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VOLUME 55 NO.5

ADANews

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

5.6.24

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BPA WORLDWIDE

PRACTICE

‘You are not alone’

Dental community shares experiences, resources to support dentists struggling with burnout

BY MARY BETH VERSACI

About a decade into private practice, Bill Claytor, D.D.S., felt like he was going down a waterslide without the ability to stop.

At the dental office, he faced demands to increase production while dealing with growing overhead and staff conflicts he felt poorly prepared to handle. At home, he experienced the continued financial demands of owning a home and raising a young and growing family.

These stressors culminated in burnout.

“Retrospectively, it is apparent that I had a lot of plates spinning with the inability to address them or coping skills to successfully manage them,” Dr. Claytor said. “A state of helplessness and hopelessness crept into my thoughts with no immediate solution

in surveys typically focused on business-related topics.

More than 90% of dentists reported feeling some type of stress about their careers, according to the survey. Stressors varied by career stage, with more mid-career dentists experiencing stress about insurance reimbursement and more younger dentists feeling stressed about debt, primarily student loans.

Dr. Claytor, the executive director of the North Carolina Caring Dental Professionals — a nonprofit that helps to monitor and advocate for dentists and dental hygienists who struggle with substance use disorders, stress, depression, burnout and perfectionism — said dentists in the early or late stages of their careers can feel overwhelming pressures, particularly financial.

“The startup financial pressures to run a practice are often challenging and often initially unknown,” he said. “At the end of a career, dentists oftentimes are concerned if they have enough to retire while sustaining their lifestyle after dentistry.”

Health issues associated with age could also cause stress in older dentists, Dr. Claytor said.

However, mid-career dentists are

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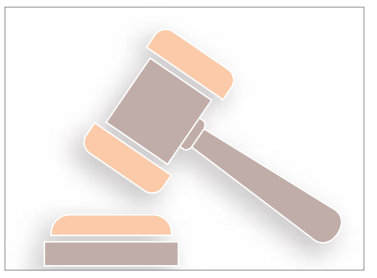

8 FTC issues ban on noncompete clauses
Most departing employees can work for competitors

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Bill would set transparency standards for insurance plans

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These stressors culminated in burnout.

“Retrospectively, it is apparent that I had a lot of plates spinning with the inability to address them or coping skills to successfully manage them,” Dr. Claytor said. “A state of helplessness and hopelessness crept into my thoughts with no immediate solution in sight. I needed help.”

He sought that help through counseling and his fellow dentists.

“I asked other dentists who seemed to have some sort of balance in their lives how they did it. To my surprise, people wanted to help me,” he said. “Isolation is a dangerous place for humans to be in, especially dentists. No one has all the answers, and dentists should not feel like they should have all the answers to life’s problems.”

Dr. Claytor is not alone in his struggles. May is Mental Health Awareness Month, and mental health issues like burnout are common in the dental profession.

What is burnout?

Burnout is the “debilitating result of chronic, unrelieved stress at work,” said Diana Dill, Ed.D., a psychologist and member of the ADA Council on Dental Practice’s Dental Team Wellness Advisory Committee.

When clinicians are burned out, they may feel physically, psychologically and emotionally exhausted. They may experience compassion fatigue, which means they cannot connect emotionally to others or care about their well-being. They also may lose professional effectiveness, especially with work that requires thinking out of the box or overriding habits, Dr. Dill said.

“With burnout, people no longer bounce back from a bad day,” she said. “Instead, these experiences settle in and become the new normal.”

Feeling the pressure

Survey data from the 2023 ADA Council on Communications Trend Report found more than 40% of dentists felt defeated, wanted to quit dentistry or did not want to go to work at least monthly in the six months leading up to the survey. These feelings were more common in dentists 44 years old and younger.

The survey was conducted in April 2023 and included responses from about 500 ADA member dentists who are part of the Advisory Circle research panel. Generally representative of overall ADA membership, the panel is made up of members who participate in surveys typically focused on business-related topics.

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Health issues associated with age could also cause stress in older dentists, Dr. Claytor said.

However, mid-career dentists are not immune to burnout. As practices grow, dentists are more prone to overwork, exhaustion and other pressures, he said.

“Unless we have had coping skills training to defuse the pressures along the way, it can lead to burnout and potential substance use,” Dr. Claytor said.

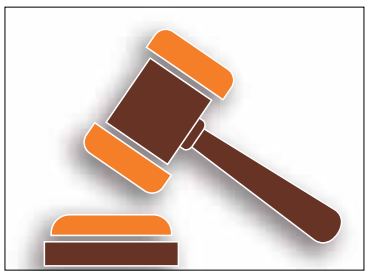
Road to recovery

On the outside, it may have appeared Julie Spaniel, D.D.S., had it all: a successful dental practice, a beautiful home with two cars in the garage and a happy family.

“But from the inside, I was slowly dying,” she said.

It was hard for Dr. Spaniel to admit that running a busy practice, taking care of four children and having a husband who traveled often were affecting

See BURNOUT, Page 4



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AROUND THE ADA

ADA treasurer candidates must file by June 21

Members interested in running for ADA treasurer can visit ADA.org to find the information necessary to file for candidacy.

The deadline for filing is June 21.

The current ADA treasurer is Ted Sherwin, D.D.S., whose second three-year term will end at the close of the 2024 House of Delegates in New Orleans.

Per ADA Bylaws, the treasurer may hold the office for two consecutive three-year terms.

Members interested in applying should email the completed Treasurer's Curriculum Vitae Form to officercandidates@ada.org. ■

PRACTICE

BURNOUT *continued from Page 1*

her mental health. She wanted to believe she could do it all on her own. Over time, having one or two glasses of wine after a long day of work became a whole bottle of wine and then vodka.

"Stress, mental health issues and substance use can sneak up on us gradually, making it difficult to recognize the severity of the situation," Dr. Spaniel said. "As dentists, we often perceive ourselves as resilient and independent individuals, which can make it challenging to seek help. It wasn't until my situation worsened that I realized how serious it was."

There were not many recovery programs available to her at the time, but she started attending Alcoholics Anonymous meetings. She is now 20 years sober, and mental health and wellness are her top priorities.

"I believe that being self-aware is crucial. It is essential to manage your coping mechanisms and practice conscious self-care and preventive health counseling," said Dr. Spaniel, an ADA wellness ambassador and member of the ADA Dental Team Wellness Advisory Committee. "We take care of our physical health by eating healthy and exercising. We regularly visit doctors for checkups and undergo prescribed annual mammograms or colonoscopies. Why don't we take care of our mental health in the same way?"

Amisha Singh, D.D.S., another ADA wellness ambassador and member of the ADA Dental Team Wellness Advisory Committee, compares burnout to a cliff. The first time she experienced it, she did not pay attention to the physical cues her body and mind were giving her, and it seemed to happen out of nowhere.

"It was a dark time, and after my recovery, I promised myself that I would never let myself get back to this space again," she said. "But lo and behold, over time, I drifted back towards that cliff over and over again."

She realized that being overworked, chasing perfection, always saying yes and seeking affirmation and self-worth through external validation were learned behaviors that had become a natural state for her, and she needed to unlearn them.

"I know now that when I am drifting towards that cliff, towards burnout, my body tells me through feelings of energy depletion and exhaustion. My mind tells me because I start to feel cynical or disengaged. I feel physically ill. I do not sleep well," Dr. Singh said. "So when I started listening to my body, that is when I finally learned the directions to that cliff which beckons, and I learned what rest and healing looked like for me so that I could course-correct."

One factor she believes may contribute to burnout in dentists is how closely dentistry integrates with the core part of their identities.

"It is not the only thing I am, but it is certainly a very important part of who I am. Therefore, I tie my ability to provide exceptional care with my self-worth as an individual," said Dr. Singh, a clinical assistant professor and the director of diversity and inclusion programming at the University of Colorado School of Dental Medicine.

But she tries to teach her students that although holding high clinical standards is an important part of being a health care provider, their self-worth as humans and practitioners is not connected to their patient outcomes.

"There will be crowns that do not seat and dentures that do not fit; it is inherent in the practice of dentistry," Dr. Singh said. "Reframing those clinical challenges as opportunities of learning and not evidence of my failing as a dentist has been a game changer for me in being able to show up well to create health for my patients."

Finding support

Taking control of chronic stress is the most powerful way dentists can aid their own recovery from burnout, Dr. Dill said. One way they can do this is through taking breaks, something many clinicians do not do.

"For health, we should have recovery breaks of 15-30 minutes every three hours or so," she said. "Breaks that allow for recovery are those where the individual separates themselves from thinking about work, focuses on one thing so their mind can calm down and moves their body to discharge their accumulated tension — perhaps a walk outside the office, perhaps music with headphones."

A resource that can help with individual recovery is the Well-Being Index, an anonymous, validated assessment and measurement tool developed by the Mayo Clinic to address clinician distress and well-being. It is free to ADA members at ADA.org/well-beingindex.

The index, used by hundreds of health care organizations, takes one minute to answer nine questions evaluating risk of fatigue, depression, burnout and anxiety.

The ADA-licensed version directly connects participants to resources from the ADA and some state dental associations. Members can continue to take the index at a selected frequency and reference their results on a personal dashboard.

State dentist well-being programs and physician health programs that are members of the Federation of State Physician Health Programs are other resources for dentists experiencing mental health issues. At the Oregon Dental Association — where Dr. Spaniel sits on the board of trustees and chairs the wellness committee — the Oregon Wellness Program provides members with eight free and confidential sessions with a licensed therapist who has more than five years of experience counseling health care providers.

The association also offers a peer-to-peer wellness ambassador program in which those struggling are connected with peers who have experienced similar issues.

"It is incredibly helpful to speak confidentially with someone who has been in your shoes," Dr. Spaniel said. "They can make you feel like you are not alone and that there is hope and a solution."

The ADA Dentist Well-Being Program Directory available at ADA.org/wellnessdirectory includes more information about supports available by state. ADA wellness ambassadors, like Drs. Spaniel and Singh, can help connect their peers with services as well.

Beyond steps individuals can take to care for their own mental health, workplaces can make changes that will have an even more substantial impact, Dr. Dill said.

Research shows workplace conditions that put workers at risk for burnout include an unsustainable workload; lack of control over circumstances; a perception that rewards do not equal the costs of work; noncollaborative, disconnected relationships with co-workers; a perception of significant unfairness in organizational decisions, policies and practices; and workplace values that do not match the workers' own values.

"Workplaces can best prevent burnout and protect their dentists and staff by promoting consistently positive work experiences," Dr. Dill said. "When the workplace has become difficult to the extent that dentists and staff are suffering from burnout, it can consider how to remediate these six conditions, especially sustainability of workload and control over how one does one's work."

For more resources to support your mental health, visit ADA.org/wellness. If you or someone you know is experiencing suicidal thoughts or a crisis, text or call 988 to be connected to the free and confidential National Suicide Prevention Lifeline. ■

Emerging dental groups to watch: Group Dentistry Now selects 2024 list

Group dentistry is constantly changing and evolving — there isn't just one path to success. In addition to large dental service organizations, smaller, but equally important, emerging groups are quietly changing the landscape of dentistry.

According to the ADA Health Policy Institute, 13% of dentists nationwide were affiliated with a dental service organization in 2022, an increase from 10.4% of dentists in 2019 and 8.8% in 2017. For dentists less than 10 years out of dental school, the rate is much higher, according to HPI.

Newer models, such as dental partnership organizations, specialty-focused groups and private group practices, are growing as more dentist entrepreneurs build their own group practices. Group Dentistry Now's eighth annual Emerging Dental Groups to Watch list features a diverse group of companies changing the landscape of dentistry. For the complete list and more comprehensive coverage, visit groupdentistrynow.com/dso-group-blog/emerging-dental-groups-to-watch-in-2024. Here are some examples of emerging dental groups from its most recent list:

INSIGHTS ON GROUP PRACTICE DENTISTRY

Blue Sage Dental Group

Corey Hastings, D.D.S., Becky Schreiner, D.D.S., and Jeff Mastroianni, D.M.D. — all ADA members — established Blue Sage Dental Group in 2019, which has grown to six pediatric dental locations in the greater St. Louis area with nearly 50 employees. Blue Sage Dental not only offers a clear pathway for their providers to have an ownership opportunity in the parent company but also focuses on supporting the professional growth of their fellow team members.

BLUE SAGE

Their current growth rate has been 20% growth in revenue annually, achieved by adding one to two offices through acquisition and de novo annually. Their growth goal is to expand annually, 20% over the next five years.

Commonwealth Mobile Oral Health Services

Commonwealth Mobile Oral Health Services was first started in 1979 by the late Mark J. Doherty, D.M.D., at the request of the Massachusetts Department of Public Health's Office of Oral Health. It was initially created to provide comprehensive dental services to youth at the department of youth services in the Boston area but expanded to children in Boston Public Schools who did not have a dental home.

Commonwealth eventually expanded into the Massachusetts Public School systems, Head Start and Early Head Start programs, Massachusetts Department of Social Services, Department of Mental Health, facilities for people with disabilities, assisted living programs and elder care sites. Today, led by Dr. Doherty's son, Mark E. Doherty, D.M.D., an ADA member, dental teams travel to over 300 locations in Massachusetts, and on any given day, there are three to six dental teams providing services to underinsured/uninsured populations who face barriers to accessing dental care.

CMOHS

Freedom Dental Management LLC

Freedom Dental Management launched in 2015 to provide nonclinical support for two general dental practices and two specialty providers in Delaware with some shared ownership. Bear-Glasgow Dental grew from a practice started by Stanley Goleburn, D.D.S., in the 1950s. In 1998, Dr. Goleburn's son Glen Goleburn, D.M.D., and Neil Woloshin, D.M.D. — both ADA members — led the practice. The group is directed by a board of dentist-owners.

FREEDOM DENTAL MANAGEMENT, LLC

The group's philosophy is to remain dentist owned and operated, continuing to grow by both acquisition and de novo ventures as it expands. The group's multi-faceted approach has resulted in Freedom Dental Management taking its client practices from $13.5 million in revenue in 2015 to $26 million in 2023.

Southern Family Dental Partners

Southern Family Dental Partners is a private equity-backed regional DSO with an aggressive growth strategy. It was founded in early 2022 and currently operates 17 locations in Georgia, Tennessee, Arkansas and Alabama, with over 130 employees.

SFDP SOUTHERN FAMILY DENTAL PARTNERS

The Southern Family Dental Partners Clinical Advisory Board meets regularly to discuss changes impacting the industry, the needs of the regional geographies and the company. This allows their dentists to provide direction in the clinical movement of the company

See EMERGING, Page 6

AROUND THE ADA

ADA CE event focuses on dental-medical collaboration in treating children's airway health

Conference scheduled for May 30–June 1

BY DAVID BURGER

Showcasing how dental and medical professionals can work together to give children the best chance at lifelong healthy breathing is the focus of an ADA Continuing Education Live workshop May 30–June 1.

An ADA Children's Airway Event: Putting the Team Together will be held at the Westin O'Hare in Rosemont, Illinois, and is worth 14 CE credits.

Steve Carstensen, D.D.S., a diplomate of the American Board of Dental Sleep Medicine who has treated sleep apnea and snoring in Bellevue, Washington, since 1998, is the consultant to the ADA for sleep-related breathing disorders and one of the presenters.

"Dentists are more and more aware that children who don't breathe well are at risk for lifetime problems," said Dr. Carstensen. "They want to help but can feel intimidated by everything that needs to be considered. Having other medical professionals to work with, together, on the child's behalf increases confidence of therapy, outcomes and professional pride that the right thing was done."

Dr. Boyd

Dr. Carstensen

Another speaker for this course is Kevin Boyd, D.D.S, a pediatric dentist who teaches in the pediatric dentistry residency training program at Lurie Children's Hospital in Chicago.

Dr. Boyd recently co-authored a manuscript titled "Comorbid Early Childhood Malocclusion and Sleep Disordered Breathing: A Proposed Screening Pathway as a Foundation for Medical/Dental Collaboration" that has been submitted to Clinical Otolaryngology, a bi-monthly journal devoted to clinical research in the field.

"Health care professionals charged with caring for children afflicted with respiratory compromise are often additionally challenged when these unfortunate kids also suffer with other associated health comorbidities," Dr. Boyd said. "[These include] inattention, hypertension, enlarged tonsils/adenoids, myofunctional disorders, sleep disordered breathing/obstructive sleep apnea and dental-skeletal malocclusions. Collaborative discussions amongst one another, and subsequently with parents and other adult caregivers regarding adjunctive treatment options, has proved to be an ongoing local winning strategy for all involved — especially the kids."

Learn more and register for this ADA CE Live workshop at ADA.org/education/continuing-education/ada-ce-live-workshops/childrens-airway. ■

PRACTICE

Use of intraoral scanners on the rise

Lab survey shows increase in digitization

BY KELLY GANSKI

More dentists and dental labs are using digital systems, a trend that's increased since the pandemic and likely to continue in the coming years.

Findings from the National Association of Dental Laboratories' 2023 Materials and Equipment Survey showed 58% of those surveyed said the number of clients who have an intraoral impression system has increased in the past year, up from 53% in 2022. Similarly, 62% of respondents said their lab uses a digital communication network to communicate with clients using computer-aided design/computer-aided manufacturing and report it has improved business.

Conducted annually since 2005, the NADL Materials and Equipment Survey gathers national-level data about the business operations of U.S. dental laboratories.

"About 40% of our cases are coming from digital scans," said Denise Burris, owner of By Design Dental Studio and NADL board president. "We believe that the growth of intraoral systems in dental offices are due to a few factors. One is the rapid pace of material and software improvement for digital dentures. Another reason we see this growth is that dentists are evaluating the years they plan on being in practice to justify the investment. If the years vs. cost makes sense, then going digital will make their practice much more sellable when they decide to retire."

Tom Love, director of implantology and education for APEX Dental Laboratory Group and NADL board secretary, echoed the comments, saying he's seen the use of intraoral systems triple in the past three years, moving to 40% of their overall cases.

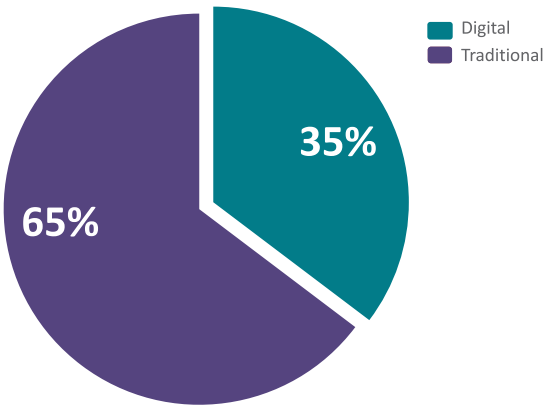
"The adoption of intraoral systems in dental practices is increasing as the initial price point is no longer a barrier," Mr. Love said. "Multiple price points from each [intraoral system] company have made it much easier to get started. Education of digital workflows and understanding the tools available have also helped drive the market."

An even higher percentage of dentists surveyed in 2021 reported using an intraoral scanner in their practice, according to an ADA Clinical Evaluators Panel survey.

Intraoral system use was split among the ACE Panel; 53% of the 369 people surveyed indicated they use one in their practice. The top reason respondents began using intraoral systems was to improve clinical efficiency (70%). Ninety percent of respondents use intraoral systems for single tooth-supported crowns, and 58% began using an intraoral system less than four years ago. Most users are at least mostly satisfied (91%) with the results. Among nonusers, the top reason for not using an intraoral system was the high level of financial investment (66%); 34% and 40% of nonusers are thinking of buying or training with intraoral systems in 2021, respectively. ■

Intraoral impressions

For all impressions on an annual basis, please indicate the percentage that are digital and traditional.



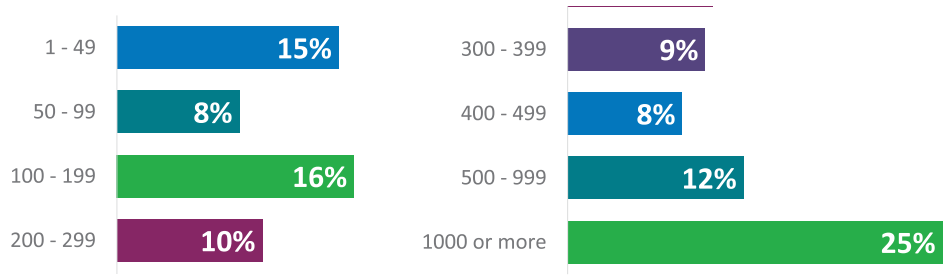
58%

say the number of clients who have an intraoral impression system has increased in the past year

Up from 53% in 2022

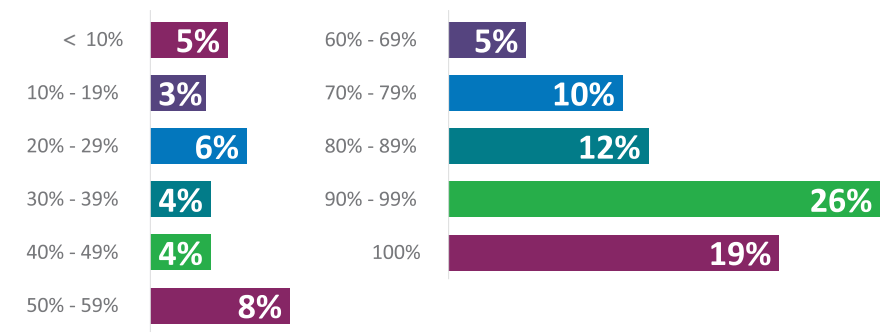
Digital design

What is the average number of units produced monthly via digital design software as opposed to traditional methods?



Digital techniques

What percentage of your laboratory's total annual restorations are produced using digital techniques instead of traditional techniques?



EMERGING *continued from Page 4*

as it relates to adapting new technology, collaboration on best practices and emerging trends within the industry, in addition to providing continuing education opportunities.

With women composing 80% of its leadership, Southern Family Dental Partners plans to increase to 40-50 locations, triple its revenue and expand into Mississippi, Kentucky and South Carolina in the next five years.

Straine Dental Management

Straine Dental Management, established on April 13, 2022, is the result of the collaboration between Olivia and Kerry Straine, a husband-wife team, bringing together Straine Dental Management and 33 dental practices spanning 11 states. In 2023, Straine expanded its portfolio by adding six practices in three states, bringing the total to 39 practice owners.

After acquiring 33 practices in April 2022 with an initial portfolio of $65 million in revenue, Straine reached nearly $83 million in 2023, which includes the June 2023 acquisition of six locations, increasing the portfolio by $10 million. The group's clinical advisory committee includes ADA members James Jeansonne, D.D.S., Mark Redford, D.M.D., Chad Spillers, D.D.S., and Ka Uyesugi, D.D.S.

Areo Dental Group

Abhishek Nagaraj, D.D.S., and Anushka Gaglani, D.D.S., began their professional journey as associates and in 2016, acquired a practice in Burbank, Illinois, from a retiring doctor with revenue of $200,000 a year. Within 12 months, the husband-and-wife team quadrupled their revenue through a combination of patient education, technology (including cone-beam computed tomography, lasers, intraoral cameras, scanners, etc.), and financing options.

Areo Dental Group was officially established as a dental partnership group in 2021. It currently has a total of six nonbranded practices: TruBlu Dentistry Burbank, Trublu Dentistry Hegewisch, Blue Island Smiles, Steger Smiles, St. John Smiles and Crown Point Smiles. The passion behind Areo Dental Group is to provide a doctor-led environment where the doctors feel supported and heard, which results in quality patient outcomes and zero doctor turnover in the past two years. ■

Editor's note: This article was edited for length and reprinted with permission from Group Dentistry Now. To read the full version of this story, visit groupdentistrynow.com/dso-group-blog/emerging-dental-groups-to-watch-in-2024.

Funding assistance available to dentists impacted by Change Healthcare cyberattack

BY MARY BETH VERSACI

A funding assistance program is available to dentists impacted by the cyberattack on Change Healthcare.

The Feb. 21 attack has prevented many dentists from sending electronic claims and attachments to insurance companies to receive payment. Change Healthcare, owned by UnitedHealth Group, is one of the largest health care technology companies in the U.S.

UnitedHealth launched a webpage at unitedhealthgroup.com/ns/changehealthcare.html with information and resources related to the cyberattack. The page includes information about the temporary funding assistance program available through Optum Financial, including eligibility criteria, and a daily update of which payers providers can reach electronically through direct or third-party clearinghouse connections.

The temporary funding assistance program is designed to help bridge the gap in short-term cash flow needs for providers impacted by the disruption of Change Healthcare's services.

On April 22, UnitedHealth confirmed patient data, potentially covering a significant portion of the U.S. population, was compromised in the cyberattack. To help ease reporting obligations on other stakeholders, the company has offered to handle notifications and related administrative requirements on behalf of providers whose data may have been compromised. For more information, visit changecybersupport.com. ■

ADA comments on congressional cyberattack hearing

BY OLIVIA ANDERSON

The ADA wrote to the U.S. House Energy & Commerce Committee's Health Subcommittee in advance of the committee's April 16 hearing, "Examining Health Sector Cybersecurity in the Wake of the Change Healthcare Attack."

In the April 15 letter addressed to Subcommittee Chair Rep. Brett Guthrie, R-Ky., and Ranking Member Rep. Anna Eshoo, D-Calif., the Association provided insights and recommendations as the committee seeks answers on the Feb. 21 attack that hit Change Healthcare.

According to the ADA, members have reported delayed claims, increased expenses from physical mailing and increased office staff time spent on call centers and troubleshooting.

The ADA recommended several measures to ensure resilience of health care infrastructure against cyber threats. These include:

- Comprehensive financial impact assessments.
- Enactment of prompt pay legislation.
- Enhanced e-prescribing standards.
- Health Insurance Portability and Accountability Act compliance enhancement.
- Cybersecurity support for dental practices.
- Mitigation for potential price gouging.
- Payer responsibility and collaboration.

In addition to the proposed measures, the ADA urged the committee to consider legislative measures that would improve options for health care providers impacted by cyberattacks and help to prevent incidents in the future.

"We are particularly interested in policies addressing gaps in cybersecurity regulations and enforcement mechanisms such as measures to enhance penalties for cybercrimes, streamlining transparency on incident reporting requirements, support for contingency planning and facilitating information sharing among law enforcement agencies and health care providers, "the letter concluded. ■

GOVERNMENT

FTC issues ban on noncompete clauses

Final rule allows most employees to work for competing employers after leaving

BY OLIVIA ANDERSON

The Federal Trade Commission issued a final rule April 23 banning noncompete clauses nationwide, which aim to prevent employees from engaging in similar business after leaving their current employer.

"The final rule provides that it is an unfair method of competition — and therefore a violation of section 5 — for persons to, among other things, enter into noncompete clauses with workers on or after the final rule's effective date," the rule states.

The new FTC final rule applies to noncompetes entered into after the effective date and some noncompetes currently in existence. Specifically, existing noncompetes can remain in force for senior executives after the effective date but not for other workers. The FTC defines senior executives as workers earning more than $151,164 annually and who are in policy-making positions.

The final rule aims to protect the fundamental freedom of workers to change jobs, increase innovation and increase new business formation by 2.7%, according to the FTC, which estimates the elimination of noncompetes will generate more than 8,500 new businesses each year.

The FTC also estimates the final rule will increase earnings for the average worker by an additional $524 and lower health care costs by up to $194 billion over the next decade.

"Noncompetes are a widespread and often exploitative practice imposing contractual conditions that prevent workers from taking a new job or starting a new business," according to an FTC news release. "Noncompetes often force workers to either stay in a job they want to leave or bear other significant harms and costs, such as being forced to switch to a lower-paying field, being forced to relocate, being forced to leave the workforce altogether, or being forced to defend against expensive litigation."

Under the new rule, employers have several alternatives to noncompetes that still work to protect the businesses. These include trade secret laws and nondisclosure agreements, both of which offer protection over proprietary and sensitive information.

The new rule mandates employers to provide notice to workers bound to an existing noncompete that the agreement will not be enforced against them in the future. No legal modification of the existing noncompete is needed.

"If you are a practice owner and have noncompete clauses in employment agreements with associates, hygienists or other staff, or if you are an employee dentist currently subject to a noncompete clause, you may wish to consult with an attorney in your geographic area experienced in these matters," ADA President Linda J. Edgar, D.D.S., said. "While the FTC rule may be challenged in court, it becomes effective 120 days after publication in the Federal Register."

State or local bar associations may have a lawyer referral service, and the American Bar Association's directory of lawyer referral services is available at americanbar.org/groups/lawyer_referral/resources/lawyer-referral-directory/. State dental associations also might be able to recommend an attorney. The ADA has a free downloadable resource for members titled "A Dentist's Guide to Selecting a Lawyer," available at engage.ada.org/p/dr/a-dentists-guide-to-selecting-a-lawyer-945.

At press time it was unclear whether the FTC rule regarding noncompetes applies to federally qualified health centers. ADA News will provide continuing coverage of developments related to the FTC rule. ■

Association supports data transparency of Medicare Advantage plans

BY OLIVIA ANDERSON

The ADA is responding to a request for information on Medicare Advantage data from the Centers for Medicare and Medicaid Services by emphasizing the importance of increasing data transparency and reporting from insurers.

A letter from the ADA to CMS Administrator Chiquita Brooks-LaSure stated the utilization of dental care through Medicare Advantage and related cost-sharing and marketing practices should be further examined, considering more than half of Medicare beneficiaries now choose these plans.

"The information collected through this proposal is essential to understanding dental needs of Medicare [Advantage] beneficiaries, while highlighting potential access to care issues that may arise with the rapid growth of Medicare Advantage," the letter states before delving into the ADA-supported areas of data transparency of Medicare Advantage plans.

The ADA supports public reporting Medicare Advantage plan utilization metrics including the percentage of beneficiaries who submitted claims for any dental service within the plan year, as well as the number and percentage of procedures utilized according to broad Current Dental Terminology categories such as preventive, diagnostic or restorative procedures.

According to the letter, these metrics help agencies and research institutions verify whether procedures are positively impacting overall patient health.

The ADA also expressed support for the public reporting of CMS metrics tied to insurer and consumer spending. These include the average coinsurance by category of covered procedure, percentage of supplemental dental benefits from Medicare Advantage plans that are mandatory vs. optional, percentage of dental claims submitted to Medicare Advantage plans that are denied due to medical necessity or prior authorizations, and marketing dollars spent highlighting a dental feature vs. benefit utilization.

The letter states the ADA supports CMS publishing network adequacy metrics for Medicare Advantage plans which will help consumers decipher whether the promised benefits will lead to increased dental care access for beneficiaries. It also expressed support for public CMS reporting of Medicare Advantage plan patient satisfaction results, "especially involving those plans' supplemental dental benefits." Transparency regarding patient satisfaction with plans will help determine how effectively the supplemental dental benefit is being used, the ADA said.

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

PRACTICE

Get stretching with ADA Member App

ADA launches voice-guided ergonomic stretches targeting common pain sites

BY MARY BETH VERSACI

The American Dental Association is making it easier than ever for dentists to take care of their physical health, with several ergonomic stretches now available in the ADA Member App.

Dentists are often subjected to uncomfortable postures and repetitive hand motions, leading to pain. Since 2003, respondents to the ADA's well-being surveys have consistently reported experiencing pain or discomfort while working, most commonly in the neck, shoulders and back. Some also indicated the pain interfered with their work.

Quick stretch breaks throughout the day can help prevent work-related pain and injuries. The audio-guided stretches in the ADA Member App target the neck; torso; hand and wrist; and hip, knee and ankle, and users can set notifications to remind themselves to do certain stretches at certain times. The content is exclusive to the app and a companion to a PDF of stretches available from the ADA at ADA.org/stretch.

ADA wellness ambassador Mina Ghorbanifarajzadeh, D.M.D., lends her voice to guide users through the stretches. She collaborated with the ADA on this effort as part of her wellness ambassador project.

"I've been doing yoga since I was 15 years old," she said. "I enjoyed it so much that while in dental school, I decided to get my yoga teacher training license because I saw the positive impact it was having on my body. I also noticed some of my fellow colleagues were complaining their necks or their shoulders were in pain after a half day in the clinic. I would share the stretches and movements I learned in yoga to help alleviate that pain. I was thrilled to find the ADA wanted to introduce this feature to the ADA Member App so that relief could be within a couple taps. I hope this feature brings you an opportunity to take care of yourself."

The ADA Member App is included in ADA membership for both dentists and dental students. Members can learn more at ADA.org/app or download the app by searching "ADA Member App" in their device's app store.

To access other wellness resources, visit ADA.org/wellness. ■

Dental loss ratio model legislation receives final stamp of approval

Bill would set transparency standards for dental insurance plans

BY OLIVIA ANDERSON

The National Council of Insurance Legislators, or NCOIL, provided a final stamp of approval for model legislation addressing a dental loss ratio, or DLR. NCOIL's Executive Committee approved on April 14 a slate of models adopted previously by various subcommittees; this included the DLR model, which sets transparency standards for dental coverage and ensures that patients with dental insurance get more value out of their dental plans.

The Medical Loss Ratios for Health Care Services Plans Model Act, which borrows elements from legislation in other states, would set transparency standards consistent with those established under the Affordable Care Act for major medical insurance plans if enacted by state legislatures. States such as Ohio, Utah, and Tennessee have said that the dental loss ratio model may help them push this issue forward in the future.

> **The model legislation's approval is a 'huge win for dentistry' because it shows that the dental insurance industry 'agrees that reporting ratios is not enough to guarantee premiums will go towards actual patient care.'**
>
> – ADA President Linda J. Edgar, D.D.S.

"The ADA fought diligently to achieve this important reform, and the dental insurance industry for the first time conceded that it is appropriate to set what is called a 'loss ratio' on dental plans," according to an ADA press release.

A dental loss ratio requires dental insurance companies to disclose the percentage of insurance premium dollars collected that is spent directly on patient care. It also mandates insurance companies to refund part of the premium collected to insured patients if the dental loss ratio falls below a certain percentage instead of allocating the funds for company overhead.

According to ADA President Linda J. Edgar, D.D.S., the model legislation's approval is a "huge win for dentistry" because it shows that the dental insurance industry "agrees that reporting ratios is not enough to guarantee premiums will go towards actual patient care."

"It goes beyond reporting because it guarantees enforcement — meaning if a dental plan repeatedly reports loss ratios that are too low, it will have a loss ratio imposed on it by the state. So, one way or another, dental plans will have to provide more value to patients by paying out more for their care," Dr. Edgar said.

The move comes after state legislators sitting on NCOIL's Health Insurance and Long Term Care Issues Committee unanimously approved the model legislation in January 2024.

The ADA is also advocating for the establishment of dental loss ratios at the federal level. In Jan. 4 comments to the Centers for Medicare and Medicaid Services, the ADA urged that standalone dental plans or qualified health plans file a comprehensive dental loss ratio report annually.

For more than 10 years the ADA and state dental societies have used NCOIL model legislation for noncovered services, freedom in network leasing, virtual credit cards and prior authorizations, leading to the passage of more than 100 state laws.

According to the Association, advocating for new dental loss ratio laws around the country is part of an overall effort to reform dental insurance "so that the plans are truly geared toward providing real value to the patients they cover."

Steve Westfall, R-W.Va., a member of the West Virginia House of Delegates and sponsor of the bill, shared support for the final language of the model legislation.

"I was proud to sponsor the DLR model at NCOIL. The language that was agreed to by the stakeholders is a great foundation for legislators around the country to work from when looking at this issue," Mr. Westfall said. ■

Photo by Max Taylor

Photo by Javad Nikpour

Lobby Day yields largest turnout ever

Conference draws more than 1,200 attendees

BY OLIVIA ANDERSON

A sea of dentists and dental students flooded Washington, D.C., April 7-9 for the annual ADA Dentist and Student Lobby Day. With more than 1,200 people in attendance, this year's group was the largest in the event's seven-year history.

Attendees, which included students from 55 dental schools, gathered together to discuss issues like student loan reform, dental benefit fees and workforce challenges through conversations and workshops. The event was hosted by the ADA and sponsored by the Association of Dental Support Organizations.

ADA President Linda J. Edgar, D.D.S., thanked attendees for carving out time to advocate for dentistry, noting that record-breaking participation "sends a powerful message about the strength and unity" of the dental community.

"Our actions today pave the way for success tomorrow. They extend beyond the walls of our clinics, laboratories, offices and lecture halls. They resonate in schools in underserved communities and in the halls of power, where decisions directly impact the advancement of oral health care nationwide," Dr. Edgar said. "Let us use this opportunity to engage with our lawmakers, learn from each other and shape the future of dentistry and oral health in our nation. United we stand, divided we fall. Together, we have the power to make a difference."

The event featured various breakout sessions, including From Grassroots to Capitol Hill: Why Advocacy Matters, Advocacy for the Next Generation of Dentists, Leading for Impact in Advocacy and Beyond and ERISA — Impact on Dental Practices.

In the latter session, a panel of experts discussed the Employee Retirement Income Security Act of 1974, or ERISA. This federal law sets minimum standards for most voluntarily established dental plans in private industry for those with self-funded plans, but some carriers administering ERISA plans say it preempts state insurance laws that protect patients. Randall Markarian, D.M.D., 8th District trustee, moderated the session and said it's important to continue spreading awareness about the importance of pushing for ERISA reform.

"The impact on practices is huge because so many plans are ERISA plans. This is a way to make sure that all of our hard-fought victories at our state legislatures are not ignored. It is going to take a grassroots effort," Dr. Markarian said.

The attendees advocated for several bills during their April 9 visits to Capitol Hill. These included the Dental and Optometric Care Access Act, which would prohibit dental and vision plans from setting the fees network doctors may charge for services not covered by the insurers; the Resident Education Deferred Interest Act and Dental Loan Repayment Assistance Act of 2023, which provide ways to help offset educational debt for dental and medical residents and faculty; and the Action for Dental Health Act, which aims to strengthen the oral health workforce by supporting workforce training and oral health programs with the goal of delivering care to underserved communities.

The conference featured an update on the ADA's Give Veterans A Smile program, remarks from the Association of Dental Support Organizations, a role play on how to meet — and how not to meet — with your member of Congress, an "Inside Washington" update, and tips and tricks on how to tell your story to Congress.

Follow all the Lobby Day fun on social media using the official hashtag, #ToothParty. For more information on the ADA's advocacy efforts, visit ADA.org/Advocacy. ■

*❶ **Excitement:** ADA President Linda J. Edgar, D.D.S., welcomes attendees to the seventh annual ADA Dentist and Student Lobby Day, which took place April 7-9 in Washington, D.C. ❷ **Leading for impact:** The ADA New Dentist Committee hosted a session exploring ways to get involved legislatively and make an impact for dentistry. Pictured here is Kayla Klingensmith, D.M.D., Parker Norman, Alayna Schoblaske, D.M.D., and James Wanamaker, D.D.S. ❸ **Action for Dental Health:** Winifred Booker, D.D.S., right, receives the 2023 Excellence in Action for Dental Health Award from Leigh Kent, D.D.S., chair of the ADA Council on Government Affairs. ❹ **In the weeds:** Randall Markarian, D.M.D., 8th District trustee, moderated a panel about the impact of the Employee Retirement Income Security Act's impact on dental practices. ❺ **Speaking up:** Haleema Kamali, a dental student at the University of Pennsylvania School of Dental Medicine, was one of the 1,200 attendees who gathered in Washington, D.C., for Lobby Day. ❻ **Giving back:** Mark Vitale, D.M.D., chair of the Give Veterans A Smile National Advisory Committee, and Adam Yang, a student at Harvard School of Dental Medicine, discussed how to give back to veterans through the Give Veterans A Smile program. ❼ **Preparation is key:** The conference featured an in-depth analysis of the issues attendees would present during their visits to Capitol Hill.*

President Biden signs $1.2T spending bill into law

Legislation funds oral health training, dental research programs

BY OLIVIA ANDERSON

President Joe Biden signed a $1.2 trillion spending bill into law March 23 that will fund the government through Sept. 30, finalizing the overdue second tranche of bills and avoiding the threat of a shutdown. The legislation includes funding for dental-related programs that address access to care, oral health literacy, dental research and workforce development.

"The bipartisan funding bill I just signed keeps the government open, invests in the American people, and strengthens our economy and national security. This agreement represents a compromise, which means neither side got everything it wanted," Mr. Biden said in a statement.

Due to the difficult budgetary climate and limits placed on discretionary spending, most recently approved oral health programs were funded at the fiscal year 2023 level, except military dental research. The Centers for Disease Control and Prevention Division of Oral Health was given $20 million, the Health Resources and Services Administration's oral health training programs were funded at $42 million, the oral health literacy campaign was given $300,000, and the Ryan White Dental Program was given $13.6 million — all the same amount as last year.

The oral health training appropriations include funds for State Oral Health Workforce grants, including continuation funding for post-doctoral training grants, predoctoral dental grants and dental faculty loan repayment program grants. They also provide funds for training in general, pediatric and public health dentistry and dental hygiene. The oral health literacy funding helps to continue an oral health awareness and education campaign across Health Resources and Services Administration divisions, directing the agency to identify oral health literacy strategies that are evidence-based and focused on oral health care prevention and education — on topics such as caries, periodontal disease and oral cancer.

The U.S. Department of Defense's Military Dental Research Program was given $12 million, a $2 million increase from fiscal year 2023, to continue advancements in the aid of wounded service members who suffer head and facial injuries in the field.

The appropriations bill includes more than $25 million in community project funding for dental and oral health initiatives nationwide. Funding includes $15 million to boost dental education in Arkansas, requested by Sen. John Boozman, R-Ark.; $3.6 million for dental clinic development and expansion in Minnesota, requested by Sen. Amy Klobuchar, D-Minn.; and $1.9 million for a dental school training clinic and equipment, requested by Sen. Patty Murray, D-Wash. Mr. Biden signed the first minibus March 9, which was a six-bill $460 billion spending package that included appropriations for Indian health and veterans.

The Indian Health Service Dental Health Program was given $252.6 million to continue its work in providing quality dental care to American Indians and Alaska Natives. The first minibus also contained a recommendation of $2.6 billion to provide dental care for veterans and to request information on the role, resources and staffing required for the Assistant Under Secretary of Health for Dentistry and the Office of Dentistry.

This package also included funding extensions for workforce programs, including the National Health Service Corps, Teaching Health Centers and Community Health Centers, through Dec. 31.

The packages' approval comes after the ADA sent a letter in September 2023 thanking Sen. Bernie Sanders, I-Vt., for introducing the Bipartisan Primary Care and Health Workforce Act. The Association expressed support for efforts to extend the State Oral Health Workforce Improvement Grant Program, oral health training programs, the Community Health Center Fund, the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program.

"These programs are crucial steps towards shoring up our nation's dental and medical workforce so that more Americans can have access to high quality health care," the letter said. "Workforce and access to care issues are among the ADA's top priorities." ■

States allowed to include adult dental benefits in 2027 EHB-benchmark plans

CMS removes prohibition on adult dental benefits as essential health benefits

BY OLIVIA ANDERSON

In a significant regulatory move, the Centers for Medicare & Medicaid Services has outlined a path to allow states to incorporate routine adult dental benefits as an essential health benefit, or EHB. The decision comes after a review of extensive stakeholder feedback, including from the ADA, and aims to help address longstanding gaps in oral health care coverage for adults across the nation.

The move is part of the U.S. Department of Health and Human Services' 2025 Notice of Benefit and Payment Parameters final rule, which aims to simplify pathways for low-income people to enroll in coverage and gives states the ability to increase access to routine adult dental services.

EHBs are a set of 10 categories of services health insurance plans must cover under the Affordable Care Act. They include doctors' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, and mental health services. Plans must already offer dental coverage for children. This category of benefits is designed to ensure that everyone who obtains health insurance through the individual or small group insurance exchanges has access to necessary health care services, regardless of their health needs.

The decision to allow adult dental benefits as an EHB comes after a reevaluation of existing regulations and interpretations of the Affordable Care Act. CMS emphasized that while routine adult dental services were traditionally not considered part of standard medical plans, they are commonly included in employer-sponsored plans, justifying their inclusion within the EHB category.

Despite suggestions from some stakeholders for the federal government to mandate the inclusion of adult dental benefits, CMS opted to leave the decision to add such services to the discretion of individual states. This move aligns with CMS' state-based approach to EHB-benchmark plans, providing states with the autonomy to tailor their coverage according to their needs.

The EHB-benchmark plan is a set of specific covered services benefits defined by each state that comprehensive individual and small group health insurance coverage must provide. Each state determines the EHB-benchmark plan within the EHB framework set by federal law, and a state may change its EHB-benchmark plan annually.

The regulation provides states with the option to include adult dental benefits in their EHB plans for qualified health plans. Unlike the pediatric dental benefit included in the original Affordable Care Act, all qualified health plans will be required to offer adult dental benefits if states choose to include them in their EHB-benchmark plan, even if a stand-alone dental plan is available in that state's marketplace. This decision by CMS has far-reaching implications at the state level. States that opt to incorporate adult dental benefits into their EHB plans must ensure adherence to various regulations, including no annual limits, limited cost-sharing, out-of-pocket maximums and network adequacy standards. Additionally, medical loss ratio requirements will apply to qualified health plans offering adult dental essential health benefits.

The ADA expressed support for the move in January, citing longstanding advocacy efforts to improve oral health care access. In a letter to CMS, the Association said there should not be any cost-sharing provisions for preventive or diagnostic dental care services.

"When a [qualified health plan] with dental coverage has a shared deductible or stand-alone dental plan has a deductible, the deductible should not apply to any preventive or diagnostic dental care services," wrote ADA President Linda J. Edgar, D.D.S., and Executive Director Raymond Cohlmia, D.D.S., in the letter, adding that there should be first-dollar coverage for all preventive or diagnostic dental care services and these services are "unfairly excluded" as coverable services for not meeting the United States Preventive Services Task Force recommendation standard.

Stacy Gardner, D.M.D., chair of the ADA Council on Dental Benefit Programs, highlighted the organization's support for the rule.

"[The] ADA appreciates CMS allowing states to classify adult dental as an essential health benefit following approval of policy by 2023 House of Delegates," she said. "However, dentists and the state dental associations must take an active role should their state elect to include adult dental benefit in their EHB-benchmark plan. Implementation must not create further burdens or confusion for dental providers or their patients."

Addressing comments raised by stakeholders, CMS clarified various aspects, including cost-sharing measures, consumer protections and network adequacy standards. Existing consumer protections applicable to EHBs will extend to qualified health plans providing adult dental benefits. However, CMS did not standardize specific cost-sharing limitations and elected to allow states who opted to incorporate routine adult dental as an EHB to choose those limitations.

Additionally, CMS emphasized the importance of network adequacy, urging states to ensure sufficient dental provider networks for enrollees. While acknowledging concerns about operational impacts and potential conflicts, CMS reiterated that states must adhere to established guidelines when updating their EHB-benchmark plans.

The rule clarifies that states will not be required to defray the costs of adding adult dental benefits to their EHB plans, offering financial relief for state-level implementation. CMS noted that dental procedures to be covered as routine adult dental services would ultimately be determined by states adding this benefit to their EHB-benchmark plan.

According to CMS, states seeking to include routine adult dental services as part of their EHB-benchmark plans must adhere to specific timelines and procedures. The earliest opportunity for states to initiate this process is through the calendar year 2025 submission cycle, with applications due to CMS on or before May 7, 2025, for implementation that would begin in plan year 2027. ■

CMS streamlines Medicaid, CHIP

Final rule prohibits annual and lifetime limits on CHIP benefits

BY OLIVIA ANDERSON

The Centers for Medicare & Medicaid Services finalized its rule overhauling the enrollment, cost-sharing and eligibility processes for Medicaid, the Basic Health Program, and the Children's Health Insurance Program, or CHIP.

CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to purchase private insurance. The final rule prohibits annual and lifetime limits on CHIP benefits to improve access to care and align with Affordable Care Act standards, which the ADA previously supported.

Elizabeth Simpson, D.M.D., chair of the ADA Council on Advocacy for Access and Prevention, expressed support for the final rule, highlighting the importance of removing annual limits for CHIP beneficiaries.

"We commend CMS for releasing this rule and recognizing that Medicaid and CHIP beneficiaries still face barriers towards getting needed dental care," she said. "Removing the annual limits for CHIP beneficiaries allows dentists to complete dental treatment plans without worrying about the costs towards families and helps improve the overall oral health of children."

In a November 2022 letter to CMS, the ADA provided comments on the proposal by saying they "appreciate the recognition that children should not have limits placed on their dental benefits just as adults do not have annual or lifetime limits placed on benefits offered through their plans. The impact of these restrictions is mostly likely to be felt in those families the greater their poverty level."

The ADA further stated "it has been observed that the greater a family's poverty level, those with incomes less than 100% of federal poverty guidelines, the more likely children and adolescents were to have had caries and they also had twice the prevalence of untreated caries than with children and adolescents in families with incomes greater than or equal to 200% of [federal poverty guidelines]. We believe lifting these annual and especially lifetime limits on dental benefits within the CHIP program will help treatment of childhood caries as well as help adolescents when they face new treatment issues, including necessary dental and orthodontia care."

Currently, 13 states place either an annual or lifetime dollar limit on at least one CHIP benefit, according to the rule. Twelve of these 13 states place an annual dollar limit on at least one CHIP benefit, including Alabama, Arkansas, Colorado, Iowa, Michigan, Mississippi, Montana, Oklahoma, Pennsylvania, Tennessee, Texas and Utah. A majority of these 12 states had an annual dollar limit on dental benefits for CHIP beneficiaries. Additionally, six of these 13 place a lifetime dollar limit on at least one CHIP benefit, including Colorado, Connecticut, Mississippi, Pennsylvania, Tennessee and Texas.

The final rule also eliminates waiting periods for CHIP. States will no longer be able to lock out CHIP beneficiaries for failure to pay premiums and implement pre-enrollment waiting periods.

Within the Medicaid program, "this rule aligns enrollment and renewal requirements for most individuals in Medicaid; establishes beneficiary protections related to returned mail; creates timeliness requirements for redeterminations of eligibility; makes transitions between programs easier; eliminates access barriers for children enrolled in CHIP by prohibiting premium lock-out periods and benefit limitations; and modernizes recordkeeping requirements to ensure proper documentation of eligibility determinations," according to the final rule summary.

The regulations are slated to be effective 60 days from the rule's publication in the Federal Register on April 2 ■

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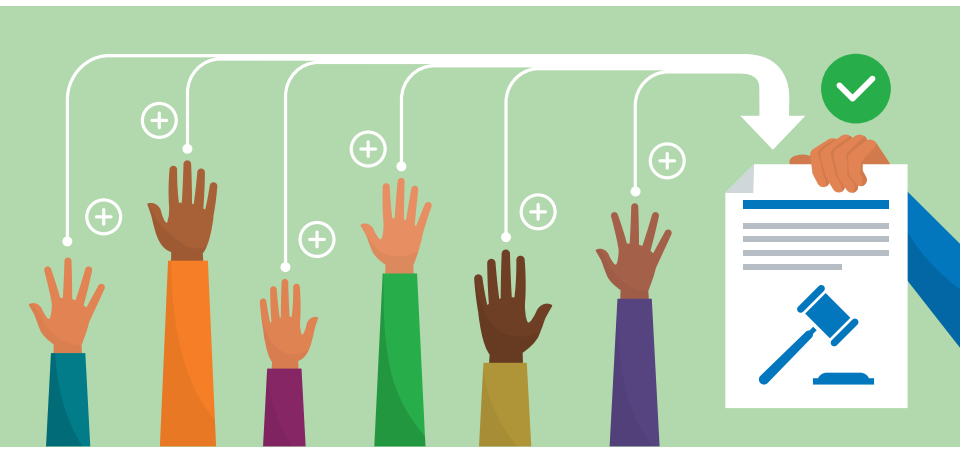
AROUND THE ADA

Dentists ask court to certify class action in lawsuit against Delta Dental

Dentists allege benefits company violated antitrust laws



BY KELLY GANSKI

A group of dentists is asking a judge to certify their case against Delta Dental as a class action lawsuit, alleging the company suppressed reimbursement rates.

It's the latest in an ongoing battle between dentists the Delta Dental Plans and the Delta Dental Plans Association. In 2019, the ADA filed a class action lawsuit, alleging that Delta violated the antitrust laws by agreeing to reduce reimbursements to participating dentists through territorial restrictions, fix prices for specific dental goods and services and restricting competition from other competitors.

Numerous individual dentists also filed class action complaints against Delta, and the allegations in the various complaints were later combined into a single consolidated complaint. Judge Elaine Bucklo, of the federal court for the Northern District of Illinois, is presiding over the consolidated pretrial proceedings in the litigation.

In February, the plaintiffs filed a motion asking the court to certify the case as a class action on the grounds that roughly 240,000 dental providers have been substantially harmed by the alleged conspiracy and that evidence common to the proposed class confirms the existence of the conspiracy to suppress reimbursement rates.

The plaintiffs are asking the court to certify a class of all dental providers who provided dental goods or services to a Delta Dental insured and were reimbursed directly by a one of the Delta defendants and who were subject to a Delta Dental participating provider agreement (excluding HMO and public entitlement plans) in the United States from Oct. 11, 2015, to Dec. 31, 2022. The plaintiffs are seeking appropriate money damages to be awarded to class members as well as an injunction making Delta change its practices.

The Delta defendants filed a motion to dismiss the consolidated complaint, but Judge Bucklo issued an opinion denying Delta's motion in September 2020. The parties then embarked on several years of intensive discovery, exchanging voluminous documentation and taking nearly 200 depositions.

In December 2023, in response to a subpoena requiring the ADA to produce one or more of its employees to appear for a deposition, two members of the ADA's senior staff provided deposition testimony on behalf of the ADA.

The court's ruling on whether to certify the case as a class action will be an important milestone in the litigation, according to the ADA's legal division. Under the court's current scheduling order, Delta's response to the plaintiffs' class certification motion is due June 18, followed by additional discovery and further briefing to be completed by Dec. 19. At the conclusion of the briefing, the court will set a date for a hearing on the motion for class certification. Following the court's ruling on the issue of class certification, the court will set a schedule for further pre-trial proceedings.

ADA News will continue to update members when there are developments in the case. ■

Gaining momentum: License portability on the horizon

Maine activates Dentist and Dental Hygienist Compact

BY OLIVIA ANDERSON

Maine has officially joined the Dentist and Dental Hygienist Compact, becoming the seventh state needed for the compact to reach its next stage.

On April 22, Gov. Janet Mills signed into law Legislative Document 2137, which entered Maine in to the Dentist and Dental Hygienist Compact, an interstate agreement that supports license portability among dental professionals. The Dentist and Dental Hygienist Compact enables dentists and dental hygienists to practice in other states participating in the compact rather than obtain individual licenses in every state they want to practice.

ADA President Linda J. Edgar, D.D.S., said dental professionals across the country have expressed concern over the workforce challenges and long patient wait times.

"Yet, when trained, experienced dentists and hygienists move to a new state, they face the same barriers to getting a license as those who have never practiced before. The compact will help alleviate workforce challenges in these states and states that join in the future," she said.

Now that seven states have joined the compact, a commission with one representative from each of the first seven states will create the application process and be in charge of vetting applications for license portability.

Dental professionals who apply for compact privileges must undergo an FBI background check, have their eligibility verified and complete jurisprudence requirements before receiving a privilege. Practitioners using the compact need to have an active, unencumbered license and must have graduated from a Commission on Dental Accreditation-accredited program.

According to an ADA news release, partners in the compact expect the first compact privileges to be issued in about one year.

Maine joins Kansas, Virginia, Iowa, Washington, Tennessee and Wisconsin in passing the legislation. It is currently pending in Minnesota, Colorado, Missouri, Ohio, Pennsylvania and New Jersey.

The Dentist and Dental Hygienist Compact, created in part by a grant from the Department of Defense, will also benefit military families, who are often assigned to a duty station for a limited amount of time. If a family is relocated to a state with a compact privilege, the service member or spouse can continue to work without having to obtain a new license.

Virginia Dental Association President Dustin Reynolds, D.D.S., expressed support for the seventh state passing the compact, which he said "enables a straightforward, predictable path to begin practicing while protecting patients in Virginia."

"Especially for the active-duty military families who call Virginia home, many of whom have family members who work in health care, the compact provides one more options to avoid licensure delay in meeting oral health care needs in our communities," Dr. Reynolds said.

Wisconsin Dental Association President Chris Hansen, D.D.S., said Wisconsin passed the legislation unanimously.

"The compact is an important part of the WDA's goal to grow and strengthen the dental workforce in Wisconsin, and we're excited to see it now take effect," Dr. Hansen said.

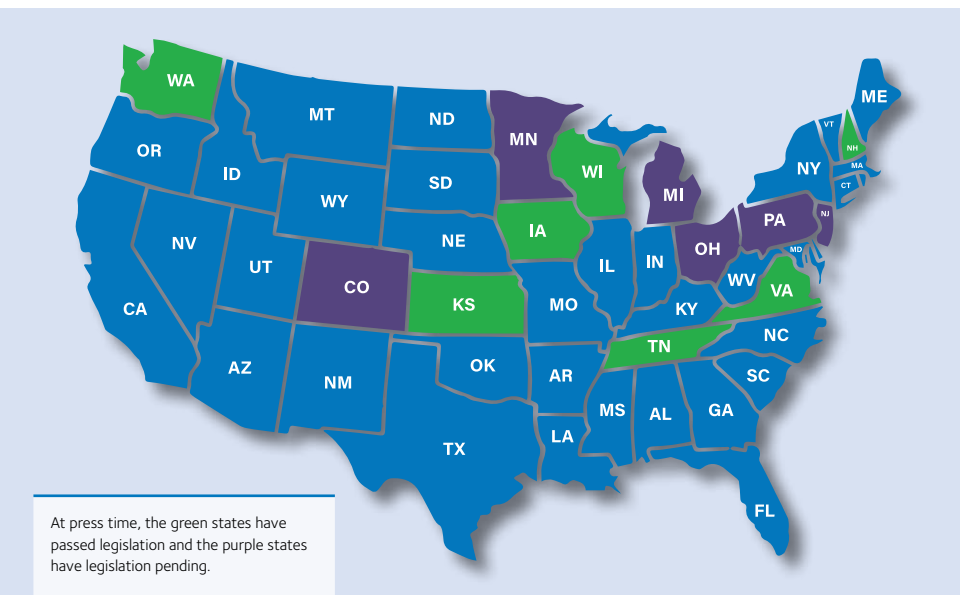
Iowa — which was the first state to join the compact — received unanimous support from the legislature and the Iowa Dental Association, noted Iowa Dental Association member Brian Howe, D.M.D. He added the compact serves as "the change in dental licensure we have been waiting for."

"I am excited to see how we progress as other states join the DDH Compact and continue to expand the portability for dentists in the U.S. This is an achievement that has been a long time coming," Dr. Howe said.

Andrea Hayes, executive director of the Tennessee Dental Association, expressed excitement over Tennessee being one of the first to pass the compact last year.

"As a state that shares a border with eight other states, the compact could facilitate better access oral health care and have a positive impact on the provider shortage as additional border states are added," she said.

For more information about the compact, visit ddhcompact.org. ■



At press time, the green states have passed legislation and the purple states have legislation pending.

SCIENCE & TECH

May JADA examines advances in digital radiography

AI's degree of influence higher than other emerging technologies

BY DAVID BURGER

Advances in digital radiography have increased diagnostic capabilities and have the potential to have a substantial influence on dentistry as these systems mature, according to a study published in the May issue of The Journal of the American Dental Association.

The cover story, "Surveying the Landscape of Diagnostic Imaging in Dentistry's Future: Four Emerging Technologies of Promise," examines the history and background of four emerging technologies along with their development and potential impact on the practice of diagnostic imaging.

The four technologies discussed are artificial intelligence, dental magnetic resonance imaging, stationary intraoral tomosynthesis and second-generation cone-beam computed tomography.

The degree of influence most likely will vary, with artificial intelligence being the most influential of the four, according to the authors, Donald A. Tyndall, D.D.S., Ph.D.; Jeffery B. Price, D.D.S.; Laurence Gaalaas, D.D.S.; and Rubens Spin-Neto, D.D.S., Ph.D. However, they argue, the four technologies reviewed in the article all hold promise in improving imaging diagnostics in dentistry.

See JADA, Page 19

New ADA Seal category announced

BY DAVID BURGER

The ADA Seal of Acceptance program has added a new category: Orally Administered Analgesics for the Temporary Management of Acute Dental Pain.

"As dentists take on a bigger role in stewardship of opioid prescribing, the category will help practitioners and consumers identify products to provide temporary pain relief between dental appointments, and which meet the ADA Seal's high standards for dental product safety and efficacy," said Purnima Kumar, D.D.S., Ph.D., professor of dentistry, chair of the department of periodontology and oral medicine at the University of Michigan School of Dentistry and chair of the ADA Council on Scientific Affairs.

According to ADA-endorsed guidelines, nonsteroidal anti-inflammatory drugs — NSAIDs — have been shown to be more effective at reducing pain than opioid analgesics and are therefore recommended as the first-line therapy for acute pain management.

"This new Seal category helps to translate this research into actionable steps to benefit the patient," Dr. Kumar said.

In 2023 and 2024, respectively, two ADA-endorsed guidelines were published on pharmacological management of acute dental pain in children, adolescents, adults and older adults. To read the guidelines, visit ADA.org/resources/ada-library/oral-health-topics/oral-analgesics-for-acute-dental-pain.

More than 350 over-the-counter dental products sold to consumers carry the ADA Seal of Acceptance, and the ADA is accepting applicants for the Seal program.

To learn more, visit ADA.org/seal. ■

New from the ADA

New!
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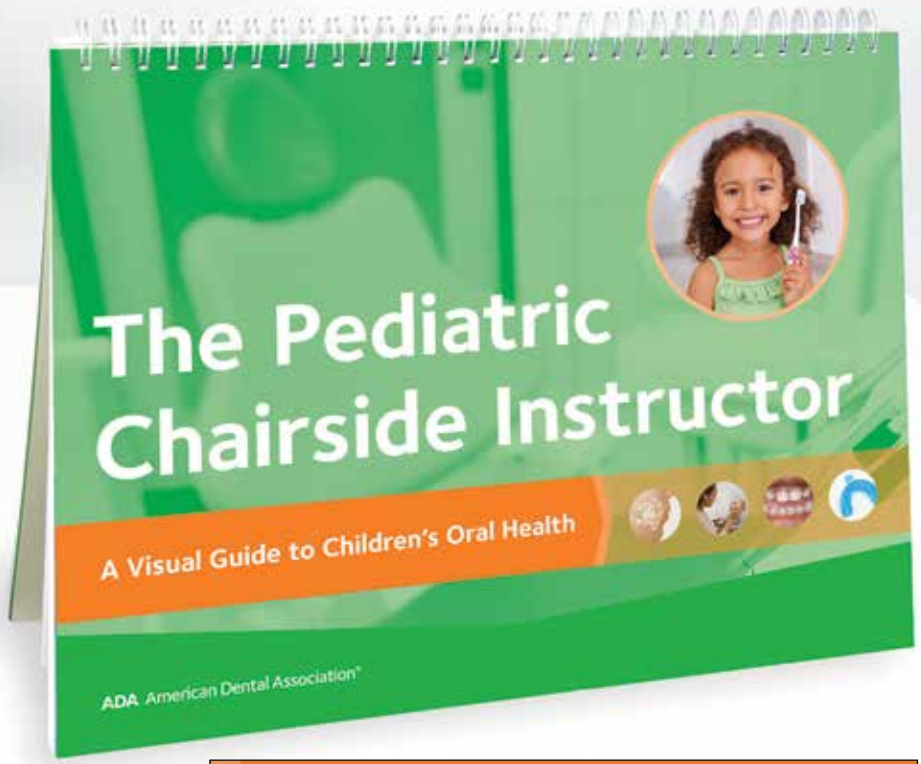

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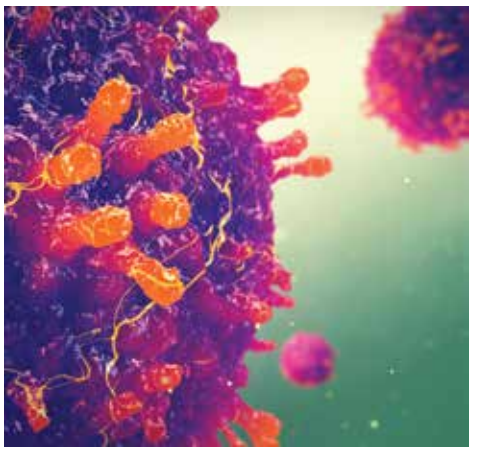
CDC offers interim infection control guidance in light of rising measles cases

Dentists should be vaccinated, adhere to standard precautions



BY MARY BETH VERSACI

As measles cases rise in several U.S. states, the Centers for Disease Control and Prevention is reminding health care workers, including dentists and their team members, to receive the measles-mumps-rubella vaccine if they are not already vaccinated and adhere to standard precautions in the workplace.

As of April 26, 19 states have reported a total of 128 measles cases. In comparison, there were 58 cases in all of 2023.

The CDC advises its interim infection prevention and control recommendations for measles in health care settings should be implemented by facilities in the context of a comprehensive infection prevention program to prevent transmission of all infectious agents among patients, health care personnel and staff.

The CDC's recommendations include:

- Ensuring health care personnel have presumptive evidence of immunity to measles. If they do not, they should get two doses of the MMR vaccine, separated by at least 28 days.
- Rapidly identifying and isolating patients with known or suspected measles.
- Adhering to standard and airborne precautions for patients with known or suspected measles.
- Routinely promoting and facilitating respiratory hygiene and cough etiquette. This could include posting visual alerts on these topics at the facility entrance and in common areas.
- Appropriately managing exposed and ill health care personnel.

The CDC previously issued a health advisory stating all U.S. residents traveling internationally and all children should be current on their MMR vaccine. Most cases reported this year have been among children aged 12 months and older who had not received the MMR vaccine.

Measles is highly contagious. One person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact, according to the CDC. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs or sneezes. The virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Symptoms include tiny white spots inside the mouth, high fever, cough, runny nose, rash and red, watery eyes.

States with measles cases include Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Vermont, Virginia, Washington and West Virginia.

To learn more, visit cdc.gov/measles. ■

JADA *continued from Page 17*

"The readers are informed about these emerging technologies and the potential effects on their practice going forward, giving them information on which to base decisions on adopting [one] or more of these technologies," the authors wrote. "The [four] technologies reviewed in this article have the potential [for] leading to better patient care and heightened professional satisfaction."

Other articles in the May issue of JADA discuss penicillin allergy reassessment for treatment improvement; prognostic factors associated with pulp status in patients with cracked teeth treated by occlusal veneers; and the prevalence of complete edentulism among Americans over the age of 65.

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

National Opportunities

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AROUND THE ADA

ADA workshop to take deep dive into periodontal surgery

Two-day event scheduled for June 14-15 in Chicago offers 14 CE credits

BY DAVID BURGER

Dentists can learn the practical surgical skills needed to diagnose and manage periodontal cases at an ADA Continuing Education live workshop in June.

Periodontal Surgery: A Clinical Techniques Hands-On Workshop is scheduled for June 14-15 at ADA Headquarters in Chicago and offers 14 CE credits.

The presenters are Kevin R. Suzuki, D.M.D., who is a clinical assistant professor at Temple University and on the affiliate clinical faculty of the University of Washington; and Jon B. Suzuki, D.D.S., Ph.D., clinical professor at the University of Maryland, University of Washington and Nova Southeastern University and professor emeritus at Temple University.

The father-son duo said in a joint statement that restorative dentists in current practice settings could significantly improve clinical outcomes of their patients while augmenting previously untapped income streams.

"It is becoming increasingly important to have the clinical skills to offer basic periodontal surgical techniques including crown lengthening, soft tissue augmentation, and ridge preservation-bone grafts to restorative dental patients," they said.

"This workshop will offer opportunities to learn or sharpen existing clinical periodontal skills usually not covered in dental schools."

Register today for this live workshop at ADA.org/education/continuing-education/ada-ce-live-workshops/periodontal-surgery. ■

EDUCATION

Get to know Ohio State University College of Dentistry

BY MARY BETH VERSACI

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

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

From the year it was established to its total enrollment across all programs, learn more about the Ohio State University College of Dentistry in the fact box below, and stay tuned for details about more schools in upcoming ADA News issues. ■

DENTAL SCHOOL Snapshots

THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY

Location: Columbus, Ohio
Year established: 1890
Dean: Carroll Ann Trotman, B.D.S.
Total enrollment: 640

FUN FACT:

The Ohio State University College of Dentistry is the **only state-supported dental school in Ohio** and one of **seven health science colleges** on Ohio State's campus.

Photo courtesy of Ohio State University College of Dentistry

Study break: Ohio State University College of Dentistry students have fun with Ohio State mascot Brutus Buckeye.

HPI CORNER

DENTIST BUSYNESS

More than one-third of dentists participating in a March panel reported that in the last three months, they were not busy enough at work and could have treated more patients. Conversely, 38% of dentists indicated they were either too busy to treat all patients requesting care or they treated all patients requesting care but were overworked.

Source: ADA Health Policy Institute. Economic Outlook and Emerging Issues in Dentistry. Q1 2024 main report. Available from: ADA.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues.

Iowa dental student shows appreciation of basketball phenom Caitlin Clark

Basketball star inspires unique tribute made of Rubik's Cube tiles

BY DAVID BURGER

Brian Dang, a fourth-year student at the University of Iowa College of Dentistry and Dental Clinics, is a huge women's basketball fan.

Thank Caitlin Clark for that.

"I never really paid attention to women's basketball prior to Caitlin Clark," said Mr. Dang. "I have been in Iowa City for eight years because I went to engineering school here, and it is crazy how Caitlin Clark has made me a fan of women's basketball ever since she made a huge impact to the game. So, she has definitely made me a bigger fan."

Ms. Clark is the NCAA Division I all-time leading scorer and arguably one of the greatest players in college basketball history. She has led her University of Iowa team, not to mention all of women's basketball, to unprecedented heights and attention in her collegiate career, which wrapped up in April after a loss in the NCAA women's championship game.

Mr. Dang has made his fandom apparent with a unique approach to artwork using Rubik's Cube panels to create mosaics of people and objects.

"I got into Rubik's Cubes in high school, and I loved the challenge of it," he said. "I decided to make artwork out of it, and I wanted to make Caitlin Clark because of how much she has impacted our community here in Iowa City."

It took him about 720 Rubik's tiles and 10 hours to create his 16-square-foot artwork of Ms. Clark.

He hopes his artwork doesn't lie forgotten in the closet as he embarks on a general dentistry career in Iowa after graduation.

"I want to have Caitlin Clark sign it, and I want to create a more memorable picture on the other side of the artwork since the other side is unsolved," Mr. Dang said. "After that, I want to see if [Iowa's Carver-Hawkeye Arena] would hang it up to show how much this women's basketball team has not only made a big difference in the game of basketball but this community." ■

Photo by Brian Dang

Phenom: *Iowa dental student Brian Dang stands next to his 16-square-foot artwork of basketball star Caitlin Clark made of Rubik's Cube tiles.*

ACCESS TO CARE

'Repairing the world,' one smile at a time

Save a Smile celebrates more than two decades of supporting children's oral health

BY DAVID BURGER

Retired pediatric dentist Bruce Weiner, D.D.S., was brought up with the value that in Hebrew is known as "tikkun olam."

"Tikkun olam really means repairing the world," he said. "But we can't do it all at once. We have to do it a little bit at a time."

For Dr. Weiner, that meant being instrumental in helping start Save a Smile and being a supportive volunteer of the Fort Worth, Texas-based program until the day he retired.

Led by Cook Children's Health Care System, Save a Smile is celebrating its 21st anniversary of "helping kids smile and being the healthiest they can be," said program founder Tonya K. Fuqua, D.D.S., director of children's oral health at Fort Worth's Cook Children's Center for Community Health.

The program was inspired by the ADA Foundation's national Give Kids A Smile program, which celebrates its 22nd anniversary this year. More than 7 million underserved children have received free oral health services through the GKAS program. One of the main objectives is to provide care and find dental homes for as many underserved children as possible.

"We truly did create Save a Smile after our first year of doing Give Kids A Smile, when a main board member for our hospital thought it was a good idea to start something year-round," Dr. Fuqua said.

Since the program's inception, Save a Smile has coordinated dental care for the community's most underserved children, utilizing a social service component to make it all happen. The program works to increase access to dental care by engaging a large network of volunteer dental providers and enlisting the assistance of many community organizations.

Save a Smile started with just five elementary schools in one school district targeting children from pre-kindergarten through third grade.

The program serves 21 elementary schools in three school districts in the Fort Worth area, impacting all students in those schools, which range from preschool to sixth graders.

The program has included 107 volunteer dentists over the years, of which around 80 provide care in their private practices and offer comprehensive services completely free of charge to the families. Over the past 20 years, volunteers have screened over 125,300 children and treated nearly 5,800. They've performed over 76,200 dental procedures.

To date, the program has orchestrated more than $11.4 million in donated dental services.

Save a Smile goes a step beyond and provides social services to support completion of dental treatment. Community health workers reach out to families to communicate screening results, assess resources and determine the family's needs for translation, transportation and social services. A licensed social worker oversees the community health workers.

Community health workers assist with obtaining all basic necessities to allow dentistry to become a priority, keeping children healthy and in school, ready to learn and grow Dr. Fuqua said.

"The program helps move families out of crisis while providing them the tools they need to obtain stability," she added.

Dr. Fuqua is optimistic about the future and willing to help other locales across the country establish their own homegrown programs.

"The ultimate goal is to expand this all around Texas and beyond," she said. "This is such a replicable model and can be done in any area, large or small, and at a variety of levels tailored for the area and capacity. We would love to share our success, lessons learned and everything that we have developed for others to take the idea and run with it."

"We can't just keep drilling and filling because that alone is not making the bigger difference," Dr. Fuqua said. "If we don't figure out better ways to change behaviors, educate and inform people and to start early before a child is ever born, then we are always going to be chasing our tails."

To learn more about the ADA Foundation's Give Kids A Smile program, visit ADA.org/GKAS. ■

Photo courtesy of Save a Smile

Comprehensive: *Two dental hygiene students play with a Save a Smile patient at Tarrant County College Hygiene School, where the hygiene students provide all the preventive services for Save a Smile children at no cost to their families. The school provides time for a dental exam by a volunteer dentist, teeth cleaning, fluoride, radiographs, oral hygiene instructions and sealants by the hygiene students.*

Commissioners halt water fluoridation in southwest Florida county

Community had been fluoridating its water supply since 1985

BY DAVID BURGER

There is only one word to describe why the Collier County commissioners decided to terminate fluoridation of the area's water supply, said Alexis Diaczynsky, D.D.S., president of the Collier County Dental Association.

"Politics," she said.

Collier County commissioners unanimously agreed in February to end the addition of fluoride in the county's public drinking water system after nearly three hours of often-impassioned debate at the commission meeting.

The commissioners cited "health freedom" as a reason, pushed by a phalanx of anti-fluoridation activists.

The community, encompassing Naples and located in southwest Florida, had been fluoridating its water supply since 1985.

"With the little time we had to educate and inform the commissioners about water fluoridation, we did our best to refute the bogus science that was being handed to [the commission]by the anti-fluoridationists," said Dr. Diaczynsky. "We got involved because we know how important it is to have something equitable in place like fluoridation that can reach all of the individuals in our community.

Dr. Diaczynsky

American Fluoridation Society President Johnny Johnson Jr., D.M.D., a Florida-based pediatric dentist who works closely with the ADA National Fluoridation Advisory Committee, which coached the local contingent on how to combat the rise of anti-fluoridation activists, said the commission passed ordinances last year — one called the Collier County Health Freedom Bill of Rights — that dealt with COVID-19-related issues to "protect" the residents against having to follow mask mandates and other requirements.

The ordinance stated that numerous county residents have expressed their concerns to the board of commissioners over "the federal government's and the World Health Organization's attempts to impose public health mandates and limit an individual's health care freedoms and rights."

A related ordinance said, "It is unlawful in any circumstance to mandate any medical protocol, experimental drug, medical procedure, medication, device, biological agent, toxin, radioactive exposure or medical treatment on any patient or citizen in Collier County."

"The commissioners contended that they would be breaking their own law if they did not follow the ordinance," Dr. Johnson said.

Dr. Diaczynsky said the argument from the commissioners is that fluoride is a drug being mandated on citizens.

"Fluoride is not a drug or a medicine; fluoride is a mineral," she said.

April Donahue, executive director of the Collier County Medical Society, spoke on behalf of the CCMS board of directors at the commission meeting to echo the comments offered by her Florida Dental Association colleagues, asking commissioners to vote no on the removal of fluoridation from our county water.

"Fluoridation to the recommended level is not just an important method for good dental health, but for good overall health," she told the commissioners. Drs. Johnson and Diaczynsky are not giving up.

"We will also work to elect to office commissioners who will reinstate water fluoridation in Collier County," Dr. Diaczynsky said. ■

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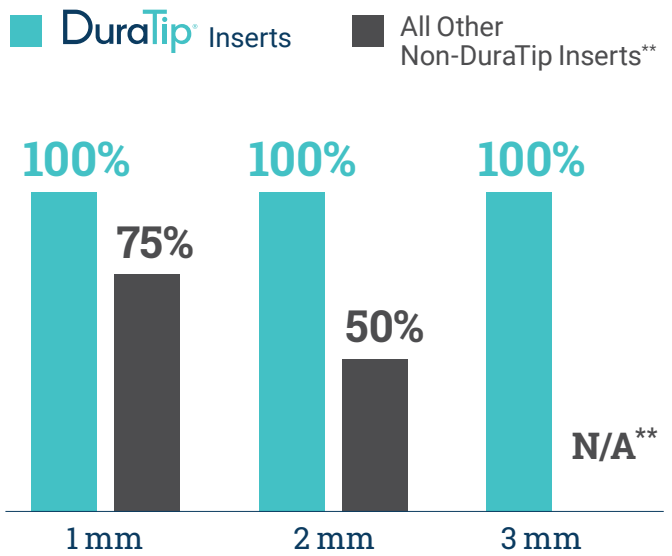

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