

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

2.5.24

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GOVERNMENT

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BY OLIVIA ANDERSON

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rule on payments for hospital outpatient and ambulatory surgical centers. The new payment schedule for facility fees in the Hospital Outpatient System Centers Payment Reimbursement and Rehabilitation



ADA, American Dental Association

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ADA previously published guidance on pediatric pain



### 17 10 must-do's in the Big Easy during SmileCon

New Orleans welcomes dental community Oct. 17-19



### 23 National Children's Dental Health Month kicks off

February observance promotes benefits of good oral health

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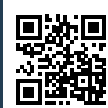
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## 2023 brings many advocacy wins for ADA



BY OLIVIA ANDERSON

The ADA earned a plethora of legislative and advocacy wins in 2023, from various health care bills that address the growing dental workforce shortage and dental insurance reform to advancing a compact that would allow dental practitioners to practice in states where they are not licensed. Here are some of the ADA's 2023 advocacy accomplishments:

• **House passes Lower Costs, More Transparency Act.** The U.S. House of Representatives passed the Lower Costs, More Transparency Act, a health care bill that includes several provisions supported by the ADA to address shortages in the dental workforce, particularly in underserved communities.

• **HELP Committee passes Primary Care and Health Workforce Expansion Act.** The Senate Health, Education, Labor and Pensions Committee voted to pass the Bipartisan Primary Care and Health Workforce

Act, which includes funding extensions for ADA-supported programs, including the State Oral Health Workforce Improvement Grant Program, Community Health Center Fund, National Health Service Corps and Teaching Health Center Graduate Medical Education Program.

• **House Energy and Commerce Committee advances the Action for Dental Health Act.** The committee voted 50-0 to reauthorize the ADH program, which would direct funding to state and local organizations through a Health Resources and Services Administration oral health workforce grant program, through 2028.

• **Congress introduces DOC Access Act.** Both the Senate and House of Representatives introduced the Dental and Optometric Care Access Act, which would prohibit noncovered services provisions in dental and vision plans. Led by the ADA, a coalition of a dozen dental organizations thanked legislators May 15 for introducing the bipartisan bills.

• **Legislative Summit on Dental and Dental Hygienist Compact takes place.** The ADA, Council of State Governments and Department of Defense hosted a summit Sept. 12 to answer questions and provide information related to the Dental and Dental Hygienist Compact. The compact provides a legal pathway for dental practitioners to practice in states where they are not licensed.

• **Senate holds first hearing on oral health in a decade.** The U.S. Senate Finance Committee's Subcommittee on Health Care held a hearing entitled "Oral Health Crisis: Identifying and Addressing Health Disparities," featuring testimony by Marko Vujcic, Ph.D., ADA chief economist and vice president of the ADA Health Policy Institute. Dr. Vujcic's testimony focused on the state of oral health in the U.S., the country's policy choices and evidence-based considerations moving forward.

• **The Centers for Medicare and Medicaid Services releases final**

**rule on payments for hospital outpatient and ambulatory surgical centers.** The new payment schedule for facility fees in the Hospital Outpatient Prospective Payment System and Ambulatory Surgical Centers Payments featured significant reimbursement increases for dental rehabilitation code G0330.

• **Congress celebrates National Children's Dental Health Month.** Members of the Oral Health Caucus in Congress sent a letter to every member of Congress recognizing National Children's Dental Health Month in February. The letter urged lawmakers to make children's dental health a priority, and the caucus offered their full endorsement of the celebration, thanking ADA volunteers for continuing to advocate for children's oral health.

• **House and Senate reintroduce REDI Act.** The ADA, along with the American Association of Oral and

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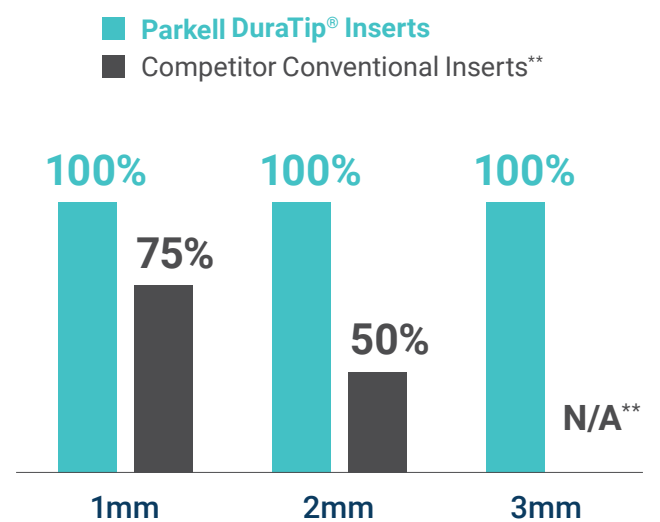
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## Connect with ADA on TikTok for exclusive dental content

### New account reflects dynamic Association membership

BY MARY BETH VERSACI

**M**embers can connect with the American Dental Association in a fun, new way with the launch of the ADA's TikTok account.

By following the account, members can expect TikTok-exclusive dental content, member insights, live event reporting, inside looks at the ADA and more.

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# New ADA guideline recommends NSAIDs to manage dental pain in adults, adolescents

## Association previously published guidance on pediatric pain management

BY MARY BETH VERSACI

**A** new clinical practice guideline from the American Dental Association recommends nonsteroidal anti-inflammatory drugs taken with or without acetaminophen as first-line treatments for managing acute dental pain in adults and adolescents 12 and older.

The guideline, developed by the ADA with the University of Pittsburgh School of Dental Medicine and the Center for Integrative Global Oral Health at the University of Pennsylvania School of Dental Medicine, is the cover story of the February issue of *The Journal of the American Dental Association*.

When used as directed, NSAIDs, such as ibuprofen and naproxen, on their own or in combination with acetaminophen can effectively manage pain after a tooth extraction or during a toothache when dental care is not immediately available, according to the guideline.

The guideline also offers recommendations for prescribing opioid medications in the limited circumstances in which they may be appropriate. These include avoiding “just in case” prescriptions, engaging patients in shared decision-making and exercising extreme caution when prescribing opioids to adolescents and young adults. The guideline also suggests clinicians advise patients on proper storage and disposal and consider any risk factors for opioid misuse and serious adverse events when prescribing opioids.

“It’s important to take special consideration when prescribing any type of pain reliever, and now, dentists have a set of evidence-based recommendations to determine the best care for their patients,” said Paul A. Moore, D.M.D., Ph.D., guideline senior author, chair of the guideline panel and professor emeritus at the University of Pittsburgh School of Dental Medicine. “Patients are encouraged to discuss pain management expectations and strategies with their dentist so they can feel confident that they are receiving the safest, most effective treatment for their symptoms.”

In 2020, the U.S. Food and Drug Administration awarded the ADA Science & Research Institute — now the ADA Forsyth Institute — and the University of Pittsburgh a three-year, \$1.5 million grant to develop a clinical practice guideline for the management of acute dental pain in children, adolescents and adults. This guideline for adolescents and adults is the second of two guidelines. A previous set of recommendations for pediatric patients was published in the September 2023 issue of *JADA*. Both guidelines are available at [ADA.org/painmanagement](https://ada.org/painmanagement).

“Providing prescribing guidelines for acute dental pain management is an important step towards improving patient treatment and outcomes,” said Marta Sokolowska, deputy center director for substance use and behavioral health at the FDA’s Center for Drug Evaluation and Research. “We hope this clinical practice guideline will reduce the risk of opioid addiction, overdose and diversion.”

The ADA adopted a policy on opioids in 2018 that supports prescription limits and mandatory continuing education for dentists and builds on an earlier policy recommending dentists consider NSAIDs as the first-line therapy for acute pain. For more information on how the ADA is working to combat opioid abuse while continuing to help patients manage dental pain, visit [ADA.org/opioids](https://ada.org/opioids).

Other articles in the February issue of *JADA* discuss women in dental leadership positions, quality of dental care during pregnancy and postoperative pain after single-visit endodontic treatment.

Every month, *JADA* articles are published online at [JADA.ADA.org](https://ada.org) in addition to appearing in the print publication. ADA members can access *JADA* content with their ADA username and password. ■



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## New ADA standards on dental products available for comment

### Deadline to respond is March 3

BY MARY BETH VERSACI

**N**ew standards are available for comment from the American Dental Association’s Standards Committee on Dental Products.

These standards include:

- **Proposed ANSI/ADA Standard No. 113 for Dentistry — Periodontal Curettes and Dental Scalers:** This standard specifies the general material, performance and dimensional requirements for periodontal curettes and dental scalers.

- **Proposed ANSI/ADA Standard No. 170 for Dentistry — Excavators:** This standard specifies dimensions and performance requirements for excavators used in dentistry.

- **Proposed ANSI/ADA Standard No. 176 for Dentistry — Test Methods for Machining Accuracy of Computer-Aided Milling Machines:** This standard specifies the test methods to evaluate the machining accuracy of computer-aided milling machines as a part of dental computer-aided design/computer-aided manufacturing systems, which fabricate dental restorations, such as inlays, crowns and bridges.

- **Proposed ANSI/ADA Standard No. 199 for Dentistry — Osteotomes:** This standard specifies requirements and their test methods for osteotomes used in dentistry for bone compaction, internal sinus floor elevation and jaw bone cleaving. It also specifies the requirements for their marking and labeling.

- **Proposed ANSI/ADA Standard No. 200 for Dentistry — Extraction Forceps:** This standard specifies the general performance requirements for extraction forceps used in dentistry and requirements for their designation and design.

- **Proposed ANSI/ADA Standard No. 205 for Dentistry — Tissue Punches:** This standard specifies requirements and their test methods for tissue punches used with a handpiece in dentistry especially for oral surgical implant procedures, such as cutting holes or notches in gingival tissue and removing it. It also specifies the requirements for their marking and labeling.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers. There are currently more than 130 national standards, and more are under development.

Visit [ADA.org/aipreview](https://ada.org/aipreview) for more information. ■



## New ADA technical report on teledentistry free to members

BY MARY BETH VERSACI

**T**he ADA Standards Committee on Dental Informatics has approved ADA Technical Report No. 1112 for Teledentistry, which is now available to members at no cost.

The purpose of the technical report is to provide information for dental professionals on the informatics aspects of the evolving field of teledentistry and assist them in determining goals, selecting components and creating working systems.



The report also provides an adoption guide, which is designed to support providers who are considering incorporating teledentistry in their practices. It includes guidance on making decisions about how they will use teledentistry, what arrangements they need to make, what hardware and software choices they could consider and how they could organize a system that includes teledentistry as one of its components.

ADA Technical Report No. 1112 is available to ADA members by visiting the ADA Store or calling 1-800-947-4746. ■

# ADA journals expand reach through new social media channels

Discover latest findings, practical applications on X, LinkedIn

BY MARY BETH VERSACI

Researchers and clinicians alike now have new ways to engage with the latest oral health research from ADA journals. The Journal of the American Dental Association and JADA Foundational Science have joined X, formerly known as Twitter, and LinkedIn.

“Our goal with JADA’s social media presence is to provide a new forum for JADA readers to enjoy

highlights from the latest studies in our pages and most current oral health care content from articles posted ahead of print,” said Tim Wright, D.D.S., editor-in-chief of JADA. “It’s also an opportunity to engage with your fellow readers, and possibly the authors themselves, about the groundbreaking dental research coming out of JADA and how it impacts dental practice.”

On X, followers can find links to new articles posted online before print, as well as highlights from some of the most popular studies with readers.



Dr. Wright



Dr. Ferracane

The information shared will not only be for researchers, as clinicians will discover practical applications to help them use the findings in their own dental practices. The editors-in-chief of the journals will also pen thought pieces on LinkedIn.

“We are very excited to see the creation of new social media channels for JADA publications,” said Jack Ferracane, Ph.D., editor-in-chief of JADA Foundational Science, the ADA’s open-access journal. “We expect that these platforms will help spread the word about the important and timely research that we continue to publish at JADA FS and JADA.”

In addition to highlighting studies published in the journals, the accounts will also feature content from the PracticeUpdate Clinical Dentistry Channel, a web channel managed by the ADA and journal publisher Elsevier that curates the most clinically relevant dental research and summarizes it in easy take-home messages.

“This is an incredibly exciting time for the ADA’s expanding journals,” said Robin Campbell, senior manager of science journal operations and strategy for the ADA. “In launching these social media channels, we’re widening the reach of JADA and JADA Foundational Science, not to mention the phenomenal article curation provided by the PracticeUpdate Clinical Dentistry Channel.”

JADA FS, which launched in 2021, will especially benefit from the additional forums, Mr. Campbell said.

“As a new, online-only journal with a niche focus, we welcome any opportunity to trumpet its contributions to clinical dentistry and welcome new readers,” he said.

Follow @JADAJournals on X and The Journals of the American Dental Association on LinkedIn to stay up to date on the latest content. ■



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**ADVOCACY** *continued from Page 1*

Maxillofacial Surgeons, has co-lead on the Resident Education Deferred Interest Act and expanded a coalition of other organizations to advocate for the bill's passage.

• **Dentists and dental students advocate during ADA Dentist and Student Lobby Day.**

The ADA hosted its annual Capitol Hill fly-in, with more than 700 attendees participating in the three-day event. Dentists, dental students and

# “

The ADA earned a plethora of legislative and advocacy wins in 2023, from various health care bills that address the growing dental workforce shortage ...



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1 Making change: Rep. Michelle Calder, D.D.S., R-Wash., and former ADA President Joseph Crowley, D.D.S., attend the Legislative Summit on the Dental and Dental Hygienist Compact. 2 Greetings: Immediate past ADA President George R. Shepley, D.D.S., welcomes attendees to the 2023 ADA Dentist and Student Lobby Day. 3 Ready to go: Marko Vujicic, ADA chief economist and vice president of the Health Policy Institute, prepares to present his March 29, 2023, testimony to the Subcommittee on Health Care of the U.S. Senate Committee on Finance. 4 Working hard: A number of health bills introduced in 2023 address the workforce issues facing dentistry. 5 All together: The ADA Dentist and Student Lobby Day events take place in March 2023.

oral health professionals discussed legislative issues important to dentists and their patients.

• **Congress introduces Dental Care for Our Troops Act.** The ADA sent a letter of support to Rep. Andy Kim, D-N.J., for introducing the Dental Care for Our Troops Act, which would

provide access to TRICARE dental coverage at no cost to service members and their families who have inconsistent dental coverage.

• **Congress amends VET CARE Act.** The ADA worked with congressional staff to amend the Veterans Early Treatment for Chronic Ailment

Resurgence through Examinations Act, which would authorize the Department of Veterans Affairs to offer dental care to veterans with Type-2 diabetes.

• **U.S. Preventive Services Task Force publishes final oral health recommendations.**

These include recommendations about the value of oral health screenings in nondental settings for children and adults, aligning with the ADA's comments earlier this year.

To see a list of more of the Association's accomplishments, visit [ADA.org/Advocacy](https://ada.org/Advocacy). ■

## Standards support capture, exchange of quality digital radiographs

### Most US dental practices use digital radiography

BY MARY BETH VERSACI

A new standard from the American Dental Association provides a step-by-step process to help ensure dentists produce high-quality digital radiographs.

While most states and regulatory bodies have guidelines related to the quality assurance of radiographic equipment, the guidelines primarily deal with X-ray film and not digital imaging technology. However, about 90% of dental practices in the U.S. use digital radiography, showcasing the need for an updated quality assurance protocol for digital panoramic and cephalometric radiographic imaging systems, according to the standard.

"The era of digital imaging was thrust upon the dental community with little or no formal training on how these systems worked and how to validate or check the performance of the new digital radiography systems," said Peter Mah, D.M.D., a diplomate of the American Board of Oral and Maxillofacial Radiology, who chaired the ADA task group that developed ANSI/ADA Standard No. 1099 for Dentistry — Quality Assurance for Digital Panoramic and Cephalometric Radiographic Systems. "Largely, the education learned on digital radiography in dentistry was based upon vendor-supplied sales brochures, salespeople and learning through trial and error. Also, the digital radiographic information that was promulgated varied from one source to another with little to no scientific validation."

The standard is universally applicable to any digital imaging system, providing a scientifically validated process from image capture to image display to achieve an optimal balance between image quality and radiation dose, Dr. Mah said. The standard optimizes the radiation dose to be just enough to

ensure maximal diagnostic information without subjecting the patient to more radiation than necessary to produce a more esthetically pleasing image.

"Since the introduction of digital radiography systems to dentistry until now, the myth has persisted that by adjusting brightness, contrast or applying some combination of software filters, the poorly acquired radiograph can be made diagnostic," Dr. Mah said. "This misguided theory is still perpetuated by many different groups regarding very light or dark radiographs to make them diagnostic when they are only more esthetically pleasing to the eye. It is important to know with digital radiographs that are not properly acquired that no amount of image processing following image acquisition may restore data loss at the time of image capture."

The standard is available for free to ADA members from the ADA Store.

Another standard related to digital radiography is the Digital Imaging and Communications in Medicine Standard. DICOM, an international standard that is supported by the ADA, provides guidelines for the formatting, storage and exchange of digital radiography files to ensure they are interoperable across all types of imaging systems, practice management systems and health care networks. It was reaffirmed in June 2023.

The Association is the secretariat of the DICOM working group on dentistry, authorizing it to manage a group of dental radiography experts who contribute the dental-specific chapters to the DICOM Standard.

By conforming to DICOM, dentists protect their investments in digital radiography by ensuring their systems continue to be interoperable in the future instead of being tied to an individual vendor or proprietary file format that may become obsolete,

according to ADA Technical Report No. 1057 for Guidelines for Digital Imaging Systems and Interoperability in Today's Dental Practice.

Interoperability through DICOM also makes it easier for dentists to share images and patient data with specialists, insurers and others. DICOM-compliant software creates a standardized format for files that can be exchanged with verifiable metadata indicating all parties are viewing the original, unaltered image, according to the technical report.

ADA Technical Report No. 1057 as well as ADA Technical Report No. 1023 for Implementation Requirements for DICOM in Dentistry are available for free to ADA members from the ADA Store.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers. There are currently more than 130 national standards, and more are under development. ■



# Association supports including adult dental services as essential health benefits

## ADA comments on CMS' proposed Affordable Care Act regulations

BY OLIVIA ANDERSON

The American Dental Association submitted comments Jan. 4 on the Centers for Medicare & Medicaid Services' proposed 2025 Notice of Benefit and Payment Parameters for the Patient Protection and Affordable Care Act. The ADA's comments highlighted its support for CMS' proposal to remove a current prohibition on adult dental coverage in states' Essential Health Benefits Benchmark Plans.

In its proposal, CMS noted that oral health conditions can increase risk for other chronic medical conditions and indicated that states could include adult dental services as an essential health benefit. In a letter to CMS Administrator Chiquita Brooks-LaSure, the ADA urged CMS to "clearly define the benefit design that would be an acceptable benchmark for [essential health benefit] dental plans."

Currently, dental benefit coverage for adults is not considered an essential health benefit. The ACA requires all health insurance plans available through the individual and small-group marketplaces to include essential health benefits in non-grandfathered health plans. Essential health benefits include coverage for, but are not limited to, primary care services, ambulatory patient services, substance abuse services and pediatric dental services.

The ADA said that an essential health benefit benchmark plan for adult dental services should include necessary services that are reasonable and appropriate for diagnosis, treatment and follow-up care, including supplies, appliances and devices. It said the benchmark plan should include services prescribed by qualified health care providers "in treating any condition, illness, disease, injury or birth developmental malformations for the purpose of: controlling or eliminating infection, pain and disease; and restoring facial configuration or function necessary for speech, swallowing or chewing."

The ADA stated that a dental benefit plan should include the following categories: diagnostic, preventive, emergency care, restorative, oral and maxillofacial surgery, endodontics, periodontics, prosthodontics and orthodontics.

The ADA also shared support for continuing to allow adult dental benefits to be offered outside a qualified health plan through stand-alone dental plans. The letter stated that consumers should have access to dental benefits through either a qualified health plan or a stand-alone dental plan, and that states should apply consumer protections — related to cost sharing, annual and life-time plan limits, out-of-pocket maximums, network adequacy and dependent coverage — to these dental plans.

"The ADA would support stronger policies with regards to reasonable assurance to ensure individuals and small groups both inside and outside the marketplaces include an offer of adult dental benefits for consumers," the letter said.

At present, pediatric dental essential health benefits are considered optional coverage, unlike every other essential health benefit. This means purchase of dental coverage is not required for people who are 18 and younger even though it is available.

The ADA stated that previous issues related to the implementation of pediatric dental benefits as optional unlike other essential health benefits should not occur if adult dental benefits are considered an essential health benefit. The Association ultimately urged CMS to guide states toward assuring the purchase of adult dental benefit coverage.

The ADA also noted that many states may be hesitant to adopt this new essential health

benefit, as there is currently a patchwork of states that do not offer comprehensive dental coverage for adults with their Medicaid programs. While CMS is now allowing states the option to add routine adult dental services as an essential health benefit by updating their essential health benefit-benchmark plans, the ADA encouraged CMS to "provide guidance on how states that offer a limited or no Medicaid adult benefit could incorporate affordable dental benefit plans for purchase by consumers through the marketplace." Without guidance, the ADA noted that this could still leave many people with limited to no adult dental coverage.

The ADA's letter also suggests the creation of a dental loss ratio, stating that stand-alone dental plans or qualified health plans that offer bundled products should file a comprehensive dental loss ratio report annually. Currently, qualified health plans for medical insurance have to file a comprehensive medical loss ratio report annually, and provide rebates to consumers if premiums cover more than 20% of administrative expenses.

The ADA asked CMS and HHS to establish a specific loss ratio for dental plans. It also discusses incentives for states that maintain state-based marketplaces, which the ADA said warrant CMS providing technical assistance and funding for states to update their systems.

For more information on the ADA's advocacy, visit [ADA.org/Advocacy](http://ADA.org/Advocacy). ■



## Tax extenders legislation includes ADA tax policy priorities

BY OLIVIA ANDERSON

The House Ways and Means Committee and the Senate Finance Committee have advanced the Tax Relief for American Families and Workers Act of 2024, which includes some of the ADA's top tax policy priorities that support dental practices, dentists and dental students.

The Tax Relief for American Families and Workers Act of 2024, which the House Ways and Means Committee approved by a 40-3 vote on Jan. 19, would enhance tax breaks for small businesses and low-income families. If approved, the \$78 billion bill would include provisions that are key to ADA members, such as an increased limit on expensing of depreciable business assets and allowing a deduction for research and experimental expenses.

The ADA sent a letter to Rep. Jason Smith, R-Mo., and Sen. Ron Wyden, D-Ore., thanking them for including some of the ADA's top priorities in the bill. The letter was signed by ADA President Linda J. Edgar, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S.

"These tax policy priorities will directly support small business dental practice owners, dentists, and dental students so that we can continue to expand oral health care services nationwide," the letter said.

The ADA also shared additional tax policy priorities that are not currently included in the bill, such as "fair treatment" of business income generated by pass-through entities, as many dental practices are organized as such. The ADA supports the Main Street Tax Certainty Act, which would make permanent the 20% tax deduction for small and individual-owned businesses. ■

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# The states introducing dental loss ratio legislation

## NCOIL adopts Medical Loss Ratios for Health Care Services Plans Model Act

BY OLIVIA ANDERSON

This year is shaping up to be a big one for legislation related to dental loss ratios.

In 2024, nine state dental societies have already introduced legislation for dental loss ratios, which refers to the insurance premium revenue that is spent on patient care instead of operating costs. These include Illinois, Nebraska, New York, Oklahoma, Pennsylvania, Rhode Island, Virginia, Washington and West Virginia. Arizona, Colorado and Nevada adopted legislation in 2023, and New Mexico adopted legislation in 2022.

Some of these states have filed more than one measure, and nearly all of the bills would set a minimum ratio that dental plans must meet with a corresponding rebate requirement for plans spending less than the minimum loss ratio.



Mr. Westfall

“This is only the beginning,” ADA President Linda J. Edgar, D.D.S., predicted. “As more bills are introduced, I can see more provisions being added on behalf of insured patients, and I am sure state legislators will do the right thing by passing dental loss ratio legislation that puts patients over profits.”

While every proposal is framed around ensuring patients receive the most health care value from their dental plans, each state has taken a unique approach to calculating its dental loss ratio.

Legislation in Rhode Island, for instance, requires insurers to report a wide range of financial data, including their dental loss ratios. It sets limits on what can be considered an expense for dental care versus overhead costs and requires refunds to covered patients when dental insurers spend less than 85% of premium revenue on dental care expenses. A bill in Oklahoma would set the minimum loss ratio at 80% with a similar refund requirement for plan spending less than 80%, and calls for an insurer rate review process in which premium increases are prohibited.

All bills have components of insurer reporting requirements, and most involve a more focused effort to ensure patients’ premium dollars are prioritized as investments in their dental care.

Additionally, The National Council of Insurance Legislators voted at the Jan. 26 Health Insurance and Long Term Care Issues Committee Meeting to pass model legislation for a dental loss ratio. The bill includes language negotiated between the ADA and the National Association of Dental Plans, which represents dental insurance and third-party payer companies.

Known as the Medical Loss Ratios for Health Care Services Plans Model Act, the model legislation is sponsored by Delegate Steve Westfall, R-W. Va., and co-sponsored by Rep. Rita Mayfield, D-Ill.

The model law’s main goal is to “provide for transparency of the expenditure of dental health care plan premiums, and to require annual reports and remediation if the dental loss ratio falls below a certain percentage,” according to the model law, which borrowed elements from legislation in other states.

Currently, qualified health plans for medical insurance have to file a comprehensive medical loss ratio report annually and provide rebates to

consumers if premiums cover more than 20% of administrative expenses. While every state has a minimum ratio for medical insurance, not many have a similar standard for dental insurance.

Mr. Westfall expressed enthusiasm at both the model bill’s passage and the negotiations between the ADA and NADP.

“It’s important to the dentists, it’s important to the plans to sell these dental plans,” Mr.

Westfall told the ADA. “This is one of the model acts that took a while, and I’m very happy that both sides compromised. I’m extremely excited that we got it to where both parties agree to it.”

NCOIL — a national organization made up of legislators, many of whom are members of insurance committees — discussed its dental loss ratio model for more than a year before seeking outside insight. The ADA and NADP

then worked to negotiate dental loss ratio model language to eventually be proposed in state legislatures.

The model language includes protection from dental plans raising their premiums once a dental loss ratio is set. It also says that a state department of insurance will set a loss ratio for a dental plan if it is determined to be an “outlier” for having a low dental loss ratio. ■

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# Buffalo poised to resume fluoridation of city's water supply

## Local reporter discovered city had quietly terminated fluoridation program in 2015

BY DAVID BURGER

**B**rendan P. Dowd, D.D.S., moved to Buffalo, New York, nearly a decade ago. "For the last eight-and-a-half years, I thought I was using fluoridated water," said the former president of the New York State Dental Association.

He was wrong.

In 2015, city officials quietly discontinued its water fluoridation program without allegedly notifying the community, a fact that Buffalo News reporter Charlie Specht discovered in 2022.

Until then, residents and dentists believed and trusted that the city was fluoridating its water.

A community uproar, including a class-action lawsuit, resulted, and fluoridation could resume

later this year in the city of nearly 280,000 people — the sixth-largest community in New York state.

Buffalo Water Board Chair Oluwole "O.J." McFoy, told ADA News that Buffalo Water anticipates completing the reinstallation of fluoride by this summer.

"Buffalo Water has made great progress with the New York State Department of Health, having recently been approved to move forward with our plans to safely restore fluoride to Buffalo's water," he said. "Our team is working closely with contractors for this large project, and we are confident in our improved fluoridation system upgrades. Buffalo Water is committed to providing safe and affordable drinking water to all members of the Buffalo community."

Dr. Dowd isn't completely convinced.

"I am hoping water fluoridation is resumed by this summer in Buffalo, but I have strong concerns because of the results over the past eight-and-a-half years," Dr. Dowd said. "I am not sure exactly what the holdup has been on restarting the water fluoridation in Buffalo, but the reasons are getting thinner and thinner. This was supposed to be started last summer, then October, and now next summer."

Dr. Dowd said he is personally invested in the issue for a number of reasons.

"I know this process is effective and safe when done properly," he said. "There are countless studies that prove this. It is also a question of health equity. This is a great example of a proven process that helps all people in a community

with their oral health and overall health. It's sad only three-quarters of the communities in our country are taking advantage of this wonderful process. The direct help it gives to all of our citizens' oral health, and overall health, cannot be underestimated."

A class action lawsuit was filed in 2023 against the city regarding the lack of fluoride in the city's water.

The lawsuit, filed by Buffalo residents, named not only the city of Buffalo, but the mayor and Mr. McFoy, as having deprived Buffalo's residents of fluoridated water.

The lawsuit additionally calls for the fluoridation of the water to immediately resume and for all the previously named defendants to be held responsible for damages to "plaintiffs, their families, and hundreds of thousands of other Buffalonians."

The complaint also requests that the court order the defendants to "provide free preventative treatment dental clinics to Buffalo residents that experienced cavities, diseases and other complications that are preventable through public water fluoridation."

The city is also to pay damages in an amount exceeding \$160 million, according to the lawsuit.

Johnny Johnson, D.D.S., pediatric dentist and president of the American Fluoridation Society, has been lobbying and educating Buffalo dentists and other stakeholders. He praised the work of the Buffalo News reporter.

"If the investigative reporter hadn't found it, who knows how long this would have gone on," Dr. Johnson said.

Tom Curran, D.D.S., a retired oral and maxillofacial surgeon who has worked with advocates on restoring fluoridation, said the reporter "did a great job exposing what was going on."

The city's quiet decision back in 2015, Dr. Curran said, was, simply, "surreptitious."

He also isn't holding his breath for fluoridation to resume.

"It still hasn't happened," Dr. Curran said.

For more information on fluoride in water, visit [ADA.org/fluoride](https://ada.org/fluoride). ■



## Provider Relief Fund Reporting Period 6 opens

### Dentists must submit report by March 31

BY OLIVIA ANDERSON

**D**entists who received funds during the sixth phase of the Provider Relief Fund from July 1, 2022, to Dec. 31, 2022, must submit a report on the use of those funds in the PRF Reporting Portal by 11:59 p.m. ET March 31.

Providers had until Dec. 31, 2023, to use these funds, and the reporting period opened on Jan. 1. Those who received one or more PRF and/or American Rescue Plan Rural payments surpassing \$10,000 in the aggregate must report on their use of the funds.

The Provider Relief Fund was established in 2020 by the Coronavirus Aid, Relief and Economic Security Act, allowing dental

providers to apply for payments for health care-related expenses or lost revenues due to the COVID-19 pandemic.

For more information about the appropriate use of the payments, visit the Allowable Expenses webpage at [hrsa.gov/provider-relief/reporting-auditing/allowable-expenses](https://hrsa.gov/provider-relief/reporting-auditing/allowable-expenses). For detailed information on reporting requirements, review the Post-Payment Notice of Reporting Requirements Notice at [hrsa.gov/sites/default/files/hrsa/provider-relief/prf-arp-rural-post-payment-notice-reporting-requirements.pdf](https://hrsa.gov/sites/default/files/hrsa/provider-relief/prf-arp-rural-post-payment-notice-reporting-requirements.pdf).

To submit a report, visit the PRF Reporting Portal at [prfreporting.hrsa.gov/s/](https://prfreporting.hrsa.gov/s/). Please note that providers who registered during previous reporting periods do not have to register again. ■



# Corporate Transparency Act requires most dental practices to report information about their ownership

**Deadline for filing beneficial ownership reports is Jan. 1, 2025**

BY DAVID BURGER

Dental practices that meet certain requirements can begin providing information on both the practice and its “beneficial owners.”

The Corporate Transparency Act, enacted by Congress in 2021, intends to combat the use of businesses as money-laundering operations. It requires certain businesses to report information to the U.S. Department of the Treasury’s Financial Crimes Enforcement Unit about their ownership.

The Financial Crimes Enforcement Network began accepting beneficial ownership information reports on Jan. 1, and all existing dental practices and companies that meet the requirements have one year to file before facing penalties.

Dental practices must file under the act if they meet one or both of the following criteria:

- The practice employs fewer than 20 people.
- The practice generates less than \$5 million (gross receipts) in revenue annually.

Reporting companies created or registered to do business in the U.S. before Jan. 1, 2024, must file by Jan. 1, 2025.

Failing to file a report, knowingly providing false information or refusing to provide information if you are a beneficial owner can all carry both civil and criminal penalties. Civil penalties include fines of up to \$500 per day until the violation is fixed. Criminal penalties include fines of up to \$10,000 and/or imprisonment for up to two years.

According to the statute, a “beneficial owner” need not necessarily own shares or have a financial stake in the business. A beneficial owner:

- Owns or controls at least 25% of the business, or
- Exercises substantial control over the business.

“For those uncertain whether a particular person qualifies as a beneficial owner, it is recommended to consult legal counsel when making determinations on beneficial ownership,” said Jeffrey Ottley, D.M.D., ADA Council on Dental Practice chair.

Beneficial ownership information reporting is not an annual requirement. A report only needs to be submitted once, unless the filer needs to update or correct information.

Existing dental practices will need to report information on both the practice itself and its “beneficial owners”:

- For the business:
- Practice’s legal name.
  - Any trade names.
  - Practice’s current address.
  - The jurisdiction (state, territory or District of Columbia) in which the business was formed.
  - The business’s tax ID number.
- For the beneficial owners:
- Name.
  - Date of birth.
  - Residential address.
  - An ID number from one of the following forms of identification: driver’s license, passport or state I.D.
  - A copy of the form of identification used.

Employees of a dental practice need do nothing unless they are significantly involved in making business or financial decisions for the practice. In that case, the employee may be asked to provide their information as a beneficial owner.

A letter from the ADA to the U.S. Senate was sent the week of Jan. 8 urging them to pass

legislation extending the deadline for companies to report ownership information.

“The vast majority of dental practices are small businesses that would be subject to these burdensome reporting requirements, and an extension of the deadline would allow both dental practices and FinCEN to have time to prepare for reporting,” according to the letter. “Dental

practices are already under a heavy administrative burden and complying with the new Corporate Transparency Act would only make that burden heavier ... Extending reporting deadlines would allow FinCEN more time to educate the public on reporting, and would help dental practices and other small businesses to be able to better understand what is required of them.”

“We are working on understanding this requirement and asking for more time to allow us to provide guidance to our members,” Dr. Ottley said.

Visit [fincen.gov/boi](https://fincen.gov/boi) to file a report, view informational videos and webinars, find answers to frequently asked questions, connect to the contact center and learn more about how to report. FinCEN’s Small Entity Compliance Guide walks small businesses through the requirements.

The ADA created a FAQ document to help dentists with questions at [ADA.org/~media/project/ada%20organization/ada/ada-org/files/resources/practice/practice-management/WhatistheCorporateTransparencyAct.](https://ADA.org/~media/project/ada%20organization/ada/ada-org/files/resources/practice/practice-management/WhatistheCorporateTransparencyAct.)



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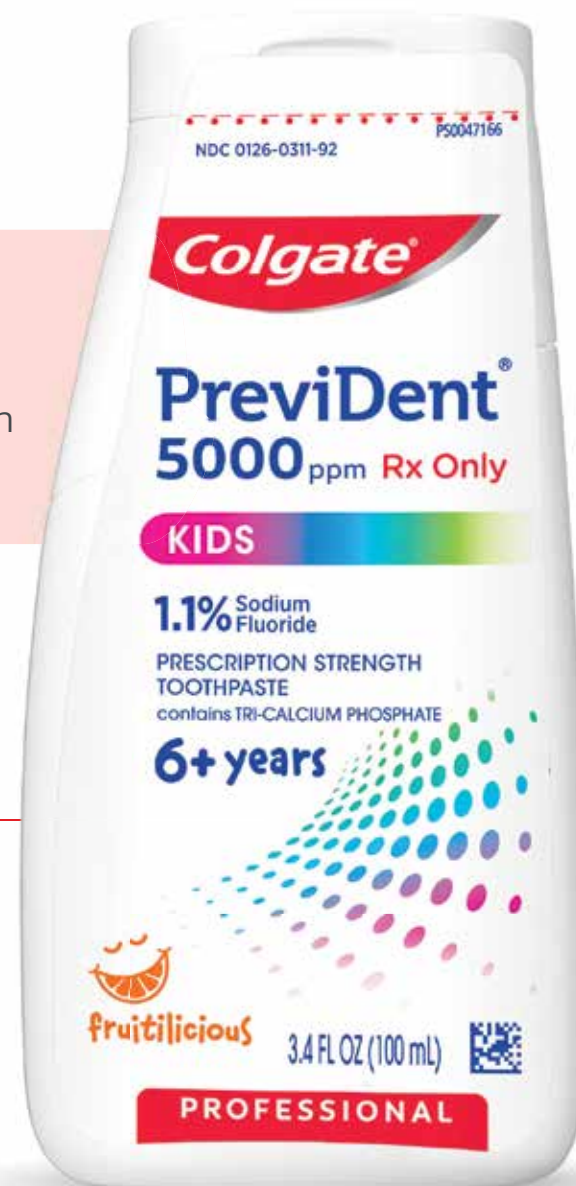
**Reference: 1.** Public Health Survey in USA. No More Holes in Childhood. Toluna Consumer Insights, April 2020.

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See Package Insert for additional safety information.





# Responding with care

## NYU Dentistry addresses obstacles faced by migrants

BY DAVID BURGER

By the end of 2023, more than 110,000 migrants arrived in New York City, said Rose Amable, D.D.S., clinical assistant professor of pediatric dentistry at the New York University College of Dentistry.

Additionally, up to 1,000 asylum-seekers are arriving in New York City each week.

Many of them are parents and caregivers with young children who have entered the public school system.

“Having personally navigated the challenges of adapting to a new country as a first-generation Latina from Peru, I deeply empathize with the migrant families,” said Dr. Amable. “This experience equips me with a profound understanding of the complexities involved in adjusting to a new lifestyle, navigating unfamiliar health care and educational systems and learning a new language.”

Because of the efforts of Dr. Amable and others at the College of Dentistry and in the community, NYU Dentistry has stepped up to overcome the barriers to care for migrant children through outreach events, school-based care and follow-up care at the college.

The need is apparent, she said.

“Many of the families of migrant children in New York City, having migrated through multiple countries before settling in the U.S., have had a prolonged lack of a dental home leading to a significant increase in dental caries,” Dr. Amable said. “The migrant children population in New York City has demonstrated relatively low utilization of dental services. Additional barriers to dental care in the migrant population include language barriers, difficulty navigating an unfamiliar health care system, differing cultural norms and beliefs, which include understanding of the significance of establishing a dental home, underscore the complexity of the issue.”

NYU dental professionals and students take part in outreach events to provide oral health education, toothbrushes, dental exams and fluoride varnish. So far, they’ve provided dental exams and fluoride varnish to about 300 children and have shared oral health information and resources with approximately 1,200 families at Open Arms Resource Fairs at The Shed, a community event organized to provide resources to families living in the city’s temporary housing.

NYU Dentistry also provides dental screenings and care in New York City public schools and Head Start centers. An estimated 200 children from

asylum-seeking families are receiving ongoing dental care in schools, according to Dr. Amable.

Not least is follow-up care at NYU Dentistry. Children who are screened at outreach events and those who are seen in schools but need more in-depth care are invited to schedule appointments at NYU Dentistry. Care is provided at no cost to families, with funding from New York City Council covering the cost of basic oral health care for children who are uninsured.

One of the dental students involved in caring for the young patients is Daniela Pereira, who was born in Ecuador and moved to the U.S. when she was 7.

The third-year student said it was important for NYU Dentistry to initiate efforts to improve the oral health of the migrant population because it has the resources, faculty members and students available to provide the care, as well as being centrally located with many clinic operatories available.

“One of the main reasons I personally chose to attend NYU Dentistry was because of all the outreach programs available to participate in,” Ms. Pereira said. “I think it’s amazing that we can give back to our community and set an example for others to do the same.”

She has formative memories of when her family first immigrated to the U.S.

“I remember going to appointments as a young child with my mom when neither of us could speak English, as we struggled to communicate and navigate the health care system in the U.S.,” she said.

Ms. Pereira, like many of her classmates, speaks Spanish.

“We were happy to have the opportunity to talk in Spanish to parents and patients to help them feel more comfortable,” she said. “I think that when a dentist or health care provider speaks your language, the patient is more willing to ask questions and can better understand the treatment that needs to be done.”

Ms. Pereira, alongside Dr. Amable, completed a case study presentation on an asylum-seeking child at one of the nearby schools that highlighted the migrants’ unique needs. The case won first place in the Hispanic Dental Association’s annual National Nuestros Ninos competition, co-sponsored by Colgate.



Together: Kaman Cheung, right, a fourth-year dental student at NYU Dentistry, and Lorraine Santana, Bringing Smiles Dental Enrichment Program intern, both treat a migrant on Nov. 29, 2023, under the supervision of Rose J. Amable, D.D.S.

“Winning first place with a pediatric dental case presentation based on an asylum-seeking child from Peru reflects our commitment to emphasizing the importance of ensuring proper care for all children,” Dr. Amable said. “This achievement specifically highlights the unique challenges faced by this population, emphasizing the barriers they encounter in accessing dental care. Through this recognition, we aim to advocate for improved access and support for dental needs of vulnerable populations, fostering awareness of the barriers they face.”

Jennifer Samphaoron is assistant principal of the nearby PS130 school, which has seen its enrollment swell due to the newly arrived migrant children.

She said NYU Dentistry has been a truly valued and appreciated partner to the school for many years and had shown such care and compassion for the new families.

“When families first arrived, they helped us with securing basic dental hygiene items like toothbrushes, toothpaste and floss,” Ms. Samphaoron said. “Students were able to see a dentist at school, to receive basic care here, and were given follow-up appointments if more extensive treatment was needed. I think it’s very reassuring for families that their children are offered this crucial health service at school, and that they have the ability to follow up. At the school, we are so grateful for the service and partnership of everyone at NYU Dentistry.”



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**CONTRAINDICATIONS:** Do not use in pediatric patients under age 6 years unless recommended by a dentist or physician.

**WARNINGS:** Prolonged daily ingestion may result in various degrees of dental fluorosis in pediatric patients under age 6 years, especially if the water fluoridation exceeds 0.6 ppm, since younger pediatric patients frequently cannot perform the brushing process without significant swallowing. Use in pediatric patients under age 6 years requires special supervision to prevent repeated swallowing of toothpaste which could cause dental fluorosis. Pediatric patients under age 12 should be supervised in the use of this product. Read directions carefully before using. Keep out of reach of infants and children.

**PRECAUTIONS:**  
**General:** Not for systemic treatment. **DO NOT SWALLOW.**

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.1 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer. Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. *In vivo* data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results. Potential adverse reproductive effects of fluoride exposure in humans has not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.

**Pregnancy:** Teratogenic Effects: Pregnancy Category B. It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during *in utero* development may result in skeletal fluorosis which becomes evident in childhood.

**Nursing Mothers:** It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (98-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.

**Pediatric Use:** The use of PreviDent® 5000 Kids in pediatric age groups 6 to 16 years as a caries preventive is supported by pioneering clinical studies with 1.1% sodium fluoride gels in mouth trays in students age 11 to 14 years conducted by Englander et al.<sup>2,4</sup> Safety and effectiveness in pediatric patients below the age of 6 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.

**Geriatric Use:** Of the total number of subjects in clinical studies of 1.1% (w/w) sodium fluoride, 15 percent were 65 and over, while 1 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.<sup>5</sup>

**ADVERSE REACTIONS:** Allergic reactions and other idiosyncrasies have been rarely reported.

**OVERDOSAGE:** Accidental ingestion of large amounts of fluoride may result in acute burning in the mouth and sore tongue. Nausea, vomiting, and diarrhea may occur soon after ingestion (within 30 minutes) and are accompanied by salivation, hematemesis, and epigastric cramping abdominal pain. These symptoms may persist for 24 hours. If less than 5 mg fluoride/kg body weight (i.e., less than 2.3 mg fluoride/lb body weight) has been ingested, give calcium (e.g., milk) orally to relieve gastrointestinal symptoms and observe for a few hours. If more than 5 mg fluoride/kg body weight (i.e., more than 2.3 mg fluoride/lb body weight) has been ingested, induce vomiting, give orally soluble calcium (e.g., milk, 5% calcium gluconate or calcium lactate solution) and immediately seek medical assistance. For accidental ingestion of more than 15 mg fluoride/kg of body weight (i.e., more than 6.9 mg fluoride/lb body weight), induce vomiting and admit immediately to a hospital facility. A treatment dose (a thin ribbon) of PreviDent® 5000 Kids contains approximately 2.5 mg fluoride. A 3.4 FL OZ (100 mL) bottle contains approximately 605 mg fluoride.

**DOSAGE AND ADMINISTRATION:** Follow these instructions unless otherwise instructed by your dental professional:

1. Adults and pediatric patients 6 years of age or older, apply a thin ribbon of PreviDent® 5000 Kids to a toothbrush. Brush teeth thoroughly once daily for two minutes, preferably at bedtime, in place of your regular toothpaste.
2. Pediatric patients, age 6-16, expectorate after use and rinse mouth thoroughly. After use, adults expectorate. For best results, do not eat, drink, or rinse for 30 minutes.

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**STORAGE:** Store at Controlled Room Temperature, 68-77°F (20-25°C)

**REFERENCES:** 1. American Dental Association, Accepted Dental Therapeutics Ed. 40 (Chicago, 1984); 405-407. 2. H.R. Englander et al., JADA 75 (1967): 638-644. 3. H.R. Englander et al., JADA 78 (1969): 783-787. 4. H.R. Englander et al., JADA 83 (1971): 354-358. 5. Data on file, Colgate Oral Pharmaceuticals.

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Reaching out: A team from NYU Dentistry poses at the Open Arms Resource Fair, a May 2023 event hosted by The Shed in Hudson Yards. The quarterly event provides resources to newly arrived migrant families and families living in temporary housing.

# PRODUCT News



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## Utah couple sees the world while volunteering with Global Dental Relief

**Nonprofit founded in 2001 with mission of bringing dental care to children around world**

BY DAVID BURGER

**M**ike Lorscheider, D.D.S., admitted he did everything he could not to serve in the Vietnam War.

He finds it ironic that he now looks forward to going there.

The Provo, Utah-based dentist is a volunteer with Global Dental Relief, a nonprofit founded

“Guatemala struggles with a severe dental crisis, especially among children,” said Kim Troggio, founder and executive director of Global Dental Relief. “According to the World Health Organization, dental caries is rampant, affecting over 82% of the population. The lack of access to a dentist exacerbates the situation, as most rural areas have little or no dental services. The consequences of untreated oral health disease

leads to pain, impaired nutrition and hindered educational outcomes for these children. In a world where access to dental care is a privilege, the efforts of volunteers like Dr. Mike and Carol Ann provide a ray of hope, smiles and a healthier future to children in Guatemala.”

The two worked alongside 16 volunteers, including five other dentists, two hygienists and nine general volunteers. Together they worked for a week in a field clinic in historic Ciudad Vieja, formerly the colonial capital of the country.

Global Dental Relief provided all the equipment and supplies and set up the clinic, so volunteers were able to arrive and get straight to work.

Children from the region arrived at the clinic by the hundreds, walking many miles or hopping a ride on one of the colorful “chicken buses” — generally old school buses from the U.S. that now act as public transport in other countries.

The children were filled with nervous excitement, but most of all, the feeling of gratitude in the clinic was palpable, Ms. Troggio said.

Over the course of the week, the Lorscheiders and their fellow volunteers provided comprehensive dental care to 749 children, most of whom had never seen a dentist before.

The camaraderie the volunteers experience always strikes her, Ms. Lorscheider said.

“You really make the best of friends on these trips, and you can bring your kids and even your grandkids to work alongside you in the clinic,” she said. “It’s an amazing way to see the world while also doing something truly meaningful to improve the health of children.”

Dr. Lorscheider said they feel blessed with their lives.

“We realize dentistry provided us a good living and feel it was now time to give back to those less fortunate,” he said.

As for the future, Dr. Lorscheider and his wife said they are uncertain.

“I’ve had three back fusions, and as long as I don’t have too much discomfort, we’ll still head out,” he said.

For more information on Global Dental Relief, including how you can volunteer, email [info@globaldentalrelief.org](mailto:info@globaldentalrelief.org), call 1-303-858-8857 or visit [globaldentalrelief.org](http://globaldentalrelief.org)

To learn more about other international volunteer opportunities, visit [internationalvolunteer.ada.org](http://internationalvolunteer.ada.org). ■



Service: Mike Lorscheider, D.D.S., poses with a Guatemalan child in March 2023 at a Global Dental Relief clinic.

in 2001 with a mission of bringing free dental care to children around the globe.

Teams of dentists, hygienists, assistants and volunteers deliver treatment and preventive care in dental clinics that serve children in schools and remote villages, as well as deliver toothbrushes and oral health education in schools between clinics and provide critical nutrition to children in high-need situations.

Since its inception in 2001, Global Dental Relief has provided more than 200,000 children free dental care in eight countries.

Dr. Lorscheider, an ADA member since 1977, and his wife, Carol Ann, have been volunteering their time and expertise in charity dental clinics around the world for many years, with two international trips in 2023 alone: Guatemala and Mexico.

“I guess I can sum up the experiences as really one of the most fulfilling things I have done in my life,” said Dr. Lorscheider. “If you are thinking of volunteering, just take the plunge. You won’t regret it; you get back so much more than you give.”

The couple volunteered in Guatemala in late March, around the time the area was abustle with parades and festivities in preparation for Semana Santa, one of the largest holidays of the year for Guatemalans.

Many people visit during that time to observe the unique celebrations and some of the largest Easter processions in the world, but Dr. Lorscheider and Carol Ann had another plan in mind.

# Some states reinstate masking in health care settings

## Dentists encouraged to be aware of updated mandates

BY OLIVIA ANDERSON

As cases of COVID-19, influenza and respiratory syncytial virus continue to rise, some states have resumed masking in health care settings. The ADA is encouraging dentists everywhere, but particularly in these areas, to be aware of local and state updates in masking guidelines.

Health care systems in Illinois, Massachusetts, New York, California, Washington, D.C., and Wisconsin are implementing mask mandates amid the surge. Replace with Data from the Centers for Disease Control and Prevention reveals that more than 32,000 COVID-19 hospitalizations occurred across the U.S. from Jan. 7 to 13.

In Illinois, Cook County Health, Endeavor Health and Rush University Medical Center will require all visitors, patients and staff to wear masks in certain areas on-site. Berkshire Health System in Massachusetts announced it will require masks due to an increase in respiratory illnesses. New York City reinstated a mask mandate in all of its public hospitals and health centers.

Additionally, once COVID-19 hospitalizations hit the “medium” level in Los Angeles County, it reinstated masking in health care settings, per the city’s regulations. Medstar National Rehabilitation Hospital announced it will require masks for inpatients and staff working in inpatient areas. UW Health and UnityPoint Health-Meriter in Wisconsin also announced plans to require all staff, patients and visitors to wear masks in clinic settings.

The CDC’s universal masking recommendations have not shifted since they were issued in May 2023, when it recommended masking based on local COVID-19 hospital admission levels. Even when local or state health care facilities do not require masking for source control, dental offices can encourage patients and team

members to use a mask or respirator based on county risk levels and personal preferences.

At all COVID-19 hospital admission levels, the CDC recommends staying up to date on vaccination, maintaining ventilation improvements, avoiding contact with people who have COVID-19, following COVID-19 isolation recommendations and talking with health care providers about prevention actions for those at high risk of getting sick.

At medium and high COVID-19 hospital admission levels, the CDC recommends those at high risk of getting sick wear a high-quality mask or respirator when indoors in public.

At high COVID-19 hospital admission levels, the CDC recommends wearing a high-quality mask or respirator and considering avoiding nonessential indoor activities in public for those at high risk of getting sick.

Dentists should stay up to date on masking mandates in their areas by contacting their public health department to confirm guidance for dental offices.

For more information, visit the ADA’s Indoor Masking in Dental Practice Public Spaces webpage at [ADA.org/en/resources/coronavirus/indoor-mask-guidance-for-dental-practice-waiting-areas](https://ada.org/en/resources/coronavirus/indoor-mask-guidance-for-dental-practice-waiting-areas). ■

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Taking action: Dentists should stay up to date on masking mandates by contacting their public health department to confirm guidance for dental offices.



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# Father Joe's Villages works to alleviate homeless crisis in San Diego

## FQHC began serving homeless and vulnerable in 1950

BY DAVID BURGER

**N**early 4,000 homeless men, women and children lie down to sleep each night on sidewalks, in doorways, canyons and alleys in San Diego, where warm daytime temperatures give way to long, cold evenings.

Some California dental clinics are prioritizing services that prevent, reduce and eliminate

dental disease while promoting good oral health for the homeless — a part of an underserved population reaching crisis levels in the Golden State. Father Joe's Villages in San Diego is well-acquainted with this population as it began serving the homeless and vulnerable in 1950.



Dr. Melzer

Beginning with a small chapel downtown, Father Joe's Villages has grown to include a comprehensive campus and programs that house over 2,000 people nightly.

Father Joe's dental clinic is located within the Village Health Center, which also provides supporting services such as medical care, psychiatric

care, substance abuse treatment and behavioral health care. In addition to the health center, Father Joe's also provides short-term shelters, long-term housing, social work services, meal distribution and other services such as a mail room, education center and shower facilities.

Along with those other services, Father Joe's Villages provides dental services to hundreds of homeless patients every year, including teeth cleanings, fillings, crowns, root canals, extractions, and partial or complete dentures.

It also offers walk-in appointments, and dental emergencies can often be treated the same day.

Samantha Melzer, D.M.D., is a staff dentist at the federally qualified health center and has been there for four years.

"Our clinic accepts patients experiencing homelessness, but also for patients who are at risk of becoming homeless and those who have been homeless in the past year," Dr. Melzer said. "Some of my patients live on the streets, some are couch surfing, some in short-term shelters and some in long-term supportive housing. Their ability to maintain daily oral hygiene is greatly impacted, no matter what the living situation is. It is not uncommon for me to meet a 30- or 40-year-old patient who reports never having been to the dentist before."

Dr. Melzer added, "I cannot discount the joy I receive treating the patients of Father Joe's. Our

patients all have such different backgrounds and personalities. Most are extremely grateful and very pleasant to work with."

Dr. Melzer said one patient in particular really sticks out in her mind because of the transformation he made in the four years she had known him. She first met him when he was in extreme dental pain and in the throes of a severe substance use addiction.

"He was absolutely terrified of going to the dentist and had a mouth full of teeth that were not savable due to the extent of decay," she said. "He was disheveled, living on the streets and borderline aggressive in the clinic."

Dr. Melzer referred him to an oral surgeon, but he refused to go for years because his fear blocked him.

She would see him every few months as he would return to the clinic due to the excruciating dental pain he'd been living with for so long.

Over time, he slowly started to trust Dr. Melzer. He also started meeting with one of the clinic's behavioral health specialists to work on reducing his substance abuse and improving his mental health.

Fast forward a few years, and the patient was finally ready to face his anxiety of dental treatment.

"He was sober and was able to go to the oral surgeon and have his teeth removed," Dr. Melzer said. "I then made dentures for him. Shortly after, he was approved for housing. The transition I saw

in this patient over the years was nothing short of incredible. I never could have imagined the man I met four years ago would be the man I was able to make dentures for. He turned out to be one of the sweetest patients I've ever worked with."

Another patient with a success story was Lister Lane, who in late November 2023 wrote an op-ed about his experience at Father Joe's Villages published in the San Diego Union-Tribune.

In an interview with ADA News, he said initially, he had not seen a dentist in three decades.

"I had so many problems," Mr. Lane said. "Missing teeth, bad odor coming out of my mouth; people would stare at my mouth when I talked to them. I really thought my life was over."

He secured an appointment with Parissa Baiera, D.D.S., dental director of the clinic, and received dentures.

"Things are so different now," he said. "It's a different world now that I have new teeth. I'm overwhelmed by how much respect Father Joe's Villages gave me and how much they cared about helping me out."

Mr. Lane is now a community patient ambassador for Father Joe's Health Services Advisory Board at the medical clinic and dedicates his time to informing the community about the services they can utilize at Father Joe's Villages.

"I'm a new person living a whole new life," Mr. Lane said. ■



Helping: Father Joe's Villages in San Diego began serving the homeless and vulnerable in 1950.

## Enhance endodontic skills through live CE in Chicago in March

BY DAVID BURGER

The ADA is hosting a 12-hour in-person continuing education course in March that will offer dentists a comprehensive exploration of endodontic topics while providing a practical and technology-integrated learning experience. Optimizing Endodontics: Embracing New Techniques and Technology: A Hands-



Dr. Nasseh



Dr. Koch

On Workshop is scheduled for March 15-16 at ADA Headquarters in Chicago.

The featured speakers are Allen Ali Nasseh, D.D.S., and Anne Koch, D.M.D.

Dr. Nasseh is a senior clinical instructor and lecturer at the department of restorative dentistry and biomaterial sciences at Harvard School of Dental Medicine as well as the owner

and director of Microsurgical Endodontics, a multi-specialty endodontic practice in Boston.

Dr. Koch is the founder and past director of the postdoctoral program in endodontics and microsurgery at the Harvard School of Dental Medicine, and she maintains an adjunct faculty position at Harvard and the Pennsylvania School of Dental Medicine, where she is also on the board of advisors.

"Drs. Nasseh and I are firm believers in an endo-restorative continuum rather than the separate entities of endodontics and restorative dentistry," said Dr. Koch. "This course will take you through the process of how to perform endodontic therapy in such a manner that you will not only achieve the biologic objectives of performing a root canal procedure but do it in such a manner that you enhance the long-term prognosis of the restored tooth."

The course is a collaboration with Real World Endo; both Dr. Koch and Dr. Nasseh are affiliated with the technology and development company.

To learn more about the course and to register, visit [ADA.org/education/continuing-education/ada-ce-live-workshops/optimizing-endodontics](http://ADA.org/education/continuing-education/ada-ce-live-workshops/optimizing-endodontics). ■

# 10 must-do's in the Big Easy during SmileCon

New Orleans welcomes dental community Oct. 17-19 with food, fun

BY MARY BETH VERSACI

From gumbo to gators to ghostly tours and more, New Orleans has plenty of ways to keep dentists and their families entertained during SmileCon 2024 from Oct. 17-19.

"I have traveled many places in and outside of the United States. There is still no place I've visited to date that holds a candle to the culture, cuisine, merrymaking and charm of New Orleans, especially given New Orleans blends all of that into one giant gumbo pot," said Glenn C. Dubroc Jr., D.D.S., chair of the American Dental Association Committee on Local Arrangements.

Below are some of Dr. Dubroc's suggestions of things to do during your stay to make the most of your time in the Big Easy.

• **Stroll through the historic French Quarter.** Enjoy the sights and sounds of New Orleans'

most famous neighborhood. Explore the eclectic mix of bars, restaurants and shops as jazz music fills the air and street performers delight with their magical displays.

• **Munch on beignets at Café du Monde.** Start your day off right with the crispy, fluffy confections from the famed café or treat yourself in the middle of the day for the tastiest of pick-me-ups. You're on vacation, right?

• **Explore the cornucopia of New Orleans cuisine.** Why stop at beignets when you have gumbo, jambalaya, crawfish etouffee, muffalettas, po' boys and more waiting for you at restaurants across town? With flavors inspired by the rich Creole and Cajun heritage of the area, New Orleans cuisine cooks up a delicious world all its own.

• **Treat your ears to jazz.** If you walk down Frenchmen Street in the heart of the Marigny neighborhood, you're sure to stumble upon some world-class jazz in one of the music clubs

that line the street. Stop in and stay awhile as you let the notes wash over you.

• **Take a walk on the spooky side ... if you dare.** What better time to visit New Orleans than October, the month of Halloween? Countless walking tours — focused on ghosts, vampires and more — will take you to the most famous haunts of the French Quarter as guides regale you with torrid tales of murder and mayhem. If scary isn't your speed, celebrate the season at Audubon Zoo with the family-friendly Boo at the Zoo.

• **Behold the beautiful Garden District.** Ride one of New Orleans' iconic streetcars to the Garden District, where stunning mansions await. Fans of gothic horror can visit the former home of Anne Rice, author of "Interview with the Vampire," the classic tale set against the backdrop of Ms. Rice's hometown.

• **Paint the town red.** The legendary nightlife in New Orleans is hopping, with a spot to match every vibe, whether you're looking for a glass of French wine on a warm patio or hurricanes on the dance floor. Cheers!

• **Glimpse a gator.** Looking for a break from the city the whole family can enjoy? Put on your explorer hats and head out on a swamp tour, where you might just come face to face with a Louisiana alligator.

• **Journey to the past.** Dig deep into the war that changed the world at the National WWII Museum, where immersive exhibits, multimedia experiences and a wide array of artifacts and first-person oral histories await you on your educational journey.

• **Enjoy some fishy family fun.** Be transported to the underwater world of the Mississippi River, Caribbean Sea and more at Audubon Aquarium. The site houses more than 3,600 animals from over 250 species, including the rare white alligator.

Discover more about New Orleans at [neworleans.com/ada-smilecon](http://neworleans.com/ada-smilecon). SmileCon registration opens May 8 at [SmileCon.org](http://SmileCon.org). ■



Big Easy: New Orleans, the site of SmileCon 2024, offers a rich mix of culture, cuisine and charm.

Photo courtesy of Jeff Anding/NewOrleans.com

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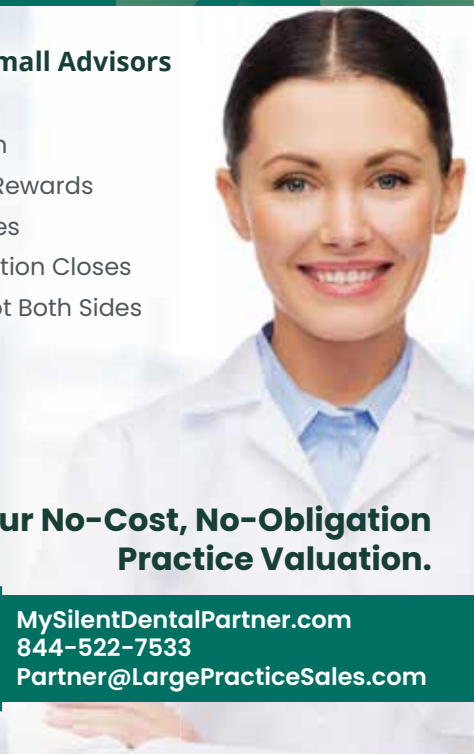
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# Wellness ambassadors sought to help dentists weather mental, physical, behavioral health struggles

## ADA council recruiting from areas not yet represented in program

BY DAVID BURGER

The ADA Council on Dental Practice and its Dental Team Wellness Advisory Committee are recruiting new members to serve as wellness ambassadors to address mental and physical wellness and well-being of dental professionals.

The council is seeking wellness ambassadors from states that so far have not been represented.

According to Jeffrey Ottley, D.M.D., chair, Council on Dental Practice, "Ensuring additional representation of new wellness ambassadors from as many states as possible supports the council's goal to have a wellness champion at state and local levels who is passionate about advancing the health and well-being of dental professionals. Dentistry is a demanding, yet rewarding, calling and having colleagues who commit to serving as wellness ambassadors allows these leaders to share existing resources and connect colleagues with wellness resources as needed."

The program seeks ambassadors from the 12th District — Kansas, Oklahoma, Arkansas and Louisiana — as well as from the District of Columbia, U.S. Virgin Islands, Puerto Rico and the states of Connecticut, Maine, New Hampshire, Rhode Island, Delaware, Maryland, Alabama, Mississippi, Kentucky, Missouri, West Virginia, Wisconsin, Iowa, Minnesota, North

Dakota, South Dakota, Washington, Idaho, Arizona, Hawaii, New Mexico, Nevada, Utah, Wyoming, South Carolina and Virginia.

Applicants must be ADA members, willing to serve as an ambassador for an onboarding year — September 2024-September 2025 — and willing to work with their state and local dental societies on health and wellness issues.

The council is asking for a CV and a letter of interest to dentalpractice@ada.org by Feb. 29. Any questions about the program may also be directed to dentalpractice@ada.org.

The council created the ADA Wellness Ambassador Program in 2022 to assist the ADA in:

- Expanding the awareness of physical and mental wellness and well-being challenges faced in the dental profession.
- Prioritizing the need to provide resources at state and local levels to those who may wish to seek help.
- Connecting those who need support to available resources.

The first group of ambassadors completed over 40 projects during their onboarding year of 2022-23 and highlighted their accomplishments at the ADA Health and Well-Being Summit in September 2023.

Kami Dornfeld, D.D.S., Dental Team Wellness Advisory Committee chair, said, "The ADA's wellness ambassadors have already made significant contributions to removing the stigma around conversations about mental health, and to improving dental professionals' health and well-being. The third group of wellness ambassadors will continue to build on the momentum from the first two groups."

Information about the first and second group of wellness ambassadors — who started in September 2023 — may be found at ADA Wellness Ambassador Program.

Resources are available at [ADA.org/Wellness](https://ada.org/Wellness). ■



PRACTICE

## Consumer-Friendly CDT 2024 on tap in February

NEW RELEASE USES SIMPLE SENTENCES, STRAIGHTFORWARD LANGUAGE TO CONVEY INFORMATION, HELP PROMOTE PRICE TRANSPARENCY

BY DAVID BURGER

The inaugural Consumer-Friendly CDT 2024 will become available in February for licensing by commercial users of CDT, which include third-party payers and practice management software vendors.

"Consumer-Friendly CDT uses simple sentences and straightforward language to convey information, helping promote understanding and price transparency as patients are more comfortable reading their description of services," said Stacey Gardner, D.M.D., chair of the ADA Council on Dental Benefit Programs.

Consumer-Friendly CDT includes a translation of every CDT 2024 code and nomenclature in English and Spanish. CDT descriptors are included as needed when additional context will help explain the procedure.

The release of the Consumer-Friendly CDT 2024 will be accompanied by two other new code sets — SNODENT two- and three-way maps that serve as an embedded mapping solutions. The two-way map connects SNODENT concepts for dental-related disorders and findings to ICD-10-CM disease classification codes, while the three-way map connects SNODENT and ICD-10-CM pairs to relevant CDT procedure codes.

SNODENT — an acronym for Systematized Nomenclature of Dentistry — is a set of terms created for use in electronic dental records and recognized by the American National Standards Institute as an ADA/ANSI standard.

Any commercial use of CDT, SNODENT or the maps requires a license. Licensees pay annual royalties for their usage of ADA content within their products and services.

"Administrative simplification leads to time and cost savings across the entire health care industry," said Dr. Gardner. "These content files span to all dental specialties to provide a consistent and connected view of dental codes. ADA coding content is the one authorized source of truth."

For more information, contact [CDT-SNODENT@ada.org](mailto:CDT-SNODENT@ada.org). ■



Dr. Gardner

# PASS A GOOD TIME at SmileCon

Join us for SmileCon<sup>®</sup> 2024, Oct. 17–19 in New Orleans. This unique city is the perfect setting to **Meet, Play, Learn, and Smile** with your dental pals, gain knowledge from best-in-class dental educators, and make memories to last a lifetime.



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Registration  
opens **Spring 2024**

Watch for developments at [SmileCon.org](https://SmileCon.org) or scan the QR code.

## VIEWPOINT



BY SHARON M. GORDON, D.D.S., PH.D.

**P**ain is a primary reason for patients seeking dental care and also results from many dental procedures. As dentists, it is our professional imperative to minimize pain for our patients.

Much of my work as a dentist and researcher has centered on better understanding dental pain to improve its management. That's why I was excited to contribute to the development of a set of new guidelines endorsed by the American Dental Association that offer recommendations for acute pain management in pediatric patients and in adolescents, adults and older adults. Both guidelines give clinicians evidence-based decision-making tools to provide comfortable and safe dental treatment.

The guidelines address dental pain from an extraction or toothache, both of which arise from inflammatory processes. Because of the inflammatory nature of that pain, evidence from the guidelines supports managing it with nonsteroidal anti-inflammatory drugs, such as ibuprofen or naproxen, alone or in combination with acetaminophen or in conjunction with other treatments like local anesthetics.

When patients experience significant pain, they might think that an opioid is the most appropriate remedy. However, opioids are simply not the most effective medication for inflammation-based pain. Furthermore, like all clinicians, I am concerned about the impact of opioids on the overall health of individual patients as well as on population health.



## New guidelines emphasize safer, more effective pain management

As noted in the guidelines, when used as directed in the recommendations, NSAIDs are actually safer and more effective than opioids at reducing acute dental pain in people of all ages. Given the known risks of opioids — especially to children under age 12 who should not be prescribed them — NSAIDs offer a solution with no abuse potential that effectively manages short-term dental pain.

Of course, there may be some situations in which an opioid may be indicated for an adolescent or adult patient. The guidelines also include recommendations for prescribing them in those limited circumstances.

According to the guideline for adult and adolescent patients, clinicians should avoid prescribing opioids “just in case” of breakthrough pain. Factors that could result in dependence or contribute to misuse should be carefully considered before prescribing them. These could include past or current illicit or recreational drug use or diagnosis of substance use disorder.

Before prescribing an opioid, dentists should engage patients or guardians in shared decision-making and document informed consent. The conversation should address potential risks, such as physiological dependence or opioid misuse, and should also include pain control expectations so

that pain management goals are aligned between patient and dentist. No matter which analgesic is prescribed, the recommendations emphasize dispensing it at the minimum effective dosage.

It's also critical to discuss proper storage and disposal of opioid medications with patients and to inform them about the availability of naloxone. The guideline for adult and adolescent patients suggests prescribing naloxone to patients at an increased risk of opioid overdose or to those who may have household members at risk for overdose or accidental ingestion.

These guidelines are an important resource for dentists seeking support in managing their patients' pain. While there may be circumstances that require alternative approaches, such as medical contraindications, dentists can have confidence in knowing there is evidence-based advice to guide their decision-making.

I'd like to thank the ADA Science & Research Institute (now the ADA Forsyth Institute), University of Pittsburgh School of Dental Medicine, McMaster University, Center for Integrative Global Oral Health at the University of Pennsylvania School of Dental Medicine and Art of Democracy for their collaboration on this guideline. Recognition is also due to the U.S. Food and Drug Administration and Department of Health and Human Services for funding this crucial work via grant #U01FD007151.

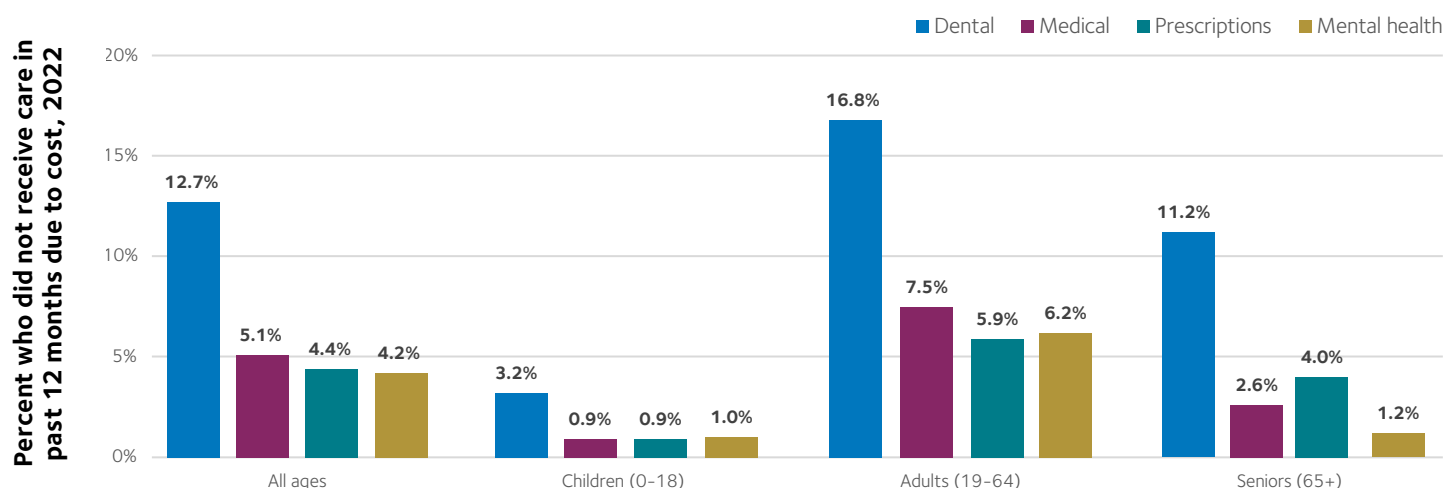
*The contents of the guidelines are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the FDA, HHS or U.S. government.*

*Sharon M. Gordon, D.D.S., Ph.D., is professor and the inaugural associate dean for academic affairs and research at the Kansas City University College of Dental Medicine. She is a consultant to the ADA's Council on Scientific Affairs and councilor for the Missouri Section of the American Association for Dental Oral and Craniofacial Research where she coordinates judging for the AADOCR/DENTSPLY Student Clinician Research Program. ■*

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Source: ADA Health Policy Institute, "National Trends in Dental Care Use, Dental Insurance Coverage, and Cost Barriers." November 2023.  
Available from: [ADA.org/resources/research/health-policy-institute/coverage-access-outcomes](https://ada.org/resources/research/health-policy-institute/coverage-access-outcomes).

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## ADA Member Advantage names new endorsement for practice financing

Panacea Financial selected for 'empowering dentists to elevate their practices'

BY DAVID BURGER

**A**DA Member Advantage announced that Panacea Financial has been selected as the endorsed practice financing company recommended for member dentists.

"After a lengthy review, the ADA Member Advantage board of directors selected Panacea Financial because of their expertise in working with doctors and ability to provide financing solutions specifically designed to meet the needs of dentists," said Bill Bulman, chair of the ADA Member Advantage board of directors.

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"We are proud to announce our relationship with the American Dental Association," said Tyler Stafford, CEO and co-founder of Panacea Financial. "Our organizations' mutual commitment to dentists is at the core of this collaboration. This partnership further signifies Panacea's unwavering dedication to providing specialized financial solutions, empowering dentists to elevate their practices and deliver exceptional patient care."

Panacea Financial is a doctor-founded division of Primis Bank, member FDIC.

ADA members can start, build and grow their practices through specialized credit structures, industry-leading decisioning times, concierge-level service available beyond 9 a.m. to 5 p.m. and experienced advice while enjoying the member-exclusive pricing of a 0.25% discount on already competitive rates, Mr. Stafford said.

Additionally, ADA members will not be charged origination fees on any dental practice loan, a \$3,570 value.

Mr. Bulman said his board was impressed by the expertise and resources available to ADA members.

"Their dedicated focus on dentists, their experienced practice financing team, and their solutions to finance not only practice acquisition and expansion but partner buy-ins and group expansions really show an understanding of the evolving state of dentistry in this country," Mr. Bulman said.

"Panacea Financial exists to help doctors and having helped thousands of doctors and their practices across the country, we have seen the positive impact we can have for dentists as they strive to deliver the best care to their patients," said Michael Jerkins, M.D., president and co-founder of Panacea Financial. "Panacea continues to provide innovative ways to support dental practice owners through an evolving dental industry, and we are excited for the opportunity to meet the needs of even more dentists through this partnership."

For more information about the new endorsement, visit [panaceafinancial.com/ada](http://panaceafinancial.com/ada). ■

## Alliance of the ADA conference heads to sunny San Diego

Meeting will bring dental families together  
March 14-17 to learn, socialize

BY MARY BETH VERSACI

**F**rom thought-provoking lectures to fun social gatherings, the Alliance of the American Dental Association's upcoming Conference 2024 in San Diego will offer a variety of educational and entertainment opportunities to help members get to know each other.

The Alliance, which is made up of ADA member spouses, partners and families, will hold the conference March 14-17 at the US Grant Hotel San Diego near the historic Gaslamp Quarter.

Courses at the conference will cover gut health, storytelling and more. An event sponsored by the American Dental Political Action Committee will offer an update on ADA advocacy efforts.

Attendees can also participate in various social activities, including a ferry boat ride to Coronado Island and tour of the Hotel del Coronado and the Alliance's annual gala. The program schedule will allow participants time to explore the area on their own as well.

To learn more about AADA Conference 2024 or to register, visit [AllianceADA.org](http://AllianceADA.org). ■



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# National Children’s Dental Health Month kicks off across country in February

Observance promotes benefits of good oral health

BY DAVID BURGER

National Children’s Dental Health Month observances began with a one-day event in Cleveland and a one-week celebration in Akron, Ohio, in February 1941.

Since then, the concept has snowballed into a nationwide program, bringing together thousands of dedicated professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.

The theme this year is “Healthy Habits for Healthy Smiles!”

The ADA held the first national observance of Children’s Dental Health Day on Feb. 8, 1949. The one-day event became a weeklong event in 1955, and in 1981 the program was extended to a monthlong celebration known today as National Children’s Dental Health Month.

“I am passionate about increasing access and advocating for improving the oral health of all

Americans, and I believe there’s no better or easier place to start than with improving the oral health for our nation’s children,” said Elizabeth Simpson, D.M.D., chair of the ADA Council on Advocacy for Access and Prevention. “When we can get all children to the dentist, create positive experiences at



Dr. Simpson

the dental office for them and start them early with prevention and oral health education, it’s fair to hope that those patterns started in childhood can last a lifetime. I hope that people will find a way in whatever practice modality they practice to celebrate National Children’s Dental Health Month.”

The NCDHM Program Planning Guide, at ADA.org/NCDHM, provides program coordinators, dental societies, teachers and parents with resources to promote the benefits of good oral

health to children. The guide includes easy-to-do activities, program planning timetable tips, a sample NCDHM proclamation and more.

The planning guide is an accompaniment to the annual postcard and poster program run by the ADA. This year, the Association received

orders for 151,010 posters and postcards, which exceeds last year’s total amount of 115,000.

“Whether you hold a Give Kids A Smile event or volunteer in an elementary school and teach children about the dental profession and oral health, no action is too small, and all actions are needed

as pieces of the puzzle to improve oral health outcomes for our children,” Dr. Simpson said.

Give Kids A Smile, which traditionally kicks off each February, is the signature access-to-care program of the ADA Foundation. Each year, about 65,500 dentists and 20,000 dental team members volunteer at local Give Kids A Smile events across the country to provide free oral health education, screenings and preventive and restorative treatment to about 300,000 children. More than 7 million underserved children have received free oral health services since its inception more than two decades ago.

To learn more about Give Kids A Smile, visit [adafoundation.org/GKAS](http://adafoundation.org/GKAS). ■



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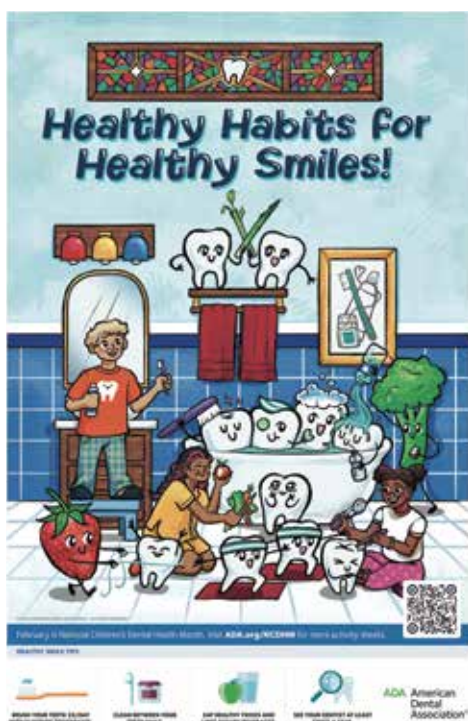


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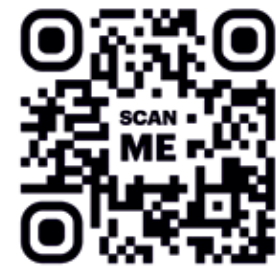


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