VOLUME 55 NO.9

ADANews

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

09.09.24

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BPA WORLDWIDE

AROUND THE ADA

Showing up as his best self

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He's at the top of the mountain now, ready to assume his role as 161st president of the American Dental Association on Oct. 22 at the House of Delegates in New Orleans. He'll also celebrate 26 years of sobriety in October.

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See DR. KESSLER, Page 4

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AROUND THE ADA

Showing up as his best self

Brett Kessler, D.D.S., to become 161st president of ADA

BY KELLY GANSKI

It's 5 a.m. on any given morning. Dr. Brett Kessler's alarm rings.

There's a grunt, a moan. He gets up, sits down in his home office and does a guided meditation while he's sipping his coffee. The audio meditation usually has a topic, which will lead Dr. Kessler to write in his journal what he thought about and what insights he gathered.

There are some days he skips the stationary meditation, turning toward another form for him: running.

"I'm an endurance athlete, and I've done some crazy endurance races over the years, so there's a lot of times I'll be training, and I'll go for an early morning run or early morning bike ride or swim and I'll get my meditation in that way," said Dr. Kessler, who lives in Denver. "And sometimes I'll get these insights, and I'll have my phone with me, and I'll start typing in with my thumbs the thoughts I had and then come back to it later."

It's a daily ritual that has become necessary for Dr. Kessler, a recovering addict. As he's made his way up the mountain of organized dentistry, Dr. Kessler has spoken very candidly about his addiction journey.

He's at the top of the mountain now, ready to assume his role as 161st president of the American Dental Association on Oct. 22 at the House of Delegates in New Orleans. He'll also celebrate 26 years of sobriety in October.

ROCK BOTTOM TO RECOVERY

Dr. Kessler, 56, grew up in Glenview, Illinois — a suburb of Chicago — and attended the University of Iowa for his undergraduate degree, majoring in biomedical engineering with the intent of going to medical school.

"I studied for my MCATs the entire summer, and I remember standing at the mailbox, ready to mail my application, and I tore up the application. I didn't want to go to medical school," Dr. Kessler said.

Let's back up.

College was when Dr. Kessler developed a substance abuse problem, which took over his life. He was drunk and high a lot, and he said the decision not to go to medical school was mostly out of immaturity and defiance to his parents.

See DR. KESSLER, Page 4

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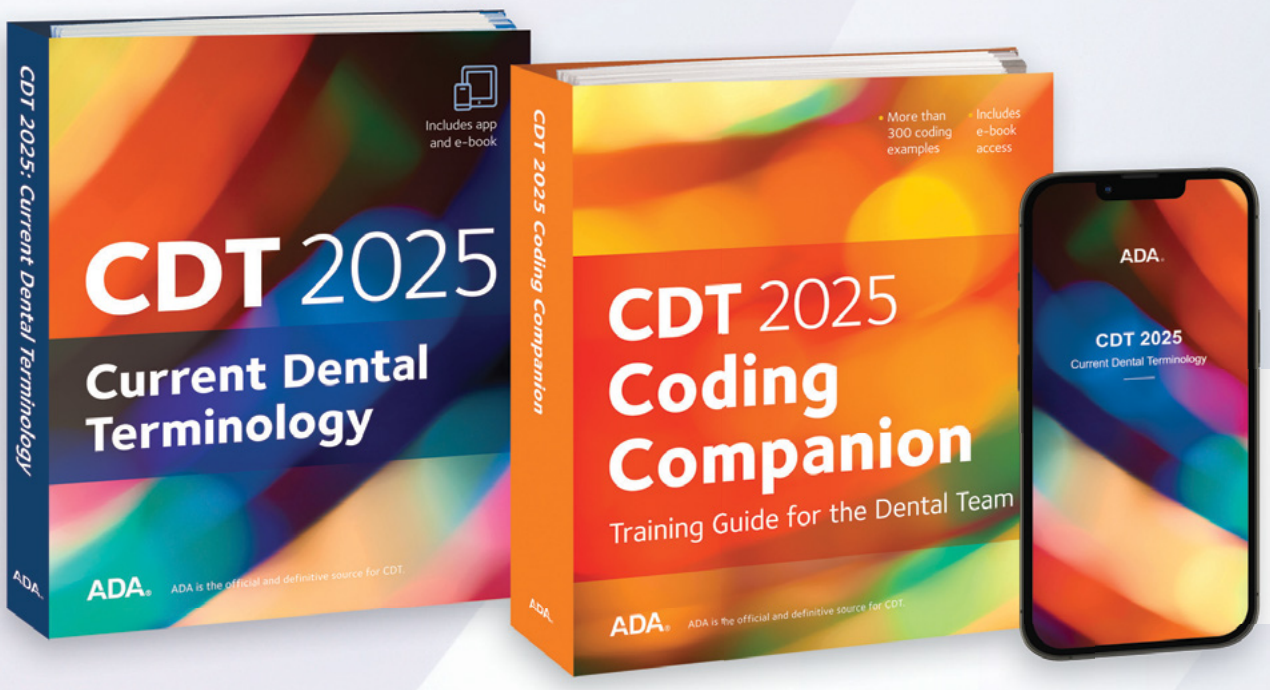

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SCIENCE & TECH

Learn how to harness laser technology in your dental practice

BY MARY BETH VERSACI

Dentists can explore incorporating lasers into their practices during an ADA live workshop Dec. 6-7 at ADA headquarters in Chicago.

Harnessing Laser Technology for Dental Practices, recommended for both dentists and dental hygienists, will provide participants with a comprehensive understanding of laser science, safety protocols and applications for soft and hard tissues.

The first day will include lectures and instruction to familiarize participants with laser technology. They can then choose to do the hands-on portion of the workshop during either a morning or afternoon session the next day. Both sessions offer the same material and guided practice with various laser technologies.

Visit CE.ADA.org and navigate to live workshops to learn more and register. ■

AROUND THE ADA

DR. KESSLER *continued from Page 1*

"I didn't want to deal with people dying, and I didn't know really what I was getting into," Dr. Kessler said. "But really, I was just kind of lost in life at that time."

A friend of his who was in dental school had told him he would probably do well as a dentist, considering his engineering background. And the girls were cute.

"And I know I shouldn't say that, but that was part of my driving decision, and I ended up doing pretty well in dental school, and the girls were cute," Dr. Kessler said. "That's where I met my wife, and we were classmates, and we started dating our first year and got married our fourth year."

Dr. Kessler started at the University of Illinois Chicago College of Dentistry with the intention of not using drugs anymore, but he still drank heavily with his classmates. By his third year, he found drugs again.

"I went into dental school with a substance abuse problem, and I graduated with a worse one. But I never practiced drunk or high. I'm proud of that. But I can't always say I practiced at my best," said Dr. Kessler, who, despite his struggles, ended up graduating in the top 20% of his class.

After a general practice residency at Northwestern Memorial Hospital in Chicago, Dr. Kessler moved to Michigan to be with his wife, Gina, who was pursuing orthodontics at the University of Michigan. He was using a lot of drugs by then, and his life had spun out of control. Dr. Kessler remembered a presentation from an addiction medicine specialist during his residency who pointed out that every state had a well-being hotline dentists could call to get help with dignity while maintaining their license. He called and ultimately went to rehab but still didn't think he had a problem.

> **The brain is a funny thing, and with addiction and all mental illnesses, it tells you you don't have it, and it tells you you could be self-sufficient.**
>
> **-Brett Kessler, D.D.S., ADA president-elect**

Dr. Kessler went back to his old ways, and 14 months after leaving his first rehab stint, he hit rock bottom. He returned to rehab and has been sober since October 1998.

"The brain is a funny thing, and with addiction and all mental illnesses, it tells you you don't have it, and it tells you you could be self-sufficient," Dr. Kessler said. "And unfortunately, that didn't work, so I had to go back to get a tune up in rehab and get more tools. And then I was finally humbled enough to recognize I couldn't do this on my own. And I had to follow the lead of people who were successful in this realm. So, I dove into my recovery and 25 years later, I still value my recovery as the most important thing in my life, and without it, I would have nothing."

INTRODUCTION TO ORGANIZED DENTISTRY

After Dr. Kessler got sober, he and his wife moved to Colorado and Brett and Gina opened their own practice. He also started working with a treatment center called Sobriety House in downtown Denver. It served the homeless population, got them off the street, helped them get sober and provided vocational training and job opportunities. If patients stayed in the treatment program and followed the rules, Dr. Kessler would treat them and fix their teeth for free.

He needed more dentists to help him, so he called the Metro Denver Dental Society, his home component, and asked if they could recommend someone. That's how he entered the world of organized dentistry.

The Metro Denver Dental Society put him on a community access to care committee, then on a leadership track to serve on their board of directors. They recommended him to a TV station looking to do a story on meth mouth, which he had treated during his work with Sobriety House.

The story was picked up by several other news outlets and, ultimately, CNN. That's when the ADA first noticed Dr. Kessler.

They asked if he would testify before Congress on a bill that would provide more access and money for dental treatment for meth addicts.

"That was a pivotal moment for me," Dr. Kessler said. "Because back when I was in my bottom, you know, I was contemplating suicide. I didn't know if I wanted to live, let alone be a dentist. And then my profession calling to ask me to testify before the U.S. Congress was just a fairy tale type of scenario for me of how far my life has come because I kept doing the next right thing."

PLATFORMS

After his time in the national dental spotlight, Dr. Kessler joined an executive committee with the Colorado Dental Association and was elected president in 2014.

"One of the things I'm most proud of when I was in leadership was that we developed a dental benefit in the Medicaid space for adults in Colorado, the first ever. And now 300,000 people had access to a dental home that never had access before. And these were my people, my Sobriety House people," Dr. Kessler said.

It instilled a confidence in his leadership that he didn't have before.

"I learned, when I see something that needs to be changed, I've got this. I'm only one voice, but I've got these unique abilities to get people to rally around a topic, and it's really helped me in my leadership and helped me be effective," Dr. Kessler said. "But it comes back to every day I get up and I do a mindset work. How can I maximize my contributions to the world today?"

His platforms as ADA president draw on his background: wellness and expanding access to oral health care, specifically within Medicare.

He's been leading a discussion of how improving oral health will also improve diseases like diabetes, Alzheimer's disease, cardiovascular disease and kidney failure.

"The Centers for Medicare & Medicaid Services asked the ADA, 'If we were to expand the definition of medical necessity and Medicare, what would you guys rally for?'" Dr. Kessler said. "We've got to expand that definition and in a big way, and we're still working on that. You'll hear a lot from me over these next 15 months or so that oral health is health, and we need to be demanding that our patients get access to oral health care in pursuit of improving their overall health."

Dr. Kessler's platforms as ADA president draw on his background of wellness and expanding access to oral health care.

GOOD TO GREAT

Dr. Kessler has spent a lot of time working on his leadership skills. And it's paid off. When he joined the Metro Denver Dental Society board in Colorado, he dove into a self-directed leadership continuum.

He read a lot of leadership books and even hired leadership training coaches.

"That helped me be a better leader for not only my practice but my family and for the organizations that I'm leading," said Dr. Kessler, who has four children. "I learned the qualities of good leaders and I tried to emulate those qualities wherever I was in the world. If I wanted to be the best dentist, I went to the place where they trained the best dentists. If I wanted to be the best leader, I hired the best people to help me be a leader. I always wanted to pick the brain of the smartest guy in the field."

His CV is a long list of leadership accomplishments: board chair, founding chair, advocate, educator; the list goes on. The ADA awarded him a Golden Apple Award in 2010 for Outstanding Leadership in Mentoring for his work at the University of Colorado School of Dental Medicine.

And while he's proud of the way he's practiced as a dentist, he's even prouder of how far he's come as a leader.

"Yeah, I'm a damn good dentist, but these awards really had to do with more of what I did for the communities and how I connected with my patients," Dr. Kessler said.

When he started meditating and journaling and dedicating himself to exercise, he used to figure out how he could win various challenges and if he had a difficult conversation ahead of him, figure out how he could make sure that person knew he was right and come out again.

"I show up as my best self so that the best possible outcome can occur, whatever that looks like," Dr. Kessler said. "It's about my mindset: how can I show up as my best self every single day to live my best life." ■

SmileCon brings innovations, celebrations to New Orleans

BY MARY BETH VERSACI

SmileCon is just around the corner with countless opportunities for dentists to meet, play and learn.

The meeting, which takes place Oct. 17-19 at the New Orleans Ernest N. Morial Convention Center, will kick off with the Opening Session. Bestselling author and organizational expert Shawn Kanungo, who has guided countless organizations through major technological shifts, is this year's keynote speaker, and Trudy-Ann Frazer, D.D.S., an educator, podcaster and advocate for self-care, will serve as the ADA member host.

Dental Central will be the center of excitement throughout the meeting. There, dentists can get the scoop on the latest trends in dental products, services and technology and visit the booths of internationally known exhibitors and new and exciting companies for demonstrations and show specials.

The Dental Team Hub and Podcast and Influencer Hub will return this year to Dental Central, while the ADA Forsyth Institute will fuel the new Innovation Hub, which will introduce some of the most cutting-edge dental technology to SmileCon for an interactive show and tell.

"Sixteen top companies in artificial intelligence, diagnostics, devices, software as a service and business-to-business solutions will join us for interactive coffee sessions, hands-on demonstrations and short tech talks," said Wenyuan Shi, Ph.D., CEO of ADA Forsyth. "This is your opportunity to try out the most innovative technology in the dental field, see how it works and meet the entrepreneurs behind the designs."

Those who visit the hub can also learn more about ADA Forsyth and attend a meet and greet with Dr. Shi.

Dentists will have a wide variety of continuing education at their fingertips during SmileCon, including two new course formats. Master classes will focus on practice management, while mainstage sessions will dive into dentistry's trending topics. Returning formats include presentations, hands-on activities, and experiences and conversations. Hands-on activities, or clinical workshops, will be led by educators and residency directors from the top dental schools in the nation.

For the first time, the ADA will gather its annual award winners together to celebrate as a community. The inaugural Changemakers Celebration on Oct. 18 will recognize the winners of the Distinguished Service Award, Humanitarian Award, 10 Under 10 Awards, Evidence-Based Dentistry Faculty and Practice Awards, Gold Medal Award for Excellence in Dental Research and Norton M. Ross Award for Excellence in Clinical Research.

The celebration will continue that night for all of SmileCon with the Bouncin' in the Bayou Fest, which will bring the music and good vibes of New Orleans to participants.

On Oct. 19, SmileCon attendees can gather one last time for a tailgate party in Dental Central to connect and enjoy refreshments before they conclude their time at the meeting. Dentists are encouraged to represent their dental school at the event and socialize with fellow alumni. Some schools will host alumni receptions during the meeting as well. Check SmileCon.org for a list of schools participating in the tailgate and other receptions.

To learn more and register for SmileCon, visit SmileCon.org. ■

Photo courtesy of Jeff Anding/NewOrleans.com

Destination: *New Orleans will host SmileCon 2024, offering a rich mix of culture, cuisine and charm.*

SCIENCE & TECH

First US standard on AI in dentistry available for comment

BY MARY BETH VERSACI

The first U.S. standard related to artificial intelligence in dentistry is available for review and comment from the American Dental Association.

The purpose of proposed ANSI/ADA Standard No. 1110-1 for Dentistry — Validation Dataset Guidance for Image Analysis Systems Using Artificial Intelligence, Part 1: Image Annotation and Data Collection is to provide standardized criteria for annotating and collecting data from 2D radiographs to classify the images and use them in clinical decision making.

The draft standard includes image analysis associated with machine learning and deep learning. It identifies the necessary annotations and data content for 2D radiographic images to be queried, exchanged and communicated among providers at all treatment locations for diagnosis, treatment, administrative tasks, research and development efforts.

This standard does not prescribe or endorse any specific AI implementation methodology or guide.

To obtain a copy of the draft standard, visit ADA.org/aipreview. Interested parties have until Sept. 25 to comment.

The ADA is an American National Standards Institute-Accredited Standards Developer and has played a key role in the development of dental standards since 1928. These standards establish requirements for safe and effective dental products and technologies through a consensus-based process.

The ADA Standards Program working groups that develop the standards are made up of a diverse group of expert volunteers representing dental practitioners, industry, government and academia. Involvement is open to anyone who would like to contribute their expertise. ■

September JADA examines implications of sleep neuroscience in dental medicine

BY MARY BETH VERSACI

Dentists have the potential to be the first clinician to screen patients for possible sleep disorders and refer them to the appropriate medical professionals, which can be lifesaving, according to the cover story of the September issue of The Journal of the American Dental Association.

In "The Enigma of Sleep: Implications of Sleep Neuroscience for the Dental Clinician and Patient," the authors looked at articles from January 1990-March 2024 related to sleep medicine and neuroscience. They found robust research on sleep neuroscience and its implications in dental medicine.

"Dental management modalities, including mandibular advancement devices and planned preventive and interceptive orthodontics, may play a crucial role in management of sleep disorders," the authors said in the article. "A good understanding of the neuroscience behind sleep disorders will help dentists facilitate optimal care for their patients."

The article is the latest addition in JADA's Oral Science Trends series. Find it online at JADA.ADA.org. ■

SMILECON NEW ORLEANS 2024 ADA

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when the dentists go marchin' into New Orleans

It's not too late to register for **SmileCon 2024, Oct. 17-19** in the Big Easy. But don't hesitate – **prices go up on Sept. 21**.

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ADA Forsyth Institute study identifies possible new transmission factor in hospital-acquired infections

BY OLIVIA ANDERSON

The ADA Forsyth Institute published a new study that has identified a possible contributing factor to the spread of hospital-acquired infections, offering new insights into the transmission of these infections and why they're so hard to combat.

A news release reveals that the dangerous multidrug resistant pathogen, Klebsiella species, thrives under nutrient-deprived polymicrobial community conditions that could be found in infected hospital environments. Scientists discovered that Klebsiella colonizing a healthy human oral cavity not only has natural multidrug resistant capability but also dominates the bacterial community when starved of nutrients.

Klebsiella, more specifically K. pneumoniae, is one of the top three pathogens responsible for hospital-acquired infections. Klebsiella can naturally inhabit the oral and nasal cavities of healthy individuals asymptomatically but can become pathogenic under certain conditions.

Batbileg Bor, Ph.D., associate professor at AFI and principal investigator of the study, noted that the current study took place in a laboratory, and that a thorough clinical study is needed to confirm their results.

"However, what we're finding gives insight into what could be happening in the clinic, and these results are concerning," Dr. Bor said. "Healthy oral and nasal cavities can be carriers of Klebsiella species, and oral and nasal fluids can easily be released from the body through coughing, sneezing and even just talking."

> **Healthy oral and nasal cavities can be carriers of Klebsiella species, and oral and nasal fluids can easily be released from the body through coughing, sneezing and even just talking.**
>
> -Batbileg Bor, Ph.D., associate professor at AFI

Hospital environments provide ideal conditions for Klebsiella to spread to susceptible patients, Dr. Bor explained, because nasal or saliva droplets on hospital surfaces, sink drains and the mouths and throats of patients on ventilators are all starvation environments for polymicrobial communities.

Dr. Bor concluded that two important discoveries came out of this study.

"First, if a person sneezes on a surface, for instance, and if there is Klebsiella present, Klebsiella will use the other microbes in this starvation condition as a nutrient to outcompete others, and this could lead to higher chances of infection. That's the transmission mechanism that could be happening, at least for Klebsiella from the oral and nasal cavity," Dr. Bor said. "Secondly, the healthy oral microbiome itself has some kind of control mechanism to keep these Klebsiella in check. That's very important, and nobody's really thinking about it. Somehow, Klebsiella is staying in low numbers and low prevalence in the oral cavity."

For more information, read the full study, published in Microbiome. ■

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PRACTICE

Private equity affiliation among dentists increases

Change especially affects dental specialists

BY OLIVIA ANDERSON

The percentage of dentists affiliated with private equity has nearly doubled over the course of six years, according to a paper released Aug. 5 by the ADA Health Policy Institute.

According to the analysis, dentists affiliated with private equity increased from 6.6% in 2015 to 12.8% in 2021.

Private equity affiliation increased particularly among larger dental practices and among dental specialists like endodontists, oral surgeons, pediatric dentists, orthodontists and prosthodontists, according to the paper, authored by Kamyar Nasseh, Ph.D., ADA health economist, Anthony T. LoSasso, Ph.D., professor and chair of the DePaul University economics department, and Marko Vujicic, Ph.D., ADA chief economist and vice president of the Health Policy Institute.

"The dental provider market is highly fragmented, which makes it an attractive acquisition target for [private equity] firms, given the perceived potential to improve the efficiency of practices and increase [private equity] firms' profit margins or market share," the paper reads.

The study examined changes in private equity affiliation among dentists during the periods 2015-17 and 2019-21. Researchers used a novel dental provider database that mapped dentists into office locations and large group practices and used private equity transaction data to flag dental offices affiliated with private equity firms. Researchers then used these data sets to examine trends in dentists' affiliation with private equity over time and how it varies by dentists' characteristics and locations.

Results of the study showed that the number of documented private equity transactions involving dentists was consistently low from 2004 to 2015, at fewer than 20 per year. But in 2016, the number of transactions increased, reaching 62 in 2019 before decreasing to 46 in 2020. In 2021, the number of transactions increased to 96.

The percentage of endodontists, oral surgeons, orthodontists, pediatric dentists and prosthodontists affiliated with private equity more than doubled from 2015 to 2021, with endodontists seeing the greatest growth in private equity. General practice dentists affiliated with private equity increased by 87%, from 6.8% in 2015 to 12.7% in 2021. While substantial, this was less than the increase seen for endodontists, oral surgeons, orthodontists, pediatric dentists, periodontists and prosthodontists.

But why the focus on dental specialties? According to researchers, there are several possibilities.

"One possible reason for [private equity] interest in dental specialist practices may be the high prices that specialists can earn for procedures such as root canals and implants, as opposed to routine exams from general practice dentists. [Private equity] firms may believe that they can get a higher return on investment from acquiring specialist practices. It is also possible that [private equity] interest in dental practices is due to underrealized economies of scale in dentistry, potentially resulting in improved efficiency," the paper reads.

As private equity firms continue to acquire dental practices and potentially increase consolidation, the study emphasized the importance of ensuring that future research examines the effect these acquisitions have on costs of dental procedures, procedure mix, dentists' participation in Medicaid and the quality of care. ■

Number of private equity transactions involving dental practices, 2004-21

ADA calls for policy reforms to improve Medicaid access

BY MARY BETH VERSACI

The American Dental Association is calling for public policy reforms to make it easier for patients to access critical oral health services and dentists to enroll in Medicaid.

A new report from the ADA Health Policy Institute and the Association of Dental Support Organizations found thousands of beneficiaries face significant financial and systemic barriers to obtaining dental care through Medicaid.

Nearly 3 out of 5 Medicaid beneficiaries surveyed in eight states by HPI were unable to connect with a dentist because of an absence of nearby Medicaid-enrolled providers or providers who could speak their language or were of their cultural background. Additionally, 2 out of 5 enrollees said prohibitive out-of-pocket costs or a lack of covered services made it difficult to care for their oral health.

"Dental care presents more financial barriers than other health care services," said Marko Vujicic, Ph.D., ADA chief economist and HPI vice president. "While public programs like Medicaid cover a portion of those costs, there are still disparities in care and access among low-income and elderly Americans. That's why asking our lawmakers to remove some of these impediments to obtaining dental care is critical."

The report calls on lawmakers to prioritize two pieces of legislation currently before Congress: the Medicaid Dental Benefit Act, which would mandate dental coverage for all adult Medicaid beneficiaries, and the Strengthening Medicaid Incentives for Licensees Enrolled in Dental Act, which would reduce administrative burdens that often discourage dentists from signing up for or staying in the Medicaid program.

In the HPI survey, dentists cited low reimbursement rates, lack of coverage for comprehensive procedures and administrative constraints, such as prior authorization requests and complex credentialing requirements, as considerable barriers to taking part in state Medicaid programs.

Dental practice structure can make a difference in some of these obstacles, according to the report. Dentists affiliated with a dental support organization may have higher rates of Medicaid participation than their non-DSO counterparts because of their economies of scale and lower administrative burden.

To learn more about the ADA's and ADSO's advocacy efforts, visit ADA.org/advocacy and theadso.org/advocacy. The report is available under "Medicaid and CHIP" on the ADA advocacy webpage. ■

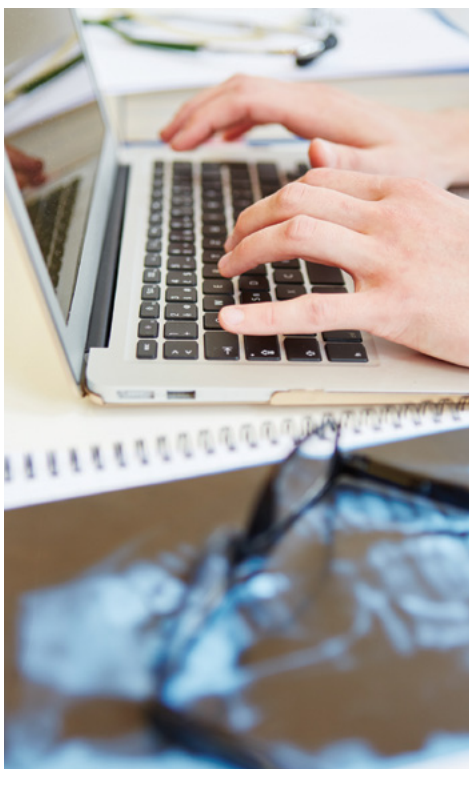
Dentists can submit Medicare claims electronically

BY MARY BETH VERSACI

As of July 1, the Centers for Medicare & Medicaid Services can accept, process and pay dental claims electronically.

In November 2023, CMS issued the 2024 Medicare Physician Fee Schedule final rule, which provided regulatory clarification regarding Medicare coverage for dental services that are inextricably linked to the success of other covered services, such as treatment of head and neck cancers.

CMS previously adopted the ADA Paper Claim Form for submitting dental claims while developing the new system to process the claims electronically as part of its multiyear Medicare Payment System Modernization project. The electronic Health Care Claim: Dental (837D), a Health Insurance Portability and Accountability Act-mandated standard, is used to submit health care claim billing information, encounter information or both from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. CMS is looking for dental providers to participate in a controlled launch of the system by submitting their claims electronically.



"We appreciate the Centers for Medicare & Medicaid Services' efforts to implement electronic transactions for dental claims," said Stacey Gardner, D.M.D., chair of the ADA Council on Dental Benefit Programs. "The HIPAA-mandated dental claim transaction has been widely adopted by dental providers and is an example of the importance of developing and implementing standards that meet the specific business needs of the dental delivery system. We hope that CMS will continue to consider opportunities to reduce administrative and operational burden for dental providers who have enrolled to provide outpatient dental services in Medicare."

The Council for Affordable Quality Healthcare's 2023 annual index — the only industry benchmarking tool that tracks and reports progress on the adoption of electronic administrative transactions — found dental providers could save $1.5 billion annually by switching from manual to fully electronic transactions.

Dentists who are providing Medicare beneficiaries with dental services that are linked to covered medical services can work with the Medicare administrative contractor for their state to ensure they are able to submit 837D electronic dental claims.

"For dentists who participate in Medicare, submission of electronic dental claims offers an opportunity to improve daily operations," said Caroline Zeller, D.D.S., a member of the ADA Council on Advocacy for Access and Prevention. "The 837D means no paper, stamps or snail mail and will reduce processing times for claims. I hope that providers will take advantage of the opportunity to work with their Medicare administrative contractors and CMS and become early adopters of the CMS Dental Claims Processing System."

The ADA offers resources and information for dentists on treating Medicare patients at ADA.org/medicare.

Additional resources are available from CMS at medicare.gov/coverage/dental-services and cms.gov/medicare/coverage/dental. ■

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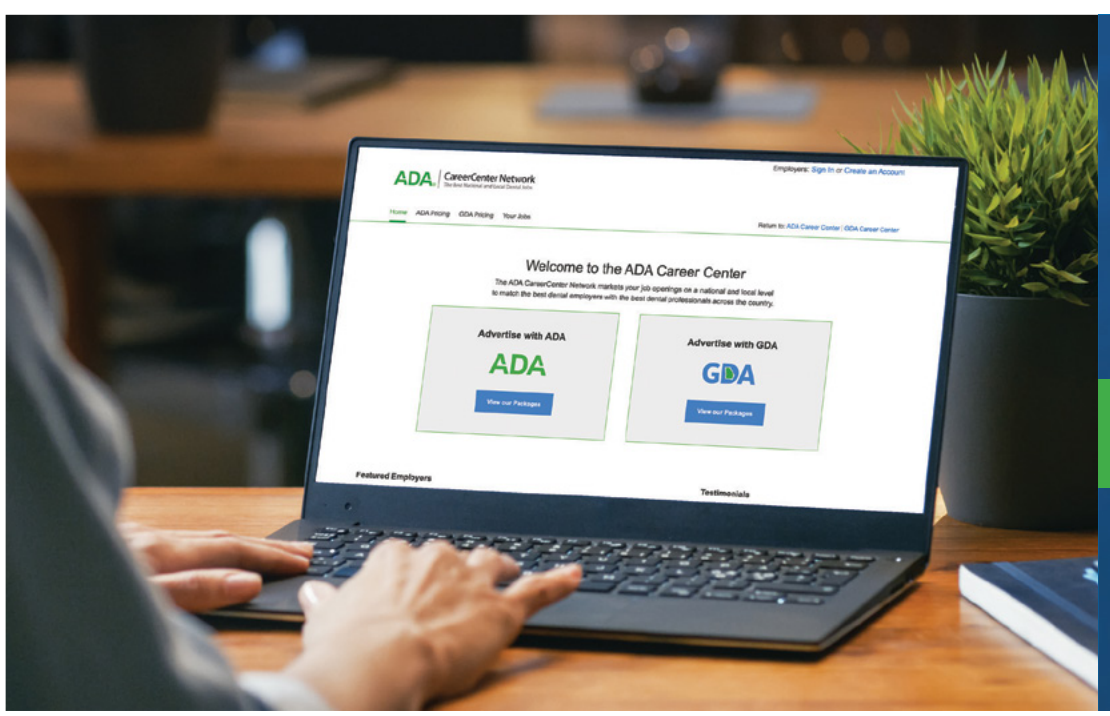

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GOVERNMENT

ADA urges caution on credit reporting proposal that would exclude medical debt

Federal rule could impact debt collection practices

BY OLIVIA ANDERSON

The ADA expressed concern about a federal proposal that would prohibit credit reporting agencies from including medical debt when running credit checks, according to an Aug. 9 letter to the Consumer Financial Protection Bureau.

The ADA is urging the bureau to consider multiple recommendations to mitigate adverse impacts on dental practices.

"We look forward to working with the [Consumer Financial Protection Bureau] to develop a rule that balances consumer protection with the financial sustainability of health care providers," the letter reads.

"The proposed rule may inadvertently reduce the incentive for patients to prioritize the payment of their dental bills, knowing that nonpayment will not affect their credit scores," wrote ADA President Linda J. Edgar, D.D.S., and Executive Director Raymond A. Cohlmia, D.D.S.

The Consumer Financial Protection Bureau is also proposing to prohibit credit reporting companies from sharing medical debt information with prospective lenders to ensure sensitive health information remains protected, but the ADA says the rule would compromise the bargaining position of creditors attempting to collect legitimate medical debt.

"Dental offices would typically sell any outstanding debt to a collection agency," the letter reads. "Sensitive health information is not part of that transaction."

Sharing necessary information with debt collectors is permitted under the Health Insurance Portability and Accountability Act.

The ADA said the bureau's proposed rule relies heavily on various studies that lack representative data and "have methodological limitations that raise concerns about their applicability for broad regulatory changes."

The preamble in the proposed rule acknowledged the Consumer Financial Protection Bureau does not have data to estimate the increased costs to health care providers of collecting medical debt themselves or writing off the debt should debt buyers become less willing to pay for medical debt.

To mitigate adverse impacts on dental practices, the ADA recommended implementing a phase-in period to allow dental practices to adjust their billing systems; making threshold adjustments for medical debt reporting that exempt smaller debts; engaging in stakeholder collaboration to gather data on the practical implications of the rule; and providing financial education to consumers. ■

PRODUCT News

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ADA opposes NIH restructuring proposal

Coalition says proposal would 'undermine' NIDCR's mission

BY OLIVIA ANDERSON

The ADA is voicing opposition to a House Republican proposal that would fundamentally restructure the National Institutes of Health, the nation's largest health research agency.

In a joint coalition letter to House Energy and Commerce Committee Chair Cathy McMorris Rodgers, R-Wash., the ADA, American Association for Dental, Oral, And Craniofacial Research and 20 other groups urged House Republicans to consider the impact on dental, oral and craniofacial research.

"Having a dedicated institute centered on this region ensures research funding for areas like tooth development, gum disease, orofacial pain and craniofacial birth defects without being overshadowed by broader health concerns," the coalition wrote.

The Republican proposal would place the National Institute of Dental and Craniofacial Research under the auspices of a newly created Institute of Neuroscience and Brain Research. NIDCR currently reports immediately to the director of NIH.

"Shifting NIDCR to a broader neuroscience and brain research context will dilute its focus and undermine its entire mission of advancing oral health for all through research," the coalition noted.

The coalition also expressed concern over recommendations to significantly cut facilities and administrative costs, which include construction and maintenance, utility expenses, labor costs, research and data processing, disposal of hazardous waste material and compliance obligations.

"There is an opportunity for NIH to demonstrate its commitment to these principles by implementing some of the recommendations from the framework, such as ensuring NIH officials abide by financial transparency requirements; setting guidelines for public-private partnerships to prevent the appearance of corporate influence on research; disclosing all third-party financial benefits; and implementing new policies and protocols to enhance oversight of investigations into allegations of misconduct," the letter reads. ■

EDUCATION

Get to know Virginia dental school

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 Virginia Commonwealth University School of Dentistry in the fact box below, and stay tuned for details about more schools in upcoming ADA News issues. ■

VCU School of Dentistry

Location: Richmond, Virginia

Year established: 1893

Dean: Lyndon F. Cooper, D.D.S., Ph.D.

Total enrollment: 471

FUN FACT:

Virginia Commonwealth University School of Dentistry is the **only dental school in Virginia** and one of five health science schools and one college on the VCU medical center campus.

Photo courtesy of Vernon Freeman Jr., VCU School of Dentistry

Practice: Second-year dental students hone their skills in the Woolwine Simulation Lab at Virginia Commonwealth University School of Dentistry.

ACCESS TO CARE

Buffalo expected to restart water fluoridation this fall

BY OLIVIA ANDERSON

After quietly halting its fluoridation program several years ago — allegedly without the public's knowledge — the city of Buffalo, New York, is set to restart fluoridating its water supply this fall, according to the Buffalo Water Authority.

Buffalo city officials allegedly decided to stop fluoridating the city's water supply without properly informing residents in 2015. The public was not aware of this fact until the Buffalo News reported on it in 2023. Brendan Dowd, D.D.S., who testified multiple times before the Buffalo City Council in support of restarting fluoridation, said residents immediately banded together to urge city officials to reverse the decision upon learning about the discontinuation.

"It's a public health issue. It's a health equity issue. You've got a generation of kids now who have not had fluoride in the water," Dr. Dowd said. "What could be more even-keeled than having fluoride in the water for everybody here? There's a lot of kids that can't afford to go to the dentist."

Anti-fluoride activists claim water fluoridation poses ethical and safety concerns, while most dental professionals say the long-standing scientific research points to fluoride as a safe and efficient way to prevent cavities.

According to the ADA, water fluoridation reduces tooth decay by at least 25% in children and adults and was dubbed "one of 10 great public health achievements of the 20th century" by the Centers for Disease Control and Prevention.

"The scientific research behind it is irrefutable. [Fluoridation] helps, there's no question about it. This is a case of a setback in a mid-major town, and it's too bad. It's frustrating that a generation of kids weren't able to have the protective water that we all use daily because of some strange reactions from city officials," Dr. Dowd said.

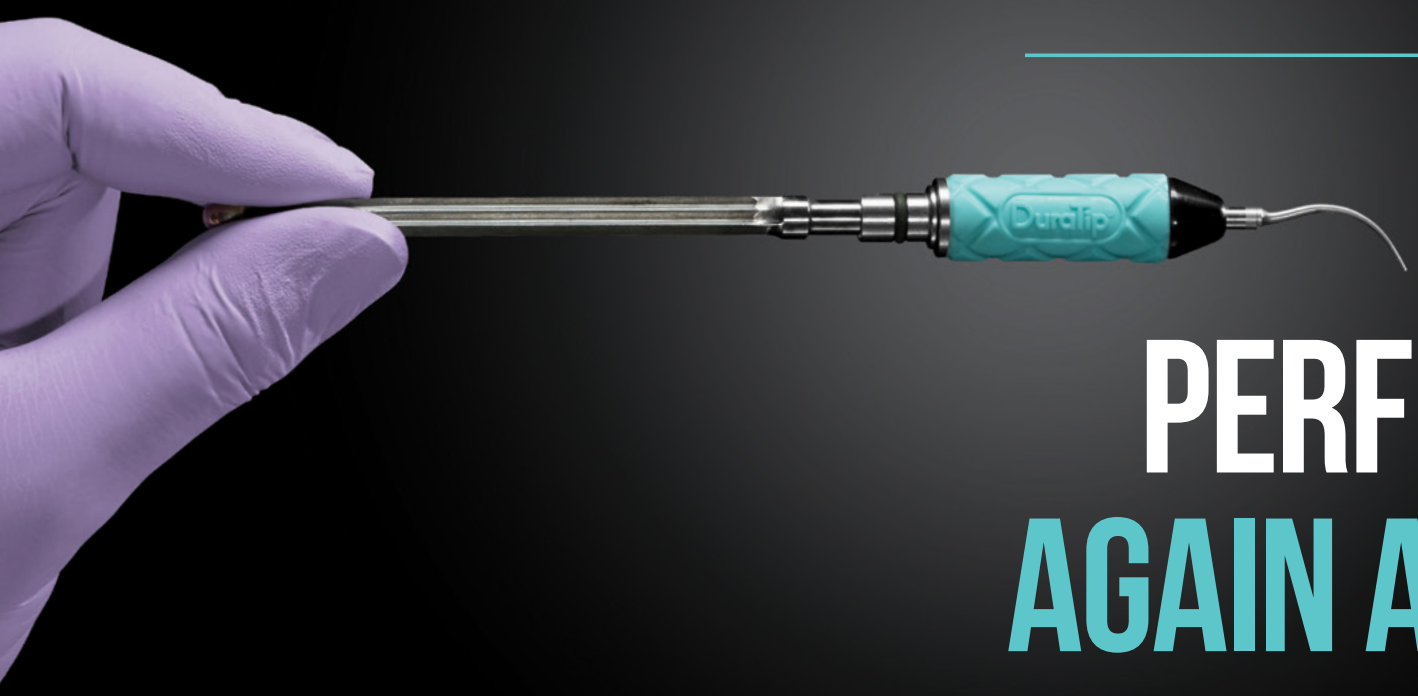
The University at Buffalo School of Dental Medicine is in the early phase of a research project investigating the effects of halting Buffalo's water fluoridation for nine years. Specifically, Marcelo Araujo, D.D.S., Ph.D., dean of the University at Buffalo School of Dental Medicine, said the retrospective study involves looking back at how the lack of water fluoridation has impacted children throughout Erie County, which includes Buffalo.

Researchers have created a database of medical records for more than 150,000 children from 2013, before fluoridation stopped, to 2024. Dr. Araujo said the study's aim is twofold: to understand the size of the problem in the city and to encourage good policymaking.

"Data can be used for advocacy and policymaking. We [want to] make sure that we prevent Buffalo from stopping water fluoridation in the future, but we're hoping it's a good example that can be used across the country," Dr. Araujo said. "Scientific evidence needs to be developed to support policy, and the policy should be focused on prevention, equity in oral health and cost effectiveness. That way we can provide what the kids in the community need."

While the research is still in its nascent stages, clinicians have said the data shows many kids have more decay than normal. So far, it appears the past three years have seen an increase in the number of visits to pediatric clinics, according to Dr. Araujo.

Buffalo's lack of water fluoridation has drawn the ire of residents — and a class action lawsuit by families against the city of Buffalo — but more than anything, many community members just want fluoride back in their water as soon as possible. ■



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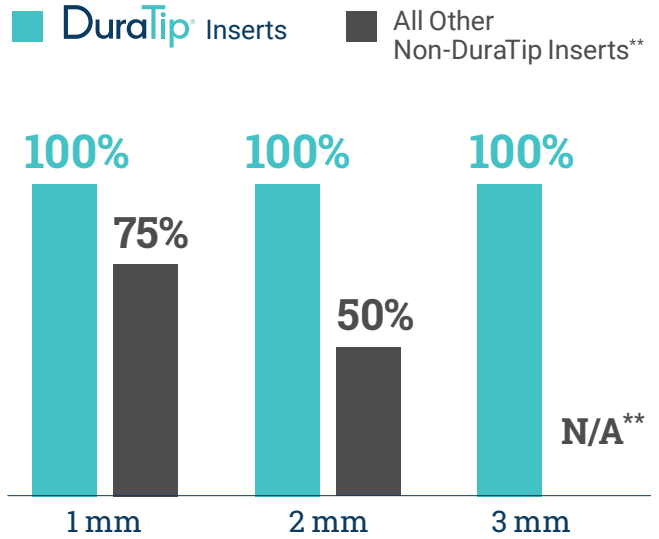

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