



# NDA JOURNAL

Official Magazine of the Nevada Dental Association and Component Societies  
A Peer Reviewed Journal

## 1983 Statutes of Nevada, Page 1109 (Chapter 439, SB 341)

631.020 [As used in this chapter, "board"] "Board" means the board of dental examiners of Nevada.

Sec. 14. NRS 631.020 is hereby amended to read as follows:

3. If, after the hearing, the investigator determines that the board should take further action concerning the matter, he shall prepare written findings of fact and conclusions and submit them to the board. A copy of his report must be sent to the person being investigated.
  4. If the board, after receiving the report of its investigator pursuant to this section, holds its own hearing on the matter pursuant to NRS 631.630, it may consider the investigator's report but is not bound by his findings or conclusions. The investigator shall not participate in the hearing conducted by the board.
  5. If the person who was investigated agrees in writing to the findings and conclusions of the investigator, the board may adopt that report as its final order and take such action as is necessary without conducting its own hearing on the matter.
- Sec. 12. 1. The district court for the county in which any investigation or hearing is being conducted by the board may compel the attendance of witnesses, the giving of testimony and the production of books and papers as required by any subpoena issued by the board.
2. If any witness refuses to attend or testify or produce any papers required by the subpoena, the board may so report to the district court for the county in which the investigation or hearing is pending by petition, setting forth:
    - (a) That due notice has been given of the time and place of attendance of the witness or the production of the books and papers;
    - (b) That the witness has been subpoenaed in the manner prescribed in this chapter;
    - (c) That the witness has failed and refused to attend or produce the papers required by subpoena before the board in the investigation or hearing named in the subpoena, or has refused to answer questions propounded to him in the course of the investigation or hearing;
    - (d) That the subpoena identified specifically any documents or the subject of any testimony required;
    - (e) That the documents or testimony were relevant to the allegations being investigated or heard; and
    - (f) That no reasonable cause exists for the failure or refusal to comply with the subpoena, and requesting an order of the court compelling the witness to attend and testify or produce the books or papers before the board.
  3. The court, upon petition of the board, shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in its order, not more than 10 days after the service of the order, and show cause why he has not attended or testified or produced the books or papers before the board. A certified copy of the order must be served upon the witness. If it appears to the court that the subpoena was regularly issued by the board and there is no reasonable cause for the refusal or failure to comply, the court shall thereupon enter an order that the witness appear before the board at the time and place fixed in the order and testify or produce the required books or papers, and upon failure to obey the order the witness must be dealt with as if in contempt of court.
  4. The court may consider, in determining whether...

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## NDA JOURNAL

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# NDA JOURNAL

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# Why do Regulatory Boards Exist?

If one asks regulators why boards exist, the response has been the same since the first United States Supreme Court (USSC) Board case in 1899, *Dent v. West Virginia*—“to protect the public.” Justice Field’s majority opinion stated that boards were a legitimate way to protect the general welfare of people, but if a board’s requirements had no relation to this purpose, such laws would violate the Constitution.<sup>1</sup>

If one asks the same question of those directly or indirectly subject to the regulators, the response is that licensing is often used to prevent freedom and innovation, but most of all competition. That boards do these things is overwhelmingly evident when one reviews the history of litigation in the area.

regulators zealously defend their sinecures by ever increasing and creative prosecutions, always for “public safety.”<sup>3</sup>

One of the first cases demonstrating nationally that regulators may regulate in order to prevent innovation and competition is that of Dr. William Randolph Rudolph Parker, a dentist. The American Dental Association (ADA) called him “a menace to the dignity of the profession.” The California Board of Dental Examiners agreed and unsuccessfully tried to regulate away his license for many years. In spite of the regulators iterated concerns about public safety, patients flocked to Dr. Parker in droves, to the extent that he grossed over \$3,000,000 annually in his early 20th century

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Along with the rights specifically iterated in the Bill of Rights, a citizen’s most common line of defense is a fair, that is constitutional, trial.

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A less publicized reason why boards exist as part of the regulatory, administrative, and political milieu, is that regulating is a good job. The employment is generally government sponsored with all the taxpayer funded guarantees (health insurance, raises, immunity) entrepreneurs in the private sector do not have. President Obama knew the desirability and power associated with these positions when he created 130 new regulatory agencies within the Affordable Care Act.<sup>2</sup> It is not surprising that some

California dental offices. Dr. Parker’s patients called him “Painless Parker,” an appellation Dr. Parker publicized. The reason Dr. Parker was painless is that he used local anesthesia, his own compounded formula dubbed “hydrocaine.” The use of local anesthesia in dentistry was relatively rare in those days. In fact the ADA itself didn’t recommend the routine use of local anesthesia until the House of Delegates voted to do so in the 1930’s.<sup>4</sup> However, the California Board determined Dr. Parker had to be reined in. The first threat to public

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safety was that he was practicing under a false name. Dr. Parker rehabilitated himself by legally changing his name to Painless. The board then said he should not be licensed to administer local anesthesia because: "The right to administer anesthetics... should be withheld from all persons who cannot produce evidence of good moral character."<sup>5</sup> Since the California Dental Board had previously opined that Dr. Parker was not a moral character, thus unqualified to relieve pain and suffering, the board's subjective allegation had to be settled in court. Dr. Parker prevailed, as those who sue boards in actual courts of law usually do, for at least two reasons.

First, Boards usually lose when taken to court because the competitor and regulator laden panels at times attempt to unconstitutionally restrict doctors by denying this or that in laundry list fashion<sup>6</sup> (such as botulinum toxin, ozone,<sup>7</sup> lasers, hypnosis, Advanced Cardiac Life

Support certification in place of Basic Life Support certification, use of certain instruments, etc. ad infinitum) for this or that reason, all under the guise of public safety, but without any demonstrable harm whatsoever to the public.

But, more frequently and perhaps more importantly, Boards lose secondary to their unconstitutional conduct when that conduct is evaluated in a court of law instead of the regulatory arena. Regulatory losses are generally because of a lack of procedural/due process guarantees afforded by the Constitution. Along with the rights specifically iterated in the Bill of Rights, a citizen's most common line of defense is a fair, that is constitutional, trial. Boards routinely accept hearsay, anonymous, and/or conflicted testimony, none of which would be allowed in a civil or criminal court proceeding. Boards have no restrictions on the amount of time (or money) they can spend evaluating a case, while often requiring defendant

responses in days and a decision on an offer in minutes, often after leveling new accusations the doctor had not been advised about prior to the hearing. Boards always have attorneys, while legally inexperienced defendant doctors are told they aren't required or do not need to have a lawyer.

Obviously if licensees were allowed to exercise these and other constitutionally guaranteed rights, which are not granted by government, but inherent to all people, such as the right to confront accusers, present exculpatory evidence, have a jury trial, an attorney, even follow existing law (which some Boards have chosen to ignore), etc., Board hearings would turn out much differently.

In 2015, the North Carolina State Board of Dental Examiners made news when it lost at the USSC level. Prior to the decision, the ADA wrote as amicus curiae to the USSC in support of the North Carolina Board.<sup>8</sup> The ruling had little to do with the original question about tooth whitening, but instead dealt with the fact that there was no reasonable oversight of the board's conduct, in other words no one regulating the regulators,<sup>9</sup> a clear violation of Constitutional protections, but a common paradigm for Board conduct. After the decision, the ADA stated that it was unsure what level of supervision of Boards would be necessary to invoke immunity and that Boards are likely to be extremely reluctant to take actions that may subject them to legal exposure, and individual members may be justifiably concerned about possible liability.<sup>10</sup> What we can be sure of is that the unreasonable and arbitrary use of power or control, accompanied by a lack of accountability, is tyranny, and that a more constitutional forum is something boards should implement to keep, or perhaps regain, the public's trust.

Sadly, not infrequently some boards actually rule in ways that harm the public that is supposed to be protected. At the very least certain

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boards require nonsensical qualifiers for licensees which ultimately result in patients spending more time and money, which equate to less access, in obtaining services. At times board rulings have actually increased the risk of patient physical harm.<sup>11</sup> Whether such conduct is secondary to an anti-competitive agenda, professional jealousy, ignorance, or incompetence does not matter. The fact that such conduct occurs is tragic. Thankfully, such board malfeasance comes to light when licensees prevail in actual courts of law after erroneous Board convictions.

Lest anyone surmise this cautionary editorial supports regulatory anarchy, it does not. Some reasonable oversight of practitioners is necessary. Just as some boards are dangerous to the public, so are some health professionals,<sup>12</sup> in which case board intervention is welcomed by all, including ethical doctors. However, even more third-party scrutiny is necessary for regulators whose conduct can produce exponentially more public harm than a single licensee.

Abusive boards, just like the doctors they regulate, can also be held accountable in courts of law. It can be a difficult thing to sue a board, but not impossible.

Nevada dentists should be aware of two specific examples of individuals successfully prevailing against abusive regulators.

First, Jerry Tarkanian was accused of all kinds of nefarious behavior for decades by his regulators, the National Collegiate Athletic Association (NCAA). Coach Tark was second to none in his profession, achieving multiple final fours, a national championship, and the all-time best winning percentage on collegiate basketball courts, all under the cloud of unending NCAA badgering.<sup>13</sup> After his retirement, Coach Tark turned his sights on the NCAA and also left that court victoriously, with a \$2,500,000 check (Figure 1),<sup>14</sup> which was immediately donated to charity.

Closer to our own dental cottages,<sup>15</sup> ten years ago, dentist Leonard Morse was accused of Medicaid fraud. Dr. Morse not only proved his innocence, but successfully evidenced prosecutors lied at the original grand jury proceedings, and throughout the case. Dr. Morse's case changed U.S. legal jurisprudence by stripping prosecutors of their immunity when intentionally omitting known exculpatory truth.<sup>16</sup> Just last December Dr. Morse received the first of three scheduled checks (Figure 2), in addition to one to be written for legal fees.

So, once again, why do boards really exist? Ideally, it is indeed to benefit the

public. However, boards themselves will ultimately provide the answer as to what or whom they actually choose to protect. It is appalling when the public cannot trust the entity charged with ensuring licensee trustworthiness.

We know the regulators' precedence with regard to Coach Tark and Dr. Morse, whose singularly positive careers were truncated by ill-founded and unconstitutional prosecutions. Fortunately for the rest of us, Coach Tark and Dr. Morse heroically forced a level of accountability on these agency apparatuses, and the truth is now known. 🍷



Figure 1

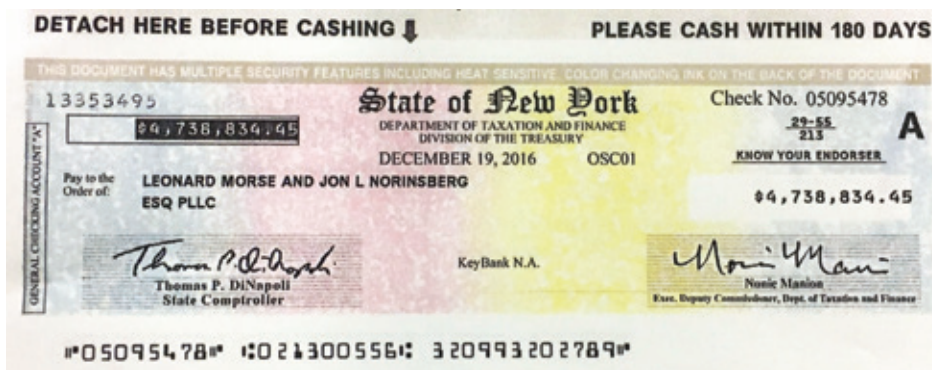


Figure 2

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# Executive Director's Summer Message

Please welcome our newest employee, Suzzi Fobbs, to the Nevada Dental Association. Suzzi has an extensive dental background and I look forward to her communication skills to help keep our members better informed on events and important issues.

As I write this, the Legislative session is not finished so we will have a full report on the bills of interest to the association from our lobbyist on the website soon and in the next Journal. Here is an update as of May 22:

## Bills that are Still Active

**SB101**, this bill, in part, prohibits licensed dental hygienists from administering Botox and prohibits a dentist from assigning the administration of Botox to any provider other than a licensed dentist. Pursuant to an amendment, in order to administer Botox, the dentist (or other qualified provider) is required to have board-approved training or certification and can only administer Botox in their office or medical facility. This bill has been amended for definitional purposes and dentists continue to be afforded the ability to provide injections (See Section 3.3 of amendment impacting *NRS 631*).

## SB509

This bill creates an optional special assessment on provider groups to fund supplemental Medicaid payments. Provider groups then vote on whether Medicaid would create a tax. The Division of Health Care Financing and Policy proposed an amendment that provides that an assessment may only be imposed upon the affirmative vote of a super-

majority of the providers in a provider group. This bill is set to be voted on by the Senate. It appears to exclude dental offices.

## AB382

This is one of the balance billing measures that requires certain hospitals, independent centers for emergency medical care, and physicians to accept certain rates as payment in full for the provision of emergency services and care to certain patients.

## SB289

This is the other balance billing measure that requires reimbursement of services provided by an out-of-network physician to a covered person upon submission of a claim for the lesser of amount billed by physician or the 80th percentile for the area. This bill is focused on the "fair health" initiative, and seeks to provide more fair reimbursements to patients. There is an amendment that clarifies when the insurer must provide reimbursement and clarifies the notice related to out-of-network services that must be provided to patients by their health care policies. This bill is exempt and not subject to upcoming deadlines.

## AB474

(Governor's Opioid Bill): This bill was amended in a few places to clarify the reporting of overdose/suspected overdoses to the state and Chief Medical Officer to be set by regulation (timelines, content, procedure); and to remove sections giving paramedics access to the Prescription Monitoring Program. (Sections 1, 5 and 6 on the reporting) Other amendments



deleted increased criminal penalties for knowingly sell Schedule II drugs, and to clarify that veterinarians are exempt.

*After amendment, the bill was referred to the Assembly Ways and Means Committee, and is now exempt.*

**SB69**

Sections of this allow the Governor to issue an executive order to expedite health care licensing, was amended, and after amended, referred to Senate Finance. The bill is now exempt. The amendment adds a new subsection (2) to Section 2 of the bill, defining factors for the Governor to consider in determining whether there is a critical unmet need warranting issuance of an executive order to expedite licensure. The factors include: (1) statistical analysis of the number of licensees in the state or a geographic area compared to the overall population of state or area; and (2) the overall demand for the services.

**SB 256**

This establishes a review panel for investigation of complaints within the Board of Dental Examiners. It was amended to make sure the three person panel included at least one dentist or one dental hygienist from the board depending if the complaint was against a dentist or a hygienist.

**AB328**

This bill establishes some limitations on the employment or retention of legal counsel for professional boards.

**Bills that Did Not Get Voted Out of Committee**

**AB213**

This was the NDA bill on non-covered services and had an excellent initial hearing, but was stonewalled by labor, insurance companies, and the health services coalition, a

coalition of gaming and labor representing 340,000 people in Las Vegas. Although the bill did not advance, bill sponsor James Ohrenschall worked with the committee Chairwoman who will be sending a letter to the interim health committee, requesting a formal review of the issues raised by NDA. Your lobbying team will also be working with members and the Division of Insurance to address issues including code bundling, decreasing provider payments, increasing premium payments, and NCOIL limitations including frequency limitations, alternative benefit payments, and other consumer hurdles.

**AB193**

This bill would have required fluoridation of the water in Washoe County. Dr. Talley and NDA strongly supported efforts but leadership decided not to allow the bill to proceed due largely to fiscal impact.

**SB334**

This bill would prohibit a dentist from using false or misleading advertising or information on the internet. Unfortunately, this bill did not make it out of the Assembly as there were questions about the language and the possibility of it having unintended consequences. There was also an opinion from the State Board of Dental Examiners that false and

misleading internet advertising is already covered under the existing statute.

**AB178**

This bill would have increased damages for employment discrimination, extended the time an employee could file wage discrimination claims, and increased record-keeping obligations for employers. NDA opposed with bill sponsor.

**AB394**

This bill would have required an employer to allow an employee to use at least six months of sick leave to take care of a sick family member. Non-compliance could have resulted in a \$5,000 fine. Ferrari Public Affairs testified on behalf of NDA, noting that while the intentions of the bill were good, the negative impact on business, such as the increased record keeping, invasion of employee privacy, and potential fines, was significant. As a result of this and other opposition from the business community, the bill died in committee.

**AB157**

This bill was a "surprise billing" bill that would have required shifting notices to the patient from both the insurer and provider on any non-emergent procedure requiring prior authorization 🦷



The Nevada Dental Association Delegation at the Washington Leadership Conference.



David White, DDS  
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# President's Summer Message

In my final journal article as Nevada Dental Association President, I would like to express how much of an honor it was to serve the members over the past year. We must remember that this circumstance was a result of tragedy within our dental community with the passing of Dr. Lynn Brosy. This should be her final journal article to the members and I can only hope that she would be proud of the decisions made by the executive committee over the past year.

About the time you read this, we will have concluded the 2017 Nevada Legislative session and traveled to Whistler for the Nevada Dental Association meeting. For more details regarding the session, please read Bob Talley's report. You can be assured we are already hard at work on the 2019 Nevada Dental Association Legislative Agenda. Over the next two years, we will be identifying issues most important to the members and preparing to identify possible bill sponsors while attempting to choose the right pony in the election cycle. However, we need your help. We need your feedback. We need to know the issues that are most important to each of you, whether you are a new dentist, a season dentist, or a specialist. Regardless of how you practice—single doctor, large group practice, or associate, this is your association and

we can only lead and fight the threats if we are aware of them. A great legislative agenda begins the day the session ends.

I'd like to thank a number of people who have mentored me over years and helped so much over the last year. First and foremost, Bob Talley our executive director. Not only are we one of the few states who has an executive director who is a dentist, but Bob was heavily involved in the ADA and NDA while practicing. His network and connections are invaluable and this allows us to operate more closely to a larger state that has a greater budget and staff. The entire NDA executive committee (Brooks, Sanders, Dragon, McAlpine Wilbur) thank you for your engagement and commitment over the past year. Fellow ADA Delegate Steven Saxe, thank you for your passion and service. Chris Ferrari, thank you for your honesty and persistence throughout the state. And thank you NDA staff.

In closing, I hope each of you enjoy your summer and are busy practicing dentistry to your desires. Please remember none of this would be possible without you—the member. So let's be great stewards and attempt to drive membership and make us better than we were yesterday! 🦷

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Regardless of how you practice—single doctor, large group practice, or associate, this is your association and we can only lead and fight the threats if we are aware of them.

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# When Boards Break the Law

By Daniel F. Royal, DO, HMD, JD



Doctors are often directly involved in the creation of Nevada Revised Statutes (NRS), at times as the principle proponents and crafters of the legislation. In this case, no one is more familiar with the reasoning and intent of the law than these authors. Occasionally, boards or others may interpret such laws in ways they were never intended to be viewed, leading to results never contemplated originally. Such misinterpretation affords another administrative option available to licensees prior to litigation in court, that of an appeal to the either the Office of the Attorney General or Legislative Council Bureau (LCB).

Pursuant to *NRS 218F.710(2)*, the LCB has been given certain powers and duties where questions of interpretations of law may arise:

**“2. Upon the request of any member or committee of the Legislature or the Legislative Commission, the Legislative Counsel shall give an opinion in writing upon any question of law, including existing law and suggested, proposed and pending legislation which has become a matter of public record.”**

Licensees who choose to appeal to the LCB for a reasonable interpretation of the law per its original intent will be subject to the LCB’s findings, as will the board or other entity appealed against. When licensees prevail in such actions, the entity found guilty of misapplying the law then may become subject to a review of all prior cases in which the law may have been misapplied, a major concern for regulatory entities.

Recently, a civil suit has been filed by the Las Vegas Dental Association against certain members of the Nevada State Board of Dental Examiners (NSBDE) and its attorney for violation of dental licensees’ 14th Amendment due process rights. Additional legal action is being considered by individual dental licensees as well. Moreover, a dental board in another state recently chose to ignore adverse findings against a former Nevada dental licensee and, after its own independent investigation, granted the licensee an unrestricted license to practice dentistry in its state. Additionally, Nevada’s Chief Medical Officer

has recommended that NSBDE rulings merely be taken under advisement rather than accepted as an accurate summation of actual events.

Currently, the Nevada Legislature is in the process of requiring the NSBDE to have an independent review panel for its complaint process. While this is a step in the right direction, NSBDE concerns will likely continue so long as its board members are not directly involved in the disciplinary complaint and informal hearing processes. Until then, the NSBDE will remain an aberration that is not in compliance with the Nevada Revised Statutes or with community standards applied by other healthcare boards in their complaint process. 🍷

**At NDAJ Press Time:**

AB328 was voted on and passed by the Nevada Senate on Saturday June 3. One of the co-sponsors of AB328 was sure the Bill wasn’t going to get through the Senate before the session deadline Monday June 5 due to all the in-fighting that occurred over other issues. AB328 now only needs to be signed by the Governor and in short makes it law that a regulatory attorney cannot be both investigator and prosecutor. Note this has always been a violation of RPC 1.7\*and a due process violation for them to do so.

If you would like to make comments regarding AB328 then click on the following link: <https://www.leg.state.nv.us/App/Opinions/79th2017/A/>. Here, one could make a positive comment regarding AB328 as well as recommend additional work that needs to be done in the future (e.g., putting healthcare boards under supervision of a centralized agency or HHS, etc.). The same could be also done for SB256 (requires the Nevada Dental Board to have a review panel in place for all of its disciplinary matters). Future work still needs to be done requiring Dental Board Members to be involved in disciplinary process from start to finish.

*Editor’s Note: American Bar Association Model Rules of Professional Conduct, Rule 1.7, Conflict of Interest: [https://www.americanbar.org/groups/professional\\_responsibility/publications/model\\_rules\\_of\\_professional\\_conduct/rule\\_1\\_7\\_conflict\\_of\\_interest\\_current\\_clients.html](https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/rule_1_7_conflict_of_interest_current_clients.html). Accessed Monday 05 June 2017*



*Dr. Roy is both a practicing homeopathic and osteopathic physician as well as a licensed attorney in Nevada. As an attorney, he serves on the Southern Nevada Disciplinary Board for the State Bar of Nevada*

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# Some Suggested Reading

## The Constitution

“No State shall enter into any... Law impairing the Obligation of Contracts...”

– *United States Constitution, Article I, section 10 (Contract Clause)*

## The Bill of Rights

“No person shall be deprived of life, liberty, or property without due process of law.”

– *Amendment V*

This provision guarantees the RIGHT of every American against the taking of life, liberty, or property without due process of law. This same provision is included in the Fourteenth Amendment to protect citizens from the states. “Due Process of law” is constitutionally based law, legal, judicial, and governmental fair play in dealing with citizens. Unconstitutional administrative law has introduced a multitude of procedures which could expose Americans to a serious loss of rights.

– *Cleon Skousen*

“The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people.”

– *Amendment X*

## The Right to Earn a Living, Timothy Sandefur

“In wording similar to the Fifth Amendment, the Fourteenth Amendment reads: “nor shall any State deprive any person of life, liberty, or property, without due process of law. In logical sequence, this means that the individual possesses life, liberty, and property to begin with, and that he may be deprived of it subsequently, only when due process standards are

met. In other words, freedom is the rule, and government action is the exception. But reversing this order... was imperative to establishing the regulatory state.”

“The Constitution was formed in large part to protect the individual’s right to pursue a business without wrongful interference, a right that was “deeply rooted in this Nation’s history and tradition.” Although this right is an old one, it embodies important liberal values of self-assertiveness and social mobility. The coming of the New Deal, and the enshrinement of its quack economic theories, required the abandonment of this long and important tradition, and a new deference to political regulation that ignored the fact that such regulatory powers are often exercised at the behest of special interest groups who prosper at the expense of those with less political power. It was to prevent this sort of political jockeying that the Constitution was written. Unfortunately, for many people today, the right to pursue happiness, by earning a living, is void where prohibited by law. That right, and those people, deserve to be protected by our courts today, just as they were protected by our courts for many centuries before the New Deal.”

– *Timothy Sandefur*

## Is Administrative Law Unlawful?, Philip Hamburger

“The danger of an administrative return to an extralegal regime becomes particularly concrete when one recognizes the potential for evasion. Administrative law evades not only the law but also its institutions, processes, and rights. The central evasion is the end run around acts of Congress and the judgments of the courts by substituting executive edicts. This suggests that there can be an alternative

system of law, which is not quite law, but that nonetheless, can be enforced against the public. As if this were not enough, the evasion also gets around the Constitution’s institutions and processes. For example, when the executive makes regulations, it claims to escape the constitutional requirements for the election of lawmakers, for bicameralism, for deliberation, for publication of legislative journals, and for a veto. Similarly, when the executive adjudicates disputes, it claims to sidestep most of the requirements about judicial independence, due process, grand juries, petit juries, and judicial warrants and orders. The judicial evasion is particularly troubling when one realizes that it escapes almost all of the procedural rights guaranteed by the Constitution. Recognizing at least the due process problem, courts and commentators sometimes suggest that administrative adjudication is subject to a lesser, administrative version of due process. It remains unclear, however, how a fraction of a right can substitute for the whole, or how the due process of administrative power in an administrative tribunal can substitute for the due process of law in a court. This is like a substitution of water for whisky, and the fact that both are liquid does not hide the evasion.”

– *Philip Hamburger*

## The Making of America: The Substance and Meaning of the Constitution, Cleon Skousen

“Anyone who says the American Constitution is obsolete just because social and economic conditions have changed does not understand the real genius of the Constitution. It was designed to control something which has not changed and will not change—namely, human nature.”



“Ever since the Interstate Commerce Commission was developed in 1887, various governmental agencies have been issuing edicts known as “administrative law.” The Congress has also passed broad enabling acts and delegated to the executive branch the power to issue “executive orders” which are enforced as “laws” even though they are never officially approved by Congress, but are simply published in the Federal Register. Today more laws are imposed on the American people by these unconstitutional and irregular means than are passed by Congress.”

– **Cleon Skousen**

**Frequently Asked Legal Questions, American Dental Association**

“Dentists and their teams must comply with a number of legal requirements in their day-to day practice. The source of these requirements may be federal, state, and/or local. At each level, there may be different layers of requirements.”

“For purposes of this book, references to “the law” are intended to include the actual law (the act, statute, bill, or legislation), any implementing regulations (or rules, etc.) and any case law. After all, you will need to comply with them all.”

– **ADA Frequently Asked Legal Questions**

**The Law, Frederic Bastiat**

“Sometimes the law defends plunder and participates in it. Thus the beneficiaries are spared the shame and danger that their acts would otherwise involve... But how is this legal plunder to be identified? Quite simply. See if the law takes from some persons what belongs to them and gives it to the other persons to whom it doesn't belong. See if the law benefits one citizen at the expense of another by doing what the citizen himself cannot do without committing a crime. Then

abolish that law without delay—No legal plunder; this is the principle of justice, peace, order, stability, harmony and logic.”

– **Frédéric Bastiat**

**Magna Carta: The Foundation of Freedom 1215–2015, Nicholas Vincent**

“The Magna Carta is arguably the greatest constitutional document in recorded history, the symbol of the subject's right to protection against the absolute authority of the sovereign. The beginnings of an independent and qualified judiciary can be seen in the Magna Carta. Judges in many legal systems have the task of applying the law to everyday situations including deciding cases about whether a government official is acting lawfully. Independent judges who apply the law without fear or favor ensure that the

rights of individuals are protected and that all people act according to the law.”

– **www.magnacartalegacy.org/magnacarta.html**, accessed 18 May 2017

**The Reagan Diaries, Ronald Reagan**

“Government is not a solution to our problem, government is the problem... Government does not solve problems; it subsidizes them. Government's view of the economy could be summed up in a few short phrases: If it moves, tax it. If it keeps moving, regulate it. If it stops moving, subsidize it... The problem is not that people are taxed too little, the problem is that government spends too much.”

“The nine most terrifying words in the English language are, ‘I'm from the government and I'm here to help.’”  
– **Ronald Reagan** 🇺🇸

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# Treasures

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# Pioneer History



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Alexander Neibaur, the first dentist in Utah, was born January 8, 1808, in Germany, the son of a Hebrew physician and surgeon. Alexander was to have entered the Jewish ministry, but instead studied dentistry in the University of Berlin, beginning practice in Preston, England. While there, he married Ellen Breakel. He was the first Jew to be converted to the Mormon faith and was baptized April 9, 1838.

Young Dr. Neibaur emigrated to Nauvoo, Illinois in 1841 where he became an active member of the Church, and prominent in Freemasonry, while setting himself up in the practice of dentistry. He advertised as follows in the (Mormon) Times and Seasons:

*“Nauvoo, August 2, 1841:  
ALEXANDER NEIBAUR—SURGEON DENTIST, from Berlin, in Prussia, late of Liverpool and Preston, England. Most respectfully announces to the ladies and gentlemen and the citizens of Nauvoo, as also of Hancock county, in general, that he has permanently established himself in the city of Nauvoo, as a dentist, where he may be consulted daily, in all branches connected with his profession. Teeth cleaned, plugged, filled and scurva effectually cured, children’s teeth regulated, natural or artificial teeth from a single tooth to a whole set inserted on the most approved principles. Mr. Neibaur, having an extensive practice both on the continent of Europe, as also in England, for the last 15 years, hopes to give general satisfaction to all those who honor him with their patronage.*

*Mr. B. Young having known Mr. N. (in England) has kindly consented to offer me his house to meet those ladies and gentlemen who wish to consult me. Hours of attendance from 10 o’clock in the morning to 6 at evening.*

*My residence is opposite Mr. Tidwell, the cooper, near the water. Ladies*

*and gentlemen attended at their own residence if requested. Charges strictly moderate.”*

Alexander Neibaur spoke and wrote fluently in Hebrew, French, and German languages, read Latin and Greek, and spoke some Spanish. He came to Utah September 20, 1848 and erected his own house on which he hung his professional shingle as Utah’s First Dentist.

The first number of the Deseret News, published in Salt Lake City, June 16, 1850 carried the following:

*“A. Neibaur, Surgeon Dentist, 3rd street east, 2nd south of the Council House, will attend to all branches of his profession. The scurvy effectually cured.”*

Alexander Neibaur’s daughter, Mrs. Sarah Ellen Neibaur O’Driscoll, 93, Kamas, Utah, recently said: “In addition to countless extractions my father had about one hundred and fifty patients in Utah, including Brigham Young and family and the families of other Church leaders; he also filled the teeth of Elisa, daughter of Bishop Hunter, and those of the daughter of Governor Frank Fuller.

He usually used a dental turnkey, an implement with a hinged claw on a gimlet-shaped handle, for extracting teeth by twisting; but he later obtained forceps. These instruments were subsequently turned over to Dr. Washington F. Anderson. Cavities in decaying teeth were cleaned with a suitable pick and filled with alum and borax and then sealed with beeswax; the only anesthetic was laudanum. He was seldom paid in money; but accepted beet molasses, corn meal and pigweed greens. Much of his work was donated to widows and to others who could not pay.”

Dr. Alexander Neibaur passed away December 15, 1883 after a long and distinguished career.

—Mrs., Mazie Bohi

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<b>HOLE/TEE SPONSOR</b> .....	<b>\$1,350</b>
<ul style="list-style-type: none"> <li>• Recognition during Tournament and Award BBQ</li> <li>• One (1) foursome reservation to play</li> <li>• Tee Signage including invitation for company representation on course</li> </ul>	
<b>FOURSOME</b> .....	<b>\$940</b>
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<b>BBQ LUNCH SPONSOR with foursome</b> .....	<b>\$2,400</b>
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## EVENT DETAILS

**7 A.M.** Breakfast & Golfer Check-in  
**7:45 A.M.** Shotgun Start/Tee Time  
**12:30 P.M.** BBQ Lunch, Beer, Raffle  
 Winners & Awards (*est. time*)

**Format:** Scramble  
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# Event Calendars



June 2017			
6/22-24	NDA Annual Summer Meeting	Whistler, British Columbia	
July 2017			
7/18	NDA Executive Committee Meeting	Video Conference	6pm
7/24-25	President Elect Conference (McAlpine)	Chicago, IL	
August 2017			
8/3-5	Western States President's Conf. (Pres, Pres Elect, ED)	Idaho	
8/18-20	Caucus 1(ADA delegates, Alternates, ED)	Denver, CO	
September 2017			
9/19	NDA Executive Committee	Video Conference	6pm
October 2017			
10/19-23	ADA Annual (ADA Delegates, Alternates, ED)	Atlanta, GA	
November 2017			
11/21	NDA Executive Committee	Video Conference	6pm
11/30-12/2	ADA Lobbyist Conference	San Antonio, TX	

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**Summer CE Café Series – Free Member Event**

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6/28	Dr. Steven Saxe "Dental Infections"	Implant Direct	6pm
<b>July 2017</b>			
7/26	Implant Direct – "Forensic Implant Dentistry"	Implant Direct	6pm
<b>August 2017</b>			
8/23	Dr. Ed DeAndrade "Soft tissue Grafting"	Implant Direct	6pm

*Dinner will be provided by Implant Direct*

<b>June 2017</b>			
6/13	Delegate Pre-Mtg. & NNDS Executive Committee	161 Country Estates Cir, #1B, Reno	5:30pm
<b>July 2017</b>			
7/11	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
<b>August 2017</b>			
8/8	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
8/10	NNDS Open House BBQ Picnic	Bartley Ranch Regional Park, Reno	5:00pm



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Jessica Beason

jessica.beason@sndsonline.org

# SNDS Executive Director's Message

I can't believe how time fly's as we wrapped up the 2016–17 season. I must give a special thanks to Dr. Tina Brandon-Abbatangelo for her mentorship and positive spirit this last season as our SNDS President. Her enthusiasm, and sincere desire to see the Dental Society succeed was inspiring. As her year ended on May 1, we welcomed Dr. Richard Featherstone as our new SNDS President. Dr. Featherstone brings us many years of involvement in organized dentistry and we will lean on his expertise to help us to grow and evolve as a local society that serves its members. Dr. Featherstone toasted the start of his year with the Installation of Officers gathering at the Peter Lik art gallery in the Venetian. This was a great social enjoyed by all.

This coming year you can expect to see more changes as we strive to meet members needs for continuing education, comradery, and benefits.

partners to hear about services and products right for you—and walk away with some freebies. This fall we will kick off our CE with a Financial and Tech Symposium on October 5–6. This will be a great opportunity to get some sound business education applicable for both business and personal decisions. The event will also feature a top tech showcase of new and must have items for your office. We will have a great lineup of CE topics to meet your educational credit needs throughout the season, the full schedule will be released soon.

If you have not yet signed in to your member exclusive web portal, you don't want to miss this! Take advantage of your new member benefits. Take a minute to share a case in the HIPAA compliant Community, this is a great way to learn from your colleagues, show off your work and talk through the challenging cases. Take a tour through

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**The SNDS has a commitment to serve our members. As we are committed to growth we want to hear from you!**

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We start off our season with an exciting Summer CE Café schedule. The CE Café series offers a total of 8 free CEU's to members (see the event calendar for details). This is a member exclusive benefits that has a value of \$400 and a great way to take advantage of your membership. This fall you can expect to see a change in dinner meetings. Dinner meetings will now offer attendees two CEU's! Also at member request we are bringing back Community Night in September. This is a great opportunity to come out and socialize with other members as well as connect with our corporate

the education center, meet your team of advisors and find an upcoming event on the event schedule. If you have questions on how to get started feel free to call us at the SNDS office.

The SNDS has a commitment to serve our members. As we are committed to growth we want to hear from you! Your feedback and suggestions are important! You can reach out to me personally or talk to a SNDS board or committee member. Hope you all enjoy a fantastic Vegas summer, i.e. find a pool, or take a vacation somewhere! 🦷

## 2017-18 Executive Committee

### Executive Board

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#### President-Elect

Joseph Wineman, DMD

#### Secretary

Robin Lobato, DDS

#### Treasurer

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Tina Brandon-Abbatangelo, DDS

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Robin Reinke, DDS

Gregory Hunter, DMD, MD

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Richard Featherstone, DDS

# SNDS President's Summer Message

**V**alue seems to be the key word when it comes to organized dentistry—The American Dental Association, Nevada Dental Association and the Southern Nevada Dental Society.

The national organization has many benefits that some of us don't know about just forget to take advantage of. In the member center, there are resources for all kinds of management issues that affect us every day. Questions about insurance company denials? A chat line is available. OSHA and HIPAA manuals are all you need to get to compliance. Want to brush up on how to terminate an employee? It's there. Then there are ongoing hidden benefits. The House of Representatives passed

access to qualified dentists. Dental issues come up every year, and they are there to represent our concerns.

The Southern Nevada Dental Society is a community of dentists. We all benefit through association and friendship to support each other and socialize. Our first effort at holding the installation of officers as a mixer event was very enjoyable at the Peter Lik Gallery at the Venetian. We mingled and talked to one another when that opportunity is so rare as dentists. Rick Dragon, vice president of the Nevada Dental Association flew down from Reno to join us and foster our links to the mission of our societies. The folks at Peter Lik feted us with wine and food and gifts with two raffles.

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**My focus this year will be increasing our membership by improving our services as well as reaching out to non-members in new ways.**

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again the repeal of the McCarren-Ferguson law that effectively creates a monopoly of insurance companies, giving them protections that are abusive to dentists and certainly now archaic. The ADA lobbyists spent energy and effort on our behalf to move this forward. Who knows—another try in the Senate may have success.

The Nevada Dental Association also hires services of a lobbyist to help push the health and wellbeing of Nevada residents by protecting their

Last year, Tina Brandon-Abbatangelo served us as our president. She had a huge task of orienting our new executive director, Jessica Beason, to the systems and culture of the society. She spent countless hours and personal resources to provide theme and fun to eight dinner meetings. She decorated tables herself, and bought goodies to take home to remember the occasion. She oversaw the adoption of the Meridian portal to be available on the SNDS website which will provide local resources



for clinical, technical, and financial advice and services. A quarterly magazine called "My Practice" will be sent to all Nevada dentists to help recruit new members and provide timely articles and resources for practice assistance. Thank you Tina.

The prior year saw president J. B. White travel many times to Carson City to shepherd a bill that challenged insurance companies' stranglehold on non-covered serviced fees. We have made inroads thanks to him and our NDA lobbyist Chris Ferrari. We are working for you. We need your support to continue our progress.

My focus this year will be increasing our membership by improving our

services as well as reaching out to non-members in new ways. I am excited about the Meridian portal soon to come. I love to post clinical problems and ask for advice as well as brag about my successes, and we are set up to do just that. What a great opportunity to grow and share our experiences with each other on a HIPAA compliant web site.

We have a new goal of treating three hundred children at the Give Kids a Smile event next year. This will be a huge increase over last year. If you volunteered last year and didn't have enough to do, we will fix that. Joe Wineman will be heading up the project and we promise success. Wishing you all a great 2017-2018 year. 🦷

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Dental Practice Broker

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Summer 2017

27



Lori Benvin  
nnds@nndental.org

# News from the Northern Nevada Dental Society

Summer is just around the corner and fortunately it will be welcomed by the good dose of water and snow we were blessed to receive this winter. On June 1 our new NNDS officers will be in place but thanking our outgoing President Dr. Maggie Heinen is something I wouldn't want to forget to mention. Thank you Dr. Maggie for your volunteerism and hard work this year as NNDS President; your commitment to serve your fellow colleagues, attend and engage in meetings for the betterment of dentistry, your support for me and my role as your Executive Director, and your involvement for this society and association was outstanding. Thank you ! We hope you will continue in leadership in some capacity for the Nevada Dental Association.

Congratulations on our new officers, committee chairs, and new Chief Delegate Dr. Steve Sims. You all will serve organized dentistry well and the NNDS.

Northern Nevada Dental Health Programs has news to share. Firstly, our Healthy Smile Healthy Child program will have a new partner once this journal is published. We will have a grand reopening announcement in the Fall 2017 issue, but wanted to share our preliminary ecstatic news announcing our children's program will reopen in August of this year. Any providers of our children's program who would like to receive referrals again or who now want more information about participating please contact this office. Secondly, our Adopt a Vet Dental program has now expanded with the opening of a dental clinic at Truckee Meadows Community College. TMCC Dental Clinic has partnered with us,

along with the help of the William Pennington Foundation, to assist us with the growing wait list of veterans who need dental care. While we wholeheartedly appreciate the 110+ volunteer dental providers of our program who have treated close to 900 veterans and over \$4,000,000 in pro-bono dental care in their offices, the need is too great. This partnership with TMCC has been incredible and with the help of retired dentists Dr. Joe McElhinney, Dr. Bob Devin, and oral surgeon Dr. Tom Myatt the waitlist of veterans is productively being addressed. The TMCC dental assisting students are learning so many additional skills with the 'live' patients and really enjoy helping our veterans. Please visit our Facebook page at [www.facebook.com/northernnevadadentalhealthprograms](http://www.facebook.com/northernnevadadentalhealthprograms).

Finally, I'd like to thank our members who renewed their tripartite membership dues and who were so receptive to my emails these past few months to renew. Membership Chair Dr. Eric Pendleton and I appreciate your membership and we hope to offer the types of benefits you need in your practice. If there is something we could do better, please don't hesitate to share that with us.

Watch for our upcoming events and continuing education opportunity flyers and notifications in your mailbox, your email box, and Facebook. We have some excellent education coming up and our annual Open House Picnic and Spouses/Guest/Family night coming up in August and September. If you are not receiving them please contact the NNDS directly or email me at [nnds@nndental.org](mailto:nnds@nndental.org). ☺

## Welcome Newest NNDS Members

**Austin Cope, DMD – General**

**Sara Hakim, DDS – General (rejoined – welcome back!)**

**Trent Gookin, DDS – General**

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**Spencer Fullmer**  
nnds@nndental.org

# NNDS President's Summer Message

As an avid skier, I knew 2017 would be a special year when a local Tahoe area ski resort received 359 inches of snow in the month of January alone. With record breaking momentum such as this setting the tone for the year to come, we of the NNDS are on a definite high. It is my privilege and honor to serve this next year as president of the NNDS.

Nearly five years ago, I moved my wife, daughters, and son to Nevada. We had just finished our endodontic residency at Ohio State. We were eager to move back west to what has always felt like home. It wasn't long before I received a phone call asking me to be the CE Chair for the NNDS. Although I hadn't had the chance yet to meet many people, I jumped at the opportunity. From then until now, it's been a joy being a part of such a positive, cohesive group of professionals who have like-minded goals. I've learned a great deal.

We in the presidency, have large shoes to fill. However, we have been well mentored. Dr. Maggie Heinen has served this last year as president, working very hard to put, and keep our society in the wonderful position that we now find ourselves in. All members of the NNDS thank Dr. Heinen for everything she has done this year. Our immediate past president Dr. Brandi Dupont has also been key to putting us, and keeping us on track.

This upcoming year promises to be a continuation of excellence that our predecessors had started. Dr. Adam Welmerink will be serving as our

Vice President. Dr. Craig Andresen will be serving this year as our new Secretary/Treasurer, with Drs. Jason Doucette and Ryan Falke serving as Member-at-Large. Dr. Eric Pendleton will be continuing as our Membership Chair, and Dr. Erin Anderson will continue as our New Dentist Committee Chair.

Of course, I can't say enough about the "glue that holds us together" that is our Executive Director, Lori Benvin. Through the efforts of all, we are very proud of what we have to offer our ever growing number of members. Our members enjoy important advocacy on many levels. Our peer review program has proven to be efficient and mutually beneficial for all parties who have taken part in it. The continuing education courses we have planned for the upcoming year are comprehensive and diverse, just like our members. We will have CE courses on topics from restorative dentistry, to OSHA and infection control training, to bringing in Dr. Stanley Malamed to teach us how to handle emergencies.

Our society also acts as a catalyst for members to get involved in volunteerism to serve less fortunate individuals. All of these opportunities are provided at a now lower cost to them—something we are proud to do for our deserving members. The future of our society is bright, as is the future of dentistry in general.

Again, I feel honored and privileged to serve our members for this upcoming year, and am eager to embrace what the future holds for all of us. 🦷





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## ADMISSIONS AND STUDENT AFFAIRS

The Class of 2017 held their Senior Gala and Awards Event at the Keep Memory Alive Event Center on May 10. The School of Dental Medicine Commencement and Hooding Ceremony took place on May 12. Thirty-three out of a total of 74 members of the Class of 2017 will be going into associateships/private practice in the state of Nevada. Eleven members of this year's graduating class will be practicing in California. SDM graduates will be also working in Alaska, Colorado, Florida, Louisiana, New Jersey, Texas, Washington, and Canada. Dr. Irina Sharp was named the Class Valedictorian.

Acceptances to a specialty/residency for the Class of 2017 are as follows:

Dental Anesthesiology: 1

Dental Public Health: 1

Orthodontics: 1

Pediatrics: 1

Oral Surgery: 2

Army/Air Force/Navy: 4

GPR /AEGD 5

Aakash Gupta, Class of 2018 was named the recipient of the Dr. Thomas P. Nowlin Scholarship. Ecsile Chang, Class of 2017 was the recipient of the Lucy Hobbs Project Scholarship. Kristi Agari, Class of 2018 was awarded the Leta M. Orr Scholarship. The Dean's Scholarship was granted to Jaydene McDaniel, Class of 2019.

Congratulations to the UNLV School of Dental Medicine ADEA Chapter for winning the Award for Outstanding Activities at this year's ADEA annual meeting in Long Beach.

## ALMUNI NEWS

On April 25, the UNLV Alumni Association named Dr. Cody Hughes as the School of Dental Medicine Alumnus of the Year. Dr. Hughes completed his DMD in 2007 and currently serves as the Director of Advanced Education Program in Pediatric Dentistry at the UNLV School of Dental Medicine.

## ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

Dr. Pouya Momtaz, Class of 2015 had his paper "The Effect of Attachment Placement and Location on Rotational Control of Conical Teeth using Clear Aligner Therapy" published in the premier issue of the Journal of Aligner Orthodontics. Dr. Ryan Jolley, Class of 2016 had his paper entitled "Effect of Silver-Loaded PMMA on Streptococcus mutans in a Drip Flow Reactor" accepted for publication in the Journal of Biomedical Materials Research.

## ADVANCED EDUCATION PROGRAM IN PEDIATRIC DENTISTRY

The program underwent its accreditation site visit by CODA for accreditation renewal on April 11. The site visit went well and we anticipate renewal of the program's accreditation without reporting requirements. All 12 of our residents were accepted to participate in the poster competition at the annual session of the American Academy of Pediatric Dentistry in Washington D.C. on May 26–27. First year residents will present case reports and second year residents will present their research. The program is now affiliated with Sunrise Children's Hospital, in addition to UMC. Due to this affiliation, the program is now able to accept patients with significant cardiac conditions, as well as most other special needs.

## DOCTOR OF DENTAL SURGERY PROGRAM

On May 4, the Doctor of Dental Surgery (DDS) program, a two-year (6-semester) fast-track program for dentists who graduated from non-U.S. accredited dental schools began at the School of Dental Medicine. This program enables dentists to gain the skills and knowledge necessary to practice in the United States.

## OFFICE OF RESEARCH

The UNLV SDM Dean's Symposium and 15th Annual Student Research Day was held on March 2. Congratulations to the following students who were awarded prizes during this event:

### First place winner:

Guillermo Retis and Arin Hartounian, Class of 2019. Differential Gene Expression Profiles Among Oral Squamous Cell Carcinomas. Mentors: Dr. Karl Kingsley, Dr. Katherine Howard. Mr. Retis is our ADA Dentsply winner and will attend the AADR meeting in March of 2018.

### Second place winner

Justin Orton and Richard Foote, Class of 2019. Caffeic Acid Phenethyl Ester (CAPE) Induces Oral Cancer Cell Apoptosis. Mentors: Dr. Karl Kingsley, Dr. Elena Farfel. Mr. Orton is our second place winner and will attend the ADA Colgate Foundation conference in Washington, DC in October of 2017.

### Third place winner

Matthew Hunsaker and Greta Barba, Class of 2019. Exosome Analysis: Isolation of Oral

Squamous Cell Carcinoma microRNA in Culture. Mentors: Dr. Karl Kingsley, Dr. Katherine Howard. Mr. Hunsaker is our third place winner and will attend the Hinman Research Symposium in Memphis, TN in October of 2017.

On April 8, 21 students and six residents from the School of Dental Medicine participated in the UNLV Graduate and Professional Student Association (GPSA) Research Forum. Winners include the following:

**First Place Winners**

Justin Orton and Richard Foote, Class of 2019. Mentor: Dr. Elena Farfel. Science and Health Sciences – Session C

Joanna Shen and Crystal Viss, Class of 2019. Mentor: Dr. Karl Kingsley. Science and Health Sciences – Session E

**Second Place Winners**

Steven McDaniel and Jaydene McDaniel, Class of 2019. Mentor: Dr.

Katherine Howard Science and Health Sciences – Session B

Madeleine DiPaolo and Devon McClurg, Class of 2019. Mentors: Dr. Brian Chrzan, Dr. Phillip Devore. Science and Health Sciences – Session E

Satya Nayak, Orthodontic Resident. Mentor: Dr. Brian Chrzan. Science and Health Sciences – Session D

**Honorable Mention**

Brock Nelson, Class of 2019. Mentor: Dr. Karl Kingsley. Science and Health Sciences – Session B

**FACULTY NEWS**

Dr. Robin Reinke was accepted into the ADEA Leadership Institute.

Dr. Edward Lynch was elected by his peers as the 11th most influential person in dentistry as published in the United Kingdom Journal Dentistry on May 9.

Immunize Nevada presented Dr. Christina Demopoulos with the Silver Syringe Award for Innovation in Immunization.

Dr. John Gallob received the “Best ICare Physician” Award from University Medical Center in recognition of exceptional performance in practicing ICARE (Identifying himself to patients, Communicating, Asking, Responding Promptly, and Exiting) principles with his patients.





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Dr. Stanley Hillyard received the 2017 Regional George and Helen Hartzog Award for Outstanding Volunteer Service from the National Park Service for the Pacific West Region.

Dr. Marcia Ditmyer was elected to a three-year term on the Springs Preserve Foundation Board of Directors.

Dr. Karen West gave the keynote address at the International College of Dentists Induction ceremony in Chengdu, China.

### COMMUNITY SERVICE REPORT

The UNLV School of Dental Medicine (SDM) has been actively participating in various community events including health fairs, career days, and the school-based sealant program (Seal Nevada South). From February until the end of April, 344 screenings

(274 for children, 43 for adults, and 27 for seniors) were completed. A total of 568 sealants were placed. Fluoride varnish was provided for 25 children, 32 adults and 18 seniors. Informational events targeting kids had 2,094 attendees and informational events targeting families had

602 attendees. First-year students visited 42 schools and provided oral hygiene instruction to 15, 802 children. From February 1–April 30, 2017, a total of \$28,196 in donated services has been offered in school- and community-based events (excluding SDM specialty clinics).



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# Letters to the Editor

Hello Editor Dan,

I enjoyed the article about Utah pioneer dentist Dr. James Hancey in the NDAJ Spring 2017 edition. Cache valley was a second home to me growing up.

I'm leaving UDA on May 31, having put in 40 years here and desiring a little lighter load down the road. I'm beginning to feel like our Idaho sugar beet trucks did after dumping a load along the railroad tracks, quite a bit lighter and freer.

My best to the NDA, you, and your future adventures with words,

Monte

Monte Thompson, Director  
Utah Dental Association  
1151 E 3900 S, Suite 160  
Salt Lake City UT 84124  
801-261-5315  
monte@uda.org

## Editor's note:

Monte Thompson, an attorney, has been a valuable asset to the UDA for years and was hired as I was leaving a residency in anesthesiology, as a licensed dentist, at the University of Utah in 1976.

Monte has written: "With few exceptions, dentists are unusually good people. Caring. Listening. Empathetic. Gentle. Unassuming. Regular. Dentists directly affect people's lives, function, feelings, esteem, and happiness. (UDA) Members are quick to help. Non-joiners cause members to pay and carry a larger share of the load."

Exceptional Directors are hard to find, and to retain one for 40 years is singular. The NDA's own Bob Talley, a dentist, has one decade under his belt; we need to keep Dr. Talley around too, if he'll continue to tolerate our occasionally chaotic group.

Bon Voyage Monte

Dear Dr. Orr:

I enjoyed the latest issue of the NDA Journal which included comments on how faith can help patients. Patient faith is a positive aspect of health care doctors need to be aware of.

I recently authored "Should Uncle Sam Mandate Church Attendance" (*Forbes* 31, October 2016). Studies show that the average gain in life expectancy for each year of weekly church attendance is 7 years. The average gain in life expectancy for each year of the Affordable Care Act (ACA) is less than 7 days for enrollees.

Financially, each American would only have to spend \$0.60/year for churches to have the resources to cover the bankruptcy reduction benefits of ACA. This represents an overall cost of only \$223 million/year compared with the current ACA cost of \$1.24 trillion/year.

In addition, the church attendance mandate would also cover the 27 million still uninsured (in spite of ACA) and illegal aliens.

Both the ACA and mandatory church insurance can be argued as unconstitutional, but which one makes the most sense?

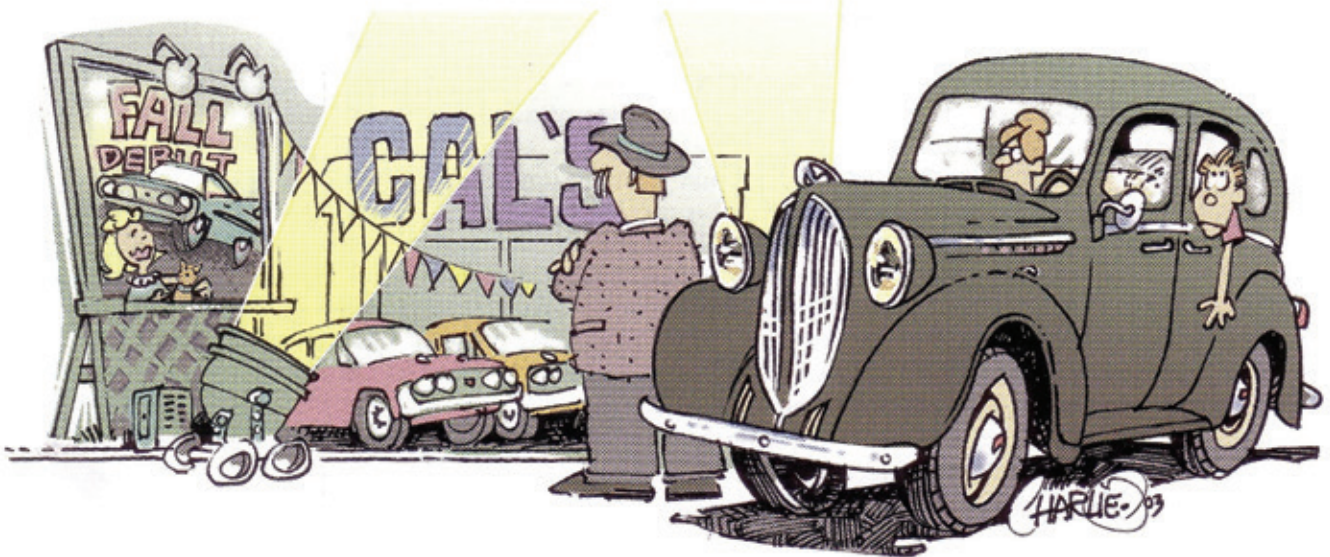
Sincerely,

Chris Conover, Ph.D.

Center for Health Policy & Inequalities Research  
Duke University  
<http://chpir.org/people/chris-conover/>

# Ethically Compromised

By Robert E. Horseman, DDS







It's been a bad day. Once again, you're questioning your mental state back there 15 or 20 years when you first decided to become a dentist. The "Grass-is-Greener Syndrome" begins early and outlasts your hair and your figure.

You know you have little or no talent for dropping balls in cups, hoops, or contacting them with bats. You realize you have no apparent skills as a thespian, even though this is not a requirement for recognition. You can sort of carry a tune and can detect a beat if there is one, but could never humiliate yourself performing an original piece, even though you can play a guitar as badly as the current crop of strangely-coifed adolescents.

What's the problem, then? It's the money, right? The obscene salaries paid to these high school dropout game players, these scenery-chewing hams majoring in pretense, these tone-deaf, lyric-deficient defilers of "real" music—that's what's sticking in your craw.

Admit it, you wet-gloved, appointment-driven, HIPAA-confused masked denizen of the 8 X 10 operatory. Now, repeat, "Life Is Not Fair."

But see that pinpoint of light at the end of the tunnel? There is a Way Out wherein you can capitalize on your meager assets without having to learn anything new. Well, maybe this one thing:

When I was young, my father drove a 1937 Plymouth 4-door sedan, colored brown. It was the most embarrassing car a 17-year-old kid could be seen in other than a Nash Rambler. Each September in those days Ford, Chevy and Chrysler made a big whoop comparable to the Second Coming when announcing their new models. Searchlights fingered the skies and the populace flocked to dealers' showrooms to gape at acres of chrome and tail fins more suitable for a Boeing 747. It was an annual rite we wouldn't have missed for anything despite the fact that my father never bought a car there. He believed that only suckers paid full freight when the inevitable depreciation was just around the corner.

Sometime during the next decade, car manufacturers suddenly twigged to the fact that with this much interest in new cars, why don't we, like Judy Garland and Mickey Rooney, *put on a show!* Charge \$10 to get into it and they will come. And they did. Not Judy and Mickey, but the salivating public who saw nothing wrong with queuing up to swoon over that new car smell. Thus was born the concept of "we want desperately to unload these machines, so we will charge you money to come and be given the chance to buy one."

So now it's your turn, Doctor. St. Appolonia Pharmaceuticals wants the dental population to embrace its new posterior composite One-step All-purpose Deluxe Superior F-91. F-91 is the revolutionary improvement over its predecessor, the One-step All-purpose Superior F-90 and thus warrants the "Deluxe" appendage. Apollonia's own labs, staffed by skilled technicians and supervised by Head of Marketing to ensure no bias, have determined that the new composite is "10 times more resistant to coffee (instant) stains than

other leading brands." Further, the caries-inhibiting ability of OADSF-91 when tested on in-vitro chicken beaks has been clinically proven to be more efficacious than similar testing on rats fed Krispy Krème Doughnuts by other leading composite manufacturers.

Apollonia is on a roll and it wants to put on its version of a show to acquaint dentists with the obvious advantages of the new, improved product. Of course, there will be a fee! What's good for General Motors is good for the country, a proven fact.

Here's where you come in, Doctor. Apollonia Pharmaceuticals will ante up to \$150,000 per annum, offer the use of the company Lear, or if the CEO isn't using it, the Citation III to jet between shows. You may be accompanied by one significant other and be put up at five star hostelryes. Best of all, you don't have to use or even like the product, although that would be a plus. All you have to say is "that in your hands" this is the best thing that's come down the pike since the last one. Is that too much to ask? Apollonia thinks not.

Only one thing: you have to be a recognized authority, a clinician with some chops, or, at the very least, photograph in such a way that you look like somebody who knows what he's talking about. That's your problem and you'd best hop to it, the field is getting crowded already.

Unethical, you muse? Is George Foreman unethical? Michael Jordan, Joan Rivers, Jason Alexander, Tatum O'Neal, Cal Worthington and his dog Spot? Maybe the grass IS greener. Knock off those cheesy Yellow Page ads, we're professionals here—Apollonia is waiting impatiently because One-step All-purpose Deluxe Superior Quintessential F-92 is already on the boards. ☺

# News Briefs



## State Dental Associations Ask HHS To Eliminate Certain Regulations

The ADA News (5/18, Garvin) reports that in a May 4 letter to Health and Human Services Secretary Tom Price, MD, the dental associations from all 50 states and Washington, DC asked the agency to eliminate “the Medicare mandate enrollment requirement for providers who don’t perform Medicare-covered services,” and to enforce Section 1557 of the Affordable Care Act as written without the promulgation of regulations. “Our associations believe that [these regulations] unnecessarily contribute to the cost of providing care, making it more difficult for our members to deliver oral health care services at an affordable price,” they wrote. The letter concluded, “Addressing these issues will help free dentists from unnecessary administrative

burdens and allow them to focus on getting care to patients who need it.”

**Editor’s note:** This is just one good example of bad regulation, from thousands of volumes of federal and state bad regulations. Such federal regulations are promulgated by unconstitutional delegation to agencies that consolidate the powers of the congress, the judiciary, and executive branches without meaningful oversight or Constitutional accountability. The ADA seems to want it both ways—in 2015 it supported, via amicus curiae, the NC State Board of Dental Examiners unconstitutional conduct, but happily is against this federal overreach.

## Drugs Are Safe and Effective After Expiration Dates

As reported by the ADA Morning Huddle 13 May 2017, and previously in the NDAJ, a study published in the Annals of Internal Medicine confirmed that EpiPen delivery systems are safe and effective at least four years after the manufacturer’s marketing driven expiration dates.

According to the Annals of Internal Medicine, Interest and outrage have been mounting over dramatic price increases for the emergency-use epinephrine autoinjection device EpiPen (Mylan). Since 2007, the price of this potentially life-saving medication has risen more than 400%. This sharp increase has caused patients to ask health care practitioners whether they can use expired EpiPens because they cannot afford to replace them.

**Objective:** To determine whether EpiPens expired up to 50 months retain their stated potency.

**Methods:** Over two weeks, patients and practitioners at a community clinic were asked to provide unused, expired EpiPens. All pens were examined for color changes and expiration date. Two separate aliquots of each EpiPen’s content were quantitatively analyzed for epinephrine concentrations by liquid chromatography (Agilent 1260 Infinity II LC, Agilent Technologies)—tandem mass spectrometry (Triple Quad 5500, AB SCIEX). Epinephrine was monitored using 2 transitions (mass–charge ratio, 184.1 to 107.0 and 184.1 to 166.0) and quantified by isotope dilution using epinephrine-d6 as an internal standard.

The image shows a white book cover for 'Socialized Medicine' by Dan Smoot, resting on a wooden surface. The cover features a teal diagonal band with the title in white. Below the band is a black and white photograph of a crowd. A blister pack of four light blue pills is placed on the left side of the book. The author's name is printed on the bottom right of the cover.

# Socialized Medicine

*By Dan Smoot*

In 1884, Prince Otto von Bismarck, Chancellor of Germany, instituted the first modern program of socialized medicine. It was called compulsory national health insurance.

Bismarck hated communism. His motive in introducing socialized medicine in Germany was to buy the loyalty of the German masses as a means of keeping them from becoming communists. Bismarck adopted “nationalistic socialism to end international socialism”—to use his own words. To use other words, Bismarck was the first leader of a great nation to fight communism by adopting communism.

The German citizens paid more for their national compulsory health insurance than they had paid for private insurance before Bismarck came along—and they got less in return.

Bismarck’s scheme failed miserably to provide better medical care for the people of Germany; but it did become an important feature of the German militaristic state; it helped pave the way for Hitler a generation later; and it furnished a pattern with which practically every other nation in the West—including America—has experimented.

## British Experience

England first started experimenting with socialized medicine in 1911. The experiments were a failure, as they always have been everywhere.

But government never retrenches. When government seizes power and money from the people in order to promote their welfare and then makes matters worse for them, government always argues that it didn’t have enough power and money to do enough promoting.

In England, for example, when Lloyd George’s rather moderate experiment in the Bismarckian type of national health insurance was abandoned, the

nation went all the way into communized medicine.

The National Health Program which became the law of England in July 1948 is modeled on the Soviet system created by Lenin.

In less than two years, there were more than half a million people on the waiting lists for hospitalization, while some forty thousand hospital beds were out of service because of a nurse shortage. The hospital shortage in Britain has become so acute that many mentally deficient and helpless, aged people are unable to secure institutional care. The only effective means of easing the shortage is to deny hospital admission to the old and chronically ill who cannot be discharged once they are admitted.

In industrial centers, some British doctors have as many as 4,000 registered patients each. Such doctors can give each patient only three minutes per call—three minutes overall, for consultation, diagnosis, prescription, filling out official forms, and maintaining proper records for governmental inspectors.

Twelve percent of all British taxes go into the national health program. Thus the wretchedly inadequate “free” medical services in Britain actually cost the average Englishman considerably more than an American pays for the most expensive private health insurance and hospitalization. [NOTE: this was written before Medicare was enacted in 1965—Ed.]

Over and above what the British themselves have put into socialized medicine, one must consider also the billions of dollars which America has pumped into the British economy as loans and outright gifts. And still the thing is a failure. Why?

Whenever government enters a field of private activity, that field becomes a political battleground. Whenever you

mix politics with medicine, doctoring becomes a political instead of a medical activity.

## “Something for Nothing”

But the primary reasons for the inevitable failure of socialized medicine can be found in the patients themselves. When people are forced to pay for something, whether they want it or not, they are inclined to use as much of it as they can in order to get their money’s worth.

There are endless stories about Englishmen who trade their government-issued eyeglasses, wigs, and even false teeth, for beer. There are housewives who trade government-issued medicine for perfume and cigarettes. And there are some who pick up extra money by selling the gold fillings out of their teeth—getting them replaced by government dentists and then selling them again.

Malingers are people who pretend to be sick in order to get sick pay, social security benefits, free hospitalization, or a rest at government expense. Hypochondriacs are people who think they are sick, but aren’t. There are countless thousands of such people. No system has ever been devised for definitely identifying them, for weeding out the unnecessary or unreasonable or dishonest demands made upon the medical care services—no system, that is, except the one existing in a free society where a person must pay his own doctor bill or is controlled by provisions of an insurance policy which he himself has bought.

No compulsory health insurance program has found a means to discourage racketeers or petty complainers who make useless trips to the doctor and monopolize professional time that should be spent on people really needing care. 🦷

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