

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

09.12.22

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EDUCATION

SPECIAL ISSUE:

Why do you want to be a dentist?

DENTAL STUDENTS SHARE REASONS FOR PURSUING PROFESSION

BY DAVID BURGER AND MARY BETH VERSACI

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ADA News asked current dental students why they decided to pursue dentistry.



Jackson Downey

UNLV SCHOOL OF DENTAL MEDICINE

"I want to be a dentist because it provides me with the privilege to serve others in the health care field while enhancing one of the most noticeable aspects of an individual — one's smile. Growing up in a household that valued maintaining good dental hygiene, becoming a dentist allows me to promote the importance of oral health in my community and play a part in bridging the gap in oral health disparities."

— Kynneddy Kelly, Indiana University School of Dentistry, Class of 2023

"As I continued through high school and began college, while considering my future career, I realized that what my dad did as a dentist was very similar to what I loved about building model airplanes. He used his hands and tools to precisely turn broken, deficient teeth into a perfect recreation of what was originally there, all while giving people a reason to smile."

— Jackson Downey, University of Nevada, Las Vegas School of Dental



Jenna Chun

VCU School of Dentistry

one of the few fields that combines creativity, science, entrepreneurship and patient interaction."

— Rayna Means, University of Alabama at Birmingham School of Dentistry, Class of 2025

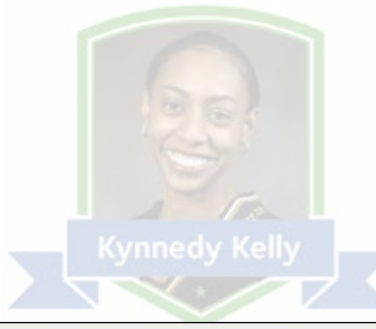


John Pelton

NYU DENTISTRY

"My decision to pursue a career in dentistry has been influenced by so many of my life experiences. I want to become a dentist because I am passionate about the health sciences — specifically, the intersection of medicine and dentistry. I care deeply about providing care to those in need and improving access to care, and I receive incredible joy and fulfillment from developing meaningful relationships with my patients, colleagues and mentors."

— John Pelton, New York University College of Dentistry, Class of 2023



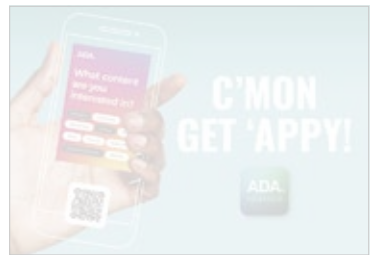
Kynneddy Kelly

Back to School



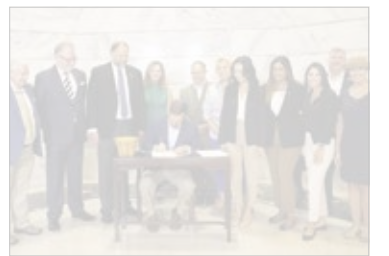
04 Pathways to Dentistry

ADA News series spotlights dentists who pursued careers in academia



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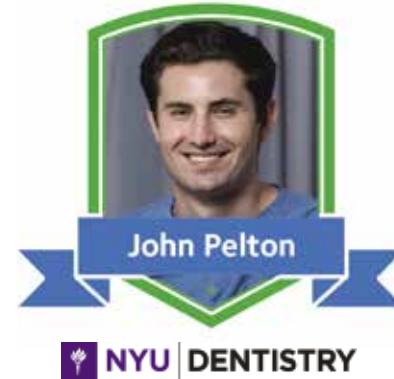


"With my massive sweet tooth, I grew up at the dentist and trusted them. I want to create that relationship with my patients while educating them about prevention and oral health."

— Jenna Chun, Virginia Commonwealth University School of Dentistry, Class of 2024



"I want to become a dentist to help people improve their health and restore their confidence in themselves. After all, the most powerful social tool we have is our smile. Also, I chose dentistry because it is



"My decision to pursue a career in dentistry has been influenced by so many of my life experiences. I want to become a dentist because I am passionate about the health sciences — specifically, the intersection of medicine and dentistry. I care deeply about providing care to those in need and improving access to care, and I receive incredible joy and fulfillment from developing meaningful relationships with my patients, colleagues and mentors."

— John Pelton, New York University College of Dentistry, Class of 2023



"I have always wanted to be a dentist because I love working with my hands and am very detail oriented. The idea of treating patients and assisting them in protecting their oral health is a privilege to experience."

— Danielle Silver, University of Pennsylvania School of Dental Medicine, Class of 2023



— burgerd@ada.org
— versacim@ada.org

Back to School



04 Pathways to Dentistry

ADA News series spotlights dentists who pursued careers in academia



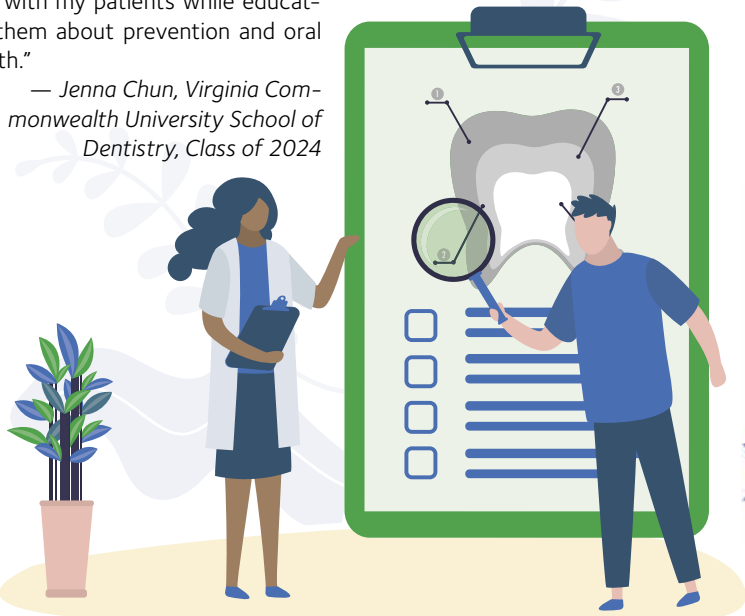
07 ADA Member App

Re-imagined app will debut at SmileCon in Houston



22 Dental insurance reform

State dental societies celebrate successes nationwide





Financing a dental education

BY JENNIFER GARVIN

The cost of dental school can be overwhelming, but it doesn't have to be.

Becoming a dentist is considered a good investment. The key is being prepared for the costs and understanding how financial aid and student loans work.

"To a certain extent, I had an understanding of what to expect, but it can be hard to plan when the cost of tuition is so volatile," said Jeffrey Kerst, D.D.S., a 2019 graduate of the Louisiana

State University School of Dentistry. "My ballpark figure was graduating with \$250,000 in debt but it ended up being closer to \$300,000."

In addition to paying tuition, dental students also need to factor in living expenses, the cost of equipment and school fees.

"Do your best to break down the costs of school and ensure that your educational choices have a good return on investment," Dr. Kerst said.

Here are some tips on how to leave school with the least amount of debt:

- Financial aid. Try and determine your financial

aid eligibility as soon as possible — even before being accepted by a dental school. Do this by completing the Free Application for Federal Student Aid form. The U.S. Department of Education recommends filling out the form early and creating an FSA ID, which can take up to three days. You will also need your Social Security number, driver's license number, federal income tax return, records of untaxed income and assets, and a list of the schools you are applying to.

- Apply for federal student loans. There are both federal and private student loan options available but federal loans such as Plus or Grad Plus loans tend to have lower interest rates. The eligibility requirements, interest rates and repayment terms for private loans can vary depending on the institution. Learn more at StudentAid.gov.

- Consider the military. The armed forces also offer opportunities for financial support in exchange for service. The F. Edward Hébert Armed Forces Health Professions Scholarship Program permits selected students to be commissioned as officers in the Army Reserve while in school and then transition to active duty upon graduation. The Air Force Financial Assistance Program for dental residencies can help those dentists completing a residency, and the U.S. Navy Health Professions Scholarship Program offers tuition coverage in return for a three- or four-year commitment.

- Look into federal programs. The Indian Health Service, National Health Service Corps and U.S. Department of Veterans Affairs offer scholarship programs for students and substantial loan repayment options. The National Health Service Corps Scholarship Program awards scholars who provide care in health professional shortage areas. While in school, dental students are also eligible to apply to the NHSC Students to Service Loan Repayment Program, and the NHSC Loan Repayment Program is an option after graduation. For more information and to learn when the next application cycles open, visit the NHSC website or find open positions at NHSC-approved sites on HRSA's Health Workforce Connector.

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The IHS Loan Repayment Program rewards clinicians working at Indian Health Service facilities, Tribally-Operated 638 Health Programs and Urban Indian Health Programs in exchange for an initial two-year service commitment to practice in health facilities serving American Indian and Alaska Native communities.

The Department of Veterans Affairs also offers the Education Debt Reduction Program and Student Loan Repayment Program.

The ADA has compiled resources for new dentists and students to help them navigate student loan repayment programs, including a list of state-specific resources. The resources are available for download at ADA.org/StudentLoans. The Association also has tips for navigating debt at ADA.org.

The ADA continues to prioritize student loan reform in order to alleviate the financial hardship for many dentists and dental students. Learn more about the ADA's advocacy efforts on this issue at ADA.org/HigherEd. ■

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New Dentist blog seeking voices

BY DAVID BURGER

The ADA's award-winning New Dentist blog is seeking contributors interested in writing about their experiences and insights on the unique challenges facing early career dentists who graduated from dental school fewer than 10 years ago.

From managing student debt, navigating employment contracts and acquiring a practice to avoiding burnout and choosing a career path, the goal of the New Dentist blog, newdentistblog.ada.org, is to be the go-to place for early career

dentists seeking to learn from fellow new dentists on what challenges they can expect after graduation and what they can do.

ADA | new dentist 

Current guest bloggers recently shared their experiences on the importance of continuing education, the impact of mentors and a series on lessons learned in the business side of dentistry.

Contributors must be dentists who graduated from dental school fewer than 10 years

ago. New dentists from various fields in dentistry — from associates and practice owners to general dentists and specialists and those working in public health and the military — are welcome to contribute.

ADA staff can offer guidance on topics but contributors are encouraged to offer insights and learned lessons from their own professional experiences. ADA staff will also be a resource for editing and reviewing submissions.

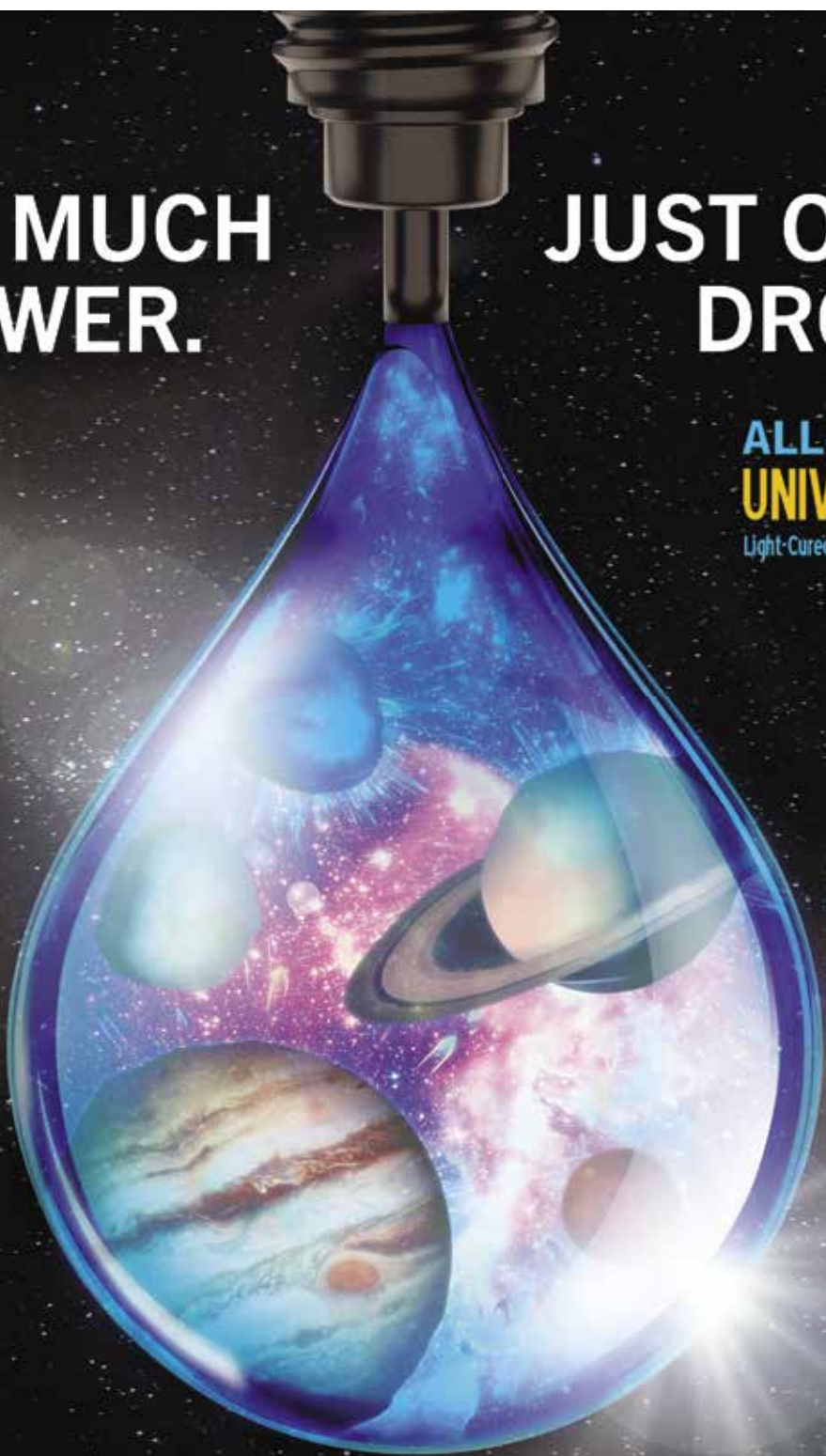
Created by the New Dentist Committee of the American Dental Association, the New Dentist blog launched in 2013.

Visit the blog at newdentistblog.ada.org to learn more or to read recent articles. For more information on becoming a guest blogger, contact David Burger at burgerd@ada.org. ■

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Pathways to Dentistry: Academia

Dentists say working at dental schools offers rewards from shaping next generation of profession

BY DAVID BURGER

Editor's note: This is the latest article in a series that celebrates the diversity of career paths in dentistry and the Association's efforts in supporting dentists' career choices in the profession.

Elizabeth Simpson, D.M.D., a clinical assistant professor at the Indiana University School of Dentistry, said she sought a career as a faculty member because she was inspired by her own experiences as a dental student.

"My father was diagnosed with stage 4 renal cell carcinoma two months into my first year of dental school," Dr. Simpson said. "He eventually passed three days after I took part II of the National Board Dental Examination near the end of my third year. I received such strong support from the faculty at the Tufts University School of Dental Medicine that I wanted to be able to create the academic experience for students that [my] faculty was able to create for me. I truly felt like the faculty wanted me not just to graduate with my dental degree, but to succeed and thrive."

In dental school, students begin thinking about how they want to practice dentistry.

One of the options includes being a faculty member at a dental school — sometimes at the same place they learned the art and science of dentistry.

Whether it is a desire to participate in research that furthers the profession or play a role in molding the next generation of dentists, many in the profession relish their careers in academia.

"Among many different career pathways for dentists is the opportunity to pay it forward by being a faculty member at a dental school and impacting the bright future of our profession," said ADA President Cesar R. Sabates, D.D.S. "We should promote awareness among predoctoral and allied dental students, advanced education residents, as well as fellows of the value and importance of academic careers, as this next generation is the one who will continue our traditions of providing optimal health for all."

LANDSCAPE OF FACULTY 'ENGAGEMENT'

According to a policy brief from the American Dental Education Association, the dental faculty landscape is undergoing significant change. With data indicating that over 40% of faculty at academic dental institutions are over 60 years old, "creating opportunities and interest in academic dentistry careers has taken on elevated importance," according to the authors of the brief.

Opportunities may be increasing, judging from the growth of the number of dental schools and rising enrollment.

According to the ADA Health Policy Institute, the number of dental schools in the U.S. steadily increased from the 1950s into the 1980s, reaching a then-peak of 60. A wave of closures occurred in the late 1980s and early 1990s. Since 1997, there has been a net gain of more than a dozen dental schools.

Total predoctoral enrollment is currently at its highest level historically, according to the HPI, with 26,228 students enrolled in the 2021-22 academic year, compared with 21,278 in 2011-12.

Pathways to dentistry

All of that data shows an increase in the need of willing faculty members to teach the growing numbers of students wanting to become dentists.

Dr. Simpson said that the profession has to get away from the notion that people should go into academia near the end of their career.

"We need more mid-career people to work at dental schools," she said. "Our profession, and the world, is changing so much. To create the experience in school that young people are expecting and demanding — and paying for — [is to] adapt to the times, and the mid-career



dentist is in a good place to help understand and meet those needs."

Those needs include paying off student loan debt, she added.

"The huge elephant in the room is obviously the cost of dental education and many people who would love to go into academia can't afford it," Dr. Simpson said. "For me, I had to take a hard look at my finances and wants when I left full-time patient care because I took a fairly significant pay cut. For me, downsizing my car, [bringing] lunches and some other changes — some big and some small — were totally worth it for the absolute joy I have going to work. I am truly living the 'if you love what you do, you'll never work a day in your life' now that I'm in academia."

Loan payment assistance programs incentivize graduates to pursue careers as faculty members in health profession schools as well as biomedical and behavioral research careers, according to the ADEA. Links to these and to state and federal loan forgiveness programs may be found on the ADEA website.

Steven M. Lepowsky, D.D.S., dean of the School of Dental Medicine at UConn Health, is an ADEA-appointed member of the ADA Council on Dental Education and Licensure, as well as chair of the dental admission test and dental education committees.

"The ADA is a critically important partner in dental education and provides much information about career options, including academics, on its website," he said. "The ADA's website includes links to the American Dental Education Association, which is the 'voice of dental education' and represents academic dentistry."

VOICES OF FACULTY

Mia L. Geisinger, D.D.S., calls her career pathway to academia a "happy accident."

She had every intention of entering private practice upon graduation, but when she was working toward her license she volunteered in the periodontal department at the University of Alabama at Birmingham, she said.

"It did not take too long before I was hooked," she said. "A former mentor was the one who advised me that as a practitioner I could make a difference for my patients, but as a teacher, I had the opportunity to influence how each and every one of my students treated their patients throughout their career. The opportunity to have that kind of exponential impact was a huge reason for me to enter academia and to continue as a teacher for the past 15 years."

Now a professor in the department of peri-

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optimal health."

Katherine France, D.M.D., assistant professor of oral medicine at the University of Pennsylvania School of Dental Medicine, said she grew up in a family of academics who inspired her with their example and consistently taught her the fulfillment of serving others through education. Dr. France said she loves the variety inherent in the dental school environment.

"While variety is central to all dental careers, in a dental school, every day is truly different and involves partnering with patients, students and colleagues," she said. "There is a great energy and sense of growth around a school that permeates everything we do and allows us to continually grow as individuals and as a group. I find this to be very motivating and find the continual change and improvement to be an exciting setting through which to consider my next steps and how I can contribute to making a student, patient, school or the whole community better. There is no dearth of opportunities."

A love of research initially drew him into an academic career, said David P. Cappelli, D.M.D., Ph.D., professor and associate dean for community engagement in the office of the dental dean at the University of Nevada, Las Vegas.

"As a researcher, I was teaching others how to conduct research, design a study, conduct data analyses and present results," Dr. Cappelli said. "I realized that I was 'teaching' and realized the enjoyment that I had for sharing knowledge and information with others. I sort of fell into teaching and realized its value."

For Hyeran Helen Jeon, D.M.D., D.Sc., assistant professor in the department of orthodontics at the University of Pennsylvania School of Dental Medicine, from her first day of dental school she wanted to pursue a career in academia.

"I like that I am participating in extending our specialty's realm and current knowledge by leading several research projects and passing classic and modern knowledge to the next generations," she said. "In addition, interaction with smart and passionate students makes me think further and helps me become a better educator. Interaction with active, energetic students makes me stay young."

Stefanie Russell, D.D.S., Ph.D., clinical associate professor in the department of epidemiology & health promotion at the NYU College of Dentistry, said that there are characteristics that would make someone a good candidate for being a faculty member.

"Someone who enjoys being around others working towards a common goal," she said. "Someone who likes the variety that comes with working in academia, with a strong drive to make the world a better place."

Dr. Geisinger said that a good candidate for a career in academia should be someone who is curious and driven by some of the intangible rewards of an academic career.

"I know that my rewards are not in my paycheck, but in the impact I can have on the science of our profession and on the students I am lucky enough to teach," Dr. Geisinger said. ■

—burgerd@ada.org

ADA, partners take steps to achieve greater licensure portability for dentists

BY MARY BETH VERSACI

Improved licensure portability for dentists and dental hygienists is closer than ever, as the American Dental Association continues to work with other agencies to make it a reality.

"Licensure is a process all dentists must go through at least once in their professional lives to practice dentistry. In the U.S., licensure requirements vary state by state," said Donna Thomas-Moses, D.M.D., chair of the ADA Council on Dental Education and Licensure. "If dentists move across state lines or practice in a state other than where they earned their dental degree, they could face significant burdens on their finances and time as they obtain a new state license."

The ADA has supported licensure portability for dental professionals for more than 20 years, and in 2018, it established the Coalition for Modernizing Dental Licensure with the American Dental Education Association and American Student Dental Association. The coalition has since grown to include 120 member agencies.

To establish licensure portability, states can form interstate compacts, which are legal contracts between two or more states that allow them to cooperatively address shared problems, maintain sovereignty over issues belonging to states and respond to national priorities with one voice. Compacts specifically formed to address occupational licensure in the health professions help facilitate multistate practice for practitioners, maintain or improve public health and safety, and preserve state authority over professional licensing.

"Facilitating the interstate practice of dentistry and dental hygiene could improve public access to services and support the ability of dentists and dental hygienists to provide dentistry and dental hygiene services when relocating in participating states," Dr. Thomas-Moses said.

In 2021, the U.S. Department of Defense made grant funds available to the Council of State Governments — the nation's largest nonpartisan organization that serves all three branches of state government — to assist professions in the development of new interstate licensure compacts. The department is primarily interested in licensure compacts to reduce the burden of obtaining multiple licenses for military spouses.

With support from other stakeholder organizations, including the Coalition for Modernizing Dental Licensure, American Dental Hygienists' Association, American Dental Education Association, American Association of Dental Administrators, Association of Dental Support Organizations and the Joint Commission on National Dental Examinations, the ADA Council on Dental Education and Licensure applied for assistance for the professions of dentistry and dental hygiene. The Department of Defense then selected these professions to receive technical assistance from the Council of State Governments to draft model interstate compact legislation, develop a legislative resource kit and convene a national meeting of state policymakers to introduce the compact.

The process is currently in its first phase: drafting model legislation. The model legislation draft — which ADA staff helped to write as part of a team made up of experts, stakeholders and state officials — is available for public review and comment until Sept. 30 at compacts.csg.org/compact-updates/

dentistry-and-dental-hygiene.

The developers will then revise the draft based on feedback and likely release the final model legislation in early 2023.

The next phase will then include developing a legislative resource kit and convening a national meeting of state policymakers to encourage state legislatures to adopt compact legislation using the model legislation as their guide. Between five and 10 state legislatures need to formally adopt the compact before it becomes

operational, with the goal being to have all 50 state legislatures eventually adopt it.

In addition to achieving licensure portability among all licensing jurisdictions in the U.S., another key goal of the Coalition for Modernizing Dental Licensure is achieving adoption of valid and reliable examinations for dental licensure that do not include the use of single-encounter, procedure-based examinations on patients.

In 2020, all regional testing agencies

began making manikin-based examination options available for use by state boards for both dental and dental hygiene licensure, and that same year, the Joint Commission on National Dental Examinations also launched the Dental Licensure Objective Structured Clinical Examination, which replaces patients with advanced 3D models in a controlled virtual environment. A version for dental hygiene is expected to launch in 2024.

The Coalition for Modernizing Dental Licensure offers resources on its newly reimagined website, which launched this summer, including webinar recordings and links to the ADA's interactive dental licensure maps. To learn more, visit dentalicensure.org. ■

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* American Dental Association (ADA) Health Policy Institute (HPI), <https://www.ada.org/publications/ada-news/2021/march/hpi-poll-dentists-see-increased-prevalence-of-stress-related-oral-health-conditions>.

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AROUND THE ADA

ADA Member App set to launch during SmileCon

BY JENNIFER GARVIN

Coming soon: A new app experience for dentists, co-created by dentists. The re-imagined ADA Member App will debut during this year's SmileCon in Houston. It is designed to meet the needs of dentists at every stage of their career, with a particular emphasis on early career dentists just entering the profession.

"As technology continues to advance the profession, the ADA needs to be able to learn and adapt and evolve with it," said Raymond Cohlmi, D.D.S., ADA executive director. "This app is an important part of helping the ADA reach its member dentists so we can be there for them when they need us. I can't wait for every dentist to download the app and see what we have to offer them."

When designing the app, ADA team members worked directly with dentists from different practice models, including dental students.

"This app is really a collaboration from the ADA and its members," said Kirithi Tata, D.D.S., a new dentist working in a private dental practice in St. Louis, Missouri. "From our first meeting it was apparent the committee wanted to hear what we had to say. The ADA really focused on the various resources dentists look for in all the various aspects of their career and, more importantly, how all those resources can be accessible in one place."

"The sky was the limit with this group — there were great ideas flying in all directions," agreed Colton Cannon, a fourth-year dental student at the University of Minnesota School of Dentistry and immediate past president of the American Student Dental Association. "It was really crucial to me and all the dentists working on this that the app be done right and making sure it had all the great ADA resources and tools and combining them with the usability and accessibility that new generations of dentists are used to. Working to do that is what I'm most proud of."

After they download the app, members can personalize their own content experiences by selecting the ADA topics and resources they are most interested in and want to keep handy. There is also a new member-to-member chat feature that provides the ability to create and engage in large or private group chats.

"This app will hopefully place useful information and guidance at dentists' fingertips for easier access, and in a more time-sensitive manner," said Graham Naasz, D.D.S., a new dentist at a private dental practice in Kansas City, Missouri. "I hope the dental community takes away from the creation of this app that with the dynamic and ever-changing field of dentistry the ADA is embracing the evolution and trying to adapt to the needs of the dental community."

The app also features a career pathways section to help new graduates explore content that illuminates the different practice types and other career paths available after graduation. Additionally, a digital wallet feature allows users to store on their phone a variety of vital documents, such as CE credits or attestation for credentialing and licensure renewal.

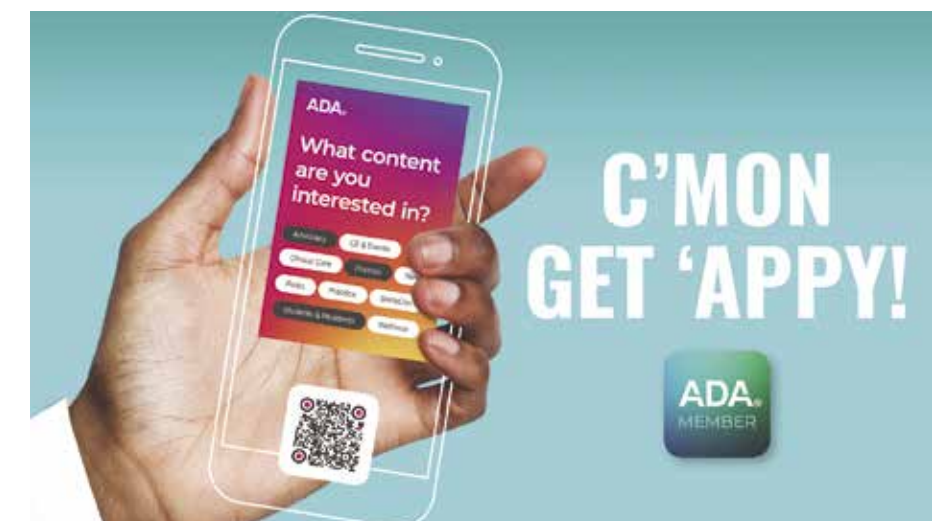
"I think this app will help streamline the wide range of resources and other forums that are available to students and early career dentists," Dr. Tata said. "One of the issues I run into is shuffling through different apps, trying to find a tip I read or a resource someone posted, and I think this app will help with that. Dentistry is dynamic and having all the features we think are important in one place will be helpful. I mean, who doesn't appreciate efficiency?"

Once launched, the ADA will constantly be adding new features to the app to meet the broad range of interests for all ADA members.

During SmileCon, the ADA will host "Appy Hour," a reception on Oct. 13 from 2:30-3:30 p.m. in Dental Central celebrating the app's launch.

Throughout SmileCon, attendees can also visit the Tech Empowerment Hub Powered by the ADA Member App, for support and features.

Visit ADA.org/app for more information and to sign up to be notified when the app is live. ■



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In a new, single-dose study, Aleve® was proven as strong* as HYD+APAP for dental pain¹

*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.²

Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis^{1,3,4}

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?⁴ In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful* non-opioid OTC treatment for minor dental pain.^{1,2,5,6}

In the study, Aleve® was as effective* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP¹

In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief¹

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)¹
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID₀₋₁₂) after a single oral dose
 - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID₀₋₆), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours¹
 - SPID₀₋₄ was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID₀₋₄).¹

The primary endpoint was met¹

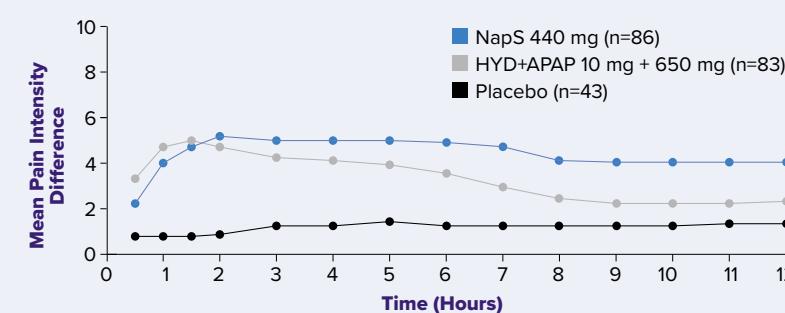
- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP¹:

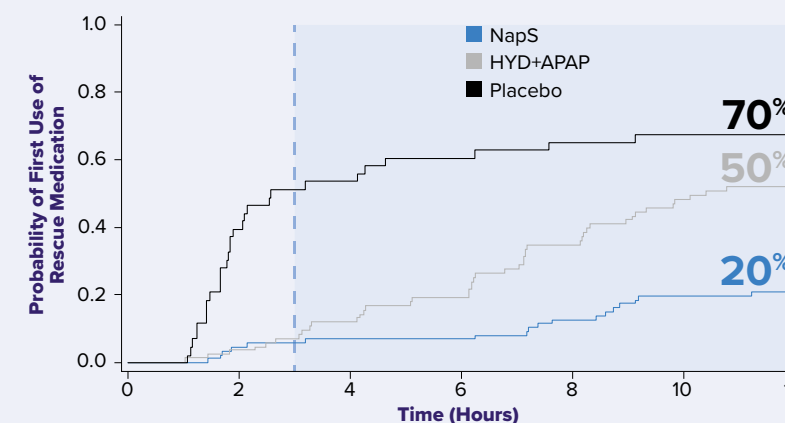
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

Both active treatments were significantly more effective than placebo.¹ HYD+APAP was not statistically superior to Aleve® for any endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).¹

MEAN PAIN INTENSITY DIFFERENCE¹



RESCUE MEDICATION FROM HOUR 3 ONWARD¹



In the study, Aleve® was also better tolerated than HYD+APAP¹

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.¹

The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars (≥1 impacted).^{5,7} In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ($P < 0.05$) from the 3-hour mark onward⁵
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ($P < 0.05$), which is commonly prescribed every 4 hours as needed.^{2,5,7}
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)⁵

With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,⁸ and opioids kill over 130 Americans every day.⁹ Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.^{8,10}

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.¹¹

“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”^{1,4,12}

—Dr. M. Ted Wong, DDS, MHA
Board-Certified Prosthodontist
Former Chief Dental Officer at UnitedHealthcare
Former Chief of the US Army Dental Corps
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Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management¹³⁻¹⁵

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.^{13,14}

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.¹⁵

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.^{1,5,6,13-15}

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,¹⁰ and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”^{1,2}

—Dr. M. Ted Wong, DDS, MHA
Bayer Paid Consultant

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Dr. Shepley discusses diversity, advocacy, health equity in part II of Q&A

Editor's note: This is the second part of a conversation with George Shepley, D.D.S., ADA president-elect, who will be installed as the 159th president of the American Dental Association Oct. 18 at the House of Delegates meeting in Houston. The Aug. 8 ADA News featured Part 1. ADA News Editor Kelly Ganski interviewed Dr. Shepley.

BY KELLY GANSKI

ADA News: What has the ADA done to promote diversity and inclusion within the Association and the dental profession? What can dentists do to promote diversity and inclusion within their own practices and communities?

Dr. Shepley: We have and will continue to promote diversity and inclusion within our association. We provide many learning opportunities, programs and webinars. We have created positions on our councils and board for young dentists to participate. We have a Diversity and Inclusion Committee and network with other diverse associations to move the needle forward. I have personally always considered this when making appointments to committees. I have attended the national meetings of the National Dental Association and Society of American Indian Dentists and Association of Dental Support Organizations. At all of my presentations to state dental societies, I have discussed the need to address our decline in market share and the fact that the profession is changing and present the case that it is imperative that we must be a home for all dentists.

ADA News: Have you learned something about the ADA since joining leadership that you didn't know previously that you wish every member knew?

Dr. Shepley: I wish everyone knew all the things we do that support the profession and how important our advocacy really is. I wish that all dentists knew the complexity and vast array of activity the ADA is involved with. I wish all dentists knew the commitment and skill of the talented staff. I wish all dentists knew how organized dentistry made this such an outstanding profession and that it is up to them to keep it that way.

ADA News: What should members know about the work of the ADA Science & Research Institute? How does the institute support the ADA's goal of advancing the health of the public and the success of the profession?

Dr. Shepley: They need to know that the ADA has combined the science area of the ADA with the ADA Foundation science component and together they are a much more effective and powerful research unit. There has been a revitalization that is very promising for future dental research with a commitment to being a leader in the field. ADASRI will help improve clinical relevance as a recognized leader to improve practice outcomes and improve overall health. We are working in so many areas: biosensors; creating biofilms in the lab for studies; biomaterials; doing independent evaluation of products; our ADA Seal of Acceptance program; exploring standards for milling and printing; aggregating research; and giving clinical recommendations. ADASRI does these countless things, and most are unaware of the significance of this work. ADASRI will continue to drive innovation and advance the profession.

ADA News: Why is advocacy so important to the profession? What do you see as

important in this arena? Top priorities? Top accomplishments?

Dr. Shepley: Advocacy is maybe the most important aspect of our association. Only a united voice can really make changes and advocate for the benefit of all dentists and the oral health of the public. We need that large majority of dental voices speaking out in unison to make the difference. Obviously, our advocacy was instrumental in helping to get dentists



Leader: George Shepley, D.D.S., is the ADA president-elect.

back to work during the COVID-19 shutdown. We established that dentistry is essential and how important it is to always treat patients and keep dental emergencies out of the emergency rooms. We guided dentists through the complicated process of getting financial resources. We got dentistry moved up in position to get personal protective equipment and vaccinations. Yet, despite all of this, we lost members. One of our top priorities is to pass legislation on Capitol Hill — and in all states — to establish and/or expand comprehensive adult Medicaid dental benefits to eligible beneficiaries and pay dentists appropriately. We are continuing to advocate to help in the area of student debt and need to address that issue with the help of all stakeholders. We must continue to help dentists navigate insurance benefits and be leaders in creating new ways of managing taking care of all in a way that really works for all.

ADA News: The ADA Health Policy Institute conducts studies on the economy, dental benefits, education, workforce and more to inform members and the public about dental trends and statistics. Why is it important for this type of research to come out of the ADA?

Dr. Shepley: It is very important for the ADA to be aware of the data and trends that show where our future is headed. As we find our way into the future, we need to know where we are going more than where we have been. The dental landscape is changing so quickly that constant analysis is imperative. ADA HPI has been showing us these trends for some time, and we are experiencing how these trends are our reality. We need to be able to be agile and nimble to be relevant and to be the ADA that all dentists need and want.

ADA News: What have you learned during your career that you would most like to share with new dentists about the future they can expect? What advice do you wish someone had given to you when you started out? How do you compare yourself as you are now with the person you were when you graduated dental school?

Dr. Shepley: Dentistry provides so many opportunities. There is always the opportunity to be your own boss and the ability to practice the way one wants to practice. There are more choices than ever. Those who want ownership can have that and those that want a life to practice without management headaches have more opportunities than ever. Of course, there are opportunities in public health, research, academia, military and other options. I have enjoyed the leadership opportunities and being

able to grow in different areas, being able to meet great colleagues all around the country. Of course, there is always the joy of helping others stay healthy and making a difference every day. My advice to others is to take advantage of all that our profession offers. Don't wait; take all the continuing education you can in the areas that interest you and be willing to go out of your comfort zone. Don't be afraid to do what you want and remember that others are always willing to help you. Seek out mentors. I did not have the ambition when I graduated to be so involved in organized dentistry and had no idea how rewarding it would be.

ADA News: What do you see as the most important technological advances happening in dentistry? How can dentists embrace these new technologies? How are the technologies affecting the way dentistry is practiced?

Dr. Shepley: The world of digital technology is transforming dentistry. Digital scanning, new imaging and the integration of these new technologies will help to provide more efficient and predictable care for our patients.

ADA News: What does the ADA do best? What's your favorite Association service, product or benefit?

Dr. Shepley: We do so many things well. Our advocacy has been outstanding. So has our recent effort in insurance reform. We do things most dentists never really consider, like standards, coding, testing, science, legislative and regulatory advocacy along with so many other things. One of the best products that kept me a member in my early years was our outstanding insurance programs: life, disability and office overhead. Today, I see so many leadership opportunities, so many more than when I got out of school.

ADA News: How has the COVID-19 pandemic demonstrated the value of the ADA to dentists? What resources did you find the most valuable as a dentist? What are the biggest takeaways from the COVID-19 pandemic that could affect how the ADA and dentists approach a health crisis like this in the future?

Dr. Shepley: The pandemic demonstrated that the ADA has the legislative, advocacy and science to make a difference. The ADA was able to get dentists personal protective equipment and lobbied to be moved up higher on the list of priority professionals to be allocated PPE and receive vaccines from the federal government. We were able to get the resources to dentists to help facilitate applying for the financial aid available. I personally found these resources to be extremely valuable to me and my practice. I am not sure we can ever be totally prepared for any health crisis, but we need to be vigilant about keeping on the forefront of science. It brought to light the need to study aerosols.

ADA News: Why should dentists attend SmileCon 2022 in Houston? Why is it important for dentists to connect with their colleagues, and what role should the ADA play in helping to build these dental communities?

Dr. Shepley: Dentists should attend SmileCon to celebrate their association and sense of community. They can learn about what is happening to their profession and be empowered by the collective camaraderie. There will be fun, excitement, great CE and the opportunity to experience a new place. Houston is a diverse and exciting city with culture, great food and NASA. I have found that everyone getting back out to in-person meetings are joyful for the opportunity again. This will be different than ones they have attended in the past.

ADA News: What is the ADA doing to address health equity? How can the ADA help dentists better meet the oral health care needs of underserved populations, including people with intellectual and developmental disabilities, older adults, people of color, low-income individuals, etc.?

Dr. Shepley: Dentistry will play a key role in broadening health equity to meet the needs of diverse populations, helping everyone achieve their optimal level of oral health. ADA supports several bills in Congress that address health equity to help improve health outcomes. The ADA passed a resolution in October 2021 at the House of Delegates on oral health equity. Some initiatives that have come out of that are the formation of HEAT, the Health Equity Action Team, which comprises members from the Council on Advocacy for Access and Prevention and Council on Government Affairs, that will launch a robust action plan to include disease prevention and education; supporting cultural competency and diversity in dental treatment; continued research and data; helping dentists drive health equity forward in their communities; and fostering collaborations with the medical community to reinforce oral health within overall health and well-being. The ADA is supporting a bill in Congress to mandate comprehensive adult Medicaid in all states. There are other groups in the ADA constantly looking to improve Medicaid for our patients and member providers.

ADA News: Why are you a member of the Association? Why should a nonmember join?

Dr. Shepley: I originally joined for the continuing education and great insurance plans from the ADA. I stayed because as a solo general dentist, I craved the networking and collegiality. As time went on, I saw the challenge of being uncomfortable as a leader, I grew as a person and my success in practice was enhanced. There are so many reasons that all dentists should join. It really is sort of the price of admission to the profession. The ADA does things no one does: in the areas of testing, setting standards, managing codes, all the work that the ADA Science & Research Institute does, not to mention the work we do in the area of advocacy, regulation and dental insurance. We have many tangible benefits and will continue to improve our products and services. I am excited to have all that we do packaged into our soon-to-come app.

ADA News: Do you have priorities for your year as president? Specific goals you are aiming to achieve?

Dr. Shepley: With a new executive director, Raymond Cohlma, D.D.S., who is bringing fresh and innovative ideas, I am on board with moving forward with both a business and cultural shift to help build a brighter future for the profession and association. There is a lot of work to be done in facilitating the business and structural shift at the ADA and in embracing our future members. Dentistry has been great to me, and I want to do my share to give back, improve the oral health of others (overall health and well-being), and make sure young dentists can enjoy a fulfilling career. I am interested in promoting dentistry as being essential in overall health. I have a particular issue with sugar, the sugar industry and the harmful effects of sugar. I want to see an increase in market share in the next couple of years and have the ADA be a home for all dentists. ■

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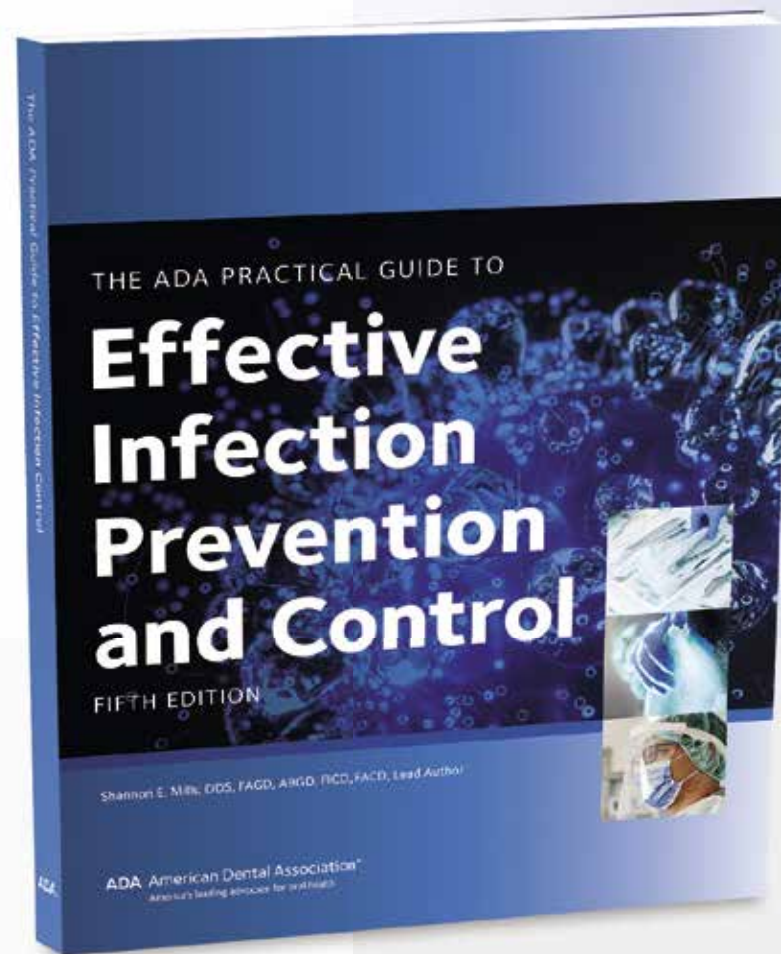
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Your favorite dental podcasts — live!

BY STACIE CROZIER

Even though your days at SmileCon will be packed with travel, continuing education, networking and exploring Houston, you can listen to your favorite dental podcasts or discover some new ones live and in person in Houston.

This year Dental Central will be home to the inaugural Podcast and Influencer Hub in Hall B, Booth 1403, from 10 a.m.-3 p.m. Oct. 13-15. There attendees can do more than just listen to their favorite dental podcasts in real time — they will be able to see and interact live with their favorite dental influencers and podcasters. The daily program schedule also gives everyone a chance to discover new up-and-coming podcasts to add to their regular podcast lineup.

The Podcast and Influencer Hub will include a main stage for live show recordings and a more intimate area where podcasters will be interviewing SmileCon speakers, ADA staff and eventgoers alike to get the inside scoop on all things dental and SmileCon. The Podcast and Influencer Hub staff have also curated a wide variety of podcasts that cover everything a dental professional might want to listen to, including managing a dental practice, dental team topics, dealing with the stress of day-to-day dental practice and much more.

The Podcast and Influencer Hub will also showcase the premiere of the new podcast "Dental Sound Bites," an ADA podcast created for dentists by dentists, which will air its first two episodes during the meeting. Season 1 will feature eight episodes, and topics and speakers will be announced soon. Watch the ADA News and ADA Morning Huddle for the latest updates.

"I love podcasts," said Kirithi Tata, D.D.S., a private practice associate in St. Louis, Missouri. "I think more and more people are getting information by listening to podcasts since people seem to always be on the go."

Dr. Tata was one of several early career dentists and dental students who helped the ADA create the new "Dental Sound Bites" podcast, which will premiere at SmileCon. She graduated from University of Missouri Kansas City School of Dentistry in 2017 and completed a one-year general practice residency at the Veteran's Affairs Health Care Center in Oklahoma City before joining her practice in 2018.

"I think 'Dental Sound Bites' is going to be a unique podcast because each episode will cover a stand-alone topic, so depending on where you are in your career, you can listen to the topics that appeal to you," Dr. Tata said. "These podcast topics were picked by new dentists for new dentists. I can confidently say there will be something for everyone."

"Early-career dentists have been molded into consuming content in an accessible and approachable manner," said Colton Cannon, a fourth-year dual-degree student pursuing a doctor of dental surgery and a master of public health at the University of Minnesota. "Podcasts are a fantastic platform to provide the wealth of information the ADA possesses to early career-dentists in a familiar and sought-after fashion. 'Dental Sound Bites' aims to demonstrate that the ADA is an association for everyone and can provide value no matter what point you are at in your dental career."

Mr. Cannon, who is in the process of applying to specialty training programs in oral medicine, has also served as president of the American Student Dental Association, and has been an ADA delegate. He was also one of the dental students who provided input for the new podcast. He says that podcasts are part of his daily routine. "I can't imagine going without them. The amazing thing about podcasts is that they expose you to new

and exciting topics. I tend to choose my podcasts depending on the mood I am in."

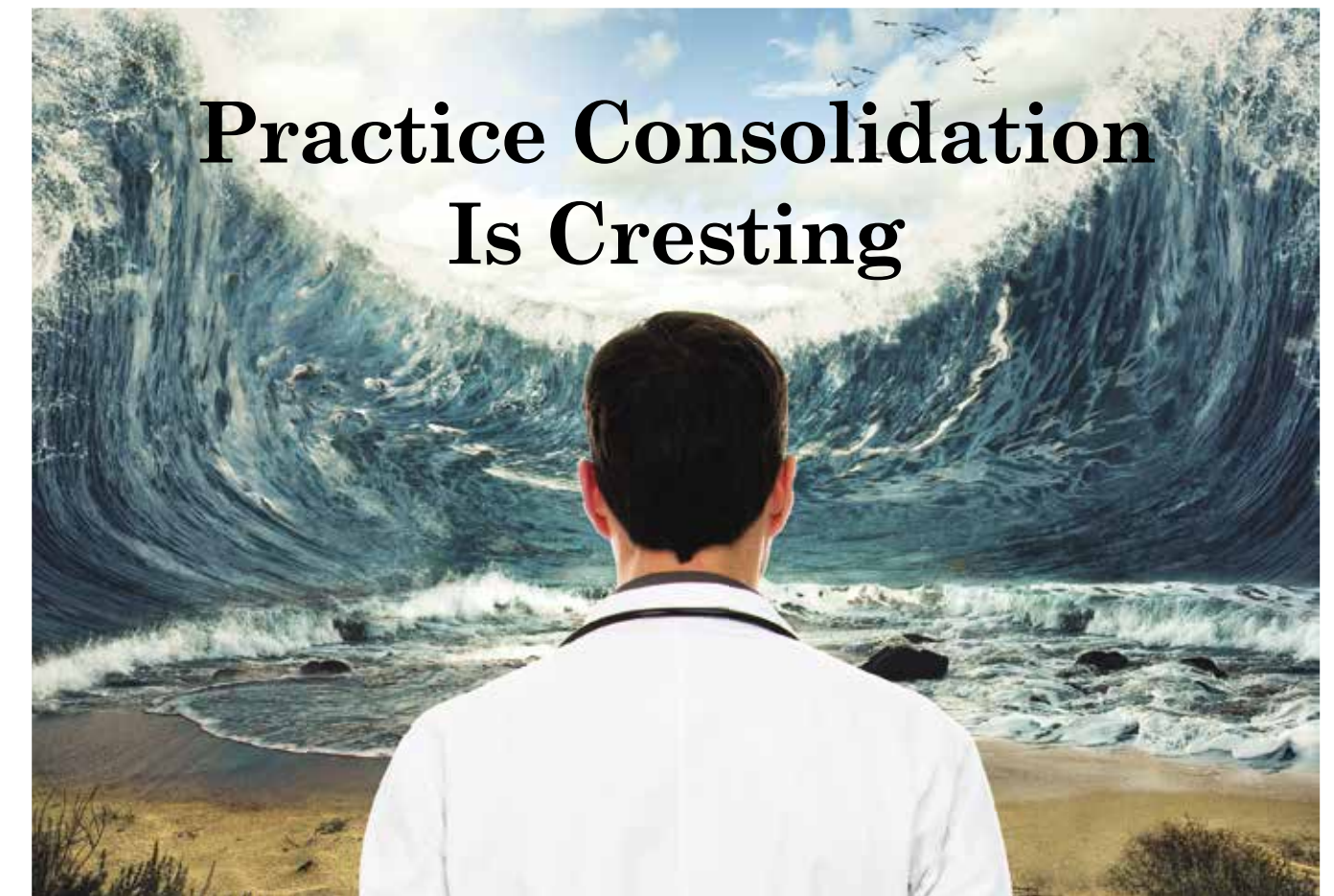
Graham Naasz, D.D.S., said he listens to podcasts every day, both on his commute and when he runs. "I think listening to podcasts when I run has actually enhanced my running because I'm not hating every step and listening when I'm running helps me to concentrate on the subject matter and gives me more time to think."

Dr. Naasz, a graduate of UMKC School of Dentistry, also completed a general dentistry residency at the South Texas Veterans Health Care System in San Antonio, Texas, before he became a private practice dentist in Kansas City,



Missouri. He was also on the team to help the ADA develop the "Dental Sound Bites" podcast. "My input came from the perspective of

what I wish I had known when I graduated from dental school," said Dr. Naasz. "I think it's important for dental students and early career dentists to have one trusted source that offers a diverse range of practical information, from updates on the latest technologies and innovations in clinical dentistry, as well as financial advice like dealing with contracts or managing personal finance and student loans and a variety of wellness topics. I hope 'Dental Sound Bites' will be a well-rounded, trustworthy source for the dental community." ■



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Former NASA astronaut to headline SmileCon Closing Session

BY MARY BETH VERSACI

Leland Melvin will share his life story as an athlete, astronaut, scientist and engineer when he delivers the keynote address during SmileCon's Closing Session in Houston, America's "Space City."



Mr. Melvin

The former NASA astronaut and NFL wide receiver served on board the Space Shuttle Atlantis as a mission specialist, helping to construct the International Space Station. After retiring as an astronaut, Mr. Melvin led NASA Education and co-chaired the White House's Federal Coordination in STEM Education Task Force, developing the nation's five-year science, technology, engineering and math education plan.

In 2017, Mr. Melvin released his memoir, "Chasing Space: An Astronaut's Story of Grit, Grace, and Second Chances," sharing his personal journey from the gridiron to the stars and examining the intersecting roles of community, perseverance and grace that align to create opportunities for success.

"We are pleased to welcome Mr. Melvin as our Closing Session keynote speaker," said ADA President Cesar R. Sabates, D.D.S. "After 24 years with NASA as a researcher, astronaut and Senior Executive Service leader, he now shares his stories of hard work and excellence to help inspire positive, lasting change. He is the perfect speaker to inspire our dentists as they bid farewell to SmileCon 2022 in Space City and return to caring for their communities."

ADA member dentist Christina Rosenthal, D.D.S., will serve as host for both the Opening and Closing sessions, helping to celebrate

her fellow members and the dental profession. In addition to her role as dentist, Dr. Rosenthal is a motivational speaker, entrepreneur, author, wife and mother of three, who shares practical insights for juggling entrepreneurship and family. She is the owner/CEO of Paradigm Dental Center LLC, founder of The 516 Foundation and author of the children's book "You Can Become a Doctor Too."

SmileCon 2022 is a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting. It will take

place Oct. 13-15 at the George R. Brown Convention Center, and the Closing Session will run from 3:45-4:45 p.m. Oct. 15.

In addition to featuring Mr. Melvin, the Closing Session will highlight stories from ADA members and honor Distinguished Service Award winner Zack Studstill, D.M.D., and Humanitarian Award winner Jeffrey B. Dalin, D.D.S. Attendees will also hear from ADA President-Elect George R. Shepley, D.D.S., who will share a message of unity and strength as he looks to the year ahead for the Association and its members.

To learn more, visit SmileCon.org.

ADA CareerCenter connects dental professionals, employers

BY JENNIFER GARVIN

Are you a dental professional in search of a job or dental employer looking to hire? Look no further than the ADA CareerCenter.

The ADA CareerCenter is the official online job board of the American Dental Association, and a top online resource for searching dental career opportunities or recruiting dental professionals. Job seekers and employers can easily search or post opportunities for dentist jobs, oral surgeon jobs, orthodontist jobs, dental hygienist jobs, dental assistant jobs and other dental positions.

For job seekers, the job board is free and provides access to current job openings regardless of ADA membership. ADA members seeking a position can create a profile by using the same login they use for their ADA accounts and from there, can upload a resume to make it easy to apply with one click. Applicants can also set up instant job alerts.

For dental employers, the site markets job openings on a national and local level to match the best dental employers with the best dental professionals. ADA members interested in posting a job on the site are invited to call 1-877-394-1388 to receive 10% off their listing.

To produce the job board, the ADA CareerCenter has partnered with Russell Johns Associates, an employment advertising agency that has powered job boards for market-leading brands.

For more information, visit CareerCenter.ADA.org.

—garvin@ada.org

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SCIENCE & TECH

Caries researcher wins ADA Ross Award

BY MARY BETH VERSACI

An Indiana University professor who has studied the fundamental aspects of caries formation and clinical intervention strategies to prevent them has won the American Dental Association's 2022 Norton M. Ross Award for Excellence in Clinical Research.



Dr. Zero

"I'm very honored and pleased to receive this award from the American Dental Association," said Domenico T. Zero, D.D.S., a tenured professor in the department of cariology, operative dentistry and dental public health at the IU School of Dentistry. "Most of my professional career has been dedicated to clinical research directed at improving oral health, mainly focused on the prevention of dental caries and erosion."

In his research, Dr. Zero has examined dietary and microbial virulence factors; saliva's role in protecting against caries; caries risk assessment; new clinical methods for early caries detection and assessment of caries activity; fluoride's mechanism of action, including its

oral pharmacokinetics; and the clinical efficacy of topical fluorides.

In addition to his research on caries, Dr. Zero is also conducting studies on temporomandibular joint disorders, as well as Sjögren's syndrome, an immune system disorder characterized by dry eyes and dry mouth that is common among those with lupus and rheumatoid arthritis. He has received more than \$30 million in research grants from the National Institutes of Health and private industry. He has also published more than 150 articles in peer-reviewed scientific journals and book chapters, as well as more than 200 abstracts.

Launched in 1991 and supported by Johnson & Johnson Consumer Inc., the Ross Award recognizes an individual who has made significant contributions in clinical investigations that have advanced the diagnosis, treatment and prevention of craniofacial, oral and dental diseases.

The award honors the memory of Dr. Norton Ross, a dentist and pharmacologist who spent most of his career in academic and research positions and elevated clinical research to higher scientific standards. Dr. Zero was honored at a private ceremony Aug. 12 in Chicago, where he received a plaque and \$5,000 honorarium. ■

— versacim@ada.org

CDC urges health care providers to be on lookout for monkeypox symptoms, including oral lesions

Disease can spread through respiratory secretions at close range

BY MARY BETH VERSACI

The Centers for Disease Control and Prevention is urging health care providers to be on the alert for patients with symptoms consistent with monkeypox, including oral lesions, and refer them for testing.

Monkeypox is caused by the monkeypox virus, a member of the Orthopoxvirus genus in the family Poxviridae, the same family as the virus that causes smallpox. Its symptoms are similar to smallpox symptoms but milder, and the disease is rarely fatal.

Symptoms include a rash that can appear on various parts of the body, including inside the mouth and on the face, as well as fever, headache, muscle aches, backache, swollen lymph nodes, chills, exhaustion and respiratory symptoms, including sore throat, nasal congestion and cough.

Monkeypox most commonly spreads through direct contact with body fluids or sores on the body of someone who has monkeypox or with materials or surfaces that have touched body fluids or sores. The disease can also spread through respiratory secretions when people have prolonged face-to-face contact, although long-range airborne transmission similar to COVID-19 has not been reported, according to the CDC.

While the CDC says prior studies of monkeypox outbreaks show transmission by respiratory secretions appears uncommon,

scientists are still researching how often this occurs and when a person with monkeypox symptoms might be more likely to spread the virus through respiratory secretions.

"Dentists have provided care using standard infection control precautions for several decades now, and the enhanced protocols implemented during the COVID-19 pandemic will continue to keep our patients and staff safe during this monkeypox emergency," said Ana Karina Mascarenhas, B.D.S., Dr.P.H., chair of the ADA Council on Scientific Affairs. "Use of appropriate personal protective equipment including masks and gloves, surface cleaning, and extra diligence when examining patients for symptoms and the characteristic facial rash and intraoral lesions to identify a patient early are imperative."

As of Sept. 2, there were 19,962 cases of monkeypox in the U.S., according to the CDC. The World Health Organization declared the outbreak a public health emergency of international concern on July 23, and the Biden administration followed with a public health emergency declaration on Aug. 4.

There are two vaccines that can be used to prevent monkeypox infection: JYNNEOS, which was approved for this purpose by the U.S. Food and Drug Administration, and ACAM2000, which was approved by the FDA for use against smallpox and has been made available for use against monkeypox under an expanded access application. ACAM2000 should not be used in people who are pregnant or have a weakened immune system or skin conditions like eczema.

The CDC recommends those who have been exposed to monkeypox or those at higher risk of exposure get vaccinated against monkeypox.

While there are no treatments specifically for monkeypox, antiviral drugs developed for smallpox can also be used to treat monkeypox, according to the CDC.

For more information on monkeypox, visit [CDC.gov/monkeypox](https://www.cdc.gov/monkeypox). ■

— versacim@ada.org

JADA finds dentists often discuss costs with patients

Conversations can minimize cost-related barriers to care

BY MARY BETH VERSACI

Conversations about the cost of care are common between dentists and their patients, according to the September issue of The Journal of the American Dental Association.

The cover story, "Factors Associated With Cost Conversations in Oral Health Care Settings," found two-thirds of patients reported having a cost-related conversation with their dental provider during their last dental visit. The study included 370 respondents from an online, self-administered survey of U.S. adults who had seen a dentist within the last 24 months.

Cost-related conversations were more likely to occur with patients aged 24-34, 35-44 and 55-64 than patients aged 18-24, and respondents from the South and those who were screened for financial hardship were more likely to report having these conversations with their dental providers. Conversations were also more likely to occur with general or family dentists than dental hygienists.

"Cost is a significant barrier to oral health care utilization in the U.S. Candid dialogue between patients and their oral health providers about the cost of care can



inform a shared decision-making process for developing tailored, clinically sound care plans that are also responsive to patients' needs," said Bettye A. Apenteng, Ph.D., corresponding author and associate professor in the Jiann-Ping Hsu College of Public Health at Georgia Southern University. "Findings from our research study indicate that screening patients routinely for financial hardship during oral health visits can facilitate these conversations. Although additional research is needed to accurately quantify the extent to which cost conversations occur within oral health care settings, our data suggest encouraging rates of cost conversations in oral health settings."

To read the full JADA article online, visit [JADA.ADA.org](https://jada.ada.org).

Other articles in the September issue of JADA discuss vitamin D and caries in youth, emergency care spending on nontraumatic dental conditions, and opioid prescribing after tooth extractions.

Every month, JADA articles are published online at [JADA.ADA.org](https://jada.ada.org) in advance of the print publication. ■



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ADA committed to helping patients with disabilities achieve optimal oral health

ASSOCIATION OFFERS RESOURCES TO HELP DENTISTS UPHOLD THE AMERICANS WITH DISABILITIES ACT FOR ACCESSIBLE DENTAL CARE

BY JENNIFER GARVIN

Every person deserves to be treated with dignity and to feel valued. Inclusion was the impetus of the Americans with Disabilities Act — a landmark law that recently celebrated its 32nd anniversary. Dental care is no exception.

The American Dental Association supports the Americans with Disabilities Act and is committed to helping dentists care for persons with disabilities as well as helping people with disabilities access dental care.

In June, ADA President Cesar R. Sabates and American Medical Association President Gerald Harmon, M.D., discussed long-standing



Dr. Sabates

inequities for people with disabilities during a fireside chat at the One Voice for Inclusive Health Conference, hosted by the American Academy of Developmental Medicine & Dentistry.

During that discussion, the two leaders renewed their commitment to address this national disparity of care, which includes plans to provide clinical competency training to both dental and medical students.

"Collaboration across the health care profession is vital for improving patient care and addressing the needs of this community. It's the first step to uniting all health care disciplines with one voice," Dr. Sabates said. "The ADA is committed to ensuring its programs are inclusive and provide equal opportunities for all so that dentists can help every patient achieve optimal health."

"Nearly 1 in 4 Americans has a disability. People with disabilities may experience greater barriers when accessing health care services and have poorer oral health outcomes than those without disabilities. They can also face amplified health and social disparities on multiple fronts," said Shailee Gupta, D.D.S., chair, ADA Council on Advocacy for Access and Prevention, and chief dental officer, St. David's Foundation. "The Americans with Disabilities Act provided helpful direction for dentists and other health professionals to make their practices more accessible to people with disabilities."

As one example of the law improving access, Dr. Gupta pointed to the way dental chairs and operatories are now designed so that people who use wheelchairs are better able to receive care.

"This Act helps our profession and dentists work toward and promote health equity," Dr. Gupta said.

In 2021, the ADA House of Delegates passed a resolution on oral health equity that was brought to the House by the ADA Council on Advocacy for Access and Prevention. The council has also organized multiple webinars to help educate dentists as they treat patients with disabilities.

The ADA Principles of Ethics and Code of Professional Conduct states that "dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, gender, sexual orientation, gender identity, national origin

or disability." Additionally, the Commission on Dental Accreditation requires D.D.S./D.M.D. programs to ensure their graduates are competent in assessing and managing the treatment of patients with special health care needs.

Here are some things for dentists to keep in mind to comply with the Americans with

Disabilities Act:

- Dental practices are required to offer reasonable accommodations to people with disabilities and must make a reasonable attempt to respond to the request. This applies to both current and prospective patients and visitors as well as to current and prospective staff.
- The act protects all types of disabilities, including those related to mobility, cognition, vision, hearing and more.
- Always recognize a request for an accommodation, both from staff and from patients. Employers may request documentation of a disability, but they may not request medical information absent a request for accommodation.
- A dental practice's employee policy manual

- should include definitions and policy statements regarding accommodations.
- Accessibility to a practice's website can also be a matter of compliance.
- Section 1557 of the Affordable Care Act prohibits discrimination against individuals in certain categories, including those with disabilities, in federally funded health care.
- The Americans with Disabilities Act has been interpreted to require many businesses to make their websites accessible to individuals with disabilities. A dentist or practice owner can discuss the issue with their website developer and consider requiring that person or company to ensure the website meets existing standards.

See *DISABILITIES*, Page 23

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Massachusetts Dental Society, ADA urge voters to support medical loss ratio

BY JENNIFER GARVIN

The Massachusetts Dental Society and American Dental Association are urging dental providers and the voters of Massachusetts to support a ballot initiative that would establish an 83% medical loss ratio for dental insurance plans in the state and would also include reporting requirements and rebates to dental plan subscribers when the medical loss ratio is not met.

The upcoming November ballot initiative will help ensure patients get more value from their dental insurance premiums, the two organizations said in a joint Aug. 26 statement.

Medical loss ratios, or MLRs, set requirements on what portion of a customer's premium must be spent on oral health care.

The ADA and MDS said by voting "Yes on Question 2" in the state's upcoming election, dental insurance companies "would be required to spend at least 83% of premium dollars collected on dental services or refund the difference to patients, as opposed to insurance companies using the money for executive salaries or other administrative costs."

The two organizations also noted this medical loss ratio is already required in Massachusetts for medical health insurance.

"Massachusetts medical insurers have been held to an 88% medical loss ratio standard since 2006. Meanwhile, there is still no standard at all for dental insurance in Massachusetts, or any state in the country," said Andrew S. Tonelli, D.M.D., co-chair, MDS Government Affairs Committee. "And while there are dental insurers in the state operating at MLRs above the 83% threshold based on data provided by the National Association of Dental Plans, that same data shows that the vast majority are below, and some plans woefully below, that threshold. The subscribers in those plans are simply not getting reasonable value for their premiums. In truth, this type of reform is long past due and this time it will be decided directly by voters."

The ballot measure was initiated by a group of Massachusetts dentists, and the Massachusetts Dental Society trustees voted to endorse supporting the ballot question earlier this year. "Organized dentistry will support any and all initiatives that benefit patients and providers," Dr. Tonelli said.

The campaign committee, "Massachusetts Dental Care Providers for Better Dental Benefits," is currently accepting donations from interested groups and individuals from around the country.

Anyone who wishes to contribute financially may do so by visiting the campaign site VoteYESon2forDental.com or writing to Massachusetts Dental Care Providers for Better Dental Benefits at One International Place, Suite 1820, Boston, MA 02110. All correspondence should be sent to the attention of Thomas R. Kiley, treasurer.

For more information about the Massachusetts Medical Loss Ratios Ballot Initiative, visit the Massachusetts Dental Society's website at massdental.org/Advocacy/Legislation/Medical-Loss-Ratio-Ballot-Initiative. Dentists or businesses who contribute must complete the Monetary Contribution Form and return it to the address above along with their contribution. ■

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State dental societies celebrate new dental insurance reform laws

BY JENNIFER GARVIN

Dental insurance reform was a major focus of several states during the 2022 legislative season.

At least eight states passed new laws this year addressing such issues as provider network leasing, virtual credit cards and non-covered services. Since 2019, nearly 100 new dental insurance reform laws have been enacted in 31 states.

"It makes me so happy to see state legislatures are paying attention to bills pertaining to dental insurance," ADA President Cesar R. Sabates, D.D.S., said. "It just goes to show that state advocacy efforts do not go unrewarded. These new laws will lead to improved outcomes for both patients and dentists."

The list below highlights some of 2022's biggest dental reform victories:

PROVIDER NETWORK LEASING

Kansas and Kentucky both celebrated new laws that will put limits on insurance networks' leasing capabilities.

Kansas House Bill 2386 stipulates that an insurer may lease provider network contracts, but only if it follows prescribed transparency guidelines. The law also says that the insurer must allow the dentist to opt out of being leased without affecting the original contractual relationship. For example, a dentist cannot be dropped from an insurer's network because he or she opts out of being leased. The law also would require remittance advices or explanations of payment to identify the source of any discount so dentists are aware of the business relationships.

"Many of our members say they are frustrated when dental insurers sell or rent their provider network to another company," said Kevin Robertson, executive director, Kansas Dental

Association. "We were thrilled to see lawmakers addressing this by requiring insurers to be more transparent."

In Kentucky, HB 370 was the culmination of grassroots advocacy from members of the Kentucky Dental Association and numerous other stakeholders.

The new law encompasses several key reform issues, including network leasing. Going forward, networks will now be required to follow prescribed transparency guidelines and states that lease arrangements must allow the dentist to opt out of the lease offer without affecting the original contractual relationship. It also mandates that a third party accessing the contract has to comply with all of the original contract's terms, including obligations concerning patient steered. The law requires transparency on the source of any discounts similar to the Kansas law.

"2022 was an amazing year for insurance reform in Kentucky," said Jonathan W. Rich, president, Kentucky Dental Association. "Our bill, HB 370, included language pertaining to prior authorization, network leasing, virtual credit cards and noncovered services, and was passed unanimously in both the house and senate before being signed into law by the governor."

VIRTUAL CREDIT CARDS

At least three states — South Dakota, Kentucky and Kansas — passed laws prohibiting dental benefit plans from limiting the method of claims payment to virtual credit card only. In South Dakota, Senate Bill 171 states that "no plan of insurance insuring dental care services may contain restrictions on methods of payment to the dentist in which the only acceptable payment method is a credit card payment." These laws ensure dentists have the opportunity to choose claim payment methods that do not require dentists to pay a fee to release the funds.



Success: Members, staff and supporters of the Kentucky Dental Association look on as Kentucky Gov. Andy Beshear (D) signs HB 370 in July. The bill contained a number of dental insurance reform provisions that are now law in the state.

NONCOVERED SERVICES

Indiana and Kentucky passed laws barring dental plans from requiring dentists to discount their fees for noncovered services. Indiana SB 136 prohibits a dental plan "from directly or indirectly requiring a dental provider to provide a dental service to a covered individual at a fee amount that is set by the dental plan or subject to the approval of the dental plan unless the dental service is a covered service under the dental plan." It also prohibits third-party administrators from arranging for a dental provider to provide dental services for a dental plan that sets the amount of the fee for any dental services unless the dental services are covered services under the dental plan. The updated Kentucky law clarified what contractual limitations apply when determining if a dentist can still be held to discounted fees.

MEDICAL LOSS RATIO

Maine's S 417 establishes a medical loss ratio reporting requirement. It requires dental insurers to report the percentage of premium revenue spent on actual care. Many states report looking closely at having a medical loss ratio requirement applied to dental plans and such a requirement would mirror the medical loss ratio for most major medical plans that was established by the Affordable Care Act. In Massachusetts, voters will be able to decide this November on a ballot measure that would not only establish a reporting requirement for dental plans' medical loss ratios, but would also require dental insurers to provide a rebate to subscribers if 83% of the premiums is not paid to care.

OTHER REFORM LAWS

Kentucky's HB 370 also includes a provision preventing insurers from denying payment on dental services they have authorized. The law allows payment denial under limited circumstances, such as when fraudulent activity is determined.

"None of this would have been possible without the strong bond of our ADA tripartite," Dr. Rich said. "From grassroots efforts of local dentists directly communicating with their individual representatives to our executive director, staff, lobbyists and state dental leadership working with the bill's sponsor, state Rep. Derek Lewis, in Frankfort, and the ADA staff helping with the bill's language and providing guidance throughout the process, it would not have been possible without any of these three integral parts."

Missouri amended an existing law to add dental to the state's existing Direct Primary Care Agreement Law, which paves the way for dentists to establish their own "in-office" plans with their patients. It also passed SB 710, which ensures prepaid dental plans are subject to both the state's credentialing improvement laws and assignment of benefit laws.

Arizona's HB 2698 adds third-party administrators to existing state law requiring insurers to allow patients to assign payment to their nonparticipating dentists.

Illinois' HB 4349 requires insurers that provide coverage for congenital defects to include coverage for the medically necessary care and treatment of cleft lip and palate for children under the age of 19. ■

Phase 3 Provider Relief Fund reporting deadline is Sept. 30

BY JENNIFER GARVIN

Dentists who received funds during the third phase of the Provider Relief Fund have until 11:59 p.m. ET Sept. 30 to submit a report on the use of those funds in the Provider Relief Fund Reporting Portal.

Phase 3 reporting will require any dentist who received one or more payments totaling greater than \$10,000 in the aggregate from the Provider Relief Fund between Jan. 1–June 30, 2021, to submit reports.

The Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act in 2020 and allowed dental providers to apply for payments made for health care-related expenses or lost revenue attributable to the COVID-19 pandemic.

To submit reports, providers must first



register in the portal, according to the Health Resources and Services Administration. After submitting their report, providers must return any unused funds from Phase 3 within 30 days after the end of the third reporting period.

Providers who "fail to submit a completed report by the deadline will be subject to further enforcement actions such as repayment or exclusion from receiving and/or retaining future PRF payments," wrote HRSA in previous communications. Grace periods or extensions will not be granted. The ADA recommends consultation with a financial adviser or accountant prior to submitting reports.

For more information, visit HRSA.gov and search "provider relief fund." ■



ACCESS TO CARE

DISABILITIES *continued from Page 19*

The ADA Guidelines for Practice Success section of ADA.org has the following resources to assist dentists with complying:

- A Special Considerations article from the Managing Patients module.
- Articles on Recruiting: The Interview Process and Terminations from the Managing the Dental Team module.
- An article on Safeguarding Patient Information from the Managing Marketing module.

Other ADA resources include:

- The ADA Store offers A Dentist's Guide to the Law: 246 Things Every Dentist Should Know, an e-book that addresses a wide array of legal issues relevant to dentists and dental teams. Visit store.ada.org to purchase.
- Visit ADA.org/resources/practice to learn about website accessibility information and auxiliary aids and services information on Section 1557.
- ADA Business Enterprises Inc. endorses CyraCom, a remote interpretation service that provides American Sign Language interpretation and non-English language interpretation for individuals with limited English proficiency.
- The ADA Council on Advocacy for Access and Prevention has several pre-recorded webinars to help support dentists as they treat patients with disabilities that are available for download at ebusiness.ADA.org.

The U.S. Department of Health and Human Services and the U.S. Department of Justice recently commemorated the anniversary of the Americans with Disabilities Act by publishing guidance to assist health care providers in ensuring all individuals can receive full access to needed health care and can connect to telehealth services, according to an HHS news release.

Businesses doing alterations to improve accessibility may be eligible for two federal tax incentives, according to the American with Disabilities Act's National Network resource site at adata.org. The Disabled Access Credit (Internal Revenue Code, Section 44) may help small businesses cover eligible access expenditures related to the Americans with Disabilities Act. The amount of the tax credit is equal to 50% of the eligible access expenditures in a year, up to a maximum expenditure of \$10,250. Under Internal Revenue Code Section 190, businesses may also be entitled to take a business expense deduction of up to \$15,000 per year for costs of removing barriers in facilities or vehicles.

For more information, visit ADA.org.

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— garvinj@ada.org



Dr. Gupta



PRACTICE

Infection control guide from ADA revised for a post-COVID-19 world

BY DAVID BURGER

The ADA Store released in July The ADA Practical Guide to Effective Infection Prevention and Control, Fifth Edition, the first edition of this manual since the COVID-19 pandemic struck dental offices and the world.

The guide outlines the importance of implementing comprehensive infection prevention and control practices in the dental office as well as other treatment settings.

"Since the guide was last published, dentistry, like the rest of society, has been profoundly affected by the COVID-19 pandemic," said Shannon

Mills, D.D.S., lead author, member of the ADA's Standards Committee for Dental Products, and former board chair of the Organization for Safety, Asepsis and Prevention.

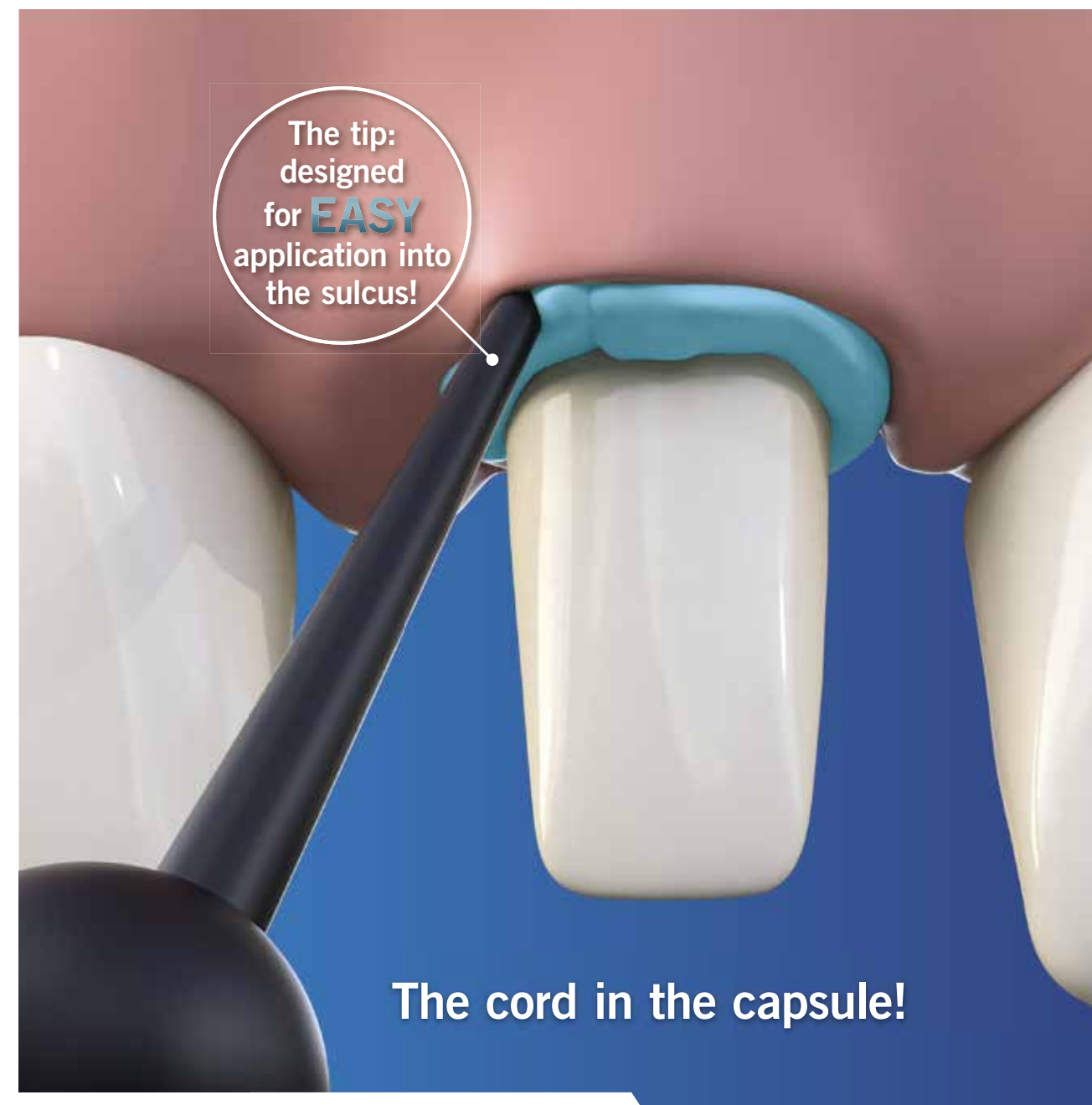
"Just as reports of Hepatitis B and HIV transmission from dentists to patients in the early 1990s led to transformative

changes in dental infection prevention practice to prevent bloodborne pathogens transmissions, COVID-19 has created another inflection point as the profession responds to mitigate risk for respiratory transmission."

This guide also includes a self-assessment checklist of current infection control practices and review questions to reinforce important concepts. An accompanying continuing education quiz worth three credits is available at ADACOnline.org.

Members can use promo code 22115 at ADASTore.org by Nov. 18 to receive 15% off the purchase of the guide. ■

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