

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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PRACTICE

## Data breaches can happen to any person, business

### Cybersecurity experts offer best practices for protecting oneself



BY DAVID BURGER

**G**ary Salman, CEO and co-founder of Black Talon Security, has a warning for dental workplaces.

"Many practices still harbor a broken mindset, meaning they believe they are immune to breaches, thinking that it won't happen to them," he said.

Paul Redding is vice president of partner engagement and cybersecurity for Compliancy Group, the ADA Member Advantage-endorsed company that specializes in helping practices and organizations comply with regulations set forth by the Health Insurance Portability and Accountability Act Privacy Rule and the Occupational Safety and Health Administration. He

echoes Mr. Salman's warning.

"I think [a] major misconception dental practices often operate under is the mistaken belief that because you use an electronic health record or practice management software, your data is protected and your practice is compliant," he said.

Mr. Salman, whose New York-based cybersecurity firm has experience helping dental practices be mindful of expanding threats, joined Mr. Redding in providing expert tips on how to avoid data breaches by answering a number of questions about protecting oneself from being a cyberattack victim.

**ADA News:** What are typical causes of data breaches?

**Mr. Salman:** There are two primary causes of data breaches. The first attack methodology utilizes social engineering scams, such as phishing, spear phishing, SMSishing [done via text or instant messaging apps] and Vishing [using phone calls and voicemail]. These attacks typically result in users surrendering their credentials, such as usernames and passwords, or downloading malicious payloads that deploy ransomware and steal patient data. The second attack methodology involves detecting and exploiting vulnerabilities in devices such as firewalls, servers, workstations and smart devices. Hackers scan these devices without the practice's permission, identify flaws in software and hardware and

use tools to gain access to the device and its data. Once they have infiltrated the network, they spend days or weeks exfiltrating most or all of the patient data and gain access to other systems that the practice uses.

**Mr. Redding:** The reality is that your vendors are protecting themselves and the data they are directly responsible for and nothing else. Sensitive data "bleed out" of your electronic health record into many other parts of your business. When you print a record from your electronic health record, it stores a copy in the temp files on your local computer. When you receive an email from a patient, provider or employee, the data is stored with the email provider in their cloud and often on the email client on the recipient's computer.

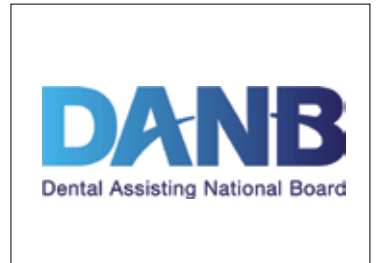
**ADA News:** Are there obvious signs a cybersecurity incident has occurred? What should dentists be on the lookout for?

**Mr. Salman:** Arriving at their office on a Monday morning, employees may find that computers either won't turn on, display a skull and crossbones on the monitor or see a ransom note indicating a ransomware attack. Other signs include servers being down, workstations malfunctioning, encrypted files on the desktop, inability to open files and the possibility of receiving phone calls from the hackers.

**ADA News:** What are practical ways dental offices can prevent data breaches from happening?

**Mr. Salman:** In addition to collaborating with their IT resources, practices should engage a dedicated cybersecurity company that works hand in hand with IT to ensure adherence to all best practices. It's also crucial that all doctors and staff complete cybersecurity awareness training, a key component of compliance with the Health Insurance Portability and Accountability Act, and undergo a security risk assessment to determine if changes are needed in their current data security policies and procedures. Real-time vulnerability scanning of computers to detect hardware and software vulnerabilities is essential. Daily scanning of firewalls to identify vulnerabilities,

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ADA members join workgroup to tackle challenges faced by team members



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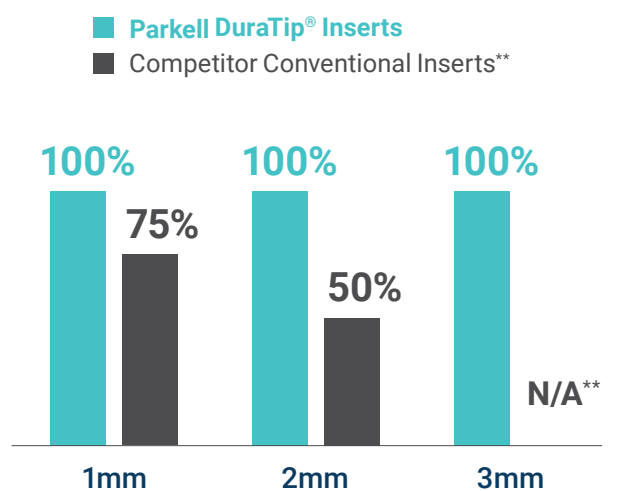
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## Nonprofit soliciting volunteers for mission trips

BY DAVID BURGER

**G**reat Shape!, a California-based nonprofit that operates its 1000 Smiles volunteer dental projects, seeks volunteers to bring free dental care to Jamaica and other overseas locations in 2024.

The organization was co-founded more than 20 years ago by Sherwin Shinn, D.D.S., recipient

of the 2013 ADA Humanitarian Award.

Great Shape!'s Spring Sealant project in Jamaica needs volunteers from April 26-May 5, when a dental team will provide sealants, fluoride varnish and oral health and hygiene education at a rural primary school.

Applications are online at [greatshapeinc.org](http://greatshapeinc.org). For more information, call 1-510-893-1751 or email [1000smiles@greatshapeinc.org](mailto:1000smiles@greatshapeinc.org). ■



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## SAFETY *continued from Page 1*

misconfigurations or open ports is necessary. Employing an ethical hacker to test the configuration and resilience of the firewall and using AI-based antivirus software to reduce ransomware risks are important steps. Maintaining clear visibility into all devices that pose a risk to the practice enables doctors to make informed, risk-based decisions. Implementing multi-factor authentication on banking, human resource systems, finance and electronic health record systems, using a domain-specific email address instead of a free Gmail or AOL account, and deploying artificial intelligence-based email security tools to preemptively detect malicious emails are critical measures.

**Mr. Redding:** When most providers think about protecting their practice from a breach, almost universally the tendency is to focus on the technology itself: antivirus, data backups, firewalls, etc. While these are certainly important, and without question should be implemented, breach prevention really begins with the realization that this can, and almost assuredly will, happen to you. Far too often we see dentists and other small practices operate under the belief that the bad guys only target large, complex organizations, and therefore their small size shields them from risk. Nothing could be further from the truth. Hackers and other bad actors want quick wins just like everyone else. Hackers are running a business. Their commodity is your data. This means they



Mr. Salman



Mr. Redding

want the fastest, easiest path to revenue just like any other business. Sure, they are going to set up a team dedicated to a year-long campaign to hack a UnitedHealth Group or similar enterprise targets, but the way they are going to fund that strategic assault is with the money they make selling the data stolen from all the small businesses that were quick, easy targets. The realization that your small practice is a target and the data you hold is valuable enough for the bad guys to come after you is the first step to breach prevention. Only after you have come to terms with this reality can you truly begin working to protect your patient data.

**ADA News:** In the last few years, are hackers getting more sophisticated in their methods?

**Mr. Salman:** Very much so. We have observed a significant increase in payroll fraud, wire fraud, email compromise and third-party breaches that subsequently impact the practice, patient care and reputation, among other issues. Criminals are leveraging AI-based

technology to create malicious code, a technique that no longer necessitates advanced coding skills from hackers. They are also utilizing technologies such as ChatGPT to craft highly convincing spear phishing emails. An example [might include] a fake referral letter that directs the recipient to a malicious link under the guise of downloading X-rays.

**ADA News:** What should dentists do if they fear a data breach has happened?

**Mr. Salman:** Immediately disconnect the network from the internet to sever the hackers' access. Encourage anyone who witnessed anything unusual or possesses relevant information to create a timeline and document their observations. This documentation may include screenshots of ransom notes and detailed accounts of events as they recall them. Contact the cyberinsurance provider without delay. Do not erase or delete any data on the system. Maintain confidentiality about the incident to prevent public knowledge of the potential cyber event. Engage a cybersecurity firm to conduct forensic analysis and assist with network recovery. Inadequate management of a cyber event can lead to severe legal and compliance repercussions. It is important to note that most IT companies prioritize restoring operations and may not fully grasp the legal implications of the breach.

**Mr. Redding:** Most people get it wrong. When faced with a ransomware attack or a hacking incident, the first thing you want to

do is contact your attorney. Yes, IT needs to jump in and stop the bleeding. Yes, your insurance is going to need to be notified. Yes, state and federal agencies have breach-reporting processes that you need to follow. That said, involving your attorney on the front end, and including them in all communications around the incident, makes these communications protected under attorney-client privilege. From day one, you should assume this incident could land you in court one day, so get your attorney involved as soon as possible.

**ADA News:** What ultimately leads to data breaches?

**Mr. Redding:** Human error and insider threats lead to 80% of all data breaches, and no electronic health record in the world can prevent a human being from doing something malicious or outright dumb. These are the reasons you have to be fully secure and compliant as an organization, regardless of what electronic health record or other application you are using to manage your business. Compliance and risk management are required for all health care providers, and no one can absolve you of this responsibility. It's your name on the door. ■

*Editor's note: The article presented here is intended for information about the broader perspective on dentistry, regardless of its alignment with the ADA's stance. Publication of this article does not imply the ADA's endorsement, agreement or promotion of its content.*

# ADA members join workgroup to address challenges faced by their team members

## Effort aims to help develop national framework for dental assistants

BY DAVID BURGER

The Dental Assisting National Board is spearheading an initiative to address workforce challenges and develop a national framework for the dental assisting profession.

Two members of the ADA Council on Dental Practice will join the Dental Assisting Professional Model Workgroup. The 16-member workgroup of dental professionals will collaborate to develop the framework.

"Dentistry is experiencing significant challenges related to the dental assisting workforce, including insufficient numbers of qualified dental assistants, which has resulted in dental practices facing reduced capacity, efficiency and productivity," according to a Dental Assisting National Board news release. "The goal of the workgroup is to address a fundamental element underlying these challenges — the inconsistency in dental assisting requirements and scope of practice from state to state."

David L. Fried, D.M.D., and Margaret S. Gingrich, D.D.S., will be the ADA's nominated representatives on the workgroup, which includes dental assistants, dentists, educators, dental hygienists and regulators nominated by the American Association of Dental Administrators, American Association of Dental Boards, American Dental Assistants Association, American Dental Education Association, American Dental Hygienists' Association, Association of Dental Support Organizations, Dental Assisting National Board, DALE Foundation, Hispanic Dental Association and National Network for Oral Health Access.

As leaders of the dental team, dentists need to ensure they are directly involved with the evolving changes in the workforce, Dr. Fried said.

"Dentistry and workforce issues are much more complex than even 10 years ago, with increases in technology, infection control and regulations," he said. "We need to have a forum to work together to ensure that the future goals of practitioners, dental assistants and business owners can be achieved while understanding that exceptional patient care is the measurable outcome. I am hoping that our input will help to create job satisfaction amongst dental assistants and help solve the shortage of staff."

Several other dentists in the workgroup, nominated by other associations and organizations, are ADA members, including Leah

Schulz, D.D.S.; Bobby Carmen, D.D.S.; Nabil Fehmi, D.D.S.; and Lenny Mayora, D.D.S.

Katherine Landsberg, the Dental Assisting National Board's director of government relations, said it was vital to bring together a diverse and comprehensive array of perspectives and expertise.

"The workgroup will be positioned to develop a framework that not only reflects the dynamic nature of dental assisting but also aligns with the evolving needs of the oral health care profession," she said.

Ms. Landsberg said state definitions of dental assistants' scopes of practice and exam, education and credential requirements shape the careers of dental assistants, but because these elements vary from state to state, there is no shared national understanding of what dental assistants do and how they can advance.

"[That] makes it difficult to attract and retain candidates looking for a long-term career," she said. "The workgroup will lay the foundation for solutions that will support dental assistant workforce recruitment, retention, development and



Dr. Gingrich



Dr. Fried

progression, while also enhancing patient care and public protection."

According to the Dental Assisting National Board, the workgroup will develop a framework that aims to:

- Elevate the dental assisting profession and attract more candidates to the field.
- Provide a road map for career growth that will support recruitment and retention of dental assistants over the long term.
- Improve the professional mobility of dental assistants from state to state.
- Increase practice efficiency and enhance access to care.
- Provide states with a straightforward framework for regulation that reflects the needs of dentistry.
- Contain definitions of dental assisting levels and scope of duties, proposed standards for the education and training of dental assistants, model legislation and regulations that can serve as a template for state legislators and regulators.

Dr. Gingrich said it is important for to have a seat at the table as the future of the dental team is shaped.

"Without [dental assistants], the unmet dental need goes far beyond what is necessary," she said. "We hope to make dental assisting a viable career that individuals will seek because of the great benefits and work environment. My hope is we can establish a way to recruit young adults and high school-aged individuals to a career in the dental field ... that can be built on and bring more to the profession." ■



# Federal agencies join ADA panel to address information exchange

BY DAVID BURGER

The ADA hosted a virtual panel discussion March 13 on dental interoperability and data exchange, showcasing gaps and opportunities related to dental health information exchange and access.

The event, featuring experts from the Office of the National Coordinator for Health Information Technology, Centers for Medicare & Medicaid Services, U.S. Health and Human Services Office of Civil Rights and the Bureau of Justice Administration, highlighted opportunities for advancing standardized health information exchange and regulating the adoption of those standardized exchanges to support seamless health care delivery.

Al Taylor, M.D., medical informatics officer at the Office of the National Coordinator for Health Information Technology, emphasized the importance of dental industry participation to enhance the United States Core Data for Interoperability to include more dental health data elements. Dental software vendors can currently pursue ONC certification to demonstrate their ability to use and exchange common health care data, such as medications, conditions and allergies.

Dr. Taylor addressed information blocking, which is a practice that inhibits the access, exchange or use of health information. He stressed information blocking can originate with the provider, the technology vendor or the information exchange itself, so no specific technology can avoid all methods of information blocking. Dr. Taylor acknowledged that while there is no requirement for all dental providers to adopt certified health information technology, the benefits to both the business and the health of patients provide a strong incentive. The ONC and ADA have a variety of resources available regarding information blocking.

Natalia I. Chalmers, D.D.S., Ph.D., chief dental officer at CMS, cited the siloed nature of dental health information technology as one of the main barriers to coordinate care between dentists and physicians. In particular, the inability of a health system to easily refer a patient to a dentist and the difficulty of information exchange between medical and dental systems can lead to unmet needs and risk of otherwise-preventable complications.

David Lewis, senior policy adviser with the Bureau of Justice Information, discussed the role of prescription drug monitoring programs in combating opioid misuse. Resources exist to allow for software to integrate with ePDMP with a one-click query to ease the burden for a provider's workflow. Data sharing across state lines removes barriers and expands access for providers to assist in safe prescribing, he said. He encouraged providers to communicate the need for these tools within their systems.

Peyton Isaac of the Office of Civil Rights discussed the Health Insurance Portability and Accountability Act and how it factors into interoperability discussions, particularly as it relates to patients' right to access their own health data. Ms. Isaac noted, however, that patients must stay informed about how their health information is protected. Some health technology, such as third-party health fitness monitoring applications, is outside the scope of HIPAA, and with the rise of telehealth, patients may also have concerns about how their provider is maintaining confidentiality and security. OCR encourages consumers to always review privacy notices and be aware of how their health information is being used.

Ms. Isaac also noted the rise in breaches related to hacking, accounting for more than 80%

of large breaches since 2021. OCR is working on modifications to the HIPAA Security Rule to strengthen cybersecurity requirements for health information.

"The ADA's panel discussion concluded with a message that integrating dental health data into broader health information environment is essential for appropriate treatment at the right time for comprehensive patient care," said

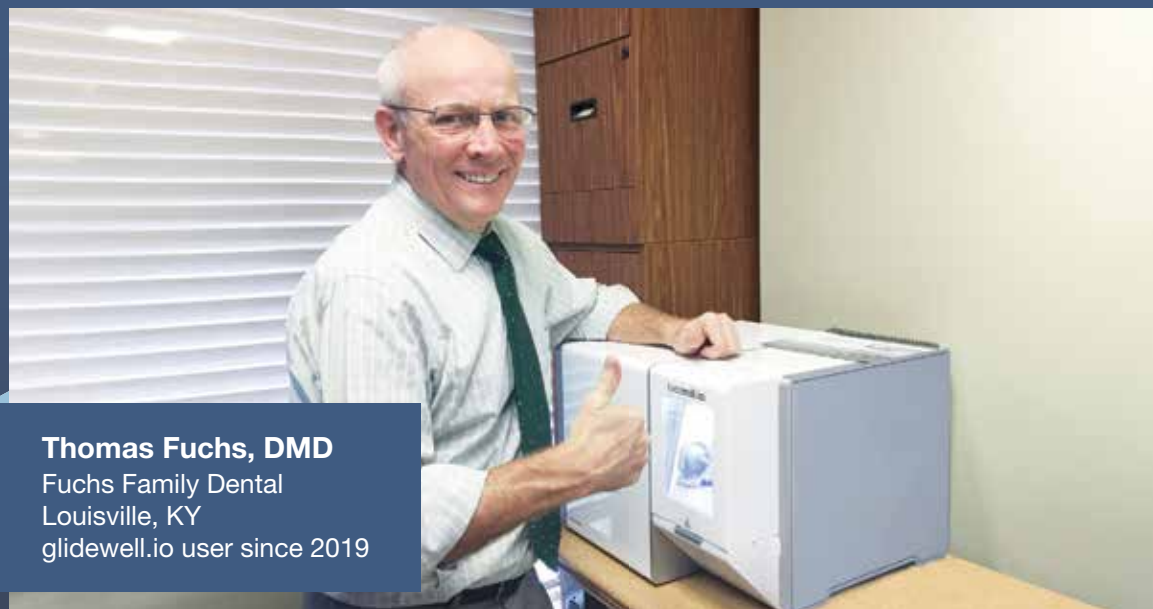
Jennifer Thompson, D.D.S., chair of the Digital Dentistry Technology and Innovation Subcommittee of the ADA Council on Dental Practice.

"Ultimately, the discussions emphasized the need for continuous collaboration between dental professionals, health information technology developers and regulatory bodies to drive interoperability, improve access to dental health services and ensure that dental practices are

equipped with the necessary tools and information to participate fully in the digital health care ecosystem. Stakeholders are encouraged to engage in ongoing dialogues and contribute to the development of standards that create the building blocks to shape the future of dental health information technology." The newly re-organized ADA Standards Program, which helps ensure quality and interoperability in dental products, processes and systems, is currently seeking volunteers to lend their expertise to its working groups.

For more information on participating in dental interoperability-related standards, email dental-practice@ada.org. ■

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# SmileCon 2024 to offer new CE formats, themes

Agenda builder will go live April 15 with course details

BY MARY BETH VERSACI

**D**entists looking to enhance their practice management, increase the care they provide to veterans or meet re-licensure requirements will have plenty of learning options at SmileCon in New Orleans.

The meeting will take place Oct. 17-19 at the New Orleans Ernest N. Morial Convention Center. Registration opens May 8, and the agenda builder with continuing education course details will be available for attendees beginning April 15.

“No matter your learning goals, SmileCon has the CE format and theme for you,” said Catherine H. Mills, vice president of continuing education and meeting engagement at the ADA.

Master classes are a new course format this year, offering a deeper focus on practice

management. From fundamentals to advanced techniques, these classes will help participants master topics crucial in their quest for practice excellence. The three-hour courses are included as part of the Platinum Smile Pass and available for an additional \$79 fee for Smile Pass holders if purchased before the early-bird discount ends May 31. Afterwards, the fee will be \$99.

Returning formats include hands-on activities, presentations and experiences.

Hands-on activities, or clinical workshops, will be led by educators and residency directors from the top dental schools in the nation. The workshops will offer insights into the theoretical foundations and scientific principles of dental practice from those who actively contribute to research in their fields and are deeply involved in clinical practice. These three-hour courses are available to Platinum Smile Pass holders for no extra charge and Smile Pass holders for an additional \$299 fee.

Presentations, ranging from 30 minutes in the Dental Team Hub of Dental Central to 1.5 hours in classrooms, will include lectures and panel discussions that share the latest information on clinical, marketing and other hot topics. Presentations are included in both the Smile Pass and Platinum Smile Pass.

Experiences will consist of experiential learning opportunities in the Dental Team Hub that are available to both Smile Pass and Platinum Smile Pass holders.

CE themes will center on innovation, wellness, re-licensure requirements and veterans' care.

Innovation courses will highlight the integration of cutting-edge technology and science in practice to help providers stay ahead of the game in the dental field. The ADA Forsyth Institute will fuel the new Innovation Hub in Dental Central.

Wellness courses will help dentists focus on their own self-care and career longevity and support the well-being of their patients and teams.

Completing state re-licensure CE credits will be easy at SmileCon, with courses designed to meet those requirements available on-site.

Courses related to veterans will empower dentists and their teams with specialized skills and knowledge to serve veterans in their community and beyond with excellence and compassion. The Give Veterans A Smile program, which will be launched nationally at SmileCon and housed within the ADA Foundation, seeks to shine a light on the unmet dental needs of veterans. SmileCon programming will include a mainstage session, courses on how to treat veterans and why they need special attention, and a panel discussion with dentists who will share their experiences caring for veterans.

To learn more and access the agenda builder beginning April 15, visit [SmileCon.org](https://SmileCon.org). ■

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*Hands-on learning: SmileCon 2023 attendees participate in a hands-on activity, or clinical workshop, during the meeting in Orlando, Florida.*





# HHS preparing return of HIPAA compliance audits

## Program last used in 2017

BY DAVID BURGER

The U.S. Health and Human Services Office for Civil Rights appears poised to re-implement its audit program that randomly checks covered entities and business associates for compliance with the Health Insurance Portability and Accountability Act.

The HIPAA compliance audit program was last used in 2017.

The Office for Civil Rights, among other roles, enforces the HIPAA Privacy, Security, and Breach Notification Rules, which protect health information privacy.

The HHS published a notice in the Federal Register in February proposing to send an online survey to covered entities and business

associates that participated in the 2016-17 HIPAA audit program. The survey will gather information related to the effect of the audits on the audited entities and their opinions about the audit process, which OCR will use to improve the audit process in the future.

The ADA Complete HIPAA Compliance Kit, available through the ADA Store, helps dentists learn how to develop and implement a

compliance program and provide HIPAA training for themselves and their staff.

The ADA Member Advantage-endorsed Compliance Group helps ADA members simplify their HIPAA compliance through an all-in-one platform that includes policies and procedures, employee training, risk assessments and more. With unlimited live support, they can help dental practices avoid HIPAA penalties. ■

## Code Maintenance Committee revises, adds new CDT codes regarding restorations, implants

BY DAVID BURGER

The Code Maintenance Committee approved a number of revisions and additions to CDT codes related to restorations and implants, among other changes, at its annual convening March 7 at ADA Headquarters in Chicago.

In all, 10 new codes and eight revisions, along with two deletions and four editorial changes, will be part of CDT 2025, which goes into effect Jan. 1, 2025.

"The committee works to ensure that the dental community has a comprehensive procedure code set," said Stacey Gardner, D.M.D., chair of the ADA Council on Dental Benefit Programs and the Code Maintenance Committee. "The annual CDT revisions are the culmination of months of deliberations among members of the Council on Dental Benefit Programs and organizations represented on the Code Maintenance Committee."

Notable among the changes is a revision of the nomenclature and descriptor of D2940 to enable a single code to document the placement of an interim direct restoration. New to CDT 2025 is inclusion of codes for dermal fillers and neuromodulators.

"Additional code additions and revisions for the next calendar year aim to provide clarification, fill gaps and address the need to have a robust dental procedure code, which makes it possible to prepare accurate and detailed patient records," Dr. Gardner said.

The CDT Code Action Request Submission and Evaluation Guidelines were established by the ADA Council on Dental Benefit Programs and are used by the Code Maintenance Committee to evaluate CDT code changes. A full list of the guidelines can be found within the CDT Code Action Request Form at [ADA.org/publications/cdt/request-to-change-to-the-code](http://ADA.org/publications/cdt/request-to-change-to-the-code). ■

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BY TOM SCHRIPEMA, D.D.S.

I've seen a number of negative reactions to the language adopted by the National Council of Insurance Legislators in model legislation regarding a medical loss ratio for dental plans. It is understandable that there would be some disappointment with not getting exactly the language that was hoped for in such a negotiation, but it is important to understand what the model legislation says and how this organization works. Accepting this language in this particular forum does not mean that the ADA has changed its position regarding the need to establish acceptable levels of loss ratio for dental plans or that this compromise represents an Association "loss" to the insurance industry. On the contrary, if it is anything, it is an acquiescence by the insurance industry to hold themselves more accountable to those who are covered by their plans.

## There's more than one way to win a race

“

**Most NCOIL model legislation balances both insurance industry and regulatory interests.**

– Tom Schripsema, D.D.S.

regulatory experience or from personal or professional ties to the insurance industry. This is important to recognize because most NCOIL model legislation balances both insurance industry and regulatory interests. In fact, it is this balance that encourages state legislatures to consider NCOIL legislation because some compromise has been pre-engineered into it.

The NCOIL legislation takes a different approach to establishing a benchmark medical loss ratio from the ballot measure in Massachusetts and legislation in several other states. Instead of establishing an immediate loss ratio, it forces the medical loss ratio to gradually increase over time. It does this by requiring dental plans that chronically under-perform to meet a medical loss ratio at the level of the mean. As more companies are required to meet a medical loss ratio at the mean, the level of underperformance that triggers a mandatory medical loss ratio becomes less. At the same time, the reporting requirement increases transparency, which makes it easier for

plan purchasers to choose plans with a higher medical loss ratio. If companies raise their medical loss ratio to remain competitive, the mean for all plans will rise, which consistently raises the bar for the under-performers.

You could think of it like grading on a curve without B's or D's. A C (the mean) might be passing, but you can't afford to aim for a C because if you end up on the wrong side of the mean, you might get stuck with an F. So, as more companies aim for between an A and a C, the mean gradually rises. Legislators like it because the market selects the winners and losers rather than the legislature. (Teachers like that too.) Insurers might be feeling like they've dodged a bullet right now, but if states adopt this legislation, they won't dodge it for long if they don't improve their loss ratio.

So why bother with NCOIL, if we're going to have to compromise? As exciting as the win in Massachusetts was, neither the states nor the ADA have the resources to pull off that kind of media-intensive battle in every state,

particularly when there are plenty of other dental benefits reforms needed. Some state associations may have enough political clout, but many need to attract the attention of legislators with a known entity like NCOIL to get the door open. Even if those states' goal is to set absolute benchmarks for medical loss ratios, the existence of the NCOIL model legislation gives the issue legitimacy in the eyes of many legislators.

I would urge everyone to take some time understanding the NCOIL model legislation before concluding that it was a bad deal for the ADA. I'm sure the ADA will support states as they pursue whatever model they think can be successfully adopted in their state, but now there is also a choice of a model legislators may find more palatable and insurers will find difficult to oppose. Keep in mind it was the tortoise that won the race, not the hare.

*Dr. Schripsema is the executive director of the New Mexico Dental Association. ■*

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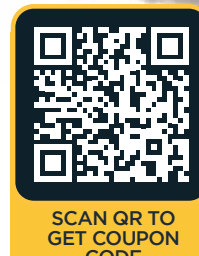
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# Student Ethics Video Contest applications due in September

ADA council has sponsored competition for dental students since 2008

BY DAVID BURGER

The deadline for entries for the 2024 Student Ethics Video Contest, sponsored by the ADA Council on Ethics, Bylaws and Judicial Affairs, is Sept. 6.

The Student Ethics Video Contest debuted in 2008 to encourage dental student engagement with the ADA Principles of Ethics and Code of Professional Conduct.

“The ADA Principles of Ethics and Code of Professional Conduct codifies the commitment to the public for maintaining professionalism and high standards of ethical conduct,” said Debra Peters, D.D.S., Council on Ethics, Bylaws and Judicial Affairs chair. “While societal situations evolve, the principles may be applied to a variety of dental dilemmas. The student video contest is an opportunity for students to express their understanding of these principles while applying them to current scenarios.”

The grand prize winner is awarded \$2,500, and the honorable mention winner receives \$1,500. Both videos will be posted to the ADA’s YouTube channel.

**“**  
**The creativity and knowledge expressed in these videos reveals a connection to the ADA Code that makes them come alive and enhance the ethical commitment to society.**  
**– Debra Peters, D.D.S.**

The videos need to incorporate or discuss one or more of the five ethical principles of the ADA Code of Ethics — patient autonomy, nonmaleficence, beneficence, justice and veracity.

The videos are judged on skill, resourcefulness, originality, entertainment and production quality, with particular emphasis on the proper interpretation of the ethical principle, code or advisory opinion portrayed in the video and the clarity of communication.

“The creativity and knowledge expressed in these videos reveals a connection to the ADA Code that makes them come alive and enhance the ethical commitment to society,” Dr. Peters said.

This year, the contest is jointly sponsored by the Student Professionalism and Ethics Association in Dentistry.

In 2023, the grand prize winner was a team of dental students from the Boston University Henry M. Goldman School of Dental Medicine. Their video, titled “Undercover Dental Justice,” is available for viewing on the ADA’s YouTube channel.



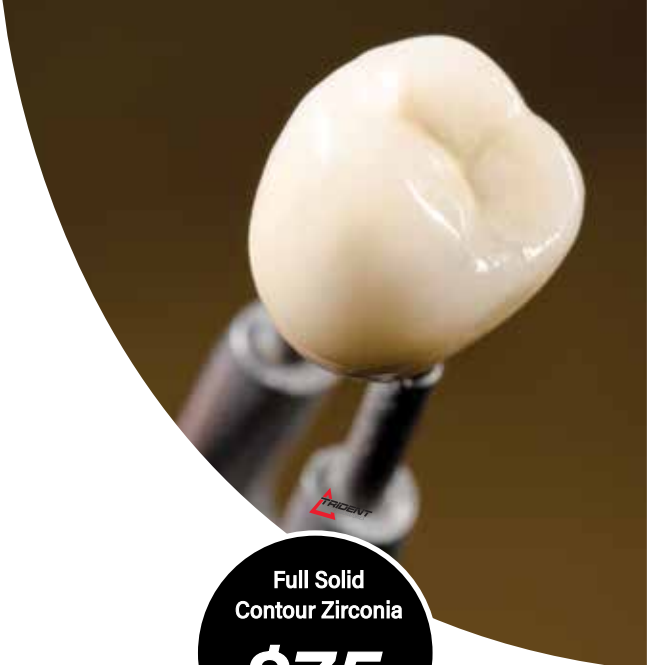
Winning: A team of dental students from the Boston University Henry M. Goldman School of Dental Medicine are in their video, titled “Undercover Dental Justice,” which displays principles found within the ADA Principles of Ethics and Code of Professional Conduct. Their video won the 2023 Student Ethics Video Contest.

For the entry form and complete contest rules, contact Daniel Franklin at franklind@ada.org. ■

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# ADA invests in two companies

## Groups produce saliva test, AI platform

BY MARY BETH VERSACI

**T**he American Dental Association has invested funds in two companies producing technologies that support dentists.

The companies include Oral Genome, which developed a salivary test that detects biomarkers associated with caries and periodontitis, and Overjet, whose artificial intelligence platform detects decay and quantifies bone loss on radiographs in real time. Both Oral Genome and Overjet have other institutional investors.

The ADA Innovation Advisory Committee, which was established in 2023 and consists of two ADA trustees and five entrepreneurs, including one dentist, advises the ADA Board of Trustees on investments and other topics related to new products and services. These investments come from ADA reserves.

“

There are other companies that offer similar products. The IAC evaluation of these companies is from a financial, not a technological or scientific, perspective. We are interested in what we believe are the strongest financial investments for the future.

— Roger Liew

“The charge of the committee is to gauge the investment potential of products, services and technology. The committee then brings its recommendations to the Board for a vote,” said Roger Liew, chair of the committee and a partner at Impact Engine, a venture capital and private equity firm. “The goal is strictly financial.”

Investment in these companies is not an ADA endorsement of their product offerings, Mr. Liew noted.

“There are other companies that offer similar products,” he said. “The IAC evaluation of these companies is from a financial, not a technological or scientific, perspective. We are interested in what we believe are the strongest financial investments for the future.”

Oral Genome’s patent-pending saliva test is available through dental providers. The testing process involves collecting saliva on a test card, snapping a photo using the mobile app and receiving instant results.

“Oral Genome’s goal is to equip providers with a seamlessly integrated technology that enhances patient care and streamlines practice processes,” said Tina Saw, D.D.S., CEO and founder of Oral

Genome. “With Oral Genome, patients gain the insights they need to navigate their oral health confidently, while providers have a tool that simplifies patient management and strengthens practice engagement.”

Overjet’s AI platform supports dentists as they diagnose oral diseases and educate patients about

their health. The platform is subject to issued patents and pending patent applications.

“As a dentist, I’m committed to continually learning and doing everything I can to enable the best possible care for patients,” said Teresa Dolan, D.D.S., chief dental officer at Overjet and member of the ADA Forsyth Institute board of directors. “I joined Overjet because, when I saw its AI technology, I knew it would become a necessary tool for every



Mr. Liew



Dr. Saw



Dr. Dolan

dentist and dental team member. Today is a special day for me because it’s proof that AI is here to stay. I’m confident that this historic investment will help improve care for millions of patients.” ■



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# 10 Under 10 Awards honor new dentists for making impact

BY MARY BETH VERSACI

**A**dvocates, professors and rising stars in organized dentistry are among this year's winners of the ADA 10 Under 10 Awards.

The ADA New Dentist Committee chose the recipients for demonstrating excellence and inspiring others in science, research and education; practice excellence; philanthropy; leadership; and advocacy. All 10 winners are ADA members who graduated dental school less than



**10 Under 10:**  
This year's winners of the ADA 10 Under 10 Awards are (top, from left) Zerita C. Buchanan, D.D.S.; Brittaney Hill, D.D.S.; Ana Keohane, D.M.D.; Roopali Kulkarni, D.M.D.; Austin Lee, D.M.D.; (bottom, from left) Brianna Muñoz, D.M.D.; Joseph Samona, D.D.S.; Martin Smallidge, D.M.D.; Rubin A. Sorrell II, D.D.S.; and Jessica C. Williams, D.M.D.

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1. Kerr M, Allen B, Park N. Clinical and radiographic evaluation of tapered implants with an aggressive reverse buttress thread and crestal microthreads: a retrospective study. For the full report, visit [glidewell.com/ht-2-year](http://glidewell.com/ht-2-year).



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10 years ago. They will receive a \$1,000 cash award and plaque.

Below are the 10 Under 10 Award winners. To learn more, visit [ADA.org/10Under10](http://ADA.org/10Under10).

**Zerita C. Buchanan, D.D.S., Lithonia, Georgia**

*University of North Carolina at Chapel Hill Adams School of Dentistry — 2014*

Dr. Buchanan launched the Dental Dreams LLC — Dental Assisting School to help increase diversity within the dental profession and provide students at historically Black colleges and universities with the economic means to pursue their dreams of entering dental school. She also serves as the assistant director of the Increasing Diversity in Dentistry pipeline program.

**Brittaney Hill, D.D.S., Chicago**

*Meharry Medical College School of Dentistry — 2015*

Dr. Hill is a clinical associate professor and the director of the pediatric dentistry post-graduate residency program at the University of Illinois Chicago. She has served as president of the Kenwood-Hyde Park branch of the Chicago Dental Society, trustee for the Chicago Dental Society Foundation and new dentist director for the Chicago Dental Society.

**Ana Keohane, D.M.D., Boston**

*Boston University Henry M. Goldman School of Dental Medicine — 2016*

Dr. Keohane is the director of urgent care at the Boston University Henry M. Goldman School of Dental Medicine. She is the chair of the Boston District Dental Society Executive Committee and has served as president of the Massachusetts Hispanic Dental Association and treasurer of the Hispanic Dental Association.

**Roopali Kulkarni, D.M.D., Philadelphia**

*University of Pennsylvania School of Dental Medicine — 2019*

Dr. Kulkarni is an assistant professor of oral medicine and the assistant director of the post-graduate oral medicine residency program at Penn Dental Medicine. She is a researcher at the World Workshop on Oral Medicine and senior fellow at the Penn Leonard Davis Institute of Health Economics.

**Austin Lee, D.M.D., San Antonio**

*Tufts University School of Dental Medicine — 2015*

Dr. Lee is a restorative dentist and the owner of Orbis Dental Group in San Antonio. He serves on the board of directors and chairs the New Dentist Committee at the San Antonio District Dental Society and serves on the Council on Governance and Peer Review Committee for the Texas Dental Association.



**AWARDS** *continued from Page 13***Brianna Muñoz, D.M.D.,  
Avon, Connecticut***University of Connecticut School of Dental  
Medicine — 2016*

Dr. Muñoz is a pediatric dentist who recently started her own practice, Twinkle Tooth Pediatric Dentistry, in Connecticut. She is the board president of the Connecticut Oral Health Initiative, a nonprofit organization that promotes access, quality and equity of oral health care at the state level.

**Joseph Samona, D.D.S.,  
Bloomfield Hills, Michigan***University of Michigan School of Dentistry  
— 2020*

Dr. Samona was born with profound bilateral sensorineural hearing loss and is committed to increasing accessibility to oral health care in the deaf and hard-of-hearing community. As one of the few deaf dentists in the nation, he created a series of videos about oral health education in American Sign Language and co-founded the nonprofit organization Michigan Deaf Health.

**Martin Smallidge, D.M.D.,  
San Antonio, U.S. Army***University of Pittsburgh School of Dental  
Medicine — 2014*

Dr. Smallidge, a major in the U.S. Army, aims to improve the oral health of U.S. military service members through organizational leadership, programs and clinical care. He is the army capability manager for dental services at Army Futures Command, Medical Capability Development and Integration Directorate, and an assistant professor at the Uniformed Services University for the Health Sciences.

**Rubin A. Sorrell II, D.D.S., San Francisco***University of California San Francisco School  
of Dentistry — 2021*

Dr. Sorrell served for 10 years in the U.S. Army, primarily with the California National

Guard. He founded Dental Robin Hood, a nonprofit organization that provides oral health resources and services to disadvantaged communities. He serves on the San Francisco Dental Society Board of Directors and Legislative Committee and as programs director for the Greater Bay Area Dental Society.

**Jessica C. Williams, D.M.D.,  
Nashville, Tennessee***University of Illinois Chicago College of  
Dentistry — 2018*

Dr. Williams is a dental public health specialist who worked in rural Iowa as part of the National Health Service Corps. She has sought opportunities to improve her patients' health on a state and national level by participating in organizations such as the Iowa Public Health Association, American Association of Public Health Dentistry, American Public Health Association and National Coalition of Dentists for Health Equity. ■



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## ADA Forsyth Institute to relocate in January 2025

**All research facilities  
will move to Somerville,  
Massachusetts**

**BY MARY BETH VERSACI**

**T**he ADA Forsyth Institute will relocate to Somerville, Massachusetts, in January 2025, bringing its research facilities together in one location.

The institute was formed in October 2023 when the ADA Science & Research Institute joined with the Forsyth Institute to become one research organization. ADASRI has research facilities in Chicago and Maryland, while the Forsyth Institute, which formed in 1910, has operated out of Cambridge, Massachusetts, for the past 15 years.

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"The formation of AFI and the relocation of its facilities to Somerville mark a transformative new chapter for oral health research and technology," said Raymond A. Cohlma, D.D.S., ADA executive director and chair of the ADA Forsyth board of directors. "We are excited about the great discoveries yet to come out of ADA Forsyth — discoveries that will empower the dental community, improve public health and define this new era in dentistry."

ADA Forsyth has signed a 15-year lease for a 76,000-square-foot space in a LEED Platinum-certified laboratory and office building. Leadership in Energy and Environmental Design is the rating system used by the U.S. Green Building Council to measure a building's sustainability and efficiency. Platinum is the highest rating.

ADA Forsyth intends to double its research capacity in the next five years. The infrastructure in its new location will help facilitate this growth.

To learn more about the institute, visit [ADA.org/Forsyth](https://ADA.org/Forsyth). ■

## April JADA finds administering ibuprofen, potassium fluoride before bleaching reduces sensitivity

BY MARY BETH VERSACI

**P**reemptively administering ibuprofen and potassium fluoride may help reduce pain associated with tooth sensitivity after bleaching, according to a study published in the April issue of The Journal of the American Dental Association.

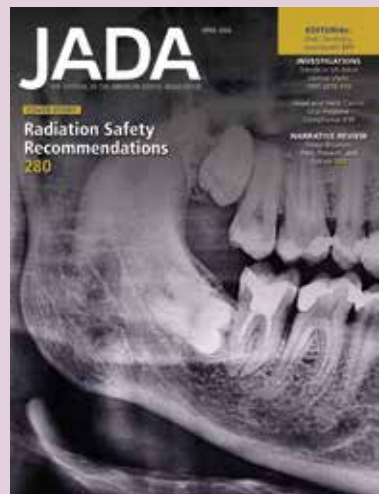
The study, "Preemptive Use of Ibuprofen and Desensitizer Decreases Immediate Tooth Sensitivity After In-Office Bleaching: A Triple-Blind, Randomized, Placebo-Controlled Clinical Trial," evaluated the analgesic effect of 400 milligrams of ibuprofen and potassium fluoride 2%, both in isolation and combination.

Patients' perception of tooth sensitivity served as the outcome measure. Sensitivity was assessed using a visual analog scale immediately after bleaching and then six, 30 and 54 hours afterwards.

The combination of ibuprofen and potassium fluoride was more effective in reducing tooth sensitivity immediately after bleaching than the placebo. The risk of developing moderate or severe tooth sensitivity was about four times higher in the placebo group than in the group that received both ibuprofen and potassium fluoride.

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

Other articles in the April issue of JADA discuss radiography safety, pediatric dental care use and sleep bruxism. The cover story, "Optimizing Radiation Safety in Dentistry: Clinical Recommendations and Regulatory Considerations," provides updated recommendations on dental imaging safety and radiation protection, including no longer using thyroid collars on patients during radiographic exams. ■



## JADA begins move to digital-only publication

BY MARY BETH VERSACI

**I**n an effort to be more environmentally friendly and keep up with a publishing field that is becoming increasingly digital, The Journal of the American Dental Association will transition to a digital-only publication over the next few years.

Beginning in March, student members of the ADA no longer received print copies of the journal,

but they continue to have full access to every article and issue posted online at [JADA.ADA.org](http://JADA.ADA.org). Many articles publish online weeks before they appear in a print issue, giving members a chance to read future issues before they are developed and printed.

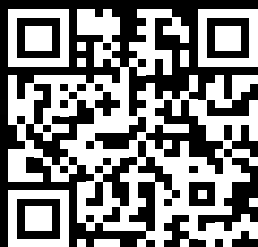
JADA will gradually reduce its print run each year. However, those who favor receiving a physical copy of the journal will be able to purchase a discounted print subscription from the ADA Store. For student members, the annual cost is \$36. ■



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# What to know about head and neck cancers

## Oral Cancer Awareness Month emphasizes importance of screenings, prevention



BY MARY BETH VERSACI

**A**pril is Oral Cancer Awareness Month, and dentists can play an important part in detecting head and neck cancers and educating their patients about ways to prevent them.

“Dentists play a crucial role in early detection of oral cancer through routine screenings,” said Alessandro Villa, D.D.S., Ph.D., chief of oral medicine, oral oncology and dentistry at Miami Cancer Institute and professor at Herbert Wertheim College of Medicine. “By conducting thorough intraoral and extraoral examinations, dentists can identify suspicious lesions that may require a biopsy at their early stages when treatment is most effective. Additionally, dentists can leverage their patient relationships



Dr. Villa

to encourage tobacco cessation strategies to prevent oral cancer.”

The ADA adopted a policy in 2018 that urges dentists to support the use and administration of the human papillomavirus vaccine, recognizing it as a way to help prevent infection of the types of HPV associated with oropharyngeal cancer.

The Centers for Disease Control and Prevention estimates 70% of oropharyngeal cancers in the U.S. may be linked to HPV. In June 2020, the U.S. Food and Drug Administration added prevention

of oropharyngeal and other head and neck cancers to the list of indications for the HPV vaccine.

“Supporting the use of the HPV vaccine and educating patients and parents about its role in preventing HPV-related oropharyngeal cancers is essential due to the rising incidence rates of these cancers in the U.S.,” said Dr. Villa, who is a member of the ADA Council on Scientific Affairs. “Dentists can effectively communicate the association between HPV and oropharyngeal cancer to their patients and parents, leveraging their trusted relationships to recommend vaccination. Research shows that a provider’s recommendation is the best predictor of vaccination uptake, emphasizing the critical role dentists play in promoting HPV vaccination as a safe and effective cancer prevention tool.”

Below are warning signs and risk factors associated with head and neck cancers, guidance on oral cancer screenings, and tips for discussing the HPV vaccine from the American Dental Association, National Institute of Dental and Craniofacial Research, and National HPV Vaccination Roundtable.

### WARNING SIGNS

Two types of oral patches could be precursors to oral cancer. Erythroplakia, or red lesions, are less common than leukoplakia, or white plaques, and more likely to become cancerous. NIDCR advises any patch that does not resolve itself in two weeks should be reevaluated and considered for biopsy.

An ADA clinical practice guideline from 2017 does not recommend using salivary and light-based adjuncts for evaluating lesions for malignancy.

Other signs or symptoms of oral cancer include a lump or thickening in the oral soft tissues, soreness or a feeling that something is caught in the throat, difficulty chewing or swallowing, ear pain, difficulty moving the jaw or tongue, hoarseness, numbness of the tongue or other areas of the mouth, or swelling of the jaw that causes dentures

to fit poorly or become uncomfortable. NIDCR recommends performing a thorough clinical examination and laboratory tests if these persist for more than two weeks and referring the patient to a specialist if a diagnosis cannot be obtained.

### RISK FACTORS

Risk factors for oral cancer include tobacco use, heavy alcohol use, age, sun exposure and diet, according to NIDCR. Tobacco and alcohol use are also risk factors for oropharyngeal cancer. HPV infection is a major risk factor for oropharyngeal cancer and a risk factor for a small percentage of other head and neck cancers, according to the ADA.

### HOW TO PERFORM ORAL CANCER SCREENINGS

Regular dental checkups are an opportunity to screen patients for oral cancer by performing a head and neck examination.

In addition to the exam, dentists should obtain a history of patients’ tobacco and alcohol use, inform patients of the association between oral cancer and tobacco and alcohol use, and follow up to make sure a definitive diagnosis is obtained on any possible signs or symptoms of oral cancer, according to NIDCR.

The head and neck exam should include the face, lips, labial mucosa, buccal mucosa, gingiva, tongue, floor and palate.

“

Dentists can effectively communicate the association between HPV and oropharyngeal cancer to their patients and parents, leveraging their trusted relationships to recommend vaccination.

### HOW TO TALK ABOUT THE HPV VACCINE

Dentists can educate the parents of their pediatric patients — starting around age 9 or 10 — about the risks of HPV and the importance of getting vaccinated to help prevent cancer. Some tips from the ADA and National HPV Vaccination Roundtable include:

- Posting information in patient waiting rooms.
- Including a question about immunizations on medical history forms.
- Beginning the conversation about the HPV vaccine while taking patients’ comprehensive health history or performing routine oral cancer screenings.
- Emphasizing cancer prevention begins with the parent.
- Being prepared to answer parents’ questions.
- Including HPV cancer prevention information on practice websites and social media pages.

For additional information and resources, visit the ADA’s Oral Health Topics page on head and neck cancer at ADA.org. ■

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# Updated Medicare toolkit available on ADA website

## ADA offers guidance for dentists who treat beneficiaries under new Medicare rules

BY OLIVIA ANDERSON

The American Dental Association has updated its website to include a new toolkit of resources surrounding Medicare and medically necessary services. This release of educational materials follows new Medicare regulations that institute payment for limited dental services deemed medically necessary prior to medical procedures, which took effect Jan. 1, 2023. No new dental benefit has been established with this change.

The toolkit includes an overview of what Medicare covers, how it is organized and what providers should know. Medicare does not cover most routine dental services, but the Centers for Medicare & Medicaid Services recently began reimbursing for dental services that are linked to the clinical success of a medically necessary procedure.

CMS notified the Association that dentists who treat patients under the limited medically necessary payment rules should choose one of the enrollment options to remain in compliance with CMS regulations.

For more information about enrolling as a participating provider or nonparticipating provider or opting out, visit each individual fact sheet.

- The procedures Medicare may cover include:
- Dental or oral exams as part of a comprehensive workup prior to covered services and medically necessary services to eliminate oral infections prior to organ transplant, cardiac valve replacement, valvuloplasty procedures and chemotherapy.
  - Dental or oral exams as part of a comprehensive workup prior to certain medically necessary services and to eliminate an oral or dental infection before or during those services; and medically necessary diagnostic and treatment services to address dental or oral complications after Medicare-covered treatment of head and neck cancer using radiation, chemotherapy, surgery or any combination of these.
  - Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor.
  - Services to stabilize or immobilize teeth related to reducing a jaw fracture.
  - Dental splints, only when used as part of covered treatment of a covered medical condition such as dislocated jaw joints.

“We understand that Medicare beneficiaries with complex conditions will be seeking care for covered services from dentists. The Centers for Medicare & Medicaid Services has notified us that providers wishing to treat the patients scheduled for these medical procedures need to be enrolled or opted out,” said Linda J. Edgar, D.D.S., ADA president.

Dr. Edgar emphasized the ADA is not asking all members to take action, only to be aware of their need to enroll, opt out of Medicare or refer to another dentist if a patient presents in their office with one of the above medical procedures. Further, these rules do not impact beneficiaries covered under Medicare Advantage usually referred to as supplemental dental benefit or part C plans.

“At the 2023 House of Delegates, the House adopted policy emphasizing that payment for dental services through Medicare to improve medical outcomes should be such that at least eight out of 10 dentists receive their full fee. The

ADA Board of Trustees took action to explore opportunities to acquire data to communicate this policy and fee guidance to CMS,” Dr. Edgar said.

Medicare, which is a health insurance program administered by CMS under the U.S. Department

of Health and Human Services, covers people aged 65 and older, people under age 65 with certain disabilities and people of all ages with end-stage renal disease, a condition that requires dialysis or a kidney transplant.

Medicare is organized into four major “parts” most relevant to dentists, which include:

- Part A covers inpatient hospital stays, skilled nursing facility stays, some home health visits and hospice care.
- Part B covers physician visits, outpatient services, preventive services and some home health visits.
- Part C refers to the Medicare Advantage program through which beneficiaries can enroll in

a private health plan and receive all Medicare-covered benefits in parts A, B and possibly D. Part D covers outpatient prescription drugs through private plans that contract with Medicare, including both stand-alone prescription drug plans and Medicare Advantage drug plans.

By statute, dentists are considered “physicians,” and regulations applicable to medical providers often apply to dentists treating Medicare-covered beneficiaries for covered services.

For more information, visit the ADA’s Overview of Medicare and Dentistry toolkit at [ADA.org/resources/practice/overview-of-medicare-and-dentistry](https://ada.org/resources/practice/overview-of-medicare-and-dentistry). ■



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# House passes Action for Dental Health Act of 2023

## Legislation would extend program through 2028

BY OLIVIA ANDERSON

The U.S. House of Representatives approved the Action for Dental Health Act of 2023, which reauthorizes the workforce and access-promoting program through 2028.

The bill, HR 3843, passed March 7 with a vote of 391-32.

The Action for Dental Health program has provided funding for the Health Resources and Services Administration oral health workforce grant program since 2018 in an effort to improve the dental workforce and access to oral health care.

Four representatives spoke in favor of the legislation when it was brought to the floor this week.

Rep. Michael Simpson, D.M.D., R-Idaho, said the bill has improved dental care, strengthened the dental safety net and brought disease prevention and education to underserved communities.

“This reauthorization is an essential step in continuing to address barriers to oral health care services that still exist, like tackling the oral health workforce issues and reducing the number of adults and children living with untreated dental disease,” Dr. Simpson said. “As a former dentist in Blackfoot, Idaho, I know that the more we can provide patients with an early diagnosis, the better off our patients and our oral health care system will be.”

Rep. Robin Kelly, D-Ill., added that oral health affects the ability to eat, speak and show emotions, as well as plays a “crucial role” in shaping an individual’s self-esteem. She noted the bill passed both the Energy and Commerce subcommittee and full committee with unanimous bipartisan support.

“Thank you for considering the Action for Dental Health Act, that I’m proud to co-lead with Rep. Mike Simpson. The Action for Dental Health Act was the first bill that I passed when I arrived to Congress, and I’m honored to see the continued support for this important piece of legislation. Oral health care is a critical part of our overall health, and preventative dental care can reduce costs for families and help so many people live better lives,” Rep. Kelly said.

# “

**Programs supported by ADH advance the important goal of decreasing dental health disparities in communities where better access to care is most needed.**

In advance of the vote, the ADA sent a grassroots Action Alert encouraging members to reach out to their representatives to urge them to vote yes on the legislation. The Association also sent a letter to House Speaker Mike Johnson, R-La., and House Minority Leader Hakeem Jeffries, D-N.Y., expressing gratitude for bringing the legislation to the floor. The letter pointed to a recent ADA survey that found 87% of dentists said recruiting for dental hygienist and assistant positions is “extremely challenging.”

It added that Action for Dental Health programs aim to mitigate these staffing difficulties, which are especially acute in underserved areas. The bill would provide federal grants for underserved populations, the ADA letter stated, particularly directed toward dental disease prevention through improved dental education, reduction of geographic and language barriers and improved access to care.

“Programs supported by ADH advance the important goal of decreasing dental health disparities in communities where better access to care is most needed,” said the letter, which was signed by ADA President Linda J. Edgar, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S. “We look forward to the advancement of HR 3843 to reauthorize the Action for Dental Health Act oral health workforce grants for innovative programs from fiscal year 2024 through fiscal year 2028.”

Follow all the ADA’s advocacy efforts at [ADA.org/Advocacy](https://ada.org/Advocacy). ■

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# ADA joins coalition letter calling for Corporate Transparency Act reporting pause

## Legislation would delay filing deadline and penalties by one year

BY OLIVIA ANDERSON

The ADA and more than 120 other trade associations are asking Congress to pause new requirements for small businesses to file ownership reports.

The Association signed on to a coalition letter calling for temporary relief from filing requirements under the Corporate Transparency Act through passing the Protect Small Business and Prevent Illicit Financial Activity Act. The Corporate Transparency Act works to mitigate money-laundering operations posing as businesses by requiring that certain small businesses that meet specific requirements report information about beneficial owners to the U.S. Department of the Treasury’s Financial Crimes Enforcement Network, or FinCEN.

These businesses, including many dental practices, have less than one year to file beneficial ownership information reports before facing penalties. Dental practices must file under the act if they either employ fewer than 20 people or generate less than \$5 million (gross receipts) in revenue annually.

This comes after a federal judge in the U.S. District Court for the Northern District of Alabama ruled that the Corporate Transparency Act is unconstitutional as Congress does not possess the authority to require companies to disclose personal stakeholder information. The ruling only affects the plaintiffs in this particular case, and the act is still in full effect for all other qualifying businesses.

The legislation would delay the Corporate Transparency Act’s filing deadline and accompanying penalties by one year. In a March 19 letter addressed to Sens. Sherrod Brown, D-Ohio, and Tim Scott, R-S.C., the coalition said the delay would allow the recent decision in National Business Association v. Yellen to work its way through the appellate and Supreme courts.

In January, the ADA wrote a letter to Sens. Chuck Schumer, D-N.Y., and Mitch McConnell, R-Ky., urging an extension of the deadline for companies to report ownership information to FinCEN. In that letter, the Association said extending the deadline would “allow FinCEN more time to educate the public on reporting and would help dental practices and other small businesses to be able to better understand what is required of them.”

The most recent letter said the delay would be consistent with congressional intent to give covered entities two years to comply with the Corporate Transparency Act’s reporting requirements and provide the business community and FinCEN, additional time to educate millions of small business owners regarding the new reporting requirements and the “onerous” penalties resulting if they fail to comply.

“The [Corporate Transparency Act] began as an earnest attempt to combat illicit financial activity but has morphed into a bureaucratic nightmare targeted squarely at America’s smallest businesses,” according to the letter. “It subjects covered entities and their ‘beneficial owners’ to vague and complex reporting requirements while putting their sensitive personal information at risk.”


The letter notes the Corporate Transparency Act originally called for a reporting deadline of “not later than two years after the effective date of the regulations” for existing entities, but

FinCEN shortened this deadline to one year in its rulemaking. It also highlights that filing under the act began in January, but fewer than 2% of covered entities have submitted their required information, likely because many small businesses are not familiar with the new law.

“A one-year delay, as called for in H.R. 5119, would give the court process time to reach a conclusion, grant small businesses much-needed time to fully understand these latest developments and afford FinCEN and the business community the opportunity to continue their

education and outreach efforts to ensure that all covered small businesses are aware of their new reporting obligations,” the letter reads.

For more information or to file a beneficial ownership report, visit [fincen.gov/boi](https://fincen.gov/boi). The deadline to file is Jan. 1, 2025. ■




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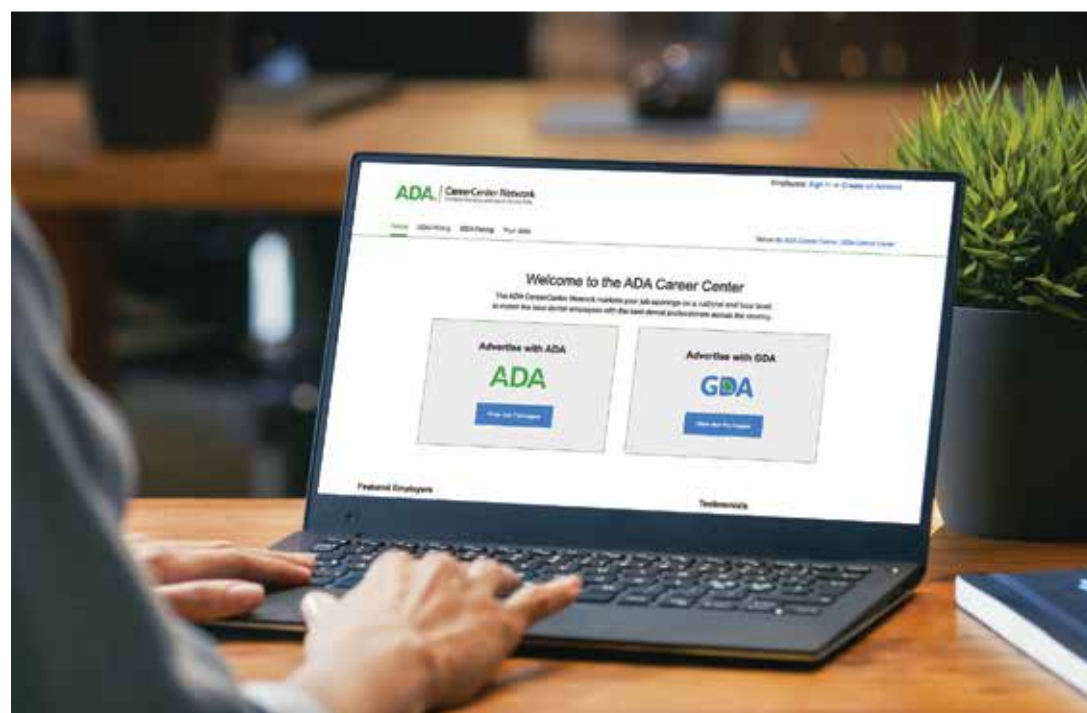
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# What exactly is the VA Dental Insurance Program?

## Veterans without dental care could be eligible for discounted private insurance

BY OLIVIA ANDERSON

**W**hile most people are familiar with the U.S. Department of Veterans Affairs, not everyone knows about the specific services the VA offers, from delivering naloxone prescriptions to housing homeless veterans. One particular program, the VA Dental Insurance Program, has arguably flown under the radar over the years — but the VA wants to change that.

Some veterans are eligible for VA health care and receive free dental care, but many do not, which has led to a perception that the VA does not provide significant dental benefits to veterans. However, the VA Dental Insurance Program can assist those ineligible or only partially eligible for free VA dental care with purchasing private dental insurance at a reduced cost.

Scott Trapp, D.D.S., VA deputy director for dentistry, said the hope is to spread awareness about the VA Dental Insurance Program and help veterans understand the full list of options when it comes to taking charge of their oral health.

"We want veterans to know about it. We want veterans to know that there are options," Dr. Trapp said. "Veterans have worked hard all their lives, and this is an option for them to get that dental benefit."

The VA Dental Insurance Program provides discounted private dental insurance for eligible

veterans and their families. Someone might qualify if they are a veteran who is enrolled in VA health care or if they are the current spouse or dependent child of a veteran or service member who is enrolled in the Civilian Health and Medical Program of the VA.

The VA Dental Insurance Program plans cover common dental procedures such as diagnostic services, preventive dental care, root canals, dental surgery and emergency dental care. The coverage costs will depend on what insurance company and plan the beneficiary selects.

The program is administered by Delta Dental and MetLife. Delta Dental offers three options: the enhanced plan, which is best for routine dental care; the comprehensive plan, which is best for those needing additional dental work; and the prime plan, which is best for those needing maximum coverage on major procedures. MetLife provides a standard option, which includes no cost for in-network cleanings, X-rays and exams, and a high option, which provides the former as well as additional protection from unforeseen dental costs.

According to Dr. Trapp, these programs offer a similar level of benefits offered to federal employees and members of Congress.

Originally established as a pilot program by the Caregivers and Veterans Omnibus Health Services Act of 2012, the VA Dental Insurance Program initially examined whether offering a

premium-based dental insurance program was feasible. The pilot ran from Jan. 1, 2014, to Jan. 31, 2017, and passage of the VA Dental Insurance Reauthorization Act of 2016 allowed the VA Dental Insurance Program to continue until Dec. 31, 2021. In September 2021, the Department of Veterans Affairs Expiring Authorities Act of 2021 became law, making the VA Dental Insurance Program permanent for eligible veterans and dependents.

"The VA recognized a need to help veterans to make sure they had access to dental care, so this option was explored," Dr. Trapp said.

Essentially, it's a way to provide affordable oral health care to veterans who might not otherwise have access to it. Receiving VA dental care benefits hinges on many factors, such as military service history, current health status and living situation. Generally, veterans must either have a dental issue that is service-connected or be based on criteria like being a former prisoner of war or having a total disability.

Even though many veterans do not qualify for comprehensive VA dental care, Dr. Trapp emphasized the VA is eager and willing to work with all veterans to give them the care they need.

"We deal with veterans that have very unique problems, and we're specialized on how to handle those problems. That's what makes our system very unique," he said.

For more information, visit [va.gov/health-care](http://va.gov/health-care). ■

## ADA program helps voters reject anti-fluoridation measure

BY OLIVIA ANDERSON

**V**oters in Rutland City, Vermont, rejected a charter change that would have stopped the city's water fluoridation program.

The ballot measure appeared on the city's Town Meeting Day ballot March 5 and failed with about 60% of the vote. There were 2,031 votes against the proposal and 1,334 in favor.

According to the Vermont State Dental Society, which has received grants from the ADA for many years to enhance its advocacy efforts, this election result can be partially attributed to the ADA's State Public Affairs program. The SPA program was founded by the ADA in 2006 to help state societies manage specific public affairs issues and opportunities. Since that time, it has evolved into a national program that has helped state dental societies bolster their communications and public affairs capabilities.

VSDS had already expended its spring 2024 grant funds to provide testimony and interviews, create a letter campaign and send dentists a one-page flyer of fluoride facts to hang in their offices before the March election. But the society eventually realized it needed to do more to achieve a successful election result.

Patrick Gallivan, executive director of the dental society, said although the dental society desired to send postcards to homes in Rutland City and place newspaper advertisements, these endeavors cost more than the State Public Affairs funds VSDS had already been granted for the year.

"I went to [the ADA] and said, 'Here's where we're at. We feel this is a good use of SPA resources,'" Mr. Gallivan said, adding he subsequently filled out a proposal. "I quickly got a response saying they were supporting the request, and they funded it right away."

Thanks to an additional \$5,000 from the ADA's SPA program, VSDS ran an advertisement in the Rutland Herald just before Election Day and sent a postcard mailer to every home in the city. Mr. Gallivan partly

attributes Rutland City voters' decision to keep fluoride in the water to support from the American Fluoridation Society and the ADA.

"I think it was a combination of efforts that made it happen. The society was really involved in strategizing all of the steps involved, and SPA helped us do that," Mr. Gallivan said.

Rutland City's water fluoridation program has been in effect since 1983, as fluoride has been proved to prevent tooth decay by rebuilding and strengthening the tooth's enamel. But this year is not the first time the issue of fluoridation has come before voters; the town previously voted against stopping water fluoridation in 2016.

"I'm amazed the more I learn about the importance of fluoride in our water that there are people that are so against it," Mr. Gallivan said. "I just feel very fortunate that the voters decided to keep doing what they've been doing since 1983 and keep fluoridating the water and keep Rutland smiling." ■



Exercise your right: The postcard mailer the dental society sent to homes in Rutland City. Designed by staff member Jenny Pitz.

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## EDUCATION

# Get to know Pitt Dental Medicine

BY MARY BETH VERSACI

**T**he U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists. This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year it was established to its total enrollment across all programs, learn more about the University of Pittsburgh School of Dental Medicine in the fact box to the right, and stay tuned for details about more schools in upcoming ADA News issues. ■



**Location:** Pittsburgh

**Year established:** 1896

**Dean:** Marnie Oakley, D.M.D.

**Total enrollment:** 398

### FUN FACT:

Pitt Dental Medicine welcomed its **first female student, Mary Glenn, in 1898**, and today, **women make up more than half** of the school's first-year predoctoral students.



*Helping hands: Pitt Dental Medicine faculty, alumni and fourth-year students, under faculty supervision, treat patients during the annual Pittsburgh Mission of Mercy, where free dental care is provided for those in need.*

Photo courtesy of Pitt Dental Medicine



# ADA symposium to empower dentists to be leaders in overall health

## Dentistry's Role in Complete Health will cover skills needed to address chronic conditions

BY MARY BETH VERSACI

A symposium hosted by the American Dental Association in June will equip dental professionals with the knowledge and skills they need to play a pivotal role in addressing chronic health conditions.

Dentistry's Role in Complete Health, taking place June 21-22 at ADA Headquarters in Chicago, is open to dentists and their team members. Led by a team of researchers, clinicians, authors and educators, the symposium will emphasize the mouth as the gateway to overall health and empower participants to be leaders in health care.

"Collaboration — both in patient care and shared learning — is necessary among the dental and medical professionals who are dedicated to making people healthy," said ADA President Linda J. Edgar, D.D.S. "The ADA is excited to welcome some of the leading voices in medicine, dentistry and oral-systemic health to this important symposium in support of this purpose."

The symposium, which is worth 11.5 continuing education credits, will cover dentists' role in addressing periodontal and periapical disease, systemic inflammation, metabolic syndrome, diabetes, cardiovascular disease, obesity, Alzheimer's and sleep disorders.

"As we know, oral health and overall health are essential," said George R. Shepley, D.D.S., past ADA president. "This symposium on dental-medical integration is crucial as it promotes interdisciplinary collaboration between dental and medical professionals, with the goal of improving compre-

- Gain competency in the application of salivary testing for the detection of oral pathogens, enhancing the ability to diagnose and manage

oral health issues with precision and evidence-based strategies.

- Engage in collaborative roundtable discussions to establish protocols for the evaluation, diagnosis and treatment of oral-systemic concerns, fostering a multidisciplinary approach to patient care and promoting holistic health outcomes.
- Explore and understand the role of dental professionals in advocating for complete health, learning how to integrate findings and collaborate with other medical specialists to significantly impact the overall well-being of patients and contribute to the improvement of the nation's health.



Dr. Edgar



Dr. Shepley

To learn more about the symposium and register, visit [ADA.org/celive](http://ADA.org/celive) and navigate to live workshops. ■



The cord in the capsule!

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The ADA is excited to welcome some of the leading voices in medicine, dentistry and oral-systemic health to this important symposium in support of this purpose.

– Linda J. Edgar, D.D.S.

hensive health and outcomes for patients. The goal is to gain a new understanding and awareness of the systemic connections between oral health and overall health and well-being.”

Through the symposium, dentists will:

- Develop proficiency in employing an integrated dental medicine checklist as a systematic tool in daily clinical practice, facilitating comprehensive patient care and health assessment.
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