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BPA WORLDWIDE

GOVERNMENT

One year of COVID-19 response

FROM GUIDANCE TO ADVOCACY, ORGANIZED DENTISTRY CONTINUES TO DO ITS PART DURING PANDEMIC

BY KIMBER SOLANA

When the ADA Board of Trustees was deliberating to recommend that dentists focus solely on urgent and emergency treatment in March 2020, there were still a lot of unknowns.

"The science was evolving," said ADA President Daniel J. Klemmedson, D.D.S., M.D., who was serving as president-elect at the time. "The vast majority of Americans were not even wearing face masks yet."

However, the U.S. COVID-19 outbreak was accelerating, and just five days before the ADA issued its postponement recommendation, the World Health Organization declared COVID-19 a global pandemic.

"At that time, public health directives centered on flattening the curve — using social distancing and isolation to help mitigate disease spread and gradually alleviate the burden on overwhelmed hospital systems," Dr. Klemmedson said.

It was on March 16, 2020, that the ADA Board of Trustees voted to recommend that dentists postpone all but emergency and urgent care. By the week of March 23, 2020, about 76% of dentists closed their offices to all but emergency patients, according to the ADA Health Policy Institute.

"It was certainly a difficult moment for many dental practices," Dr. Klemmedson said.

Fast-forward 12 months later, and the COVID-19 vaccination rollout in the U.S. is ramping up with most states including dentists and their teams in Phase 1a to receive the vaccine. At least 22 states are allowing dentists to administer the vaccine.

See YEAR, Page 5

Explore a one-year interactive timeline
on how the profession responded to the challenges of the COVID-19 pandemic at

ADA.org/covidtimeline

View a condensed version of the timeline on Page 4.

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BPA WORLDWIDE

GOVERNMENT

Guidance sought on employer-provided incentives for COVID-19 vaccine

BY JENNIFER GARVIN

The ADA and a coalition of more than 40 stakeholders are asking the Equal Employment Opportunity Commission to issue guidance regarding employer-provided incentives and the COVID-19 vaccine.

In a Feb. 1 letter, the coalition, led by the National Retail Federation, said it is hopeful that COVID-19 vaccines will "provide a pathway to safely restart the economy," and in turn, the groups would like to assist in facilitating and expediting the vaccination process.

"We write asking the Equal Employment Opportunity Commission to quickly issue guidance clarifying the extent to which employers may offer employees incentives to vaccinate without running afoul of the Americans With Disabilities Act and other laws enforced by the EEOC," they wrote.

"Employer-provided incentives can assist governments in quickly and efficiently distributing vaccines," the groups said. "Legal uncertainty about providing such incentives, however, has many employers concerned over liability and has made them hesitant to act."

"To ensure the guidance is as effective and efficient as possible, we also encourage the EEOC to define what qualifies as a permissible incentive as broadly as possible," they continued.

"We recognize that wellness incentives have been closely scrutinized over the years and are the subject of recent regulations," the letter concluded. "We believe, however, that the paramount needs of the current crisis can be distinguished from wellness programs. We strongly encourage the EEOC to act quickly and provide guidance on this important issue."

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

TIMELINE:

COVID-19 & Dentistry

From creating guides and resources to help reduce the risk of COVID-19 spread to advocating on behalf of the dental community, the dental profession and organized dentistry have responded to the global COVID-19 pandemic to help protect dentists, the dental team and their patients.

Explore an interactive and expanded version of this timeline to learn more on how the profession navigated the challenges of the COVID-19 pandemic at:

ADA.org/covidtimeline

Access the interactive timeline with this QR code on your mobile device.

DECEMBER 2019

Dec. 31: Chinese health officials report pneumonia outbreak in Wuhan, eventually identifying a novel coronavirus.

JANUARY 2020

Jan. 21: CDC confirms first U.S. COVID-19 case in Washington.

Jan. 29: ADA forms team comprised of scientific and public health experts and ADA staff to lead Association's COVID-19 response.

FEBRUARY

Feb. 29: First known U.S. death from COVID-19 is reported in Seattle area.

MARCH

March 11: WHO declares COVID-19 a pandemic.

March 16: ADA recommends dentists postpone all but emergency/urgent procedures.

March 18: ADA develops definition on urgent and emergency care.

March 23: ADA Health Policy Institute launches ongoing COVID-19 economic impact tracking poll. First survey of 19,000 dentists found 76% had closed their offices to all but emergency patients.

March 27: CARES Act becomes law.

APRIL

April 1: ADA releases interim guidance on minimizing COVID-19 transmission risk when treating dental emergencies.

April 27: New Advisory Task Force on Dental Practice Recovery develops Return to Work Interim Guidance Toolkit to help dentists return to more normal practice operations while protecting staff, patients and themselves from COVID-19.

MAY

May 26: Advisory Task Force on Dental Practice Recovery releases hazard assessment guide and checklist for dental settings.

JUNE

June 16: ADA and Florida Dental Association decide not to move forward with in-person ADA FDC Annual Meeting in Orlando.

JULY

July 7: Advisory Task Force on Dental Practice Recovery launches Patient Return Resource Center for dental teams to use when informing patients on what to expect when returning for in-person dental care.

July 27: Board of Trustees adopts ad interim policy stating dentistry is essential health care to help guide advocacy for dental profession during COVID-19 pandemic and beyond.

AUGUST

Aug. 12: ADA states it "respectfully yet strongly disagrees" with WHO's Aug. 11 interim guidance recommending that "routine" dental care be delayed in certain situations because of COVID-19.

SEPTEMBER

Sept. 28: Global COVID-19 deaths exceed 1 million.

OCTOBER

Oct. 15: ADA study finds COVID-19 rate among U.S. dentists was less than 1% in June.

Oct. 15-19: ADA hosts first all-virtual annual meeting and House of Delegates.

Oct. 19: House passes resolutions related to COVID-19 stating dentistry is essential health care and supporting vaccine administration and point-of-care testing by dentists and the expansion of practice scope during public health emergencies.

NOVEMBER

Nov. 20: ADA urges CDC to prioritize vaccination of dentists and allow dentists to help vaccinate the public.

DECEMBER

Dec. 11: FDA issues emergency use authorization for Pfizer-BioNTech COVID-19 vaccine.

Dec. 18: FDA issues emergency use authorization for Moderna COVID-19 vaccine.

Dec. 28: CDC confirms recommendation that dentists, dental teams and dental students be in Phase 1a of state COVID-19 vaccination plans.

JANUARY 2021

Jan. 18: HPI survey finds consumer confidence in returning to the dental office hits new high with 88% reporting that they have already been back or are ready to go.

FEBRUARY 2021

Feb. 22: COVID-19 death toll in U.S. surpasses 500,000.

Feb. 24: Research from the ADA and American Dental Hygienists' Association finds 3.1% of U.S. dental hygienists had contracted COVID-19 as of October 2020.

Feb. 27: FDA issues emergency use authorization for Johnson & Johnson's single-dose COVID-19 vaccine.

YEAR *continued from Page 1*

To date, according to HPI, 99% of U.S. dental practices are back open with patient volumes reaching about 80% of pre-pandemic levels.

"I believe that our profession responded well to the challenges, and I am proud that the ADA was instrumental in leading dentistry through the pandemic," Dr. Klemmedson said. "Our results also show that dentists everywhere — not only ADA members — have been able to benefit from the Association's guidance and support."

Weeks before the pandemic affected dental practices, the Association was already busy preparing to offer dentists much-needed guidance and advocacy. In late January 2020, the ADA formed a team comprised of scientific and public health experts and ADA staff to lead the Association's response as more member dentists turned to the ADA with their questions.

The ADA created a centralized hub on its website, ADA.org/virus, with answers to frequently asked questions about the disease, a working definition for dental emergencies developed by the ADA Board of Trustees, and interim guidance on minimizing the risk of transmission of what was then described as the novel coronavirus before, during and after treating emergencies, developed with member volunteer oversight by representatives from the ADA Board of Trustees and ADA Council on Scientific Affairs.

In April 2020, the Association established the Advisory Task Force on Dental Practice Recovery, which created and released the Return to Work Interim Guidance Toolkit to help dentists return to more normal practice operations while protecting their staff, dental team, patients and themselves from COVID-19.

Dr. Klemmedson

Over the subsequent months, the task force released a hazard assessment guide and checklist for dental settings to reduce the risk of COVID-19 spread; launched the Patient Return Resource Center, with template resources to help dental team members communicate with patients about the increased safety measures in dental offices; and created resources to help dentists stay informed with their respective states' dental regulations, recommendations and mandates.

"Dentistry has been greatly affected by the pandemic; however, we have been fortunate to have seen gradual and meaningful recovery over the last several months," Dr. Klemmedson said. "By implementing the enhanced infection control protocols recommended by the ADA and the CDC, our profession has proven its ability to operate safely."

In October 2020, an article in The Journal of the American Dental Association reported that COVID-19 prevalence among dentists, as of June 2020, during the initial acceleration phase of the pandemic was less than 1%. An estimated 3.1% of U.S. dental hygienists had contracted COVID-19 as of October 2020, according to research from the ADA and American Dental Hygienists' Association.

"We didn't expect a global pandemic to help us bolster dentistry's track record for safety, but I'm proud that our framework has quite clearly demonstrated its value," Dr. Klemmedson said.

Meanwhile, the ADA advocacy efforts were in full swing over the past year to ensure federal stimulus packages provided dentists the support they needed. It mobilized its more than 123,000 dental advocates in grassroots action alerts to send nearly 400,000 emails to U.S. leaders during deliberations related to COVID-19 legislation deliberations.

The Coronavirus Aid, Relief and Economic Security Act, or CARES Act, became law in March 2020 and included Small Business Administration loans, retirement account withdrawals and student loan payment and interest deferral.

In addition to advocating with lawmakers on behalf of the dental community, the ADA also worked with key federal agencies to secure and distribute much-needed personal protective equipment as supply increased and dentists went back to work. To date, more than 64,000 dentists received over 4.1 million N95 masks and 833,000 gowns. The ADA has also distributed these items to community health clinics in underserved communities.

Moving forward in 2021, Dr. Klemmedson said the ADA will play a role in equipping dentists with tools to educate their communities on the COVID-19 vaccine — one patient at a time.

"Dentists are trusted health care providers, and we know that our voices can contribute immensely to building vaccine confidence in our nation," he said.

This month, the ADA is launching a COVID-19 vaccine communication toolkit for dentists to facilitate conversations with their patients to build vaccine confidence and holding a live webinar to guide the dental team on how to do so. The ADA has also posted public-facing content on MouthHealthy.org and on social media, as well as collaborated with other health care organizations in an effort to reduce vaccine hesitancy.

"I've said this a few times before: COVID-19 has given us an opportunity to raise the bar for our profession," Dr. Klemmedson said, adding that what the profession has learned in the past year can positively reshape its approach to clinical practice moving forward.

"The pandemic has invigorated areas of scientific discourse that could spur clinical advancement in the near future," he said. "I believe that if dentistry applies the lessons we've learned in the last 12 months, we can position ourselves for a stronger future. For all its challenges, the pandemic can have a lasting positive impact if we choose to learn from it." ■

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ADA to HHS: Grant temporary liability protection to dentists who administer COVID-19 vaccines

BY DAVID BURGER

The ADA is asking the federal government to grant temporary liability protection to dentists who administer COVID-19 vaccines.

"The Biden administration has determined there is an urgent need to expand the pool of available COVID-19 vaccinators to respond effectively to the pandemic," wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and ADA Executive Director Kathleen T O'Loughlin, D.M.D., to Rear Adm. Felicia Collins, M.D., acting assistant secretary for U.S. Health and Human Services.

"Unfortunately, federal efforts to mobilize every qualified vaccinator have not taken advantage of a seemingly obvious resource: Dentistry."

Drs. Klemmedson and O'Loughlin continued in the Feb. 8 letter. "We respectfully ask your office to issue guidance regarding civil liability protection for dentists who administer approved COVID-19 vaccines under the [Public Readiness and Emergency Preparedness Act]," they wrote. "Doing so would achieve two aims of President Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness: Safely and effectively 'surge the health care workforce to support the vaccination effort' and 'create as many venues as needed for people to be vaccinated.'"

The Public Readiness and Emergency Preparedness Act allows the Health and Human Services secretary to issue a declaration in times of a public health emergency. A declaration provides immunity from tort liability claims (except willful misconduct) to individuals or organizations involved in the manufacture, distribution or dispensing of medical countermeasures, which may include vaccines. A declaration for dentistry would allow licensed dentists throughout the country to administer the COVID-19 vaccine, regardless of state laws that prohibit – or effectively prohibit – dentists from doing so.

Dentists already have the requisite knowledge and skills to administer vaccines and observe side effects, and many do so on a daily basis, the ADA leaders wrote in the letter.

"Dentists are well educated in human anatomy, physiology, and pathophysiology, and are trained to administer intra-oral local anesthesia," they wrote. "It is arguably more difficult to administer an inferior alveolar nerve block inside the oral cavity than to vaccinate an exposed arm and handle any side effects."

Drs. Klemmedson and O'Loughlin said that prior to the pandemic, several states already allowed dentists to administer the seasonal influenza vaccine and at least 21 states have now enlisted dentists to administer the COVID-19 vaccines. Another nine states and the District of Columbia are discussing similar measures.

The ADA leaders asked Dr. Collins to "consider also that about two-thirds of dental patients scheduled for a routine dental visit are willing to get a COVID-19 vaccine from their dentist. That makes every dental encounter a vaccination opportunity — and a chance to shorten the line at other vaccination locations."

The letter is consistent with three policies the 2020 House of Delegates adopted: Temporary Expansion of Scope During a Public Health Crisis (Resolution 20H-2020), Dentistry is Essential Health Care (Resolution 84H-2020) and Vaccine Administration by Dentists (Resolution 91H-2020).

In September 2020, the ADA and more than 20 other health care organizations asked then-President Donald Trump's administration for the same liability protection.

The Centers for Disease Control and Prevention offers training on its website on how to give the vaccine, and dental professionals can visit ADA.org/virus for more information.

COVID-19 Vaccination Administration Training and Educational Resources, available at ADA.org/virus, is a compilation of educational resources and training for health care providers administering the COVID-19 vaccine. It includes information from vaccine manufacturers, the federal government, state government and nongovernmental organizations.

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

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FDA issues EUA for new one-shot COVID-19 vaccine

JOHNSON & JOHNSON'S VACCINE DOESN'T REQUIRE FREEZING

BY JENNIFER GARVIN

The Food and Drug Administration on Feb. 27 issued an emergency use authorization for Johnson & Johnson's COVID-19 vaccine — the first one-shot vaccine to be authorized for the prevention of COVID-19.

FDA has previously granted emergency use authorization, or EUA, for the Pfizer-BioNTech and Moderna COVID-19 vaccines. The new vaccine was developed by Janssen, the pharmaceutical component of Johnson & Johnson.

The Johnson & Johnson vaccine is a single intramuscular injection, and the FDA's appraisalof the data indicated that the vaccine had 85.4% efficacy against severe COVID-19 disease. Unlike the other two vaccines with EUA, the Johnson & Johnson vaccine does not require ultra-low frozen storage.

"The authorization of this vaccine expands the availability of vaccines, the best medical prevention method for COVID-19, to help us in the fight against this pandemic, which has claimed over half a million lives in the United States," said Janet Woodcock, M.D., acting FDA commissioner, in a news release.

Final authority on vaccine allocation rests with each state, and the ADA continues to work alongside state and local dental societies to advocate for dentistry before lawmakers and health departments.

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

The ADA will continue to monitor developments related to vaccine authorization and administration on behalf of the profession and public. To download the fact sheet, visit ADA.org/virus. ■

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Increasing medical assistance percentage for Medicaid

The Partnership for Medicaid is urging Congress to increase the federal medical assistance percentage for Medicaid.

In a Feb. 5 letter, the coalition — which includes the ADA — asked leaders of the House and Senate to increase the federal medical assistance percentage for Medicaid by at least 5.8 percentage points in order to create a minimum 12 percentage point increase when combined with the federal medical assistance percentage increase provided in the Families First Coronavirus Response Act.

"A 12 percentage point [federal medical assistance percentage] increase is consistent with previous requests from the bipartisan National Governors' Association, the National Association of Medicaid Directors and the National Association of State Budget Officers," the coalition wrote. "Further, the House-passed HEROES Act from last Congress included a one-year 14 percentage point increase."

The groups pointed out that enhancing the federal medical assistance percentage for Medicaid "is critical to ensure that the more than 77 million Medicaid beneficiaries nationwide continue to have access to care during the nation's ongoing public health emergency and current economic downturn."

The coalition also noted that Kaiser Family Foundation data indicate that Medicaid enrollment has grown by more than 6 million individuals since February 2020, "cementing Medicaid as an indispensable lifeline during the pandemic and substantiating the need to further bolster the program."

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

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

State associations advocating to 'help our patients navigate the complex world of dental coverage'

ABOUT 50 DENTAL INSURANCE REFORM-RELATED BILLS AWAITING ACTION IN LEGISLATURES ACROSS THE COUNTRY

BY DAVID BURGER

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

Dr. Anderson

Dr. Tanguay

Dr. Wilkerson

Montana, New Jersey, North Dakota and Missouri are among the states pursuing specific dental insurance reform legislation as states build upon the momentum from last year's successful bills that improved the dental landscape and transparency for both dentists and patients.

"As dentists, we do our best to help our patients navigate the complex world of dental coverage," said Jason Tanguay, D.D.S., Montana Dental Association president.

As of February, there were about 50 dental-related bills in play across the United States so far this year as the states embark upon their 2021 legislative sessions.

Over the years, the ADA has tracked many legislative campaigns to improve statutory and regulatory provisions related to dental benefits, often working hand-in-hand with state associations and societies to establish and push priorities that can result in wins for dentists and patients.

"The ADA state government affairs staff has been an amazing asset, helping to craft key legislation and assist states with their legislative campaigns. The state public affairs program, administered through state government affairs, has been a real asset for states' dental insurance reform efforts," Dr. Tanguay said.

MONTANA

In Montana, HB 321 would require insurers to post their medical/dental Loss Ratio prominently on their websites. The law, if enacted, requires insurers to report the percentage of premium revenue that is spent on actual care, as compared to administrative costs.

HB 321 in Montana also prohibits downcoding intended to reduce claim payments, allowing downcoding only when justified in compliance with the provisions of the bill. It prohibits explanations of benefits from implying that a dentist acted inappropriately.

"This bill will help to alleviate some of the biggest complaints and headaches that we have heard from our Montana Dental Association members," Dr. Tanguay said. "The provisions in our Dental Patient Bill of Rights include prohibiting insurance companies from issuing virtual credit cards, limiting downcoding, requiring insurance companies to publish medical loss ratio and establishing assignment of benefit requirements. These are all designed to help our patients that have dental insurance, and by helping our patients, we will lighten the load for our member dentists' office staff."

MISSOURI

Missouri also has a bill, SB 401, on downcoding on dental plans using procedure codes different from the ones submitted by the dentist in order to determine a benefit in an amount less than that which would be allowed for the submitted code.

The bill, sponsored by a physician, would create a law that would prohibit insurers from modifying a procedure code on a claim for reimbursement in a way that results in a lower reimbursement amount. It specifies how insurers must proceed if more information is needed.

It also prohibits explanations of benefits from implying that a claim was inaccurate or inappropriate, unless there is clear evidence to the contrary, and prohibits implying that the charge was excessive unless the charge to the patient is greater than the claimant's usual fee or greater than the fee allowed by the patient's health carrier for the service provided.

"We survey our members each year to make sure our advocacy agenda is on target with real issues affecting them in practice," said Ron Wilkerson, D.M.D., legislative and regulatory chair of the Missouri Dental Association. "In our 2020 survey, 94% of responding dentists said they experience downcoding, with 100% of those stating it results in lower payment."

Dr. Wilkerson said that downcoding forces members and other health care providers to write off the difference and absorb the loss, as well as interferes with the dentist-patient relationship.

"We hope this legislation will be a positive step to address this growing problem across our state for all health care providers," he said.

NEW JERSEY

In New Jersey, S 2853 would prohibit any contract provision that prevents a dentist from charging a covered person for a covered procedure not paid for by the benefit plan.

The law, if enacted, would prohibit contract provisions saying no payment will be made for a covered service by the dental plan and that the participating dentist may not collect payment from the covered person for the covered service disallowed by the dental plan.

James Schulz Jr., New Jersey Dental Association director of governmental and public affairs, said those provisions, known as the "disallow clause," interfere with the dentist-patient relationship by forcing the marketplace into pre-selecting what types of procedures will be paid for.

"[It] ultimately cools the marketplace and places doctors in the untenable position of either providing the ethically right dental care to their patients and not being compensated for it, or ignoring the right health care choice and jeopardizing the welfare of their patients," Mr. Schulz said. "S 2853 helps Main Street fight back against the financial interests of big business that seek to dictate how we receive health care, from whom and when, and often in an arbitrary and inconsistent way."

NORTH DAKOTA

In North Dakota, HB 1154 involves a public policy approach that helps to ensure insurers pay claims for health care services that have received prior authorization.

The law, if enacted, would prohibit dental benefit plans from denying a claim submitted by a dentist for procedures specifically approved in a prior authorization, unless the denial is based on specified reasonable situations such as a change in a patient's condition.

Brad Anderson, D.D.S., immediate past president of the North Dakota Dental Association, said that in his state, dentists face common issues relating to dealing with third-party insurers.

"HB 1154 was introduced by the North Dakota Dental Association and evolved out of model legislation developed by the National Council of Insurance Legislators with input from the ADA," Dr. Anderson said. "The bill includes several issues where problems are frequently encountered [including] prior-authorization payment denials. We are confident that if HB 1154 passes, dental practices and their patients will benefit with increased fairness and transparency in their benefits."

The ADA has a new online hub for dental insurance information that can help dentists address and resolve even their most vexing questions at ADA.org/dentalinsurance. ■

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Dental Insurance HUB

Additional PPP changes sought to help dental practices

BY JENNIFER GARVIN

The ADA is urging Congress to consider additional changes to the Paycheck Protection Program in the next COVID-19 relief package to ensure that small businesses, including dental practices, are able to easily access and utilize this critical loan program.

In a Feb. 19 letter to leaders of the House Committee on Small Business and Senate Committee on Small Business and Entrepreneurship, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked lawmakers for their continued efforts to combat the challenging effects of the COVID-19 pandemic but stressed the need for continued improvements to the Paycheck Protection Program.

"A majority of dental practices are small businesses, and PPP has been key to ensuring those dental practices continue to retain and pay their employees, as well as provide essential oral health care services to their patients," Drs. Klemmedson and O'Loughlin wrote. "However, PPP could be improved if Congress enacted some changes, especially regarding second draw PPP loans."

These changes include:

- Providing startup small businesses that opened after Feb. 15, 2020, with access to PPP and other federal small business loans/grants.
- Allowing businesses to choose any three-month period to illustrate a 25% reduction in revenue for second draw PPP loans.
- Ensuring that lenders are not requiring overly burdensome documentation to apply for a second draw PPP loan.

"Many small businesses, including dental practices, opened their doors in 2020 and were immediately forced to close or downsize and lay off employees due to the pandemic, and yet they cannot access PPP or other loan programs," Drs. Klemmedson and O'Loughlin said. "These 'start-up' businesses and their employees need access to federal aid as well."

The letter also noted that for many dental practices, the peak time of lost revenue "did not occur in a fixed calendar quarter," but instead occurred for the months of March, April and May in 2020, making them ineligible to apply for a second draw PPP loan.

"Congress should create flexibility to ensure that any three-month period reflecting a 25% decline in revenue, even outside of a traditional calendar quarter, would allow eligibility for a second draw PPP loan," they said.

The ADA also said they have heard from member dentists that some lenders seem to be requiring additional information during the application process for second draw PPP loans beyond what was mandated in the Consolidated Appropriations Act of 2021.

"Congress, in conjunction with the Small Business Administration, should ensure that PPP participating lenders are not requiring overly burdensome documentation for PPP second draw borrowers," the letter concluded. "Requiring information beyond the scope of what was enacted merely deters borrowers from seeking PPP funds that are critical to keeping their businesses open and their employees paid."

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

Dental priorities sought for next COVID-19 relief package

BY JENNIFER GARVIN

The ADA is urging Congress to pass additional COVID-19 relief legislation with provisions the Association believes are crucial to ensuring the safety and economic stability of dental practices across the country.

In a Feb. 12 letter to leaders of the House and Senate, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked lawmakers for their continued efforts to combat the challenging effects of the pandemic and said "additional relief will also help to guarantee that patients receive the oral health care that is critical to maintaining their overall health."

The policies the ADA would like Congress to consider include:

- Giving temporary and targeted liability protection to small businesses that follow applicable public health guidelines during the pandemic, including dentists who conduct Food and Drug Administration-approved tests and administer FDA-approved vaccines.
- Making changes to the Paycheck Protection Program. This includes providing startup small businesses that opened after Feb. 15, 2020, with access to the Paycheck Protection Program and other federal small business loans/grants, and ensuring that lenders are not requiring overly burdensome documentation for second draw PPP loans.

> **Additional relief will also help guarantee that patients receive the oral health care that is critical to maintaining their overall health.**

- Allowing borrowers with public and privately held student loans to defer interest and payments for the duration of the proposed emergency.
- Providing tax credits to small businesses for the purchase of additional personal protective equipment and safety improvements to the office.
- Addressing health workforce shortages and disparities highlighted by the COVID-19 pandemic through additional funding for the National Health Service Corps.
- Establishing a dispute/appeals process for providers to accommodate issues during the application process for the Provider Relief Fund.
- Increasing the federal medical assistance percentage to strengthen Medicaid programs during the public health emergency while requiring states to keep their current benefit structure in place if accepting additional funding.
- Supplying additional funding to Federally Qualified Health Centers for oral health care services.
- Directing the Department of Labor to allow certain small businesses, including dental practices, to be exempted from unreasonable "unsafe workplaces" guidance if personal protective equipment is already mandated, vaccinations have already been offered to staff and the already documented low infection rate in dental offices is maintained.

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

VIEWPOINT

My View

Dentists' role in increasing COVID-19 vaccine confidence

BY JESSICA MEESKE, D.D.S.

As a daughter of a mother who was a school nurse, vaccinations were never really questioned in my home. My understanding of them was pretty simple: they're easy, they're safe, they work, and they're equitable. I grew up knowing that I would get my vaccines as recommended.

As a pediatric dentist in rural Nebraska, I routinely ask parents about their children being up to date on vaccines, particularly for human papillomavirus, or HPV, the virus associated with oropharyngeal cancers. Rarely do I have parents question the need.

Because we're living in an era of a pandemic, it makes good sense to promote getting vaccinated against COVID-19 to reduce transmission of the virus and hopefully get us back to "normal" as soon as possible.

As a profession, we've established that oral health is essential to overall health. But the flip side is also true – you can't have good oral health if your overall health is jeopardized by not getting vaccines that can keep you alive.

In a state like mine, there are patients (and some dental team members) who are initially vaccine hesitant. They realize that the vaccines for COVID-19 were developed at significant speeds and may have fears that the vaccine may harm them in some way.

My reaction to this hesitation is to realize that very intelligent scientists developed these vaccines with the full confidence in the safety of the product. And that a global pandemic gives cause to prioritize this mission.

One strategy to use is to share the abundance of resources provided by the Centers for Disease Control and Prevention and the American Dental Association. It's not like the vaccines are just another product hitting the marketplace — the CDC offers insightful guidance on its website that is very useful to promote confidence in the vaccine. The ADA also has a toolkit that gives you resources to help start these conversations with your patients at ada.org/patientreturn.

Dentists are experienced at explaining risks and benefits of any procedure to patients and their families. The vaccine safety message that we can give our patients is just as essential as periodic radiographs, water fluoridation and topical fluoride treatments.

As health professionals, we need to care about the overall health of our communities. We can't just go into our offices each day, perform the dentistry that is on our schedules and go home at the end of the day. The times we're living in demand more of us as health care leaders so it's time to look outside of our practice "silos" into the rest of the community.

As a former board member of our local health department, I understood the risk for pandemic illness. When I was notified that the vaccine was available for my risk group, I was able to be one of the first dentists in my state to receive the vaccine. Some of my staff members (I've got 42 of them in four different offices) expressed concern that I was going to get the vaccine or that they might have to.

But I excitedly jumped at the opportunity when the call came from my health department. However, it wasn't until I brought in a local and trusted physician to answer my staff's questions about safety that I saw the anxiety level of my team decrease. I saw this as an important part of my job as the practice leader; someone who must set a positive tone towards population health prevention of communicable disease.

We may not be rid of COVID-19 by the end of this year. We may need periodic boosters for ongoing protection against coronaviruses. We may or may not opt to offer vaccines in our dental offices at some point in the future.

But one thing is sure — it is our professional duty to promote health as supported by sound scientific principles. That includes getting our COVID-19 vaccine series and encouraging others to do the same.

Now it is my turn as a mom to influence the next generation. I have a daughter in dental school.

As a first-year student, she and her classmates are discussing if they will choose to get the vaccine when it is offered. There has been significant hesitation.

However, she is promoting the science to her classmates. In February, the health department had a mass vaccination site, and thanks to quick coordination between the dean and the health department, many first-year students received their first vaccine.

My daughter's response? "That was a no-brainer. The sooner we are vaccinated, the sooner I can be done with lectures on Zoom and graduate from my typodont and move onto seeing live patients."

Dr. Meeske is the chair of the ADA Council on Advocacy for Access and Prevention.

Letters

AGD RESPONSE TO AAE INFORMATIONAL NEWSLETTER

As experts in oral care, we work each day to improve the health of our communities by seeking opportunities to increase access to and deliver quality oral health services. Together we have taken ethical oaths to put our patients' welfare first and above all other needs. I write today, on behalf of the 39,000 members of the Academy of General Dentists, with concerns over a recently published American Association of Endodontists' informational newsletter that appeared with the ADA News ("A New Look at the Endo-Restorative Interface," November 2020). We believe the information therein promotes business needs ahead of patient care and undermines the foundation of fundamental post-endodontic care by restorative dentists.

As president of AGD, the only association exclusively representing general dentists, I was alarmed when I read the advice provided by the AAE. The content describes a framework for endodontic practices to incorporate restorative dentistry on their referred patients and methods for marketing this approach to care.

We value our endodontist colleagues and the collaborative relationship we share, which is why we feel so strongly that this report continues the expansion of the scope of practice for endodontists based upon the National Commission on Recognition of Dental Specialties and Certifying Boards-accepted definition of the specialty of endodontics.[1]

AGD members regard our specialist colleagues as partners in patient care as part of the dental home model. In the dental home model, general dentists (or pediatric dentists) provide patients with education (oral health literacy), prevention, treatment, referrals to specialists as needed and follow-up care.

The ADA Code of Ethics also reflects this, providing that "when patients visit or are referred to specialists or consulting dentists for consultation, the specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist."

This AAE newsletter presents clinical information from the perspective of the author, Richard Schwartz, D.D.S., an endodontist who practiced general dentistry for nearly two decades before becoming an endodontist and the 2019 recipient of the AAE prestigious President's Award.

Broadly stated, the thesis is restorative treatment may be a significant factor in endodontic failure thus implicating the restorative dentist's treatment. This claim is supported by Schwartz's single case study and a series of citations, over half of which are self-citation to the Journal of Endodontics.

The twist comes toward the end as Schwartz poses the question, "How does an endodontist get started doing restorative dentistry? He then describes steps his practice has taken and states that "the practice is now doing almost 100% of its restorations." Schwartz indicates that his practice worked with his referring dentists to get a green light to do the restorative work, even though "restorative dentistry is a money loser for us." AGD is curious if Dr. Schwartz worked with his prosthodontist colleagues as well.

The AGD is not interested in debating the "foundational restorative treatment" the AAE article describes; the larger issue is that the referring dentist develops the treatment plan and is best positioned to complete the treatment necessary to the restorative standard of care. The stated purpose of the AAE's Colleagues for Excellence is to "aid dentists," and AAE members are encouraged to share it with their referring dentists. We conclude that the author's statement sets back the trust between referring dentists and specialists. Restorative care is the purview of the general dentist, and blanket statements that erode established trust will only create confusion.

Above all else respecting patient needs is essential. In order to accomplish this goal, the restorative plan of care as determined by the restorative dentist, and the unique roles required to achieve this goal, must exist in harmony with each respecting the excellence of care provided by the professional colleagues involved, and open lines of communication are essential. I strongly encourage the author as well as the AAE to reflect on the roles you have embraced within our ethical, professional guidelines and let us strive to fulfill our roles with integrity, professionalism and the highest level of care when addressing the needs of our mutual patients.

Bruce L. Cassis, D.D.S., MAGD
President, Academy of General Dentistry

[1] *Endodontics is the branch of dentistry, which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. (Adopted by NCRDSCB, May 2018)*

AAE RESPONSE TO AGD

Thank you for sharing with your membership the Fall 2020 issue of Endodontics: Colleagues for Excellence, titled "A New Look at the Endo-Restorative Interface." CFE is published by the American Association of Endodontists and provides the opportunity for endodontists to share their insights with other endodontists, general dentists and other specialists.

CFE is not an organizational policy statement.

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LETTERS *continued from Page 12*

Rather, it is intended to educate and also to spur discussion. In that spirit, we appreciate the Academy of General Dentistry expressing its concerns with regard to the present issue and are pleased to use this opportunity to provide clarity.

The AGD letter goes to the heart of what referral relationships are all about. Who performs certain procedures is determined by consensus between the referring doctor and specialist, with clear communication and mutual respect. Our common goal is to provide the best possible care for patients, putting patients first. As specialists we also want to make life easier for the doctors who refer patients.

In the CFE article, author Richard Schwartz, D.D.S., describes his own personal endodontic practice, "We do a few things for our referring doctors that readers might consider." These few things include elements of foundational restorative treatment, such as performing a "rough prep" to make it easier for the dentist who then does the restoration to refine the preparation and place finish lines, or placing a finish line for an area with deep restorations using the benefit of a surgical operating microscope that the referring dentist might not have. As Dr. Schwartz stated, "For endodontists: anything you can do to help your restorative dentists will be appreciated. For restorative dentists: your specialists should be doing things to make your life easier and helping you to be successful." It is in this vein that Dr. Schwartz refers to endodontists' performance of restorative dentistry and shares how he did so by asking "permission" and getting buy-in from referring general dentists. Nothing in the article directs endodontists to complete the permanent restoration, or to keep the patient from returning to the referring dentist for completion of treatment.

Unfortunately, the AGD letter appears to suggest incorrectly that the article calls for an expansion of the scope of practice of endodontists by cornering the market on restorative treatment. By the same breath, the AGD letter states, "The AGD is not interested in debating the 'foundational restorative treatment,'" the understanding of which was really at the heart of the collaboration between referring general dentist and specialist described by Dr. Schwartz.

We spoke with AGD officers about this and are disappointed by the misrepresentation presented in AGD's letter. However, clouds of confusion often unveil silver linings of opportunity. Thus, we appreciate the AGD bringing up this matter and our opportunity to provide some additional clarity. As Dr. Cassis stated in AGD's letter, "As experts in oral care, we work each day to improve the health of our communities by seeking opportunities to increase access to and deliver quality oral health services. Together we have taken ethical oaths to put our patients' welfare first and above all other needs." We hope that this discourse ultimately helps advance that oath.

Alan H. Gluskin, D.D.S.
President, American Association of Endodontists

DENTISTS VACCINATING

Kudos to the ADA for seeking to have our large army of dentists deputized to accelerate the pace of vaccine delivery. (ADA News, Feb. 10, "ADA to HHS: Grant Temporary Liability Protection to Dentists Who Administer Vaccines").

There are approximately 200,000 dentists in the United States, with easily that many, if not more, dental offices in the nation. Dentists are masterful in the art and science of administering injections, as well as mitigating disease transmission, due to our profession's long history of the use of personal protective equipment, hygiene, disinfection and sterilization techniques in our offices. Consider dentists the physician of the mouth.

It is obvious that we need more vaccines delivered to patients as quickly as possible. Realizing the formidable tasks of production and distribution, the dental profession has an infrastructure already in place to deliver vaccines. With our capabilities, and with virus variants emerging, please engage our skills for the greater good of the public health of our country.

Given the emergency we are facing, there is also an urgent need to streamline and unify state and federal regulations granting us permission to administer vaccines, uniformly nationwide. If we activate the "dental army," we can proceed more quickly than currently projected and hopefully get out in front of this pandemic and mitigate the transmission of the virus and save innumerable lives.

A shot in the arm can be easily accomplished. We are ready, willing and able to help win this war.

Thanks, again, to the ADA for helping to give dentists a "shot" at stopping this pandemic.

Robert G. Donahue, D.D.S.
Washington, D.C.

Editor's note: Since at least 2002, the ADA has sought to identify roles and expand options for dentists to support the nation's medical surge capacity. In 2013, the ADA successfully incorporated dentistry by name into the Pandemic and All-Hazards Preparedness Act. The ADA is now pressing the U.S. Department of Health and Human Services to issue a declaration that would temporarily authorize dentists to administer the COVID-19 vaccines in the states that do not already permit it. Dental societies are also urging their legislatures and state dental boards to allow dentists to vaccinate, with the ADA's support.

LETTERS POLICY: ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

SCIENCE & TECH

JADA+ COVID-19 Monograph launches March 8

COLLECTION FEATURES ESSAYS, PHOTOS, MORE FROM DENTISTS

BY MARY BETH VERSACI

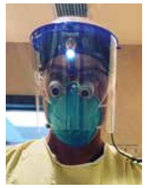
Guest editor Scott Swank, D.D.S., was surprised by some of the submissions the American Dental Association received for the JADA+ COVID-19 Monograph.

"I was expecting submissions of essays, short stories, a few poems — basically that type of material," said Dr. Swank, curator of the Dr. Samuel D. Harris National Museum of Dentistry and clinical assistant professor at the University of Maryland School of Dentistry in Baltimore. "I was pleasantly surprised by the breadth of submissions, which ranged from research-type submissions to original works of art. I especially appreciated the art. It shows just how creative dentists are."

The monograph, which will initially include 40 submissions from members of the dental community to chronicle their experiences during the COVID-19 pandemic, launches March 8 at ADA.org/covidmonograph.

Published submissions include personal essays, paintings, photographs, videos, podcast episodes, creative writing pieces and clinical observations. They are searchable by type and also by region, coming from the South, West, Northeast and Midwest, as well as outside the U.S. Most of the materials were submitted by practitioners.

"I think, overall, the monograph is verifying that the dental community's experience parallels the larger experience," Dr. Swank said. "Many of the submissions demonstrate that while initially feeling defeated, the dental community has risen above the defeatism to provide care in safe dental settings. Just as HIV/AIDS caused changes to dental treatment, dental professionals are adjusting to the changes required in providing dental treatment during the COVID-19 pandemic."



Before and after: These photos from Gary Solnit, D.D.S., of the Beverly Hills Center for Aesthetic and Restorative Dentistry in California, show what he looks like before and after donning his pandemic personal protective equipment, as he poses the question of "will my patients still recognize me?" in his submission to the JADA+ COVID-19 Monograph.

All members of the dental community, including staff, students and patients, were invited to participate in the monograph, and they can still submit items for consideration at ADA.org/covidmonograph. The ADA will continue to update the collection throughout the year with new submissions.

Dr. Swank hopes the monograph will serve important purposes both now and in the future.

"Now, I hope the monograph enables the dental community to view its shared experience. I think there's a cathartic effect in reading how others have persevered during the pandemic," he said. "In the future, I hope the monograph gets preserved as an archive to provide researchers and those who are interested in history a view of how the dental community dealt with this pandemic. Many history entities throughout the U.S. began collecting original stories of the COVID-19 pandemic to provide future generations an authentic personal insight into this pandemic. I hope the JADA+ monograph accomplishes this for the dental community." ■

—versacim@ada.org

More research needed on COVID-19's effect on oral health

BY DAVID BURGER

The ADA, American Academy of Oral & Maxillofacial Pathology and the American Academy of Periodontology agreed in a Feb. 12 press statement that there is value in additional research on oral health conditions that may be related to COVID-19.

An NBC News story in January noted a British researcher suggested "COVID tongue" may be another symptom of SARS-CoV-2.

Research published Feb. 1 in the Journal of Clinical Periodontology reported that people with COVID-19 who had severe gum disease appeared at greater risk of more severe effects of COVID-19. A different study, in the British Journal of Dermatology, published in September 2020, reported on skin and tongue abnormalities found in some patients with COVID-19.

According to the American Academy of Oral & Maxillofacial Pathology, however, the tongue conditions described in the British Journal of Dermatology article are very common conditions and may be unrelated to COVID-19.

While such lesions may not be related to COVID-19, ADA researchers note they have received reports from colleagues of similar cases from patients who have had COVID-19.

According to the press statement, "The ADA has been tracking developments of tongue and mouth issues COVID-19 patients experience since early on in the pandemic. Oral health is an important and vital part of overall health, and the ADA is continuing to examine the connection between the two as it relates to COVID-19." ■

—burgerd@ada.org

CDC: Continue to take COVID-19 precautions after being vaccinated

BY MARY BETH VERSACI

People who are fully vaccinated against COVID-19 should continue to follow recommendations from the Centers for Disease Control and Prevention to help protect themselves and others and stop the pandemic, according to the CDC.

"What does this mean for dental settings regarding all the protocols that have been put in place since dentists have returned to work? This is not the time to relax any rules — at least not yet," said Duc "Duke" Ho, D.D.S., chair of the American Dental Association Council on Dental Practice.

The risk of SARS-CoV-2 transmission from a vaccinated person to others is still uncertain, but vaccination has been demonstrated to prevent symptomatic COVID-19. Symptomatic and pre-symptomatic transmission is thought to have a greater role in transmission than purely asymptomatic transmission, according to the CDC.

"None of the currently available EUA vaccines are 100% effective," Dr. Ho said. "The lack of 100% immunity plus uncertainty about transmission means that, even if the whole office has been vaccinated, it is still important to wear appropriate personal protective equipment, watch your distance and wash your hands, even when there are not patients present in the office. Until more is known, it is recommended that all office staff continue to follow all the guidelines that were put in place for the practice pre-vaccination."

One recent change to CDC recommendations that will affect dental offices, Dr. Ho said, is that people who are fully vaccinated are not required to quarantine after being exposed to someone with suspected or confirmed COVID-19 if it is within three months of when they received their last vaccine dose and they have remained asymptomatic since the exposure, according to the CDC.

Individuals are considered fully vaccinated when it has been at least two weeks since they received the second dose in a two-dose vaccine series or one dose of a single-dose vaccine. ■

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March JADA: Dental patients with Type 2 diabetes have more peri-implant bleeding on probing and peri-implant bone loss than nondiabetic patients, but their rates of implant failure are similar, according to a systematic review and meta-analysis published in the March issue of The Journal of the American Dental Association. To read more about the cover story and the rest of the March issue, visit bit.ly/3bMgt5G.

Research finds 3.1% COVID-19 infection rate among US dental hygienists

BY MARY BETH VERSACI

An estimated 3.1% of U.S. dental hygienists had contracted COVID-19 as of October 2020, according to research from the American Dental Association and American Dental Hygienists' Association.

Their infection rate aligns with the cumulative infection rate among dentists, and compared with other groups, dental hygienists had a higher rate than the general U.S. population, whose rate was 2.3% at the time of the survey, and a lower rate than nondental health care workers.

The associations partnered for two studies, one examining hygienists' infection rates and infection control practices related to the COVID-19 pandemic and the other looking at their employment patterns. Both studies are based on hygienists' responses during the first month of an ongoing survey from the associations.

This joint research effort is the first large-scale collection and publication of data related to the impact of COVID-19 on U.S. hygienists. The studies were published Feb. 24 by The Journal of Dental Hygiene at adha.org/jdh-feb2021.

"We were pleased to collaborate with the ADA on this research that takes a closer look at the impact of the pandemic on the dental team," American Dental Hygienists' Association CEO Ann Battrell said. "The low infection rate shows us we can provide oral health care in a safe manner, which is critically important since the safety of dental hygienists and the patients they serve is of the utmost importance to ADHA and the dental hygiene profession."

The associations invited registered dental hygienists licensed in the U.S. to participate in a 30-question web survey between Sept. 29, 2020, and Oct. 8, 2020. The survey saw 4,776 respondents from all 50 states and Puerto Rico.

Of the participants, 149 had been diagnosed with COVID-19 through testing or by a medical professional, according to the study titled "COVID-19 Prevalence and Related Practices among Dental Hygienists in the United States." They were not clustered in any particular geographic region.

The study also looked at hygienists' use of enhanced infection control practices and personal protective equipment during the pandemic.

More than 99% of the responding hygienists reported their primary dental practice implemented at least one enhanced infection prevention or control effort. The most common methods were disinfection between patients, staff masking and patient screenings before treatment. The majority of respondents wore eye protection, masks, protective coverings and gloves during dental procedures.

Slightly more than half of the respondents always used PPE according to Centers for Disease Control and Prevention interim guidance that was current at the time of the survey. Consistent adherence was highest among those who were most concerned about COVID-19, had more years of experience as a dental hygienist or had higher supplies of N95 respirators or their equivalent.

"The dental team has been following strict infection control guidance since long before COVID-19," said Marcelo Araujo, D.D.S., Ph.D., a senior author of the report, chief executive officer of the ADA Science and Research Institute and ADA chief science officer. "This study is another proof point that dental care is safe for patients and dental professionals."

The second study based on the survey, "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic," looked at employment rates of hygienists, finding 8% of hygienists had left the workforce since the onset of the pandemic. Of this group, nearly 60% left the workforce voluntarily, with about half citing general concerns about COVID-19 as their reason for leaving. Other reasons included child-care issues and concerns over safety measures in the workplace.

"We know the pandemic has impacted health care workers in so many ways," said JoAnn R. Gurenlian, Ph.D., a lead author of the research and chair of the American Dental Hygienists' Association Task Force on Return to Work. "While one-quarter of the 8% of dental hygienists who left the workforce were laid off due to early dental office closures, others were faced with tough decisions around whether or not they could continue to work in a setting that requires direct patient care. It's a very personal decision. The good news is, the infection rate data shows that dental hygiene care can be delivered safely. And, with vaccine availability, we may see more opportunities for dental hygienists to return to practice."

The reduction in the dental hygienist workforce is likely to continue until the pandemic passes, according to the study.

"The pandemic is bringing unprecedented disruption to the U.S. health care sector, including in the dental workforce," said Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute. "We are continuing to examine employment patterns and the impact on the dental team, including how continued vaccine distribution will contribute to these patterns. Our research suggests once the pandemic is over, we could see employment patterns largely return to pre-pandemic levels." ■

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PRACTICE

HPI: Rural offices showing more robust recovery than urban ones

BY DAVID BURGER

The ADA's Health Policy Institute is "seeing a tale of two Americas in some of our polling data," said Marko Vujicic, Ph.D., chief economist and vice president of the Health Policy Institute.

The data show a "different response to and attitude toward the pandemic in rural areas compared to those in big cities," Dr. Vujicic said.

Rural dental offices appear to be having a more robust recovery than urban offices in the midst of the pandemic, according to data collected the week of Jan. 18 by the Health Policy Institute.

Health Policy Institute data showed that rural practices reported having 84% of their pre-COVID-19 patient volume in January, compared to 73% patient volume in the most populous 20 cities.

REASONS FOR RURAL RECOVERY

The Health Policy Institute's findings correspond with another study in late 2020 conducted by the DentaQuest Partnership for Oral Health Advancement. That study showed that rural providers were maintaining overall operations at a higher level than nonrural counterparts, said Sean Boynes, D.M.D., vice president, health improvement for the DentaQuest Partnership for Oral Health Advancement.

Dr. Boynes, who has written and presented on the challenges and opportunities of rural oral health care, offered several observations as to why studies have indicated that there are higher patient volumes in rural practices, compared to those in urban practices, at the moment.

For one, he said, rural providers are more likely to have diversified business models and accept a wider range of dental insurance or benefit models, which includes participating in value-based or alternative reimbursement structures that pay on a per-member, per-month basis.

"This provides a payment structure that is not 100% reliant on providing operative procedures (restorations, extractions, etc.) for income," Dr. Boynes said. "In order to have a sustainable business model, rural providers must see everyone in the rural environment, including Medicaid and Medicare."

Teledentistry was another reason for an uptick in rural providers' business, Dr. Boynes said.

"Even though there are limits in broadband and technology in rural environments, rural providers were more likely to embrace teledentistry," Dr. Boynes said. "In fact, our research found that rural providers were more likely than those in urban/suburban environments to use it to triage patients to prioritize care, prescribe needed medications and visually examine the teeth and mouth. Seventy-seven percent of rural providers using teledentistry platforms expect the volume of encounters to increase or stay the same over the next year."

Another reason, Dr. Boynes said, was that in many states, shelter-in-place orders and regulations to limit operations were planned on a county-by-county basis. Urban areas tended to be more subject to those limitations at the outset of the pandemic.

"So, rural counties, especially in the earlier days of the pandemic, were not as affected so they were able to maintain a higher level of operation compared to urban counterparts," he said.

Dr. Boynes opined that political leanings also could have factored into the issue, as well.

"Rural populations have demonstrated a higher skepticism of COVID-19, which may

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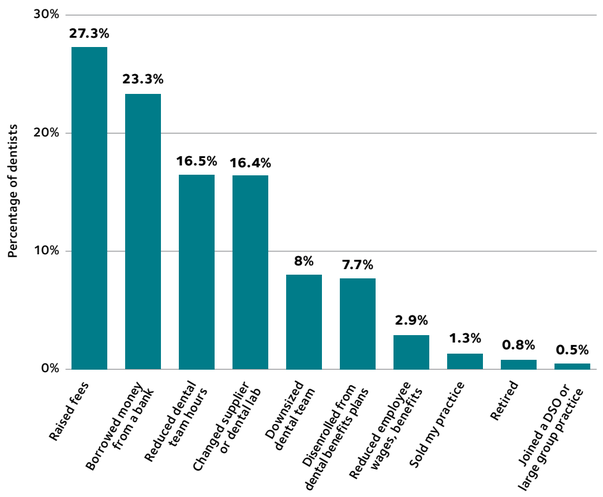
HPI CORNER

Dental practice financial stability

During the week of Feb. 15, dentists were asked if they had taken certain measures since the COVID-19 pandemic began to maintain the financial stability of their practice. Respondents were most likely to report having raised their fees, followed by borrowed money from a bank.



Source: ADA Health Policy Institute, COVID-19 Economic Impact on Dental Practices: Week of February 15, 2021. Available from: ADA.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact.

RURAL *continued from Page 16*

have allowed a lower impact on not keeping dental appointments," he said.

Lastly, Dr. Boynes said that it appeared that the movement to remote working for many businesses, especially those in urban centers, could have had an impact on urban dental providers.

"Perhaps as individuals were no longer working in a city and living in a rural commuter area, they no longer visited their dentist located near a workplace," he said.

Rural practices well-positioned

Kelly A. Braun, dental delivery systems coordinator for the Pennsylvania Office of Rural Health, studies the delivery of care in rural communities. She pointed out differences in the types of dentists found in rural and urban areas that could explain why rural dentists are on average seeing more patients return to their practices.

"Often, dentists in rural communities might be the only practice in town, meaning that there is less competition for patients," Ms. Braun said. "There are typically also fewer specialists in these regions, which could make it beneficial for dentists to offer a wider array of services. Expanded services could lead to the reduced risk of provider burnout as there is more variation day to day."

Dentists in rural areas might find fulfillment in seeing and treating all patients, Ms. Braun said, as well as enticing patients to trust them in the midst of the pandemic.

"Rural communities tend to be close-knit where activities focus on family, school, faith and community," she said. "Many of those factors can be considered to be 'protective' factors, making rural communities ideal for raising a family and having an impact locally. [Dentists] are likely to be more recognized within the community, be it at the grocery store or at their child's school. Living and working/serving in a rural community could allow for deeper relationships to form both in and out of the dental chair."

Ms. Braun echoed Dr. Boynes' comments about dentists potentially wearing many hats in rural areas, allowing them to see a variety and abundance of patients to help the bottom line.

"Rural providers may have the opportunity to offer an expanded variety of services," she said. "General practitioners might need to offer more specialized treatment in rural areas as opposed to urban areas, as patients from rural areas might not be able to access endodontists, periodontists, oral surgeons, etc."

Like Ms. Braun, Amy Martin, DrPH, chair and professor of the department of stomatology at the Medical University of South Carolina, studies rural care.

Dr. Martin said that her research indicates high levels of trust in patients with their dentists in rural areas, with them more likely to report a regular source of care or dental home than urban patients. Dentists are likely to be prominent, respected members of the community, giving them a visibility often unmatched by urban dentists, she said.

"A rural dentist has to be an excellent clinician and a member of other community groups because they don't have the convenience of anonymity," Dr. Martin said.

Dr. Vujicic looks at the year ahead.

"The ongoing recovery depends heavily on vaccine rollout success in all pockets of the country, including rural areas where there's greater vaccine hesitancy even on the dental team," Dr. Vujicic said. "Dental providers have an important role to play not only in the oral health but in the overall health of the communities they serve, now more than ever." ■

—burgerd@ada.org

ADA Member Advantage endorses Compliancy Group for HIPAA-compliance management

Compliance with the Health Insurance Portability and Accountability Act can be difficult for dental offices to navigate.

To help Association members, ADA Member Advantage has selected Compliancy Group as the exclusively endorsed HIPAA-compliance management solution.

New customers save 15% on Compliancy Group's services and receive five times bonus points on payments made using the new ADA Visa Business Rewards Card.

Compliancy Group's HIPAA software, called The Guard, along with its Compliance Coaches, guide dentists through every step of implementing an effective HIPAA-compliance program with tech support and live coaching.

By working with a dedicated coach, dentists can become HIPAA-compliant quickly through self-paced virtual meetings. The Guard stores all required HIPAA documentation, provides employee training and protects practices in the event of an audit. Once dental practices have successfully completed their compliance program, their coach verifies their efforts.

To find out more, visit compliancy-group.com/ada-hipaa-compliance, contact Kelly Koch at 1-855-854-4722, ext. 514, or email ada@compliancygroup.com. ■

ACCESS TO CARE

'The need has never been greater'

LEADERS, VOLUNTEERS STRESS IMPORTANCE OF GIVE KIDS A SMILE DURING VIRTUAL NATIONAL KICKOFF EVENT

BY KIMBER SOLANA

It was 20 years ago when a group of dentists gathered in a downtown St. Louis building — one that had been condemned and was ready to be demolished within the following month.

"Boy, don't we remember that first venue?" said Jeffrey Dalin, D.D.S., Give Kids A Smile St. Louis co-founder. "But we delivered full-service dental care to 325 children."

It was a story of the first two-day GKAS clinic that ultimately expanded nationally, thanks to the American Dental Association. Dr. Dalin shared that story during the Feb. 4 virtual 2021 GKAS National Kickoff event — a small reminder of how far the program has come, helping more than 6 million underserved kids nationally receive free dental services since 2003.

Due to the COVID-19 pandemic, the GKAS kickoff event, typically a large, in-person affair that includes volunteers providing free dental care to hundreds of children, looked a little different. Nonetheless, the 30-minute virtual event highlighted the program's mission and importance.

The remarks of leaders, sponsors and volunteers stressed one certain fact: in light of the pandemic, Give Kids A Smile is needed more than ever this year.

In 2021, nearly 1,000 programs, comprised of over 8,100 dentists and approximately 17,000 volunteers, have signed up to provide oral health services to nearly 300,000 children. These programs will be held this year with enhanced safety and infection control protocols in place.

"With the impact of the current pandemic, the need has never been greater," said ADA President Daniel J. Klemmedson, D.D.S., M.D.

To help ensure programs are safe and effective, the ADA has been able to provide program coordinators with planning resources, webinars, toolkits and donated personal protective equipment it acquired from the national stockpile.

With the support of GKAS national sponsors, Colgate-Palmolive and Henry Schein Inc., along with the support of Henry Schein's supplier partners, the ADA's GKAS program will once again provide treatment and education product kits for local volunteers to use at their events.

Among those participating this year, the Indian Health Service will collaborate with the ADA for the second year to hold events at its clinics across the U.S. Last year, IHS held 113 events across 27 states, providing nearly $700,000 worth of dental services to over 14,000 American Indian and Alaska Native children.

Meanwhile, University of North Carolina-Chapel Hill Adams School of Dentistry students on Feb. 5 focused their efforts on treating the children of their community's essential workers, including children of first responders, custodial staff, and university dining and hospitality staff.

"[They are] all of the unsung heroes that have worked so hard to keep our community afloat during one of the most difficult years," said GKAS student coordinators Hannah Smith, Sarah Morgan, Emily Bausback and Gayane Paravyan in a written statement. This year's theme was aptly called: Giving Back to the UNC Community.

The New York County Dental Society's GKAS event went virtual on Feb. 10 with dental education videos targeting lower, middle and upper school children. The group also livestreamed parent workshops to help build oral health awareness and conducted a poster contest that will identify a new oral health superhero that can be used on volunteer T-shirts next year.

"We feel that this program, while not our usual screening and fluoride treatments, will build awareness in as many, if not more, than ... the one-day event," said Deborah Weisfuse, D.M.D., GKAS NYC 2021 general chair.

The care provided at the Give Kids A Smile events throughout the country would not be possible without its national sponsors, Henry Schein Inc. and Colgate-Palmolive.

"Our partnership with Give Kids A Smile provides great synergy with our own Bright Smiles Bright Futures program, which has reached over 1.3 billion children globally," said Barbara Shearer, Ph.D., director of scientific affairs at Colgate-Palmolive Company and chair of the GKAS National Advisory Committee. "We have recently developed a new goal to reach 2 billion children by 2025, and our partnership with Give Kids A Smile will help us achieve this goal."

"Good oral health is a key component to overall health," said A.J. Caffentzis, Henry Schein Inc. president, U.S. dental distribution. "All children, regardless of their circumstances, deserve access to quality dental care and oral health education, and it's needed now more than ever in light of the pandemic."

Although GKAS was celebrated nationally in February during National Children's Dental Health Month, events take place throughout the year, such as back-to-school events held in August.

To view a recording of the kickoff event and for more information about GKAS, visit ADA.org/gkas. ■

UNC Adams School of Dentistry/Chris Pope

Service: University of North Carolina-Chapel Hill Adams School of Dentistry second-year dental student Jared Sobo sees a child during the school's Feb. 5 GKAS event. This year's theme was "Giving Back to the UNC Community."

National Academies 'strongly recommends' third revision to fluoride monograph

BY JENNIFER GARVIN

The National Academies of Sciences, Engineering, and Medicine is strongly recommending that the National Toxicology Program revise its draft monograph to make clear that "much of the evidence presented comes from studies that involve relatively high fluoride concentrations" and that the monograph "cannot be used to draw conclusions about low fluoride exposure concentrations, including those typically associated with drinking-water fluoridation."

In a report released Feb. 9, the National Academies of Sciences, Engineering, and Medicine, or NASEM, said its committee tasked with reviewing the monograph, formally titled Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects, had several concerns. These included having difficulty following the National Toxicology Program's reported methods, identifying "worrisome" inconsistencies and not being able to find some key data used in the meta-analysis as well as having concerns regarding the wording of some conclusions.

> **The United States Public Health Service and almost all major health organizations have affirmed the safety of water fluoridation.**

"It is critical for the monograph to be able to withstand scientific scrutiny by those who have vastly different opinions on the risks and benefits associated with fluoride exposure given that the issue has become highly contentious," said NASEM in a news release summarizing the new report. "Therefore, the committee strongly recommends that NTP improve the revised monograph by implementing its suggestions to improve clarity and transparency."

Jayanth Kumar, D.D.S., a member of the National Fluoridation Advisory Committee, said the findings are good news for dentistry.

"The NASEM Committee advised the National Toxicology Program to make it clear that the NTP draft monograph cannot be used to draw any conclusions regarding low fluoride exposure concentrations, including those typically associated with drinking-water fluoridation," Dr. Kumar said. "The United States Public Health Service and almost all major health organizations have affirmed the safety of water fluoridation."

NASEM's concerns mirror those of the Association. In October 2020, the ADA filed comments ahead of the committee's review of the revised monograph, urging it to support the Association's request for the National Toxicology Program to change its classification of fluoride from presumed neurotoxin to no neurotoxic health effect at low levels. In the comments, the ADA also said that currently, there is not a wide body of scientific literature examining fluoride as a potential neurotoxin and said what is available is "either lacking, unreliable, inconclusive, conflicting or subject to widespread interpretation."

The Association also pointed to NTP's own acknowledgement that its claim of "presumed" neurotoxin is based on a "low-to-moderate level of evidence" and said that if NTP moves forward with this claim, it is critical to "clearly and consistently qualify" that "the claim applies only to abnormally high levels of fluoride exposure of more than 1.5 mg/L." Fluoridated drinking water in the U.S. is set at 0.7 mg/L.

This is not the first time that NASEM has asked NTP to revise its monograph.

In 2019, the National Toxicology Program released the first draft monograph, Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects, and requested NASEM to review. In response to that request, NASEM released, Review of the Draft NTP Monograph Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health, that "identified deficiencies in the analysis of various aspects of some of the studies and in the analysis, summary, and presentation of the data in the draft monograph, provided many suggestions for improvement, and concluded that NTP had not adequately supported its conclusions," according to the report's summary.

The National Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation to solve complex problems and inform public policy decisions related to science, technology and medicine.

"Fluoridation Facts" is among a number of free ADA resources on community water fluoridation, which the ADA has supported since 1950, according to the publication. Other resources are located online at ADA.org/fluoride. ■

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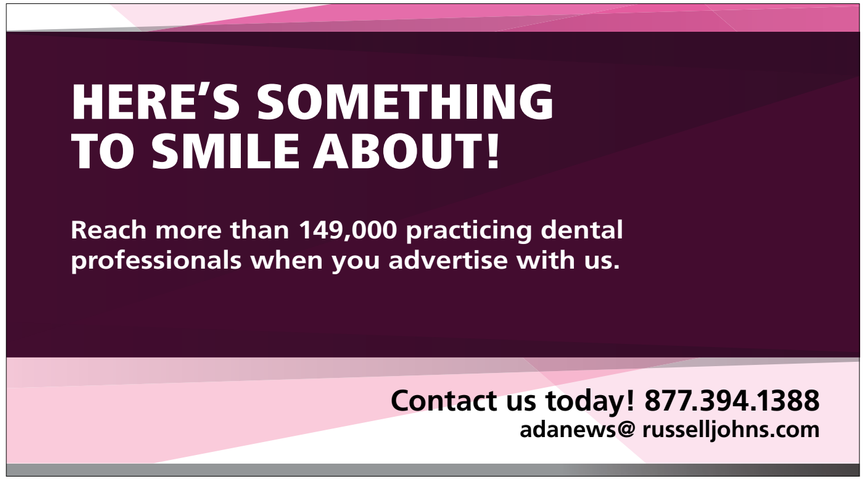

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EDUCATION

UMSOD dental students receive COVID-19 vaccines

BEN, DAN, LASHONDA AMONG THOSE PROVIDERS TO RECEIVE SHOTS

Editor's note: In November 2017, the ADA News launched Becoming a Dentist, a series of stories that follows three dental students at the University of Maryland School of Dentistry — Dan Yang, LaShonda Shepherd and Ben Horn — during their journeys to becoming dentists. See all the stories in the series at ADA.org/BeADentist.

BY JENNIFER GARVIN

Many health care providers across the country are eager to receive the COVID-19 vaccine and dental students Dan, Ben and LaShonda are no exception.

The trio of fourth-year University of Maryland School of Dentistry students — whom the ADA News has been following since their first days of school — were among those providers the university's health system helped get vaccinated. They shared their personal experiences with getting the vaccine.

"It was a very efficient process," LaShonda said. "The administration submitted the names of all patient-facing students, so we were offered the vaccine as soon as our phase was eligible. Around the end of December, I received a survey and health questionnaire. I filled it out and was sent a link to schedule an appointment. The vaccine is administered here on campus."

"The university made it super easy for us," said Dan. "I'm very thankful."

The UMSOD clinics are busy places. During the month of February, the school said an average of 200 patients were seen by the students each day.

Ben said he was relieved to receive his shots after personally experiencing COVID-19 at the end of 2020. He said he was fortunate not to experience any lingering side effects..

"My personal research showed me the risk of having COVID-19 or being re-infected with the virus outweighs any risk the vaccine may carry, and I owe it to my family, my patients and society to get the vaccine when it was offered to me," Ben said.

"COVID is here to stay," he added.

LaShonda said she's hopeful the vaccines are a step toward returning to a sense of normalcy but admitted she did have concerns early on.

"I am in a profession where I am at high risk for exposure so I felt getting the vaccine was the best choice for me," she said. "Ultimately, I think the decision to get vaccinated is a personal one. I have taken countless science courses, and even I had concerns, so I sympathize with those wading through the sea of misinformation and social media experts. But, what I will say is that you owe it to yourself to do some research before deciding against it. It is not enough to speculate."

Dan agreed, saying, "I think it was super important for me to get vaccinated. I didn't do it to set an example but to be able to do my part in helping society achieve herd immunity thereby reducing transmission and illness. I just want life to become a little bit normal again."

All three students said their first shots went smoothly but that they needed recovery time following their second, as they expected.

"I got my second vaccine on a Thursday at noon and was able to work the rest of the day and even take the kids sledding that evening," Ben said. "However, by 8 that night I started to feel the chills coming on and took Tylenol and went to bed. I was freezing all night despite sleeping with a hat on and fleece sweater. The next day I took more Tylenol and thought I was well enough to report to the dental school. By the time I got to Baltimore and parked, I was shaking with the chills and my energy was zapped. I parked and just sat there for about two hours before mustering up enough energy to drive home."

"I experienced some fatigue, body aches and a fairly persistent headache," LaShonda said. "I anticipated symptoms, though, so I scheduled my appointment for a Friday, and I was able to recover over the weekend. I felt fine by that Monday."

"My experience with the second dose was rough," Dan said. "I was bedridden the entire day after getting the shot. I had chills, fever, body aches, the works, but by late afternoon of the third day, it was OK."

The side effects were worth it, according to Ben.

"I feel privileged to have received the vaccine," Ben said. "I'm so thankful." ■

—garvinj@@ada.org

EDUCATION

Joint Commission announces successful implementation of new clinical dental licensure examination

BY KIMBER SOLANA

The Joint Commission on National Dental Examinations announced Feb. 24 the successful implementation of its new Dental Licensure Objective Structured Clinical Examination, or DLOSCE, which utilizes 3D models to assess dental licensure candidates' clinical judgment and skills without the need to involve patients.

The new DLOSCE represents a significant leap forward in new technology in the standardized assessment of aspiring dentists, according to the Joint Commission.

"The DLOSCE provides a comprehensive evaluation of the clinical judgment that is necessary to safely practice dentistry, advancing assessment technology and helping to address ethical concerns with current clinical licensure examinations," said Joint Commission chair Kanthasamy Ragunanthan, D.D.S. "We are confident that the DLOSCE will prove to be an invaluable tool to support the work of state dental boards in their mission to protect the public health."

According to the Joint Commission, unlike current clinical dental licensure examinations — and consistent with examination trends in medicine, nursing and other health professions — the DLOSCE does not require candidates to perform procedures on patients. Instead, actual patients are replaced by advanced 3D models in a controlled virtual environment.

"This examination promotes clinical fidelity, fairness, objectivity and validity at a time of great need in our country," said Dr. Ragunanthan.

In addition, the DLOSCE can decrease the risk of exposure to COVID-19 and other airborne pathogens for those involved.

Development of the examination was approved in February 2017. At that time, the DLOSCE Steering Committee was formed and charged with the task of developing and validating an examination for clinical dental licensure purposes. Governance of the DLOSCE Program was assigned to the Joint Commission in January 2020. On March 31, 2020, the Joint Commission approved a resolution making the DLOSCE available for use by dental boards in June 2020. The JCNDE has now successfully completed two administration windows for this examination, and will begin a third window on April 1. The DLOSCE is administered in partnership with Prometric, whose expertise was critical in the deployment of the examination across the United States.

> **The DLOSCE is the first dental licensure examination to employ a laser focus on clinical judgment to help protect the public.**

The Joint Commission indicates that six states have adopted regulations that permit full or partial acceptance of the DLOSCE. The DLOSCE is comprehensive in its assessment of clinical judgment, including content in the following areas: restorative dentistry; prosthodontics; oral pathology; pain management and temporomandibular disorders; periodontics; oral surgery; endodontics; orthodontics; medical emergencies; and prescriptions.

The DLOSCE is supported by content validity arguments, the same type of validity evidence used to support the Joint Commission's other examination programs, including the National Board Dental Examination Part II, the National Board Dental Hygiene Examination and the Integrated National Board Dental Examination.

At its core, the DLOSCE is designed to help dental boards protect the public health, and the Joint Commission said it believes it does so much more effectively than existing clinical licensure tools.

"The DLOSCE is the first dental licensure examination to employ a laser focus on clinical judgment to help protect the public," said William F. Robinson, D.D.S, a former member of the Florida Board of Dentistry who also served on the DLOSCE steering committee. "This is an unmatched advancement in dental licensure and will ultimately have a positive impact on the oral and overall health of the public." ■

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AROUND THE ADA

'Onward and upward': Alliance president shares family's pandemic journey

BY MARY BETH VERSACI

With the COVID-19 pandemic bringing unprecedented challenges for health care workers, Alliance of the American Dental Association President Susanne Espinosa and her husband, Ernesto Espinosa, D.D.S., have focused on getting through this health crisis as a family.

"The pandemic has had a wide range of impacts on our family, our practice, my husband, our community, etc.," said Ms. Espinosa, who co-owns Tooth or Gum Family Dentistry and Orthodontics with her husband in Hartford, Wisconsin. "Our children experienced firsthand the essential nature of their dad's job as he waded into the unknown each day to provide essential oral health care in our community."

The early days of the pandemic were difficult, as the practice limited services and the Espinosas went through much of their personal savings to keep their staff employed. They also received funding from the Paycheck Protection Program and Economic Injury Disaster Loan program, which were essential in keeping their team intact and business afloat through April and May 2020, Ms. Espinosa said.

"It was incredibly stressful as business owners," she said. "We have single moms and primary financial providers on our little team, and we did everything we possibly could to avoid having to cut their pay or furlough them."

The family also experienced firsthand the mental impact of the pandemic.

"I have had to work hard to help my husband stay positive, especially in the beginning when there was so much unknown and we had a close family member and a couple of dentists we know die by suicide," Ms. Espinosa said. "We share the burden of owning our practice together, and I cannot imagine how difficult or impossible this would have been if he had been left alone to bear it. We prioritized exercise and healthy eating to help him maintain his physical health. Our family turned to our faith for mental and emotional wellness, and it carried us through."

The family has aimed to help others during this difficult time, including by providing free lunches to children who had relied on school programs and were temporarily left without those supports when schools initially closed in March 2020.

Ms. Espinosa's efforts during the pandemic have also extended to her role with the Alliance, which has used its network to ensure trusted information can travel efficiently to dental families and formed a wellness committee that has presented webinars on topics such as financial well-being during volatile times and effective partnerships between dentists and spouses.

"As a leader of the Alliance during this time, my focus has been to keep our dental families connected," she said. "The well-being of dentists and their families is vital to the success of dentists and their practices, and as spouses, we are the essential other half of that equation."

Moving forward, the Espinosa family is continuing to look for ways to help, including through mission trips planned for this year.

"We always talk to our kids about onward and upward being the only way out," Ms. Espinosa said. "With my husband and me now vaccinated and our children in the lowest risk categories for COVID-19, we are trying to move into the most normal version of life we can to sustain and maintain their mental and emotional well-being, but more importantly, to enable us to continue looking outward for those who need our help instead of isolating and looking inward."

For more information on the Alliance of the ADA, visit allianceada.org.

To read this full story, go to bit.ly/2OfZocw. ■

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Photo courtesy of Whitney Nicole Photography

As a family: The Espinosa family — from left, Eva, 11; Elena, 14; Susanne; Samuel, 8; Ernesto; Joshua, 16; Isabella, 19; and Sophia, 13 — gathers in October 2020 at a local park in Wisconsin. The family has focused on getting through the COVID-19 pandemic together by emphasizing wellness and giving back.

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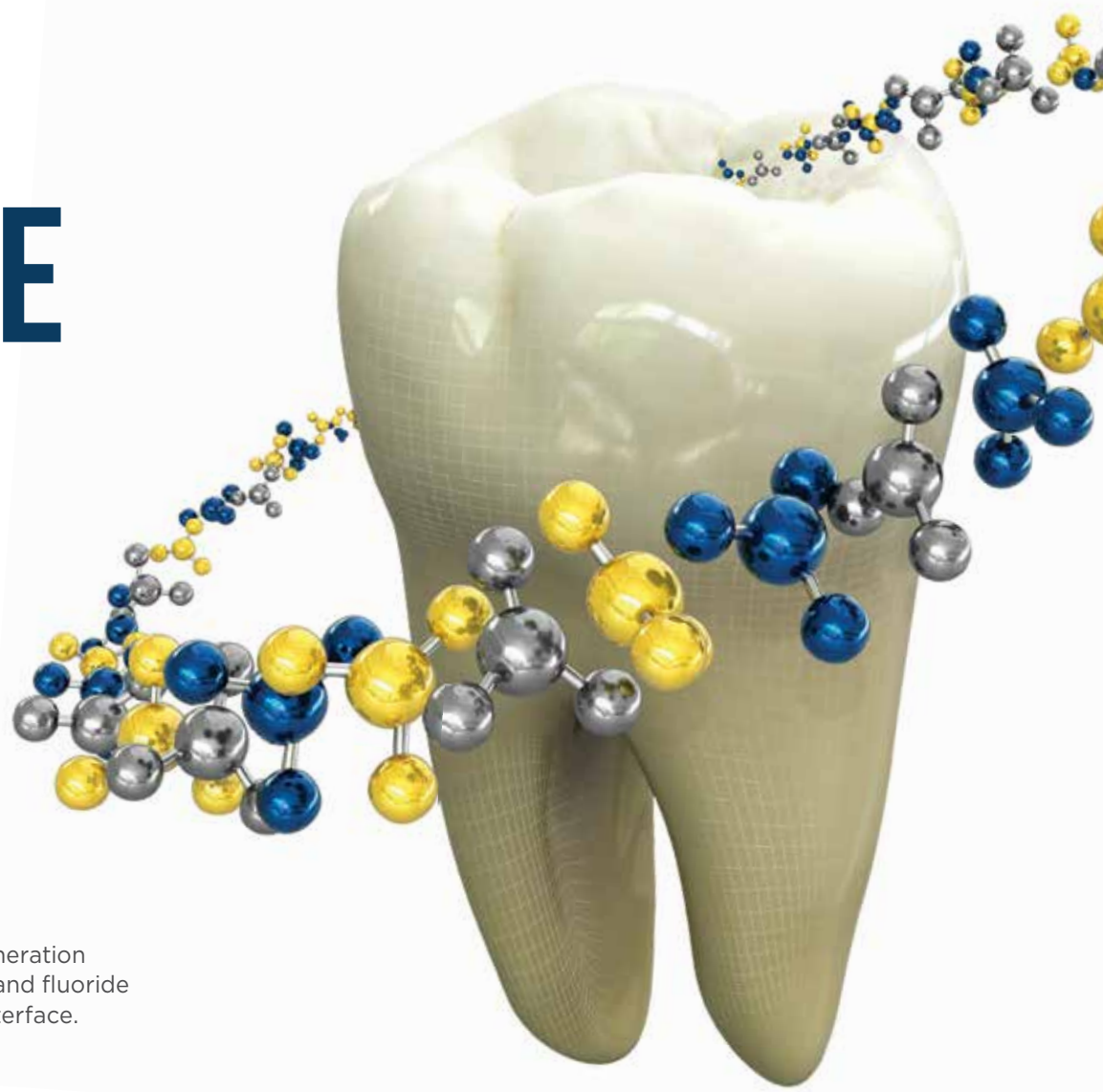

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