's ability to address new techniques and procedures related to the pandemic.

The CDT Code is typically updated once a year and goes into effect on New Year's Day. However, the Code Maintenance Committee has the power to meet more often during special sessions (as it also did in 2020 for the antibody and antigen procedure codes) to address exceptional CDT Code documentation needs.

In all, the committee approved the addition of 16 new codes, six deletions and 13 revisions for the 2022 CDT Code.

Other changes of note made by the committee include:

- The addition of codes related to sleep apnea treatment for the first time. These actions fill a CDT Code documentation gap and encompass custom sleep apnea appliance fabrication and placement, appliance adjustment and appliance repair. Prior to this, any sleep apnea device procedure could only be documented with an "unspecified procedure by report" (a.k.a. 999) code.
- Revision of the Limited Orthodontic Treatment subcategory descriptor to clarify that there are only two types of orthodontic treatments – limited and comprehensive – and that the third type (interceptive) as currently seen in CDT should correctly be considered limited. The entire interceptive subcategory of service thus was deleted.
- The addition of codes regarding the placement and removal of temporary anchorage devices requiring a flap or without a flap. This action addresses a documentation gap arising from the current code entries that state the procedure includes device placement and removal. The gap now allows a dentist, for accurate patient record-keeping, to only report removal with a 999 code, which is not machine readable. The committee approved revisions to the existing codes to indicate that the procedures involve placement only; the newly created codes enable clear and unambiguous reporting of device removal.

The ADA Council on Dental Benefit Programs established its Code Maintenance Committee to ensure that all stakeholders have an active role in evaluating and voting on CDT Code changes. The committee is expected to arrive at decisions that are in the best interests of the profession, patients and third-party payers and administrators.

For more information on coding, visit ADA.org/en/publications/cdt/coding-education. ■

> **Implementation of these public health emergency procedure codes should not be delayed.**
>
> Randall Markarian, D.M.D.

NEW COVID-19-RELATED CODES:

- **D1701**: Pfizer-BioNTech COVID-19 vaccine administration – first dose.
- **D1702**: Pfizer-BioNTech COVID-19 vaccine administration – second dose.
- **D1703**: Moderna COVID-19 vaccine administration – first dose.
- **D1704**: Moderna COVID-19 vaccine administration – second dose
- **D1705**: AstraZeneca COVID-19 vaccine administration – first dose.
- **D1706**: AstraZeneca COVID-19 vaccine administration – second dose.
- **D1707**: Janssen (Johnson & Johnson) COVID-19 vaccine administration.
- **D0606**: Molecular testing for a public health related pathogen, including coronavirus.

Dental Insurance HUB

ADA-endorsed Bento seeks to help dentists hurdle over dental insurance hassles

BY DAVID BURGER

Editor's note: Dental Insurance Hub is a series aimed to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

Virtual credit cards.

Retroactive denials.

The paperwork and time-consuming burden of determining assignment of benefits.

All three problems associated with dental insurance can be eliminated with one simple solution, and that is why the ADA is excited to work with Bento, a dental benefits technology company.

The ADA has been working hard to solve insurance-related issues, and recent advocacy wins have helped improve transparency and competition in the dental insurance marketplace. The Association is also continuing to look for industry solutions that continue to ease administrative burdens for dentists and their practices.

In June 2020, the ADA announced its endorsement of Bento. Known for its advanced cloud-based solutions, Bento solves many of the biggest headaches experienced by dentists who participate in one or more dental insurance networks by connecting patients to practices with real-time data and direct payment information.

"Using new technology by companies such as Bento, dental practices can offer in-office dental plans directly to their patients, putting practices in control of fully customizable in-office plans that align with the needs of their practices and allow them to regain control of the dentist-patient relationship," said Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs.

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

bento

Landon Lemoine, vice president for growth at Bento, said that the COVID-19 pandemic has left millions of adults without dental benefits, as well as practices looking for a way to attract more patients and keep the ones who may be discouraged from returning on a regular basis.

There are no setup fees for any dentist to offer in-office plans using Bento's technology. Once a patient purchases an in-office plan, the patient will pay for the plan up front or in monthly installments. Bento deducts a flat fee per patient per month for each plan purchased in office.

ADA members who use Bento to offer in-office plans will save 20% off all per-patient per-month fees by entering their ADA member information in the Bento dentist portal when setting up their in-office plans.

Bento's platform also provides employers a way to establish self-funded PPO plans with negotiated fee schedules, and its technology is seen as a marked improvement over traditional dental benefit administration.

Bento allows employers to administer benefits, and it is able to work with all dentists regardless of the dentist's network status. One of the real time-savers for dental offices who use Bento is that eligibility and benefits verification are done in real time, and treatment plan decisions remain between the dentist and the patient. After the appointment is complete, dentists participating with Bento can initiate their electronic funds transfer payment with a single click and eliminate the cost of collections and chasing unpaid bills or the interference of payments issued by unwanted virtual credit cards.

Becoming a Bento dentist is free. Dentists ready to start the process can visit bento.net/dentist-signup to provide some basic information about their practice, review the fee schedule tiers and more. Setup takes minutes, and the practice will be up and running with Bento within two business days.

The ADA is working to support members by providing valuable educational ready-to-use resources — such as recorded webinars and in-depth FAQs — on innovative dental insurance solutions such as Bento. Downloadable Bento resources, including the new in-office plans toolkit and webinar for office managers, are available at ADA.org/Bento.

Dentists may also contact Bento directly to request a live product demo at 1-800-734-8484 or email at smile@bento.net.

The ADA has a new online hub for dental insurance information at ADA.org/dentalinsurance. ■

—burgerd@ada.org

VIEWPOINT

My View

Why diversity in dentistry matters — and how you can help

BY LAILA HISHAW, D.D.S.

When I earned my degree in dentistry, I was one of only a handful of students of color in my graduating class. That was 20 years ago.

Diversity in my chosen field rose to the top of my mind again recently, when I came across this statistic from the ADA Health Policy Institute[1] that said, "Only 3.8% of all dentists in the U.S. are Black, only 5.2% are Hispanic and a mere 1.1% are American Indians, Alaska Natives or Pacific Islanders."

I was shocked by these numbers. It has been two decades since I graduated from dental school, yet it is as if nothing has changed. I felt I had to do something to help students of diverse backgrounds see dentistry as a profession that is available to them. I put out an informal post on my personal Facebook page. I shared the statistic in bold letters and wrote, "According to the American Dental Association, 3.8% of all dentists are Black. We need to raise that number! Whose kid may I mentor?"

The response was overwhelming. People were commenting, sharing and tagging their friends.

"Can you mentor my niece?"

"Can you speak to my granddaughter?"

"My son wants to go into medicine. Do you think dentistry would be right for him?"

I realized that if we really want to see a change via increased representation in dentistry, it is too late if we wait until students are in college. They have either made up their minds or have taken subjects that have already put them on a different curriculum path.

An idea sparked in me to develop a Facebook community to share resources, provide guidance and mentoring, and named it Diversity in Dentistry Mentorships. When it comes to the future of dentistry, we need to help young people realize their potential. We need to guide them, inspire them and show them professionals and community leaders who look like them.

Why diversity in dentistry matters

Studies show that minority patients are more likely to visit medical professionals from their own communities. Without dentists of color, minority groups often go without the dental care they need.

Much of this has to do with cultural understanding and trust — or lack thereof. Regaining the trust from Black communities, particularly in older populations, is necessary due to the historical unethical betrayal by government agencies. One example of this is the Tuskegee Syphilis Study.[2] (From 1932–1972, the U.S. Public Health Service conducted a study of the effects of untreated syphilis in Black men in Macon County, Alabama, according to the Centers for Disease Control and Prevention. Researchers recruited nearly 400 men with late latent syphilis and studied them. According to a CDC FAQ, the study "became unethical in the 1940s when penicillin became the recommended drug for treatment of syphilis and researchers did not offer it to the subjects." Because of this study, federally supported studies using human subjects now must be reviewed by Institutional Review Boards and researchers now must get voluntary informed consent from all persons taking part in studies.)

Patients in diverse communities may also face challenges that do not affect other demographics or those with better resources and greater privilege. A patient might need to take three different buses to their appointment if there is no dentist in their area, or a language barrier might result in miscommunication about dental hygiene or what a patient can eat or drink before a dental surgery.

Minorities are also more at risk for oral health problems. The CDC show that African Americans and Hispanics have significantly greater rates of untreated cavities and tooth loss than non-Hispanic whites.

If more communities had dental professionals who looked like them, would they be more willing and able to access the dental care they need? I believe so. That is why I am passionate about educating young people of diverse backgrounds about careers in dentistry and why I feel compelled to share this issue with my colleagues of all backgrounds.

Representation makes a difference

I firmly believe that representation matters. Consider Kamala Harris, the first female U.S. vice president who also happens to be Black and of Asian descent. She is a role model to young people everywhere, especially girls and young people of color. Someone who looks like them has achieved one of the highest offices in the country.

When young people see that, it can spark inspiration and unbridled ambition. I have witnessed it firsthand. I remember one day in my busy pediatric dental practice when I caught a glimpse of my new patient coming through the door. She was a wide-eyed 4-year-old, clinging tightly to her mother's leg, clearly timid about what to expect at the dentist. Her mom pointed to all the "big kids" in the dental chairs, and, as I washed my hands, I overheard her say, "And that's your dentist, Dr. Hishaw." With that cue, I turned and knelt to greet my young patient face to face. She studied me for a moment before smiling the biggest smile and saying, "You have curls just like me!"

For this young Black girl, seeing a dentist who looked like her — with tight, kinky curls pulled back in a ponytail — set her at ease and established a natural connection. It showed her that there are people like her in the world of dentistry. For all we know, it gave her a vision of what she could be one day.

Where to go from here

My vision for Diversity in Dentistry Mentorships is to mentor minority young people and help them see dentistry as a career option. Many young people do not have professionals in their lives they can look up to. No one lights the way by advising them on which subjects to take. Dentistry may not even be on their radar. Less than 15% of dental students come from underrepresented backgrounds, according to 2019 data from ADEA.[3]

Helping these young people by offering connections and conversations with existing leaders in dentistry can make such a difference. There are many barriers to entry, be it systemic racism, lack of awareness of career paths, lack of mentorship or financial insecurity. Dental school applications alone can be as much as $410 if you apply to just two schools. Many prospective students cannot afford to apply to multiple institutions, and consequently, their chances of admission fall well below those with greater financial resources.

One of the ways we plan to reach young people is through partnerships with the nonprofit, U.S. Dream Academy, a national afterschool mentoring program for at-risk youth founded by Wintley Phipps and supported by luminaries such as Oprah Winfrey and Gen. Colin Powell. We have partnered with them and have recently completed a five-week virtual mentoring program. It has been a great success and very poignant. When I asked how many of the kids had met a Black doctor, only one out of the class of 10 raised their hand. Reaching children early is a key factor in steering them towards meaningful vocations. It allows them to dream and really envision the possibilities.

The other pillar of Diversity in Dentistry Mentorships focuses on predental students — young people who are already interested in dentistry but who could really use a guiding voice. Minority students often feel a constant burden to prove they are worthy of being in the field and many young people of color do not have role models to help them feel represented.

How you can help

The way I see it, positive mentoring offers a solution to the disproportionate number of Black, Hispanic, American Indian, Alaska Native or Pacific Islander dentists. We need to strengthen and lengthen the pipeline, starting earlier to show them how to dream.

Diversity in Dentistry Mentorships is currently made possible by volunteers alone. Our grassroots efforts are taking shape, but we need more help. Mentors come from all backgrounds, and you do not have to be a minority to be a mentor. We have connections with many young people just waiting to hear from professionals in the dental field willing to volunteer their time, share their stories and guide them to success.

Mentoring can bring about meaningful connections to the community, which is exceptionally rewarding for both parties. Mentoring also helps young people feel seen and heard. It helps them know that they matter and that they have a voice.

Our mentors help by staying in contact via video chats, calls and text messages to mentees and providing guidance on which classes to take, reviewing their personal statement, how to get involved in leadership opportunities in school, and so much more. Sign up to be a mentor at https://diversitydentistry.org.[4]

If you do not have the time, consider donating financially to the organization. We have purchased DAT Prep resources and want to provide more relief to students facing financial barriers. In 2021, Diversity in Dentistry Mentorships Inc. became a 501(c)(3) organization. This designation allows us to amplify our voice with more credibility and ultimately reach more potential mentors and donors. Plus, all donations are now tax-deductible. To donate to Diversity in Dentistry Mentorships, visit PayPal.[5]

I envision Diversity in Dentistry Mentorships growing through scholarships, donations, workshops, youth summits and more. This is only the beginning, but every person we impact matters. If we can increase the dental school applicant pool of underrepresented students, surely the faces of dentistry will reflect that of our nation's ever-increasing diversity. I do not know whether that young, curly-haired patient of mine will become a dentist one day. I hope she will consider it. Regardless, I am sure she will never forget how it felt to see a Black female dentist who looked just like her. Hopefully, that type of representation makes a difference in how she views her opportunities for the future.

Dr. Hishaw is a pediatric dentist and fellow of the American Academy of Pediatric Dentistry who practices in Tucson, Arizona.

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5. To donate via PayPal: https://www.paypal.com/paypalme/diversityindentistry?locale.x=en_US.

EDUCATION

Women make up growing percentage of dental workforce

HPI data show proportion of dentists who are women increased from 24.1% in 2010 to 34.5% in 2020

BY MARY BETH VERSACI

The percentage of dentists who are women is growing, a trend that mirrors the makeup of dental schools and the general workforce.

"Dental school enrollment is now 50-50 gender split, so that is the main reason why we are seeing more dentists who are women in the workforce," said Marko Vujicic, Ph.D., chief economist and vice president of the American Dental Association Health Policy Institute. "The gender shift is not unique to dentistry at all. In fact, the majority of the U.S. labor force is now women."

Data from the Health Policy Institute show the percentage of dental school graduates who are women grew from 46% to 50.6% between 2009 and 2019 and the percentage of dentists in the workforce who are women grew from 24.1% to 34.5% between 2010 and 2020.

The workforce increase is expected to continue for several more years, based on the growth seen in female dental school graduates, according to HPI.

"We are going to see a steady increase in women in dentistry," Dr. Vujicic said. "HPI predicts the dentist workforce will reach gender parity by 2040."

The ADA is addressing the growing diversity of the dental workforce in several ways. The ADA Institute for Diversity in Leadership aims to enhance the leadership skills of dentists who belong to racial, ethnic or gender backgrounds that have been traditionally underrepresented in leadership roles. The ADA Accelerator Series also provides financial, leadership, self-care, and work and life tools to help dentists, particularly dentists who are women, move their careers forward.

At the local level, the Association partnered with Dallas County Dental Society and Procter & Gamble to launch the grassroots leadership program Pathways to Community, which prepares and empowers female dentists to create their own communities and advance the success of women in dentistry.

"The future of the dental profession depends on how well and how fast we prepare dentists who are women for leadership roles to carry the ADA forward as women become the majority of the profession," ADA Executive Director Kathleen T. O'Loughlin, D.M.D., said. "The challenges are many — health equity, access to care, diversity within the profession to meet the needs of our communities, the cost of higher dental education and the social determinants of health that prevent our citizens from receiving the care they need and want. The speed of societal transformation is accelerating, and we are running out of time."

The ADA's 2020-2025 Diversity and Inclusion Plan, adopted in 2019, presents a framework for elevating the Association's diversity and inclusion efforts, as well as opportunities for measuring progress and results.

HPI data suggest the growing percentage of dentists who are women will have important implications for dental practice, Dr. Vujicic said.

"For example, the research shows that, all else equal, dentists who are women are less likely to own a practice, more likely to be in dental service organizations and more likely to treat Medicaid patients," he said. "They also earn less, even after adjusting for specialty and hours worked."

For more data from HPI, go to ADA.org/HPI. To learn about the ADA's efforts surrounding diversity and inclusion, visit ADA.org/about-the-ada/diversity-and-inclusion. ■

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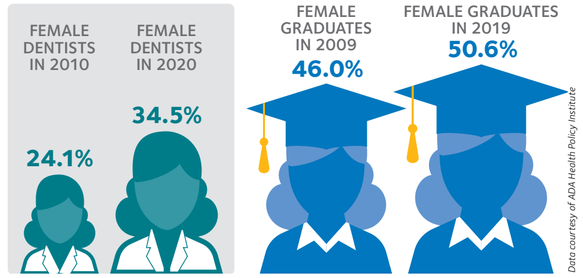

Women in the workforce: The percentage of dentists who are women is growing, reflecting the gender parity now seen in dental school graduates.

ACCESS TO CARE

CDHC *continued from Page 1*

and manage cases; build bridges from the community to the dental clinic by addressing social determinants of health; improve continuity of care; resolve barriers to care such as transportation, housing and language; and enhance the health literacy of patients. They often serve the same communities where they come from and live.

The ADA invested more than $7 million in the CDHC pilot program when it began. In 2010, that funding was bolstered by Henry Schein Cares, the charitable arm of Henry Schein, which donated about $860,000 in equipment to support CDHC students' education and training.

"Henry Schein has been pleased to partner with the ADA in supporting the CDHC program," said Stanley M. Bergman, chairman of the board and CEO of Henry Schein. "Through grantmaking for the purchase of computers and equipment, we've enabled approximately 100 community-based candidates to more effectively deliver oral health information and preventive services to underserved areas."

Steven W. Kess, vice president of global professional relations for Henry Schein and honorary member of the ADA, said the CDHC program expands the dental workforce with a long-term goal of helping to meet the ADA's benchmarks for improved access to care and increased resources available to patients.

"Providing oral health literacy for at-risk and underserved populations will improve the appreciation, and recognition, of good oral health, as well as facilitate increased patient visits for regular preventive care," Mr. Kess said. "The CDHC program positively advances each component of this effort."

In October 2010, the first class of 10 CDHC students completed training and began working in urban and rural federally qualified health centers, Indian Health Service facilities and other settings. The eight students in the second CDHC class completed their training in the fall of 2011, followed by 16 students who graduated the following year.

The ADA, through the ADA Council on Advocacy for Access and Prevention, is currently providing technical assistance to 19 educational institutions with a graduate population of more than 600 over the years. Forty-seven states have either a CDHC school program, a graduate of the program or a student in the program.

STATES AS ADOPTERS

One of the newer states to feature a CDHC program is Hawaii. In August 2020, Kapiolani Community College, part of the University of Hawaii system, finished up its inaugural Community Dental Health Coordinator course, the first of its kind in the state.

The program's goal was to empower the students — seven dental hygienists and two dental assistants — so that they could proactively help community members, communities and dental health care systems in Oahu and the neighboring islands achieve positive outcomes in overall health status for children and adults.

"According to a recent report by Aloha United Way, Hawaii has a disproportionate number of people living at or below the poverty line, including employed people who struggle to meet Hawaii's high cost of living," said Kim Nguyen, executive director of the Hawaii Dental Association. "The CDHC program is intended to connect community members, especially those in economically disadvantaged communities, with needed resources and services, including health care. We know that the CDHCs are poised to emphasize managing the importance of oral health within a family's health care needs. They can do so in a way that is reflective of Hawaii's culture."

Thousands of miles from Hawaii, the CDHC program at Big Sandy Community & Technical College — as well as patients throughout central Appalachia — will benefit from a grant funding the school's new East Kentucky Oral Health Training Center, the new home of its CDHC program.

Sherry Zylka, Ed.D., president and CEO of Big Sandy Community & Technical College, said, "The community dental health coordinator program is a significant boon to oral health education in central Appalachia. The genius of the CDHC program lies in its graduates who are already culturally connected with their communities."

Another big believer in the power of CDHCs is Holly Plemons, SMILE ON 60+ senior program director in Nashville. The SMILE ON 60+ team, as part of a statewide initiative, embarked on a program in 2019 to educate 1,200 older adults on the importance of oral health and how to care for their mouth.

"The education and training part of this goal was exceeded due to stellar work by the CDHCs," Ms. Plemons said. "Using their skills in community mapping and networking, [the program] resulted in 2,685 reaching the education and training goal, more than doubling the expectation."

Ms. Plemons said that CDHCs are the "missing link."

"The pandemic brought laser focus on those we were not reaching with our services at all," she said. "It forced us to think of new ways to reach people. Older adults, among many other vulnerable population groups, need assistance to overcome the social determinants that kept them from accessing care. The barriers are not only financial, they are also transportation, health literacy, technology and trust, among others. Removing barriers and providing resources to successfully navigate older adults to care is a key piece, and a piece not well done by other providers, nor cost-effective."

Future smiles: Community dental health coordinator Xochitl Flores helps Clark County, Nevada, school children and families enroll in Medicaid.

MULTICULTURAL IMPACT

The rapid spread of the program even attracted notice in Ireland. Dr. Siobhan Murray and her fellow Irish dentist, Dr. Nuala Carney, enrolled in the Catawba Valley Community College's Community Dental Health Coordinator course in North Carolina to see how the program could improve the oral health of patients back on the Emerald Isle. They said a similar program didn't exist in Ireland.

Reaching out to the entire community, a key part of the CDHC graduate's toolkit, has expanded to ensuring that the curriculum is accessible for Spanish-speaking CDHCs and their audiences. Claudia A. Serna, D.D.S., Ph.D., an assistant professor of public health at the Nova Southeastern University Dr. Kiran C. Patel College Of Osteopathic Medicine in Florida, said that ADA President-elect Cesar Sabates, D.D.S., introduced her to the CDHC program in early 2015, and by July 2015, she started to teach the program in a community college in Miami.

"In order to enhance the program, I decided to teach the program simultaneously in both English and Spanish as 90% of the students in the Florida cohort were Spanish-speaking," Dr. Serna said. "Based on this experience, the ADA decided that it would be important to translate the entire curriculum and have it available to students."

Dr. Wakim is so impressed with his experience with CDHCs that his New Jersey health center recently signed a licensing agreement with the ADA to launch a CDHC training center in the Northeast.

"The cost savings to the system by having patients access the right care, at the right time, will be tremendous," Dr. Wakim said. "The potential for connecting patients seeking dental care to needed medical care and vice versa, as well as those seeking dental care at the emergency room to dental homes, will enhance interventions across the health care spectrum. Dentists can be using their chair time for treating patients while CDHCs help patients navigate the system. This is a model that more practices across New Jersey and the Northeast will be able to pursue by training a staff member to become a CDHC."

For more information about the ADA's CDHC program, visit ADA.org/CDHC. ■

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VIEWPOINT

Letters

REP. PAUL GOSAR

I am writing to express my deep concerns about the ADA's political and financial support of U.S. Congressional Representative Paul Gosar, D.D.S., R-Ariz.

While we can and should have differing opinions about policy and how best to govern our country, I believe he has now clearly crossed the line from differing viewpoint to dangerously offensive.

The ADA needs to, and should continue to, support dentists currently seated as well as those running for Congress to ensure our health care interests are heard and understood. These representatives should, in turn, represent our profession through their words and actions with integrity, dignity, compassion and understanding, working to solve problems by doing no harm; exactly like we strive to do in practice for our patients. Such behavior fosters a positive public impression and builds trust among those we care for and about. We dismay at the erosion of public trust in our profession every time the actions of one of our own causes harm to someone and thereby causes us as a whole to be questioned.

Dr. Gosar is hurting all of us. He no longer represents our profession with the integrity and class we expect and the public deserves. This is not about differences of opinion on policy or a debate on how best to improve our beautiful nation, but a continued, consistent lack of judgment that is embarrassing and destructive. I hope you will ask yourselves, "Is this the face of dentistry that I would be comfortable displaying for my family, friends and patients to see?" One action is excusable as an error in judgment and does not represent the whole. Dr. Gosar has shown a pattern of poor judgment that demonstrates at best, a lack of understanding and at worst, a willful attack on those undeserving.

Integrity is at the heart of what and whom we strive to be. With it, anything is possible. Without it, nothing is. ADPAC and the ADA need to take a stand for what is right and withdraw all support for Rep. Gosar. I will no longer contribute to ADPAC until we restore our highest standards for all who represent us.

David J. Dowsett, D.M.D.
Portland, Oregon

Editor's note from ADA President Daniel J. Klemmedson, D.D.S., M.D.: Thank you for taking time to share your opinion. These are difficult times for our nation, and this matter weighs heavily on me. You've referenced "integrity" several times in your letter. Integrity is one of the ADA's seven core values along with commitment to members, excellence, commitment to improved oral health, science and evidence-based, diversity and inclusivity.

The ADA Political Action Committee is a bipartisan political action committee that supports issues pertaining to the patients, practice, and profession of dentistry. The ADA's active participation in the political process is essential for the advancement of dentistry and promotes legislation that benefits the dental profession and its patients. ADPAC is currently reviewing criteria to determine the ADA's future priorities and guidelines for contributions to lawmakers. ADPAC will then submit a report, which the ADA Board of Trustees will discuss during their April 11-13 meeting.

In the meantime, I welcome all members to share their opinions on this matter, just as you have done.

Study: Medicaid dental coverage helps enrollees seek new jobs, do better at the ones they have

BY DAVID BURGER
Ann Arbor, Mich.

A University of Michigan study suggests that Medicaid's dental coverage has improved enrollees' health in ways that have helped them seek a new job or do better at the one they have.

The study, published in the Journal of Public Health Dentistry by a team from the University of Michigan Institute for Healthcare Policy and Innovation, focused on the impact of dental coverage offered through Michigan's Medicaid expansion, known as the Healthy Michigan Plan.

The university's researchers used a survey and interviews to assess the impact of this coverage on the health and lives of low-income people who enrolled in Medicaid.

"Many enrollees spoke passionately and sometimes joyously about how having dental benefits had changed, and in some cases, saved their lives," said Edith Kieffer, Ph.D., lead author of the study and professor emeritus at the University of Michigan School of Social Work. "Some were able to access dental care for the first time ever, or in many years, because of this coverage. The role of getting dentures in literally changing lives was a revelation."

In all, 60% of the 4,090 enrollees had visited a dentist at least once since enrolling in the Healthy Michigan Plan a year or two earlier, which the researchers verified with state records. Among those who saw a dentist in that time, 57% said their oral health had improved since enrolling.

The percentage who reported better oral health was even higher among Black respondents and those who said they'd been uninsured for a year or more before getting covered.

Half of the respondents had jobs or were self-employed, though their incomes were low enough to qualify for the Healthy Michigan Plan — about $15,600 for an individual during the time studied.

Of those who had jobs and reported improved oral health, 76% said that their Healthy Michigan Plan coverage had helped them do a better job at work, compared to 65% of those who had jobs but hadn't experienced improvements in oral health.

Meanwhile, 60% of the unemployed people who said their oral health had improved credited their coverage with helping them look for a job.

The Healthy Michigan Plan includes basic dental care coverage such as cleanings, fillings, X-rays and dentures, and is open to people making up to 133% of the federal poverty level.

Enrollment has grown to more than 895,000, showing the need for programs such as the Healthy Michigan Plan, Dr. Kieffer said.

"More than 700,000 Michigan residents have contracted COVID-19 with the resulting health impacts of the disease, and the social and economic impacts of quarantine, job and wage loss," she said. "More than 17,000 people have died and thousands of survivors are suffering longer term health effects."

Some enrollees mentioned that previously they had turned to hospital emergency departments for urgent dental needs. The study's authors noted that Medicaid coverage in Michigan improves patients' access to primary health care as well as basic dental care. In both settings, providers can identify patients at risk of oral health problems and suggest treatments for problems so they can be addressed before they worsen.

Study co-author Romesh Nalliah, B.D.S., professor at the university's school of dentistry, said that the inclusion of adult dental coverage in Medicaid and other plans could help reduce the disparities in oral health that he and others have documented.

In 2019, Dr. Nalliah and colleagues published data showing that while the oral health gap between Black and white Americans had narrowed between 1999 and 2014 — the year before Medicaid expansion took effect under the Affordable Care Act — there were still disparities in dental visits and tooth loss due to caries and gum disease.

"We concluded that although there seems to be evidence of equality, equity still eludes us," Dr. Nalliah said.

Ultimately, oral health has important influences on people's overall health, Dr. Kieffer said, especially those who are low income.

"Oral infections, abscesses, ulcerations and inflammation from periodontal disease are important components of overall health, affecting multiple body systems and functioning," she said. "There is evidence that poor oral health influences diabetes, cardiovascular disease, coronary artery disease and pregnancy-related risks. Poor condition of the teeth and gums affects nutritional adequacy, and mental health due to embarrassment, anxiety and reduced social interaction and self-esteem. Pain disrupts sleep and other aspects of physical and emotional well-being. Good oral health promotes overall physical and mental health." ■

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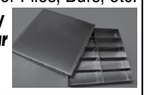
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AROUND THE ADA

Children's Airway event to address how myofunctional therapy can help kids breathe better

Registration open for April 22-23 course

BY MARY BETH VERSACI

The American Dental Association's next Children's Airway event, scheduled to take place virtually April 22-23, will cover new content focused on myofunctional therapy, which addresses the improper function of the tongue and facial muscles.

Connecting to Better Health: Myofunctional Therapy and Behavior Skills will help participants understand the critical role of dentists in the early identification of orofacial myofunctional disorders; screen for and identify the clinical signs of mouth breathing, mentalis strain, tongue-tie, tonsil hypertrophy, dental wear and narrow maxilla as risk factors for sleep-disordered breathing among young patients; and recognize the strengths and limitations of current treatment paradigms and help influence the direction for future research.

The course is appropriate for people who are new to the topic, as well as those who have attended a Children's Airway event in the past. It will be led by Steve Carstensen, D.D.S., a world leader in sleep-related breathing disorders.

The other speakers include Carla Damon, D.D.S., and Loria Nahatis, D.D.S., co-founders of Beyond Pediatric Dentistry in Dallas; Sharon Moore, a speech pathologist with a private practice in Australia; Leyli Norouz-Knutsen, co-founder and managing director of The Breathe Institute; and Soroush Zaghi, M.D., medical director of The Breathe Institute.


Dr. Carstensen

"Our course is focused on what to do, what to say and whom to work with to help kids make every breath their best," Dr. Carstensen said. "Along with practical education, our specialists will give practicing dentists the opportunity to improve our profession with clinical research. Each of us can be part of changing the health future for children in their practice."

Supported by platinum sponsor HealthyStart and premium sponsor ASAP Pathway, the event will take place from 6:30-9:15 p.m. CDT April 22 and from 8:30 a.m.-5 p.m. CDT April 23. It is worth 7.5 continuing education credits.

The course is $399 for member dentists and other health care professionals, $139 for dental team members and students, and $499 for nonmember dentists.

Attendees will have the opportunity to contribute to The Breathe Outlook, an effort by The Breathe Institute and the American Academy of Physiological Medicine & Dentistry to gather data from everyday clinicians to support changing how children's breathing is assessed and treated.

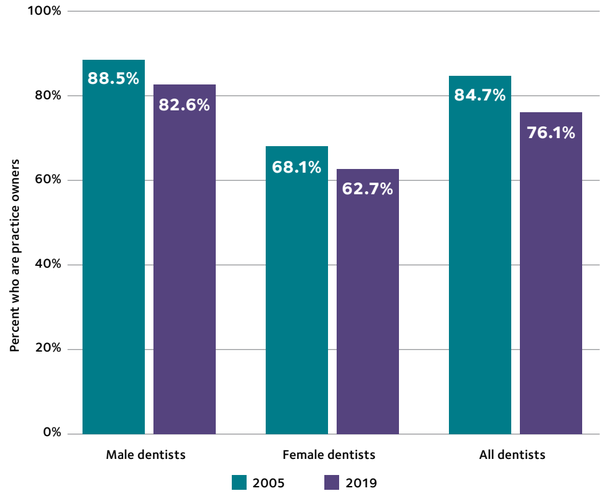
Learn more and register at ADA.org. ■

—versacim@ada.org

HPI CORNER

Practice ownership by gender

Between 2005 and 2019, practice ownership declined among all U.S. dentists in private practice by 8.6 percentage points. Male dentists experienced a slightly larger decline (5.9 percentage points) than female dentists (5.4 percentage points). Overall, about 3 out of 4 dentists in private practice are owners.



Source: ADA Health Policy Institute Infographic, "Practice Ownership is Declining." Available at: ADA.org/en/science-research/health-policy-institute/publications/infographics.

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SmileCon chair: Reimagined experience takes annual meeting to 'the next level'

BY MARY BETH VERSACI

Dentists will have plenty of opportunities to meet, play, learn and smile during the American Dental Association's revamped annual meeting, SmileCon, scheduled for Oct. 11-13 at Mandalay Bay Resort and Casino in Las Vegas.

"Focusing on meet, play and learn provides the foundation for a meeting like none other in dentistry," said H. Charles McKelvey, D.D.S., 2021 meeting chair. "Our attendees will help to write the next chapter of dentistry and celebrate our past accomplishments."

SmileCon will be built around participants, offering them the chance to meet not only with friends, classmates and colleagues, but also with dental leaders and speakers. With an event site like Las Vegas, attendees can enjoy a variety of activities, from visiting the Mandalay Bay casino to participating in planned social events to exploring nature. Continuing education courses will focus on four main themes: science and technology, the business of dentistry, art and design, and the common good.

Dr. McKelvey

"SmileCon will take the ADA's annual meeting to the next level," Dr. McKelvey said. "There will be no shortage of opportunities for our attendees to meet and learn from the best."

The meeting chair recently discussed what SmileCon has in store for its attendees with the ADA News.

ADA News: What can those who attend SmileCon expect from their experience, whether they participate in person or virtually?

Dr. McKelvey: I would say that attendees should expect the unexpected. SmileCon will be both an in-person and virtual experience. Dentists will be able to see what's new in dentistry, hear from top experts and connect with their dental community as they experience a streamlined course schedule, reinvented exhibit hall, new learning formats and fun activities to help them unwind. We are putting as much energy and thought into our virtual meeting as well. SmileCon will be different from dental meetings of late. Both our opening and closing sessions will be broadcast live. We will have a master of ceremonies kicking off this new meeting with an exciting new lineup. Each day, we will have a roving camera crew at Mandalay Bay broadcasting in real time to our virtual SmileCon attendees. SmileCon virtual will be an extension of the face-to-face meeting that will give attendees a glimpse into the live meeting and an opportunity to earn some CE. We will have unique CE for our virtual participants and interviews with trusted and up-and-coming experts in dentistry.

ADA News: How will SmileCon help to foster a sense of community among dental professionals following what has been a difficult and sometimes isolating time during the pandemic?

Dr. McKelvey: The ADA and the SmileCon team recognize the impact that COVID-19 has had on our dental community. It has challenged us and made us stronger, more resilient and adaptable. As someone said, "When we get back to normal, I hope we don't get back to normal." We feel that SmileCon will be the incubator for dentistry's future. New ideas, new approaches. Our industry has a strong foundation that has come out stronger, but we all agree that the future of health care is changing, and SmileCon will be the venue for such a change and transformation.

ADA News: What is new about the CE being offered at SmileCon? Is there anything in particular that excites you?

Dr. McKelvey: This is going to be different. We will now be offering new learning formats, including presentations; experiences and conversations; and hands-on, engaged learning. We have transformed our exhibit hall into Dental Central — a place not only to buy but also to learn and engage with peers and experts. Dental Central has been completely redesigned. It is not your father's or mother's exhibit hall. Also, in addition to our CE themes of science and technology, the business of dentistry, and art and design, we will be integrating a focus on the common good into all aspects of the meeting. We will step back to see who we are and what we have to offer our colleagues and communities. Service opportunities will be highlighted and experienced both at SmileCon and in the Las Vegas community.

For more information about the meeting, visit SmileCon.org. Registration will open June 23. ■

10 Under 10 Awards

NEW DENTISTS HONORED FOR THEIR WORK IN ADVOCACY, LEADERSHIP, PHILANTHROPY, EDUCATION

BY KIMBER SOLANA

Future: The 2021 10 Under 10 Award recipients are: (top, from left) Drs. Amber Ather, Carsen Bentley, Sampada Deshpande, Eleanor Fleming and Emily Hahn; (bottom, from left) Drs. Erinne Kennedy, Megan Lenahan, Amrita Rohit Patel, Katie Stuchlik and Caroline Zeller.

The associate dental director of the Indian Health Service's Native American Health Center in San Francisco. A Houston-based dental practice owner who has raised over $10,000 for the Alzheimer's Association. And a dental epidemiologist at the Centers for Disease Control and Prevention.

The ADA announced March 16 the recipients of its annual 10 Under 10 Awards, which recognizes 10 new dentists who demonstrate excellence early in their careers.

Selected by the ADA New Dentist Committee from about 80 nominations, the recipients represent the future of the dental profession, said Alex Mellion, D.M.D., chair of the Subcommittee on New Dentist Engagement, which recommended the winners. Nominees and winners had to be active ADA members who graduated between 2011 and 2020.

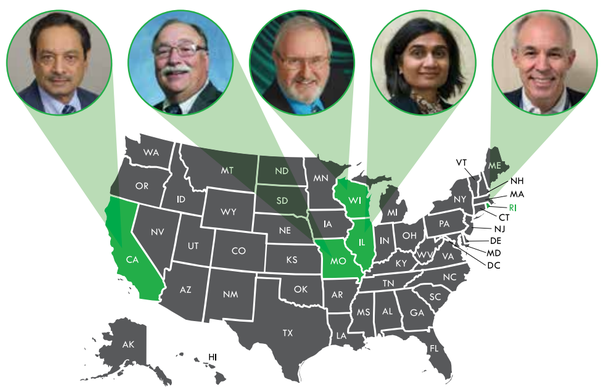
The winners were chosen for making a difference in science, research and education; practice excellence; philanthropy; leadership; and advocacy. The 10 Under 10 Award recipients are:

- Amber Ather, D.D.S., of San Antonio. Dr. Ather's colleagues fondly refer to him as "Google" for his in-depth knowledge of the clinical sciences. In 2020, he was among the authors of the study "Coronavirus Disease 19 (COVID-19): Implications for Clinical Dental Care," published in the Journal of Endodontics. Dr. Ather, a clinical faculty member at the University of Texas Health Science Center at San Antonio, also received a $20,000 grant from the American Association of Endodontics Foundation for Endodontics to investigate the effect of dexamethasone in vital pulp therapies.
- Carsen Bentley, D.D.S., of San Francisco. Dr. Bentley has served as associate dental director at San Francisco's Native American Health Center, where he implemented the Every Day Connect program, which helps fabricate dentures for those experiencing homelessness. A private practice owner, Dr. Bentley is also an attending faculty at the special care clinic at the University of the Pacific Arthur A. Dugoni School of Dentistry.
- Sampada Deshpande, D.D.S., of Seattle. Dr. Deshpande is the founder and president of the New Dentist Business Club, which provides interactive education to new dentists in all practice modalities in Seattle. A general dentist, Dr. Deshpande recruits speakers and mentors for new dentists to learn more about practice management and regulatory process in the profession.
- Eleanor Fleming, D.D.S., Ph.D., of Nashville, Tennessee. Dr. Fleming is a director at the Center for Educational Development and Support at Meharry College and an associate professor at its dental school's department of dental public health. Previously, Dr. Fleming spent nine years as a dental epidemiologist at the CDC as a commissioned officer in the U.S. Public Health Service to oversee the oral health component of the National Health and Nutrition Examination Survey at the National Center for Health Statistics.
- Emily Hahn, D.D.S., of St. Louis. Dr. Hahn is the owner of Skyview Pediatric Dentistry and a pediatric dentist at the St. Louis Children's Hospital. She holds leadership roles with the Greater St. Louis Dental Society, the board of directors for the West County District, the Missouri Academy of Pediatric Dentistry and the Missouri Dental Association. Dr. Hahn also works with the Special Olympics as the Missouri Special Smiles clinical director.
- Erinne Kennedy, D.M.D., of Joplin, Missouri. Dr. Kennedy aims to continue to integrate public health work into dental education. She serves as an assistant professor and director of pre-doctoral education at Kansas City University's College of Dental Medicine. She is a part-time lecturer in the oral health policy and epidemiology department at Harvard University School of Dental Medicine.
- Megan Lenahan, D.D.S., of Rock Hill, Missouri. Dr. Lenahan is a pediatric dentist at

See AWARDS, Page 27

State dental directors share how pandemic has changed their worlds

BY DAVID BURGER



Home of the brave: State dental directors from across the country found their roles change during the COVID-19 pandemic. From left, Drs. Jayanth Kumar, John Dane, Russell Dunkel, Mona Van Kanegan and Samuel Zwetchkenbaum.

Every dentist has seen and been a part of significant change over the past year.

That includes state dental directors.

The mission of state oral health programs is to improve the oral health of residents, funding issues and oral health literacy, while eliminating disparities that may exist due to access to care. This is a challenge under the best of circumstances. Like many things, the complications presented have increased markedly during COVID-19.

Five state dental directors, from coast to coast, shared with ADA News how their jobs have changed over the past year and how they have met the challenge to support their states' dentists amid the COVID-19 pandemic.

RHODE ISLAND

For many of those who work at the Rhode Island Department of Health, it's been an all-hands-on-deck approach because of the huge need for reaching out to people who test positive and then do contact tracing, said Samuel Zwetchkenbaum, D.D.S., the state's dental director.

"We know that we are all in this together," he said. "I hope the relationships built during this time can extend so that we can work on greater problems, including addressing access to care for vulnerable populations."

CALIFORNIA

Prevention of transmission of the virus in the dental setting by creating a safe environment has been a top priority for Jayanth Kumar, D.D.S., California state dental director.

"Working closely with several branches within the California Department of Public Health, the California Dental Association, local health departments and other partners, we have participated in developing tools, training and resources to implement the recommendations for preventing transmission of SARS-CoV-2 in dental settings," he said.

ILLINOIS

Mona Van Kanegan, D.D.S., Illinois state dental director, said that the pandemic provided an opportunity for closer communication between her work at the Illinois Department of Public Health and other academic, health profession and public health-focused leaders in Illinois.

"I would say as dentists we are flexible, we are leaders, and we have a degree of influence," she said. "These qualities are in our nature and our work and have helped in the pandemic response. I saw the outcome that we needed and thought through different approaches and developed a plan. As a profession, we know how to train and bring people along with us."

MISSOURI

John Dane, D.D.S., Missouri state dental director, said the biggest program change was that when schools closed, their largest program that provides screening and fluoride varnish in schools was unable to provide this much-needed care.

"Even this fall, most schools would not let

See STATES, Page 27

AWARDS *continued from Page 26*

Lenahan Smiles Pediatric Dentistry. Recognized in 2020 by the Missouri Dental Association as its 2020 Outstanding New Dental Leader, Dr. Lenahan currently serves on the Greater St. Louis Dental Society's executive board and is a member of the Missouri Emergency Response Identification team.

- Amrita Rohit Patel, D.D.S., Chappaqua, New York. Dr. Patel, who owns multiple specialty group practices in New York City, serves as the new dentist member of the ADA Council on Dental Benefit Programs and the New York State Dental Association's Council on Ethics. She is in the current class of the ADA Institute for Diversity in Leadership.
- Katie Stuchlik, D.D.S., of Houston. Dr. Stuchlik is the co-owner of Dentistry of the Oaks, a dental practice in Houston. She is the immediate past president of the Houston Academy of General Dentistry and serves on the Advocacy Council for the Texas Academy of Dentistry. She is involved in volunteer work in her community and other nonprofit organizations, including raising $10,000 for the Alzheimer's Association.
- Caroline Zeller, D.D.S., of Tigard, Oregon. Dr. Zeller has held several leadership positions at the Oregon Dental Association, recently testifying on behalf of the organization at a Senate Healthcare and Finance Committee hearing. Dr. Zeller also produces her own podcast, "Removing the Bite Block," which seeks to educate listeners on issues affecting dentistry and encourage others to help shape the profession.

Dr. Mellion said that each of these individuals has fostered the leadership mindset through different and innovative ways.

"Each generation chooses its own path, and it's amazing to see the bright future of all of these recipients and the nominees," he said.

The recipients of the 10 Under 10 Awards will receive a $1,000 gift card and be recognized in various ADA publications and channels, including the ADA News and the New Dentist News.

For more information on the 10 Under 10 Award recipients, visit ADA.org/10under10. ■

—solanak@ada.org

STATES *continued from Page 26*

outsiders into the school," Dr. Dane said. "We spend a lot of program time working with the schools to support the oral health of students in any way we can."

WISCONSIN

Russell Dunkel, D.D.S., Wisconsin state dental director, said both his role and responsibilities have expanded as a result of the COVID-19 pandemic.

"I have had an even greater opportunity than before to work with a larger number of diverse, highly educated, extremely passionate individuals who are extremely committed to the work we are doing," he said. "It is now a constant reminder of the acronym for TEAM: Together Everyone Accomplishes More." ■

—burgerd@ada.org

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FDI World Dental Congress moved 100% virtual this year

The FDI and Australian Dental Association will hold a virtual edition of the World Dental Congress in September after canceling the 2020 edition due to the COVID-19 pandemic, the FDI announced March 3.

Due to COVID-19 travel restrictions, the congress has been moved 100% online for the first time. The 2020 World Dental Congress, scheduled for Shanghai, was canceled.

This year's theme is Educating for Dental Excellence.

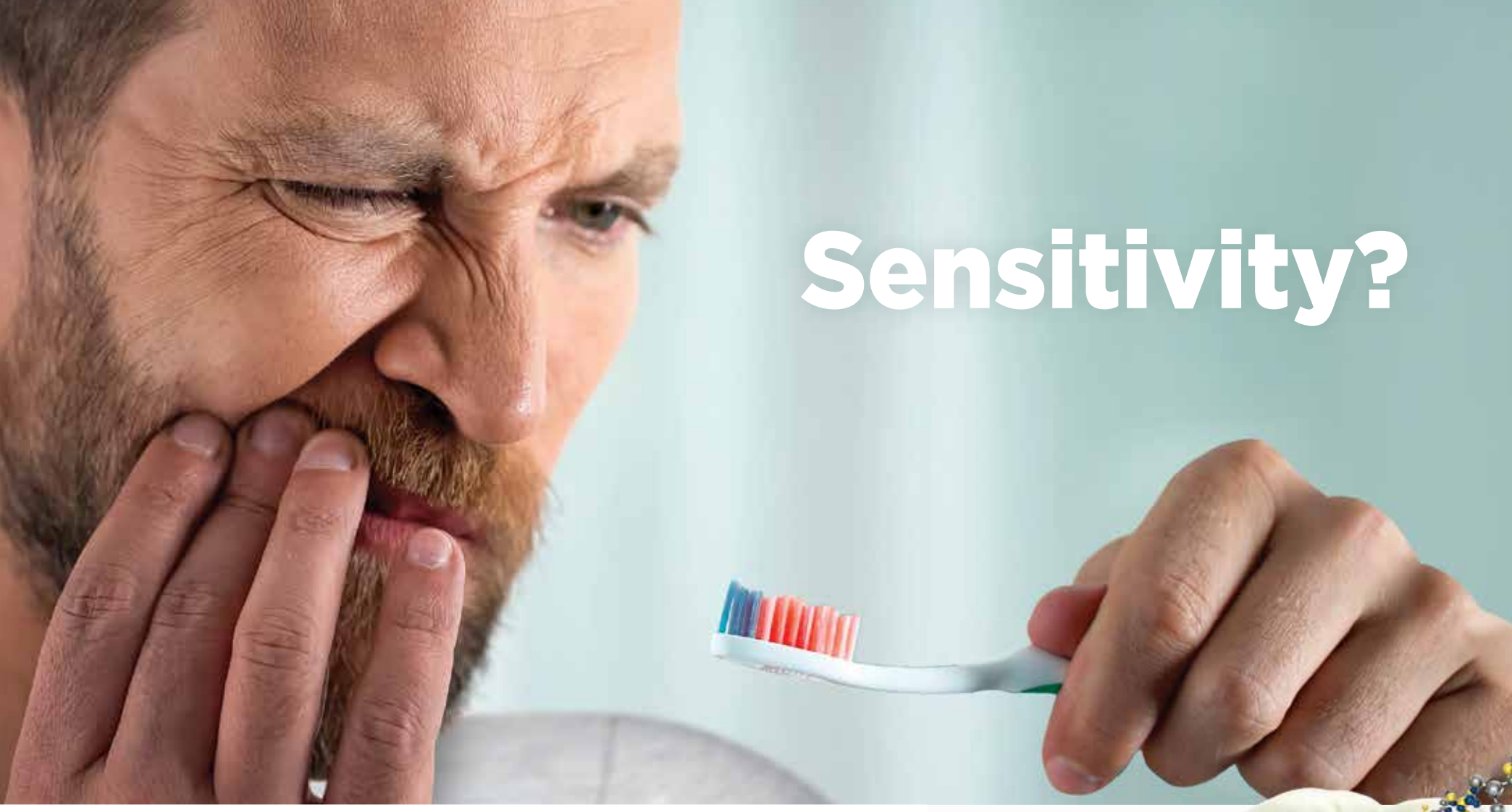
The virtual congress, broadcast from the International Convention Centre in Sydney, will present the option to stream live sessions as well as pre-recorded on-demand presentations for 60 days after the congress.

Congress participants will have more than 200 continuing education sessions to choose from, with speakers from Africa, America, Asia, Australia, Europe, the Middle East and New Zealand.

Participants will be able to interact with speakers and ask questions in real time.

The industry exhibition will also be held through the same virtual event platform, allowing participants to engage with exhibitors and view product demonstrations.

In addition, all regular FDI business meetings and the General Assembly will be held on this virtual platform. ■



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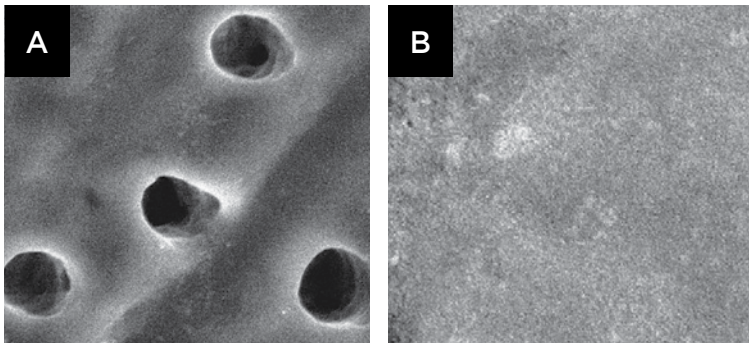
- Syringe-dispensed gel requires no mixing placement with no-mess application



Comparison of untreated Dentinal tubules (A), with tubules that have been covered with a dense layer of Predicta® Bioactive Desensitizer (B). Image courtesy of University of Washington School of Dentistry.

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