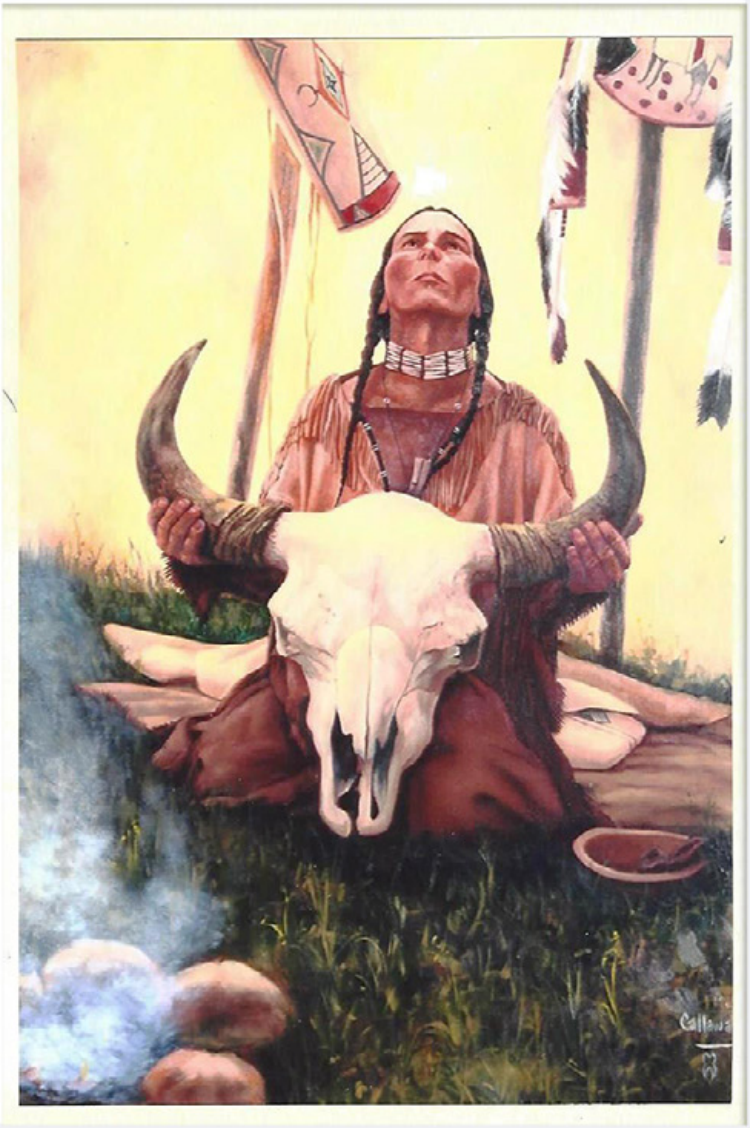
Fall 2019
Volume 21, Issue 3

NDA JOURNAL

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



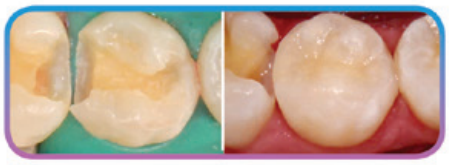
Membership Issue

1 SHADE TO MATCH ALL PATIENTS

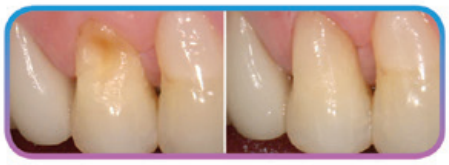
REQUEST
YOUR SAMPLE TODAY
OMNICHROMA.COM/US

AVAILABLE NOW!

USE CODE: **TNVDA**



Class II



Class V

Case images courtesy of
Dr. James Chae, Diamond Bar, CA

A week in the life of a dental professional adds up quickly.

1,440 teeth. 45 smiles. 23 caries.

Omnichroma simplifies each day. Innovated to color-match like you've never seen before, our unique dental composite is the first formula to match every smile from A1 to D4 with just one shade of composite.

OMNICHROMA **Every shade. One choice.**

Tokuyama

Call us at +1 (877) 378-3548

*Limit one sample kit per doctor. While supplies last. Offer valid until 11/30/19. Please allow 4-6 weeks for delivery of complimentary goods. Offer valid in US and Canada only. For evaluation purposes only. Participating doctors or dentists are obligated to properly report and reflect any bonus product, rewards, rebates, discounts or other benefit they receive on their submissions to Medicare, Medicaid, state or federally funded healthcare program and/or private insurance.

Nevada Dental Association
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147-8718
PH 702-255-4211 • 800-962-6710
FAX 702-255-3302
EMAIL info@nvda.org
WEB www.nvda.org

NDA JOURNAL

Editor
Daniel L. Orr II, DDS,
MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Publisher
LLM Publications
800-647-1511
www.llmpubs.com
Design: Benjamin Caulder

NDA Journal is published four times each year by the Nevada Dental Association and state component societies. All views expressed herein are published on the authority of the writer under whose name they appear and are not to be regarded as views of the publishers. We reserve the right to reduce, revise, or reject any manuscript submitted for publication.

Materials: All articles, letters to the editor, photos, etc. should be sent to Daniel L. Orr II, DDS, via email to EditorNDA@nvda.org. All chapter and committee reports and business communications should be sent to Robert Talley, DDS, Exec. Dir., Nevada Dental Assn., 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147, Ph 702-255-4211 or 800-962-6710, Fax 702-255-3302. Materials may be reproduced with written permission.

Subscription: Members receive each publication as a membership benefit paid by membership dues. Non-members may subscribe to the *Nevada Dental Association Journal* for $50 annually.

Advertising Policy: All advertising appearing in the *NDA Journal* and other Nevada dental publications must comply with the advertising standards of the Nevada Dental Association and its component societies. The publication of an advertisement is not to be construed as an endorsement or approval by the publishers of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. The publishers further reserve the right to cancel any and all contractual advertising agreements should an advertiser be engaged in litigation concerning their product or service, or should the product or service be in conflict with the standards of the NDA or its component societies. Advertising rates and specifications are available upon request. Contact Ben Oerther, LLM Publications, at 800-647-1511 ext 2226 or email beno@llmpubs.com. Mailing: Send address changes to: NDA, 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147.

Member Publication AADE American Association of Dental Editors

NDA JOURNAL

FALL 2019

On the Cover

The *NDAJ* cover art this issue is titled "Calling the Spirit" and was created by NDA member Dr. James Callaway. Dr. Callaway has previously published covers for the *NDAJ* for Fall 2008 ("Dr. Lewis"), Fall 2010 ("The Healing"), and Spring 2011 ("Sports Dentistry"). In addition to many other awards related to his painting, he received the 2009 Journal Cover of the Year from The American Association of Dental Editors and Journalists. Dr. Callaway is also an inductee of the UNLV Athletic Hall of Fame.

Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Can I Keep My Tooth?

For those of us who remove teeth, the question is not uncommon. Like everything else nowadays, the answer can be nuanced.

As with all such questions, the first source for a professional to check with is one's licensing board. The NSBDE Executive Director Debra Shaffer-Kugel states in part: "A patient may request to have their extracted tooth returned to them. An extracted tooth should be decontaminated and the tooth should be handled in accordance with the standards set by the Center for Disease Control (CDC)." So, a patient may request their tooth and a dentist may return it to the patient. The "mays" allow for a lot of wiggle room and interpretation.

Is the CDC any more definitive? "Extracted teeth may be returned to patients upon request and are not subject to the provision of the OSHA Bloodborne Pathogens standard."[1,2]

Still quoting the CDC, if the teeth are not being returned to the patient, then: "Extracted teeth that are being discarded are subject to the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. OSHA considers extracted teeth to be potentially infectious material that should be disposed of in medical waste containers. Extracted teeth containing amalgam should not be placed in a medical waste container that uses an incinerator for final disposal (e.g., regular garbage, sharps containers, biohazard or red bags). Consult state and local regulations regarding disposal of amalgam. Many metal recycling companies will accept extracted teeth with amalgam. Contact a recycler to ask about its policies and handling instructions." We have a reputable recycling representative here in Las Vegas, Tess Mosley, who represents Garfield Refining.[3]

Why the apparent difference in categorizing the risk from extracted teeth based on returning them to the patient or not? The purpose of OSHA is to prevent risk to health care personnel and the CDC has determined that once the tooth is returned to the patient it no longer presents a risk to others.

Logically, a number of dentists field requests from dental students for extracted teeth. In this situation the CDC states: "Extracted teeth used for preclinical educational training should be:

- Cleaned so there is no visible blood or debris.
- Kept moist in a simple solution such as water or saline, placed in a container with a secure lid to prevent leaking during transport or storage, and labeled with the biohazard symbol until sterilization.
- Heat-sterilized to allow for safe handling.

Teeth that do not contain amalgam are preferred for educational use because they can be safely autoclaved. Extracted teeth containing amalgam should not be heat-sterilized because of the potential health hazard associated with possible mercury vaporization and exposure. Immersion of extracted teeth with amalgam in 10% formalin solution for two weeks has been an effective method of disinfecting both the internal and external structures of the teeth. When using formalin, dental health care personnel should review the manufacturer safety data sheet for occupational health concerns and to ensure compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard."

So far so good for teeth, especially when the CDC opines that a two week immersion in formalin negates the

»

Dr. Orr practices Anesthesiology and OMS in Las Vegas, is an Adjunct Professor (Surgery) at UNLV SM and Touro University SM (Jurisprudence), Professor Emeritus at UNLV SDM, and a member of the CA Bar and Ninth Circuit Court of Appeals.

unparalleled.

tdic

Exceptional protection from people who understand your profession.

With a heritage of 39 years and counting, TDIC now delivers dentist-focused protection to more than 24,000 dentists in 15 states. Our success is due in no small part to the collective strength of our company, the trust of our policyholders and focus of our dentist-led volunteer board of directors.

It's our privilege to serve a growing community of dentists who are engaged in the bright future of their profession.

Protecting dentists. It's all we do.®

800.733.0633 | tdicinsurance.com | Insurance Lic. #0652783

Endorsed by
the Hawaii
Dental Society

potential duty to perform endodontic therapy on extracted teeth in order to decontaminate them. But, what about other body parts? The short answer is that patients may have their amputated anatomy: hair, fingernails, fingers, hands, arms, legs, appendices, and pretty much everything else, including alloplastic implants.

Although hospitals may balk at the request, there is nothing in national accreditation guidelines (Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)) that regulates against patients leaving surgical facilities with their newly non-functional parts. As mentioned previously, our own NSBDE does not restrict the practice of returning teeth.[4]

Some states do restrict owning and selling body parts unless the owner/seller was previously attached to that arm, leg, ear, or tooth. Nevada Revised Statutes Chapter 451 deals with Dead Bodies and the associated issues.

How about the federal government? The same principle applies in that there are no federal laws that prevent a person from owning body parts, unless the body parts are Native American. The Native American Graves Protection and Repatriation Act makes it illegal to own or trade in Native American remains.[5] I happen to be 1/8 Cherokee. I wonder if someone could someday legally trade the non-Cherokee 7/8 of me. The genesis of this editorial is another legal controversy, keep reading for that practical dental application.

Our first issue is still may/can/should we return a patient's tooth? After all, who would want to truncate the efforts of the Tooth Fairy?[6] What's the harm in returning a patient's tooth?

Years ago Las Vegas OMS and former NDA President Gerry Hanson asked me if I returned teeth to patients. I responded that I did if patients wanted them. Gerry opined that I was injudicious and told me the following story.

Dr. Hanson honored a patient request for the return of a successfully removed mandibular molar. A few months later Dr. Hanson was served with a lawsuit for the patient's infection secondary to the extraction. Among the allegations was that Dr. Hanson had left a large root in the extraction site. Sure enough the service included an 8.5x11 inch glossy photo, and a radiograph, of essentially an entire root, not one of the 1–2mm ones that plague us all from time to time.[7] (Figures 1, 2, 3, and 4.)

In spite of the evidence, Dr. Hanson defended his case zealously and prevailed. During the course of the investigation it was found that the same patient had the same complication, with two different doctors, prior to Dr. Hanson and had successfully litigated both times, not in Nevada. Dr. Hanson prevailed because he had an immediate post-extraction radiograph that failed to demonstrate the large root tip. The subsequent treating OMS, rather than placing a collegial call to Dr. Hanson, simply opined that the retained root was definitive evidence of malpractice. Sadly, the second OMS, apparently unaware that patients occasionally get mixed up, and are at times actually predatory, was nowhere close to having the true story of the root.[8]

As Paul Harvey would say, the rest of the story is that the patient's own surreptitious treatment plan involved breaking the molar root off with a pair of pliers and placing it back in the still anesthetized alveolus in order to successfully produce an infection. Once again, there is nothing easy, simple, or minor in dental surgery.[9]

References

1) Guidelines for Infection Control in Dental Health =-Care Settings: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.
2) FAQ section of the guidelines: http://www.cdc.gov/oralhealth/infectioncontrol/faq/extracted_teeth.htm.
3) Tess Mosley, tmosley@garfieldrefining.com, 702-409-3737
4) https://www.leg.state.nv.us/NRS/NRS-451.html
5) https://www.nps.gov/archeology/tools/laws/nagpra.htm
6) Orr D, Of insurance consultants, Tooth Fairies, and Luke, NV Dent Assn J, 16:2, Summer 2014.
7) Orr D, Root Tip Recovery via Root Canal Instrumentation, J Oral Max Surg, 73:2282-2284,2015.
8) Orr D, Collegiality, NV Dent Assn J, 15:2, Summer 2013.
9) Orr, D, It's not easy, simple, or minor, NV Dent Assn J, 14:1, Spring 2012.

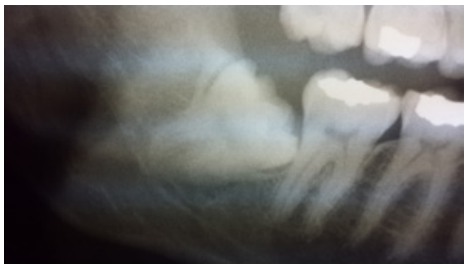


Figure 1: tooth #32

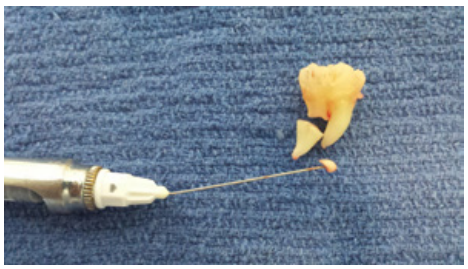


Figure 2: #32 roots removed via a 25-gauge needle

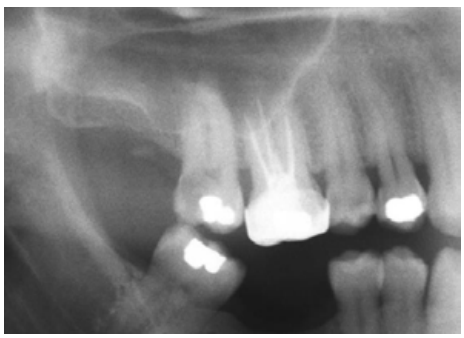


Figure 3: tooth #2

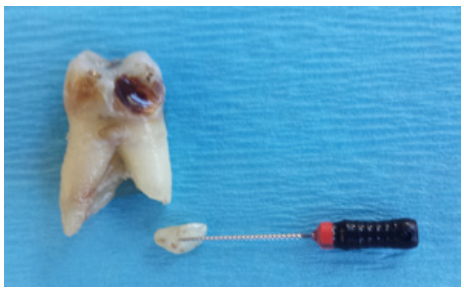


Figure 4: #2 palatal root removed via endodontic file

Smile.

THERE'S A BETTER WAY TO BUY DENTAL SUPPLIES.

Join together with independent dentists and get big savings on dental supplies for practices of every shape and size.

Built to serve members of organized dentistry, TDSC is helping to save members more on supplies than they pay in dues.

SHOP ONLINE AND START SAVING TODAY

tdsc.com The Dentists Supply Company

NDA Mission Statement and Goals

The Nevada Dental Association is about providing its members services that promote the highest standards of care for the public and inspires members in pursuit of professional excellence and personal fulfillment through education, leadership, and communication.

The Association preserves the integrity of the dental profession, strengthens the doctor/patient relationship and promotes the Principles of Ethics and Code of Professional Conduct of the American Dental Association.

The NDA has implemented a strategic plan in 2017 and has since been working in collaboration with our ADA and our local component societies with a goal to recruit 20 new members annually. In doing so, we have since met our goals for 2019 and succeeded early using recommendations from our 3-year strategic plan. Our strategic plan's purpose is to improve our outreach, member engagement, communication of value, and education.

We believe our collaborative effort has contributed to the progress and growth of membership and we are excited to announce five membership awards received by the ADA at this year's Annual Management and Membership Conference held in Chicago, IL on July 23–24, 2019.

The categories awarded are

- Greatest Gain in Membership
- Greatest Net Gain of New Dentists
- Convert Highest Percentage of Non-Members to Membership
- Convert Highest Number of Women Dentist to Membership
- Convert Highest Number of Diverse Dentists to Membership.

DR. TOM BROOKSBANK DDS, ESQ.

DENTISTS HAVE DISTINCTIVE LEGAL NEEDS THAT ONLY AN EXPERIENCED DENTIST-LAWYER CAN ADDRESS
20+ YEARS PRACTICING NEVADA ATTORNEY
11 YEARS PRACTICING PENNSYLVANIA GENERAL DENTIST

TRANSITIONS

- Purchasing & Selling
- Sales Agreements
- Real Estate Matters
- Business Entity Creation
- Staff/Associate Agreements
- Financing
- Negotiations

RISK & REGULATORY COMPLIANCE

- Dental Practice Act
- Dental Board Matters
- Patient Complaints
- HIPAA + OSHA
- License Regulations
- Opioid Rx Compliance
- Credentialing

PERSONAL

- Estate Planning
- Insurance Matters
- Retirement
- Wills + Trusts
- Credit Score Advancement
- Family Law Matters
- Collections

DR. TOM BROOKSBANK DDS, ESQ.

3753 Howard Hughes Pkwy #200
Las Vegas, NV 89169
(702) 337-6772
DrTom@NVDentalLaw.com

Benefits of Membership

As a member of the NDA you are offered an annual, tripartite membership inclusive of three components, the American Dental Association, the Nevada Dental Association and the Local Society. Each part maintains significant value for members on each level working to provide the fullest advantage of benefits and services

NDA Member Benefits

Find-A-Dentist

Find-a-Dentist Reaches Millions of Potential Patients reaching more than 6.6 million visits from potential patients since its launch in 2017. findadentist.ada.org

Advocacy

The Nevada Dental Association is very active in Nevada politics. Along with the NDA Executive Committee, Nevada has an Executive Director, Dr. Robert Talley, who was born and raised in Las Vegas and practiced dentistry there for 26 years. He works with the contract lobbyist as part of an effective team to attend legislative events, regulatory meetings and to create relationships with and educate legislators on issues important to dentists and their patients. It is a true member value to have a dentist paid to give his full attention to advocacy efforts when in most states this is done on a volunteer basis. Membership is important so we can continue to have this voice for dentistry.

Free Subscription

Free subscription to *ADA News, JADA*, and the *NDA Journal,* as well as monthly newsletters and current legislative and regulatory updates. www.nvda.org/advocacy

NDA Supplies

NDA Supplies provides over 50,000 of the most popular dental products from the top manufactures. NDA members are saving an average of 20% on dental supplies by leveraging the group buying power of 1,000 NDA members. What does that mean in dollars? The average NDA member could save $18,900 per year. Getting started is easy!

1. Fax or Email your current supplier's invoice or order list and we'll convert their catalog numbers
2. We'll send you a price comparison report, detailing prices on each item
3. We'll upload you items into your "My List" for easy online ordering!

https://ndasupplies.com/

The Dentist Insurance Company

Employment Practice Liability, Health Insurance, Disability Insurance, and Multi-lingual Consent Forms provided in 9 different languages. 800.733.0633 - www.thedentists.com

TDIC Insurance Solutions

Personal and Professional Insurance Broker
800.733.0633
www.tdicsolutions.com

Credit Card Processing

Best Card is endorsed by >20 dental associations or their affiliates and offers thousands of dentists great personalized customer service as well as extremely competitive rates. The average dental practice is saving $1,860 per year with Best Card, a 27% savings! Best Card is so confident they can help your practice; they will give you a $5 Amazon Gift Card just for allowing them to perform a detailed no-obligation cost comparison.

Fax your recent statement to 866.717.7247, email to CompareRates@BestCardTeam.com, or call Best Card at 877.739.3952 to learn more. www.bestcardteam.com

Desktop Computers, Laptops and Electronics

The new endorsement offers members special pricing and discounts from Lenovo's entire line of technology products. http://www.ada.org/en/publications/ada-news/2016-archive/september/ada-business-resources-endorses-lenovo-computers

ADA Member Benefits

NEW! Find the Right Connection

ADA Practice Transitions (ADAPT) is a new service offered through ADA Business Innovation Group to foster relationships between dentists at key points in their careers. ADAPT matches dentists who are looking to join a practice with owners who are seeking a partner, associate or someone to purchase their practice. adapracticetransitions.com

Dental Practice Financing

BMO Harris Bank is an exclusively endorsed lender for practice financing for ADA members. BMO will be the only practice finance bank recommended by ADA Member Advantage, the program managed by ADA Business Enterprises Inc (ADABEI) for the association's 163,000 members across the United States. www.bmoharris.com

ADA Credit Cards

The ADA® Preferred Rewards Visa® Card is the card member dentists count on for great benefits and valuable rewards.

- Earn 20,000 Bonus Points after you spend $5,000 on the card in 90 days
- Only 25,000 points equals up to a $450 ticket
- No Annual Fee!
- No Foreign Transaction Fees!
- Points add up fast—earn 2 points per net $1 spent on all eligible State Association purchases and one point per $1 spent on eligible net purchases everywhere else Visa cards are accepted
- Earn an additional 20,000 Bonus Points after $125,000 annual net spend
- No travel blackout dates on more than 150 airlines
- Visa Signature Travel Benefits including Travel Accident Insurance & Auto Rental Insurance

To apply, call 888.327.2265 ext. 36991 or visit adavisa.com/36991.

Patient Financing

Get started with a one-time fee of only $25, a savings of $170.

Already accept the CareCredit credit card? Using your Practice Review results, we'll develop a FREE Action Plan to help you build patient loyalty, attract patients and reduce cancellations.

800.300.3046 | www.carecredit.com/dental

Electronic Records Online Backup

The Digital Dental Record provides resources for the latest in paperless business optimization solutions for a dental office. Their products and services include paperless patient software, HIPAA-compliant online data backup and more. Discover efficient and cost effective workflows to enhance the profitability of your practice.

www.dentalrecord.com

Amalgam Recovery Program

HealthFirst, the leading provider of dental compliance products and services including dental waste stream management, has been educating and protecting dental clients for 42+ years. HealthFirst is providing significant discounts to ADA members on its best-in-class and cost effective Rebec Amalgam Separator.The only one endorsed by ADA Business Resources.

(888) 963-6787 | Healthfirst.com/dental-waste/ADA/index.html

Emergency Medical Kits

Over 40,000 dental offices already rely on HealthFirst, the leader in emergency preparedness for over 40 years.

http://www.healthfirst.com/ada/

Discount and Special Promotions

ADA Members always receive 10% off all Sharps Management Products, plus access to special promotions not found anywhere else.

http://www.healthfirst.com/ada/

ADA Member Benefits, continued

Message On-Hold

Patients are on hold more often than you think. Update your message quarterly to keep information relevant. InTouch is affordable, customizable and personal. Save $300 on an InTouch System—an exclusive price for ADA Members only.

Purchase the Flex Plan and benefit from unlimited message and music changes!

877.493.9003 | intouchdental.com

Apparel for Staff

We help dental practices create custom uniforms that work. Guaranteed. Period. ®

- Styles for Men & Women that fit every body
- Colors You Can Count On
- Custom E-Stores let your employees place their own orders

ADA Members receive up to 10% off on products and another 10% off on embroidery—with no minimums!

800.490.6402 | ada.landsend.com

Luxury Vehicles

ADA Members save up to $4,500 on a new Mercedes-Benz.

Choose from over 70 models for purchase or lease. Whatever your heart and driving style desire, now you can make it yours—at significant savings—thanks to this fabulous ADA Member incentive.

866.628.7232 | ada.org/mercedes

Secure Communications Solutions

PBHS Secure MailTM is a simple and powerful HIPAA compliant way to share ePHI (Protected Health Information) between practices and patients. With no software to install, configure or maintain, it's easy to setup and immediately utilize your account. PBHS Secure Mail starts at $10 per month with options to add robust collaboration.

www.pbhs.com/securemail.

Payroll

SurePayroll is an ADA endorsed provider of easy online payroll services to dental practices nationwide. SurePayroll delivers peace of mind by combining innovative, industry-leading technology and personalized support from an award-winning, U.S.-based customer care team. ADA members receive exclusive pricing up to 50% less than traditional payroll services.

866.535.3592 | www.SurePayroll.com/ada

Shipping

State Dental ASSN Members save on shipping with UPS. Take advantage of discounts of up to 36%, plus 50% off select services for up to four weeks after you enroll! Save on a broad portfolio of shipping services, including air, international, and ground. You can receive these discounts even if you already have a UPS account.

1.800.MEMBERS (1.800.636.2377) | www.savewithups.com/ada

See savewithups.com/ada for specific services and discounts.

IC Sytem, Inc.

Collection Service

800.279.3511 | www.icsystem.com

Office Supplies

888.263.3423 (Membership Contract Department) www.officedepot.com

Web Presence Solutions

888.817.4010 | www.officite.com

Shipping Services

800.636.2377 | www.fedex.com

Car Rental Discounts

The ADA's preferred car rental providers—Alamo, Enterprise Rent-A-Car and National Car Rental—put members behind the wheel with savings and convenience. ada.org/en/publications

AHI Travel will send you on the trip of a lifetime. River, land and ocean journeys are based on itineraries that balance the must-see with the road less traveled and include enough flexibility to accommodate individual preferences.

https://ada.ahitravel.com/TripSearchResults.aspx?view=paged

Benefits from our Local Societies

Northern Nevada Dental Society
www.nndental.org

Southern Nevada Dental Society
www.sndsonline.org

Northeastern Nevada Dental Society
http://www.nends.org

Component Health Plans

Brought to you by Prominence Health Plan ABOVE & BEYOND MEMBER VALUE!

Northern and Southern Nevada Dental Society members with 2 (unrelated) to 50 full-time employees can now offer insurance coverage for their employees and their families with a high-quality, affordable Association Health Plan from Prominence. nvda.org/membership/component-health-plans

Peer Review

Mediation by Your peers to assist you with any dental complaints filed by a patient. This benefit can ensure a complaint does not become a part of the public record. This also saves you the member, money regarding litigation costs and can prevent a complaint from going to the State Board for their adjudication. Peer Review methods are employed to maintain standards of quality, improve performance, and provide credibility.

Employment Resources

Looking for a career in Oral Health? We may be able to assist in that endeavor by just clicking on one of the links below. match.sndsonline.org

Continuing Education

Multiple courses offered at the National, State and Local levels with significant discounts offered to member dentists' as well as your staff for qualifying courses. These local opportunities save you money on travel out of state/town, saves you time, and reduces the potential loss in production by being away from your practice/office. nvda.org/events/available-c-e-courses

Networking

Monthly and annual meetings allow a member to build a community of colleagues, referrals, camaraderie, and friends. nvda.org/events

Volunteer Services

Members receive continuing education credit for 'giving back' to your community through volunteerism with the Northern /Southern Nevada Dental Health Programs (NNDHP) and Give Kids a Smile (GKS). nvda.org/charities

New Dentist Support

New dentist committee support, events and mentorship for all new dentists who practice in Northern and Southern Nevada. nvda.org/membership/student-membership

Nevada's Leading Dental Practice Brokerage

Dental Practice Sales, LLC

702.897.6028

NvDentalPracticeSales.com

9890 S Maryland Pkwy # 200A

Las Vegas, NV 89183

Bob Randolph
Corporate Broker

With over 45 years of experience in the Dental Industry, we have the knowledge, experience, and connections to make your dreams a reality. Dental Practice Sales, LLC has been helping to educate, finance and successfully transition Buyer's and Seller's for over 15 years in Nevada. We are the busiest we have ever been with motivated Buyer's and Seller's. We are happy to explain the process and get you on the path to where you want to be.

Jeanette Allison
Dental Practice Broker
Office Manager

Elizabeth Hahn
Dental Practice Broker

Jack Harrington, DDS
Dental Practice Broker

Southern Nevada
702.897.6028
NvPracticeSales@aol.com

Northern Nevada
775.544.0821
Harringtonj@live.com

ADMC
The Academy of Dental Management Consultants

PVSG
National Organization of Dental Practice Evaluators

NBBA
Nevada Business Brokers Association

The Nevada Dental Association Political Action Committee (NDAPAC)

By Dr. Tina A Brandon, NDA Communications Chair and Dr. Joseph Wineman.

This past legislative session was a tumultuous one to say the least. The Democrats were not kind to our profession. However, there are some positives to SB 366 that we can mark as a victory. With the geographic restrictions placed on the dental therapist, the educational mandate of being a graduate of a Council on Dental Accreditation approved dental therapy school, and lack of both a national board or a regional licensing exam, it will take time before these mid-level providers can begin working in Nevada. But the fight to preserve our profession is not over.

The hygiene association is not done yet as they have promised to continue to push of more. They won't be satisfied with SB 366 and its related bills until they have full reign to practice perhaps even independently across the entire state of Nevada. We need all dentists' attention and financial support before the next session. We are asking every Nevada dentist, be they NDA members or not, to give at least $100 each year for the next two years to build a war chest to continue this fight.

Many of us know that politics is a dirty business. Politics is similar to chess: you must think three moves ahead of your opponent in order to defeat them. We need to be able to hire the best influencers and lobbyists money can buy.

All dentists worked arduously to gain admission to their dental school. Once in, they had to comprehend an onslaught of massive amounts of material, develop clinical proficiency in all disciplines, then pass two National Board Exams and then prove, via a licensing exam, their ability to practice. Our patients deserve to be treated by doctors of the oral cavity, not a technician who has learned how to perform a few procedures. Our patients, no matter how much money they have or what type of insurance they possess, deserve to have access to the best dental care possible in our state.

Please consider contributing to this fund which will help fight for a cause. For the price of a prophy or simple extraction our profession of dentistry can build a war chest of around $250,000. This money can be spent on social media, print advertising, lobbying efforts and skilled negotiators to carry the fight within the legislature. To see options for payment plans visit www.nvda.org/advocacy/ndapac.

Many of us know that politics is a dirty business. Politics is similar to chess: you must think three moves ahead of your opponent in order to defeat them. We need to be able to hire the best influencers and lobbyists money can buy.

Treasurer Nomination

The Nevada Dental Association is seeking nominations for the position of Treasurer. This is a three-year term. Nominations will be accepted now and through the Annual Midwinter meeting on January 11, 2019. The election for Treasurer will be held at the Annual Summer meeting in Reno in June. If you have questions about the position, please contact any NDA officer or the NDA Executive Director. All nominations should be submitted to the NDA Executive Director at robert.talleydds@nvda.org.

3M

Oral Care
Authorized Channel Partner

NDASUPPLIES.COM

3M Oral Care products now available on NDASupplies.com!

NDA Supplies is excited to announce that 3M Dental products are now available on NDASupplies.com at exclusive member pricing!

All 3M orders are processed by IQ Dental Supply.

GENUINE
100%
MANUFACTURER
WARRANTIES
PRODUCTS
NDASupplies.com

Visit www.ndasupplies.com with your ADA number to get started.

P:877.410.5927 | F:877.381.6543

support@ndasupplies.com

Customer Support: Mon-Fri,7am-5pm

The Failure of Prescription Drug Monitoring Programs

By John D. Lilly, MBA, DO

Abstract

In an effort to control the rising rate of drug overdose deaths, states have enacted Prescription Drug Monitoring Programs (PDMPs) to catch "doctor shopping." Although 49 states had a PDMP by 2014, the national death rate due to prescription opioid drugs has not decreased. The definitive survey on drug use in the U.S. shows that only 2.5% of misused prescription pain medicine was obtained by doctor shopping. PDMPs cannot stop even the small amount of doctor shopping that does occur. The real problem is the 97.5% of the misused prescription pain medicine obtained from one doctor or from illicit sources.

Introduction

U.S. deaths from prescription opioid medicine increased from 4,400 in 2000 to 19,673 in 2017, and the rate of death per 100,000 population, age adjusted, has increased from 1.54 in 2000 to 6.02 in 2017[1] (Figure 1, Table 1, and Table 2). That is a 290% increase over 17 years, or 17.1% per year.

In response to this perceived crisis, Prescription Drug Monitoring Programs (PDMPs) were established. A PDMP is a statewide electronic database, which collects designated data on specific medications, usually schedule II, III, and IV drugs, dispensed in the state. In 2000, 16 states had an operational PDMP, and 18 states had joined them by 2010. By 2014, 49 states had a PDMP intended to curb drug abuse, misuse, and diversion.[2]

The program is housed within a statewide regulatory, administrative, or law enforcement agency. The agency distributes data from the database to individuals who are authorized under state law to receive the information. The main purpose of the programs is to eliminate "doctor shopping," the practice of one patient going to two or more physicians to obtain prescription drugs, then having the prescriptions filled at two or more pharmacies, raising suspicion of intention to sell or abuse the medication.[3,4] The database is a resource for physicians and pharmacists to determine whether an individual has purchased similar prescription drugs at other pharmacies.

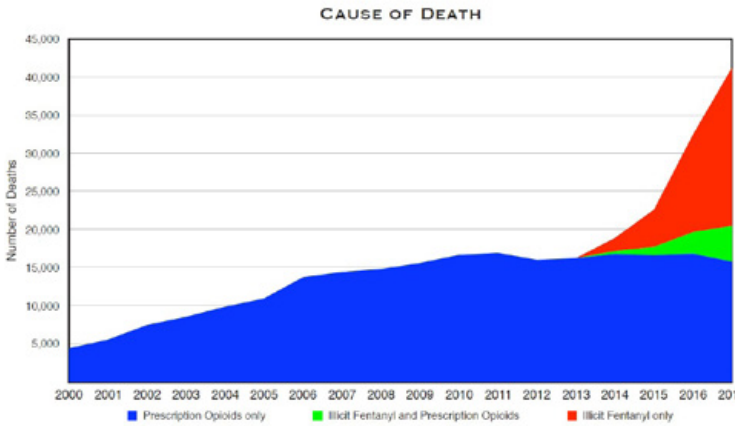


Figure 1: Cause of Death Due to Prescription Opioids and Illicit Fentanyl

Methods

The CDC Wonder website was used to extract data on prescription opioid deaths from 2000 to 2017 and illicit fentanyl deaths from 2014 to 2017.[1] The National Survey on Drug Use and Health that is performed annually by the U.S. Department of Health and Human Services, Center for Behavioral Health Statistics and Quality, was used to determine the percentage of individuals who misused prescription pain medicine from 2011 to 2017.[5]

»

Table 1. Classification of Deaths

	Classification of Deaths	2014	2015	2016	2017
1	All Opioid Pain Relievers (T40.2, T40.3, T40.4) including Illicit Fentanyl	18,893	22,598	32,455	40,051
2	All Synthetic Opioids, primarily Fentanyl (T40.4)	5,544	9,580	19,413	28,466
3	Baseline Prescription Fentanyl (T40.4)	3,416	3,592	3,767	3,942
4	Concurrent use of All Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	1,489	2,263	4,055	5,444
5	Baseline of concurrent use of Prescription Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	1,096	1,163	1,231	1,298
6	Illicit Fentanyl including concurrent use of Prescription Opioids (T40.2, T40.3) (4 - 5)	393	1,100	2,824	4,146
7	Only Illicit Fentanyl (excluding concurrent use of Prescription Opioids T40.2, T40.3) ((2 - 3) - 6)	1,735	4,888	12,822	20,378
8	All Illicit Fentanyl (including concurrent use of Prescription Opioids T40.2, T40.3) (2 - 3)	2,128	5,988	15,646	24,524
9	Only Prescription Opioids (T40.2, T40.3, T40.4, excluding concurrent use of Illicit Fentanyl) (1 - 6)	16,765	16,610	16,809	15,527
10	All Prescription Opioids (T40.2, T40.3, T40.4, including concurrent use of Illicit Fentanyl) (1 - 7)	17,158	17,710	19,633	19,673

Table 2. Classification of Deaths

	Classification of Deaths per Capita	2014	2015	2016	2017
1	All Opioid Pain Relievers (T40.2, T40.3, T40.4) including Illicit Fentanyl	5.91	7.04	10.17	12.49
2	All Synthetic Opioids, primarily Fentanyl (T40.4)	1.76	3.06	6.19	9.01
3	Baseline Prescription Fentanyl (T40.4)	1.08	1.13	1.18	1.23
4	Concurrent use of All Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	0.46	0.72	1.29	1.71
5	Baseline of concurrent use of Prescription Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	0.34	0.36	0.38	0.40
6	Illicit Fentanyl including concurrent use of Prescription Opioids (T40.2, T40.3) (4 - 5)	0.12	0.36	0.91	1.31
7	Only Illicit Fentanyl (excluding concurrent use of Prescription Opioids T40.2, T40.3) ((2 - 3) - 6)	0.56	1.57	4.10	6.47
8	All Illicit Fentanyl (including concurrent use of Prescription Opioids T40.2, T40.3) (2 - 3)	0.68	1.93	5.01	7.78
9	Only Prescription Opioids (T40.2, T40.3, T40.4, excluding concurrent use of Illicit Fentanyl) (1 - 6)	5.23	5.11	5.16	4.71
10	All Prescription Opioids (T40.2, T40.3, T40.4, including concurrent use of Illicit Fentanyl) (1 - 7)	5.35	5.47	6.07	6.02

The same ICD-10 codes used by the National Institute on Drug Abuse (NIDA) in the CDC Wonder database website were used in this article.[6] The supporting documents can be downloaded from the NIDA website. The causes of death include: unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), and drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases,10th Revision.

The ICD-10 codes for opioid pain relievers (other opioids, methadone, other synthetic narcotics) include: T40.2, T40.3, and T40.4. The data for the death rate per 100,000 population, age adjusted, was extracted for each year from 2000 through 2017.

The death rate for opioid pain relievers was difficult to determine from 2014 to 2017 because of the surge of illicit fentanyl, which started in 2013. In a previous article,[7] the deaths due to a concurrent use of illicit fentanyl and a prescription opioid (T40.2 or T40.3) were not included in the calculations. These numbers were initially small, but increased significantly in 2016 and again in 2017. The updated calculations are used here (Tables 1 and 2, previous page).

The U.S. Department of Health and Human Services performs an annual National Survey on Drug Use and Health. This survey is the primary source of information and statistics on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population of the U.S. The sample size for the 2017 survey was 68,032. Historically, the sample size is always at least 67,500. The data from two of the tables in the report (Tables 3 (6.53B) and 4 (6.54B)) was used to evaluate the source of misused prescription pain medicine, which includes medications "from more than one doctor"(doctor shopping). These data were to obtain the trend in doctor shopping since 2011.

Table 3. Table 6.53B from the National Survey on Drug Use and Health

Table 6.53B Source Where Pain Relievers Were Obtained for Most Recent Misuse among Past Year Misusers Aged 12 or Older, by Age Group: Percentages, 2016 and 2017

Source for Most Recent Misuse among Past Year Misusers of Pain Relievers	Aged 12+ (2016)	Aged 12+ (2017)	Aged 12-17 (2016)	Aged 12-17 (2017)	Aged 18+ (2016)	Aged 18+ (2017)	Aged 18-25 (2016)	Aged 18-25 (2017)	Aged 26+ (2016)	Aged 26+ (2017)
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTH CARE PROVIDER	37.5	36.6	26.3	31.6	38.4	36.9	28.4	27.4	41.3	39.8
Prescription from One Doctor	35.4	34.6	21.2	28.1	36.5	35.0	25.9	24.9	39.7	38.2
Prescriptions from More Than One Doctor	1.4	1.5	3.6	1.9	1.3	1.4	1.4	1.5	1.2	1.4
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.7	0.5	1.5	1.6	0.6	0.5	1.1	1.0	0.4	0.3
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	53.0	53.1	57.4	57.0	52.7	52.8	61.2	57.4	50.2	51.4
From Friend or Relative for Free	40.4	38.5	38.8	38.0	40.6	38.5	43.1[a]	37.6	39.8	38.8
Bought from Friend or Relative	8.9	10.6	9.1	12.3	8.9	10.5	11.7	12.3	8.1	10.0
Took from Friend or Relative without Asking	3.7	4.0	9.5	6.8	3.2	3.8	6.4	7.5	2.3	2.7
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	6.0	5.7	9.4	5.5	5.8	5.7	7.3	9.4	5.4	4.5
SOME OTHER WAY[1]	3.4	4.6	6.9	5.8	3.1	4.5	3.2[a]	5.8	3.1	4.2

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.
NOTE: Respondents were asked to choose one of eight sources as their best answer. Respondents with unknown data on Source for Most Recent Misuse and respondents with unknown or invalid responses to the corresponding other-specify questions were excluded from the analysis.
NOTE: Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.
[a] The difference between this estimate and the 2017 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.
[b] The difference between this estimate and the 2017 estimate is statistically significant at the .01 level. Rounding may make the estimates appear identical.
[1] Some Other Way includes write-in responses not already listed in this table or responses with insufficient information that could allow them to be placed in another category.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Table 4. Table 6.54B from the National Survey on Drug Use and Health

Table 6.54B Source Where Friend or Relative Obtained Pain Relievers among Past Year Misusers Aged 12 or Older Who Obtained Most Recently Misused Pain Relievers from a Friend or Relative for Free in Past Year, by Age Group: Percentages, 2016 and 2017

Source Where Friend or Relative Obtained Pain Relievers	Aged 12+ (2016)	Aged 12+ (2017)	Aged 12-17 (2016)	Aged 12-17 (2017)	Aged 18+ (2016)	Aged 18+ (2017)	Aged 18-25 (2016)	Aged 18-25 (2017)	Aged 26+ (2016)	Aged 26+ (2017)
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTH CARE PROVIDER	86.6	85.9	72.2	72.4	87.6	86.7	78.7	78.6	90.4	89.0
Prescription from One Doctor	85.0	83.0	64.1	70.4	86.4	83.7	77.1	74.7	89.4	86.3
Prescriptions from More Than One Doctor	0.8[a]	2.6	3.1	*	0.6[b]	2.7	1.0	2.7	0.5[a]	2.7
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.8	0.3	5.1	*	0.5	0.3	0.6	1.2	0.5	0.0
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	10.2	9.9	14.5	18.4	9.9	9.4	15.1	13.9	8.2	8.1
From Friend or Relative for Free	4.8	6.0	3.9	8.6	4.8	5.8	6.7	7.9	4.2	5.2
Bought from Friend or Relative	4.3	3.3	3.9	4.3	4.3	3.2	7.1	5.0	3.4	2.7
Took from Friend or Relative without Asking	1.1	0.6	6.7	5.4	0.7	0.3	1.4	*	0.5	0.1
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	1.9	1.8	5.2	3.8	1.7	1.7	4.0	4.9	0.9	0.8
SOME OTHER WAY[1]	1.4	2.4	8.0	5.4	0.9	2.2	2.2	2.7	0.5	2.1

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.
NOTE: Respondents were asked to choose one of eight sources as their best answer. Respondents with unknown data on Source for Most Recent Misuse and respondents with unknown or invalid responses to the corresponding other-specify questions were excluded from the analysis.
NOTE: Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own, use in greater amounts, more often, or longer than told, or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.
[a] The difference between this estimate and the 2017 estimate is statistically significant at the .05 level. Rounding may make the estimates appear identical.
[b] The difference between this estimate and the 2017 estimate is statistically significant at the .01 level. Rounding may make the estimates appear identical.
[1] Some Other Way includes write-in responses not already listed in this table or responses with insufficient information that could allow them to be placed in another category.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Results

As shown in Figure 1, opioid-related death rates have been rising since 2000, with no noticeable decreases with the establishment of more PDMPs.

Figure 1 is derived from data and calculations in Tables 1 and 2 of the number of deaths due to prescription opioids, illicit fentanyl, and the concurrent use of prescription opioids and illicit fentanyl. The difference between the "All" and "Only" numbers in lines 7–10 in the tables is shown as the green area in Figure 1.

The 2017 National Survey on Drug Use and Health[5] shows the sources of analgesic prescriptions for most recent misuse among past year users aged 12 and older. Table 3 shows that the percentage of prescriptions from more than one doctor was 1.5%. If the primary source was from a friend or relative for free (38.5%), the survey also asked where the friend or relative obtained the pain medication, using the same questions. Table 4 shows that the friend or relative's source of the prescription was more than one doctor in 2.6% of cases. The total percentage of misusers who obtained the pain relievers from more than one doctor was thus 2.5% (2.6% x 38.5% + 1.5% = 2.5%).

Figure 2 shows the source of misused pain medication in 2017: 85.0% of the misused pain medicine came from one doctor; 12.5% did not go through a doctor; only 2.5% were obtained through doctor shopping.

The survey also shows that the PDMPs can not stop doctor shopping. In 2011, 3.6% persons who misused pain medications said they obtained them from more than one doctor. That percentage increased to 3.7% in 2012, 4.3% in 2013, and 4.8% in 2014. The 2015 survey changed the question from lifetime misuse to misuse in the last 12 months, so the 2015 survey response of 2.3% could not be compared to previous years. In 2016, the response decreased to 1.7%, but in 2017 it again increased to 2.5%. In four of the five years that can be compared, the percentage of individuals who misuse prescription pain medicine and obtained it by doctor shopping actually increased (Figure 3).

Discussion

The "opioid crisis" is the increase in deaths due to illicit fentanyl, from 2,128 in 2014 to 24,524 in 2017, as shown in Table 1. PDMPs have no effect on illicit fentanyl. ***The real cause of increased overdose deaths in the last four years is not doctor shopping, but the surge of illicit fentanyl coming from China and Mexico.***

PDMPs conflict with the state constitutional prohibition of unreasonable searches and seizures. In the Missouri Constitution, this is in Article I Section 15. Prescription

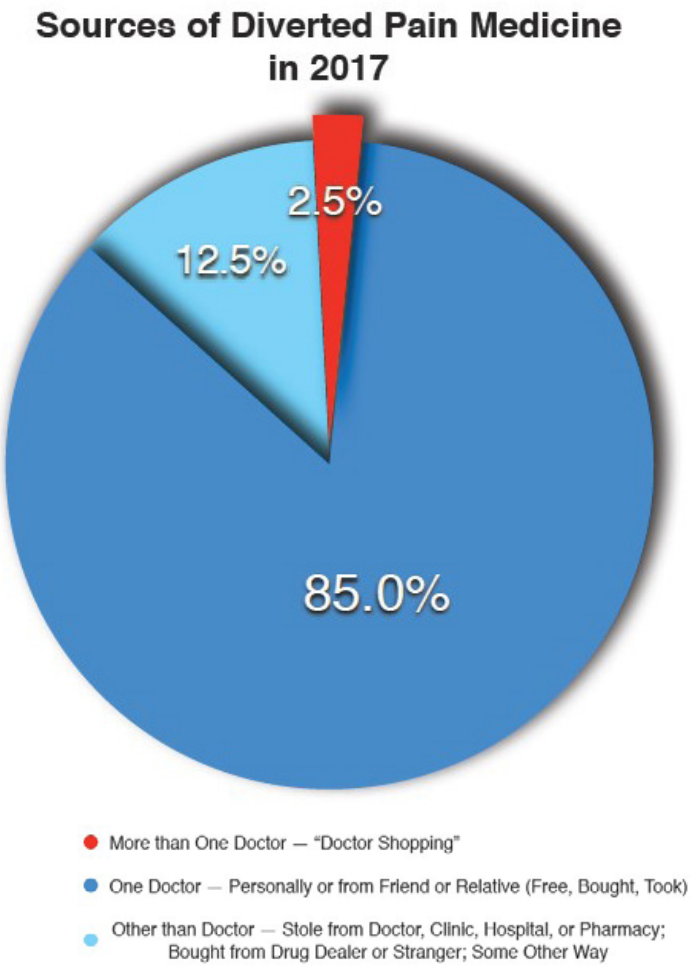


Figure 2. Sources of Diverted Pain Medicine in 2017

Figure 3. Percentage of Misused Prescription Pain Relievers

databases for insurance companies and government programs like Medicare and Medicaid are voluntary programs. When you agree to use the insurance policy or government program you agree to having your prescriptions in their database. PDMPs, however, are mandatory, involuntary databases that affect the liberty of millions of citizens.

PDMPs create a national prescription database. This is likely to be their true purpose as well as their effect. They cannot and do not achieve the ostensible purpose of stopping the misuse of opioid pain medicine.

Conclusions

The PDMP is supposed to catch the doctor shopping that purportedly makes opioid medications readily available to the public. Since doctor shopping was the source of only 2.5% of misused pain medicine in 2017, it is clear that the problem is not doctor shopping. Even with the entire country under a PDMP, this small percentage is increasing, but 97.5% of the misused opioids will never be identified by a PDMP.

John D. Lilly, M.B.A., D.O., practices family medicine in Springfield, Mo. Contact: johnlilly97@gmail.com.

Disclaimer: Any views expressed in this paper are solely mine and do not necessarily reflect the positions of any business or organization with which I am affiliated.

Courtesy of the Journal of American Physicians and Surgeons, 24:2, Summer 2019.

References

1. Centers for Disease Control and Prevention. CDC Wonder. Available at: http://wonder.cdc.gov. Accessed Jan 6, 2019.
2. National Alliance for Model State Drug Laws. Established and Operational Prescription Drug Monitoring Programs (PMPs)—Map; Jul 21, 2017. Available at: http://www.namsdl.org/library/078D5446-9805-AF6B-68E1068F5EB69FB4/. Accessed Jan 6, 2019.
3. National Alliance for Model State Drug Laws. Prescription drug monitoring programs (PDMPs): critical decision support tools to respond to the opioid crisis. Congressional Briefing; Sep 8, 2017. Available at: http://www.namsdl.org/library/Congressional%20Briefing%20-%20Final%20Agenda%20and%20Presentation/. Slide #15. Accessed Jan 6, 2019.
4. Prescription Drug Monitoring Program Center of Excellence at Brandeis University. Briefing on PDMP Effectiveness; September 2014. Available at: https://www.pdmpassist.org/pdf/Resources/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf. page 3. Accessed Jan 6, 2019.
5. RTI International. Results from the 2017 National Survey on Drug Use and Health: Detailed Tables. Rockville, Md.: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; Sep 7, 2018. Available at: https://www.samhsa.gov/data/report/2017-nsduh-detailed-tables. Accessed Jan 6, 2019.
6. National Institute on Drug Abuse. Overdose Death Rates. Available at: https:// www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates. Accessed Jan 6, 2019.
7. Lilly JD, Estimating the actual death rate caused by prescription opioid medication and illicit fentanyl. J Am Phys Surg. Available at: http://www.jpands.org/vol23no1/lilly.pdf. Accessed Jan 6, 2019.

To Treat or Not To Treat?

Unvaccinated Patients Create Ethical Dilemmas

By TDIC Risk Management

Dentists have an ethical and legal obligation to do no harm and to protect the health of their patients. But what happens when their patients put others at risk?

Such is the dilemma faced by some practice owners who have called The Dentists Insurance Company's Risk Management Advice Line with questions regarding their obligation to treat unvaccinated patients. At the core of this dilemma is the return of a disease previously believed to have been eliminated: measles. Between January and June 2019, more than 1,000 new cases had been reported in 28 states nationwide, including California, Idaho, Illinois, Nevada, New Jersey, Oregon, Pennsylvania, Tennessee and Washington, according to the Centers for Disease Control and Prevention (CDC).

The transmission of measles is especially concerning in the pediatric setting. Because the measles vaccine is administered to young children in two doses—the first at 12 to 15 months of age, the second at 4 to 6 years of age—they are not always fully protected.

Immunocompromised patients are another consideration, such as those with cancer or HIV. These patients depend on a circle of protection, otherwise known as herd immunity, to keep them safe from disease. But when the strength of the herd begins to dwindle, their risk increases.

These factors can place dentists in a precarious position. Should they—and can they—refuse to treat unvaccinated patients?

Attorney Arthur Curley of the firm Bradley, Curley, Barrabee and Kowalski PC provided clarity on the issue. Curley stated that dentists are generally not legally obligated to accept unvaccinated patients into their care, nor are they required to

retain them. Unvaccinated individuals are currently not a protected class under federal or state law, nor is being unvaccinated a recognized religious tenant, so practitioners are not prohibited from dismissing them.

"Bottom line, so long as there is no other protected classification in which the patient falls, and the doctor gives adequate notice and an opportunity to find other dentists, a dentist may dismiss unvaccinated patients," Curley said.

In addition, Curley noted that the American Academy of Pediatrics issued a clinical report that stated it is an "acceptable option for pediatric care clinicians to dismiss families who refuse vaccines." Of the people who have contracted the virus so far, the majority were unvaccinated, according to the CDC.

The ADA Code of Ethics, Section 4 (Code of Professional Conduct) provides guidance on patient selection. It reads as follows:

"While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, gender, sexual orientation, gender identity, national origin, or disability."

Unvaccinated patients are not considered disabled, which is defined as a physical or mental impairment that substantially limits one or more major life activities, Curley said.

He notes that dentists must provide patients adequate notice and follow a formal dismissal protocol when dismissing those patients from their practices. Dentists must also remain available for emergency treatment (for a minimum of 30 days) until the patient finds care through another practitioner.

While there are no clear legal guidelines on accepting or refusing unvaccinated patients, there are ethical ones. Dental practitioners are obligated to protect their patients' health, but that obligation extends to those who may be exposed to a communicable disease—and unvaccinated patients are the most at risk.

"What is interesting about this debate is that the unvaccinated patient is the one at risk, not those other patients who are vaccinated," Curley said.

Dentists are advised to screen patients for such diseases prior to providing treatment. Asking patients about their vaccination status or any recent international travel is a reasonable measles screening procedure. Evidence of immunity includes written documentation, laboratory evidence of immunity, laboratory confirmation of measles and birthdates prior to 1957, according to the CDC.

Dentists should also be aware of protecting their employees from unnecessary exposure. In many states, employment regulations require dentists to screen for measles and other infectious diseases. In California, the Division of Occupational Safety and Health has established Aerosol Transmissible Disease (ATD) Standards to protect workers from infectious diseases. The standard applies to all workplaces at a high risk for infections. However, because outpatient dental clinics and offices generally do not treat symptoms caused by ATDs nor perform procedures that the CDC considers cough inducing, they are conditionally exempt from these requirements if the following four conditions are met:

- Dental procedures are not performed on patients identified as ATD cases or suspected ATD cases.
- The Workplace Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the CDC for infection control in dental settings and that should be followed to determine whether a patient may present an ATD exposure risk before any dental procedure is performed on that patient.
- Employees have been trained in the screening procedure in accordance with the Cal/OSHA Workplace Injury and Illness Prevention Program (Section 3203 of the California Code of Regulations, Title 8).
- Aerosol-generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

Practice owners are advised to check with their dental societies and state occupational safety divisions for infectious disease regulations specific to their state.

While it is the ultimate goal of every dental professional to protect the oral health of all patients, choosing whether to treat unvaccinated patients is a personal decision. Finding a balance between legal and ethical obligations can be challenging, but protecting your patients, your practice and yourself should be a guiding force.

Read more of the CDC's measles resources for health care professionals at cdc.gov/measles/hcp/index.html.

TDIC's Risk Management Advice Line is a benefit of CDA membership. If you need to schedule a confidential consultation with an experienced risk management analyst, visit tdicinsurance.com/RMconsult or call 800.733.0633.

Robert H. Talley, DDS, CAE
robert.talleydds@nvda.org

Executive Director's Fall Message

This is our Annual Membership issue and I want to first thank all of our many members who continue to support the association and organized dentistry. My hope is that those who are reading this journal and are not members will look through the pages of benefits and realize that we need you to join in order to keep this association strong. This is a link to our end of session report on legislative activities: www.nvda.org/advocacy/meeting-reports.

One of the tangible member values from the NDA is our dental supply buying service called NDA Supplies. Association member dentists may save up to 20% or more. By leveraging the group buying power of more than 800 NDA members along with many other state associations, NDA Supplies is able to save you a lot of money. Please see the ad in this Journal (page 14) and give it a try. You are welcome to do a free price comparison. You really can save enough to pay for your yearly dues.

Since my last report, I have attended two major conferences with some of the NDA officers and component staff.

The first was the ADA Management Conference held annually in Chicago at the ADA headquarters building. This meeting is primarily for State and Local Executive Directors to bring them up to date on a wide range of topics. During the last two years the ADA has added the President-Elects conference to this week which gives the Executive Directors an opportunity to discuss the next President's vision for the Association. A full report on this conference will be available soon on the NDA website in a member only area at this link: www.nvda.org/advocacy/member/meeting-reports.

The second conference attended is called the Western States President's Conference which brings together the President, President-Elect and the Executive Director from the 13 western states. This represents the three western districts of the ADA and the trustees from these districts were also present. The conference rotates through the states and this year New Mexico hosted the meeting in Santa Fe. It was beautiful and the weather was perfect. Each state had the opportunity to talk about issues in the state and then there was general discussion on many topics. Again, a full report on this meeting can be found soon on our website at this link: www.nvda.org/advocacy/member/meeting-reports.

One of the tangible member values from the NDA is our dental supply buying service called NDA Supplies. Association member dentists may save up to 20% or more.

President's Fall Message

Michael Sanders, DMD

As we near the end of summer, it is nice to remember the success of our House of Delegates Meeting in Incline Village. Dr. Dragon led a very successful meeting with very positive outcomes. Let that positive energy carry on into the coming year. We have begun staffing our councils with volunteers. Thanks to all those who have stepped forward to help. In addition to the ongoing business of our councils, an ad hoc committee was established to initiate the selection process for a new NDA lobbyist. This committee has done a remarkable job of defining the hiring process. Recent communication to our membership has asked for recommendations of potential candidates for the position. The ongoing selection process will carry us in to October for review of applications and candidate vetting. I thank you in advance for your help in finding potential applicants.

This is the time of year when new graduates seek employment. It is not uncommon, as well, that practicing dentists consider a practice transition via new contracts with third parties. A very useful and free benefit of ADA Membership is the ADA's Contract Analysis Service. This service provides analysis of:

- Dental provider contracts with third party payers.
- Dental management service organization contracts.
- Contracts that offer dental school students scholarships or loans in exchange for a commitment for future employment.

Providing the service with an unsigned copy of the contract offer along with a request for analysis can be enormously beneficial. (The one caveat is that this service is not legal advice which should also be sought.)

The Nevada Legislature is adjourned until 2021. However, significant issues remain at the national level that would benefit from individual advocacy. Please visit the ADA Legislative Action Center to see updates and calls for action for federal legislation such as S.560/H.R.1379 the Ensuring Lasting Smiles Act (ELSA). ELSA would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect. I would include adjunctive orthodontic and prosthodontic services. Visit the Legislative Action Center to see the advocacy the ADA is using to supporting several pending legislative actions regarding dental student debt relief and management.

It is clear the ADA offers many benefits to our members. We should all take pride in the services the ADA presents to its members and do our best to make others more aware of these opportunities. Thanks are always due to those who volunteer in leadership positions and to the amazing staff working at our components to help us grow and feel proud of our societies.

Lori Benvin
nnds@nndental.org

News from the Northern Nevada Dental Society

This July, I once again had the opportunity to attend the ADA Management Conference in Chicago. Overall, this conference was again an excellent and relevant opportunity for me and my position an association Executive. I met many new fellow society EDs across the country, many state EDs and executives and legal representatives from the ADA. I also reconnected with many from last years conference and the networking is invaluable. Thank you again to my NNDS Executive Board for giving me the opportunity to attend. Here are some highlights and "take aways" that I experienced:

Collaborative Council Workshop

- Once again attended the ADA collaborative Counsel workshop with ADA legal department, some state legal counsels and Executive Directors from many states.
- Excellent review of relevant legal issues reported by ADA legal with questions from state EDs; including SmileDirect, the scary but reality of Dental Biometrics.
- ADA looking for examples from SD patients and dentists/specialists who are now treating these patients; how they have to fix what the SmileDirect wrongful procedures are doing to patients.

ACSE – Association of Component Society Executives

- Received the Helen Hamilton scholarship this year for some travel reimbursement from this association.
- Great half day networking with other component Executive Directors across the country; they meet annual at this meeting and at the ADA Annual Conference.
- Dr. Kathleen O'Loughlin, ADA Executive Director once again gave ADA Leadership Update presentation: including FIIST, societies should be thinking of new ideas for non-dues revenue, CE is a dying revenue source, Aptify, the financial cliff of the ADA members; many are aging out. Discussed dues Resolution that will be presented to the HoD in San Francisco this fall. It is to modify existing categories of dues structure that will impact new dentists and Active Life. Also discussed the pilot states who are trying the new ADA Practice Transitions (eHarmony for dentists) ADApt.com. Laurel Road has now been taken over by Key Bank.

Overall this conference was again an excellent and relevant opportunity for me and my position an association Executive. I met many new fellow society EDs across the country, many state EDs and executives and legal representatives from the ADA.

Joint Reception

- All EDs from state and local components, ADA conference staff, legal dept., and all conference attendees. More networking.

Tuesday, 7/23 Events & Keynote Speaker

- Strategic Planning with Dean West was a two-day session. Discussion on Do you have the principal people making the principal decisions? Is there a clarity of roles? Do you have the right fit for those in leadership roles? The right skillset? Wrong outcomes; did not produce the right results, maybe wrong implementation. Good decisions in strategic planning; set golfs like audience outreach, future focused, transparent, data drive and objectives, creative diverse discussion and clarity of roles. The point isn't the plan, the point is the planning.
- Ask the ADA: with Dr. O'Loughlin, Dr. Jeffrey Cole, ADA President, and Dr. Chad Gehani, ADA President-Elect. Excellent discussion and more about the Resolution being proposed at the ADA Annual HoD regarding new dues structure for the new member and Active Life member. Many expressed they felt this is a bad idea and will lose members if passed.
- Break-Out Sessions
  - I attended the "Creating and Sustaining Strategic Leaders in the Association" again with Dean West. Excellent discussion in a smaller setting of EDs

Wednesday, 7/26 Events

- More Power of 3 and Hackathon session presented by Jamie Murdock from Experient. This 1.5 hour portion of the meeting was extremely relevant and very interactive. It forced us to work with other EDs from other states and accomplish a common goal in a short amount of time. We created an idea for a dental app for dentists to access "My ADA" that would include each dentists profile, blogs, community bulletin, CE opportunities, job/practice opportunities, practice transitions, social events, leadership opportunities, deals for you, etc.
- Today also included another break-out session with ideas on webinar CE with interactive capability for attendees with the speaker. Non-Dues Revenue Panel on how do we move from all day CE courses to digital depending on how many hours are allowed in each state?

In closing, please check our website at www.nndental.org for our Calendar of Events in 2019/20 as we have some incredible CE opportunities right here in northern Nevada and our year will start back up on October 17 for our first general membership dinner meeting.

Welcome Newest NNDS Members

Maxwell Doxey, DDS – General

Morrigan Drew, DDS – General (welcome back)

Christina Knapp, DDS – General

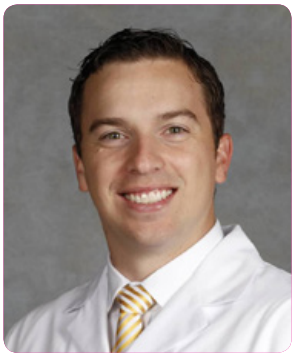
Stavan Patel, DDS, MD – Oral Surgeon

Michael Stallings, DDS – General

Matthew Torres, DMD – General

Mariangela Verano, DDS – General

Robert Vong, DMD – General



Craig Andresen
DDS, FACPS
nnds@nndental.org

NNDS President's Summer Message

As a seventh generation Nevadan, I grew up here in Reno with most of my family always close by. I enjoyed looking forward to yearly traditions, and milestones to mark the months and years going by. This time of year is always especially nostalgic as it marks another summer ending, another school year beginning, another season of traditions that I now get to share with my family. As the evenings begin to feel cooler, we know football season is just around the corner, piles of leaves and pumpkins will soon abound in our yard, and there will be an air of excitement in our home as the kids anticipate trick-or-treating, Thanksgiving and, eventually, Santa. What I love most about these things is how it brings together family and friends and gives us all a sense of identity and of belonging.

These things have become even more important to me now as a practicing dentist. Balancing family, friends, and a personal life with the demands of treating patients, managing staff and running a business can make maintaining that sense of identity and belonging difficult. I feel very fortunate to live in an area with such a strong sense of community among the dentists. When my wife, Allison, and I first became members of the Northern Nevada Dental Society over five years ago, we felt very warmly welcomed into a community of dentists who shared our values, wanted to make an honest living in a profession they were passionate about, all while balancing family, friends, and life outside of the dental office.

Our membership in the NNDS has been much more than just a fee we pay each year. Shortly after joining, I was given the opportunity to serve within the society and began to see, first hand, the hard work this organization puts into assembling mandatory CE courses, staying abreast of pertinent political issues, and advocating for our profession. As members, we reap all the benefits the society has to offer, allowing us to worry less about some of these adjacent aspects of our profession and focus more on taking care of our patients and spending time with our families. Through our membership we also gain the support and fellowship of a community of dentists who come together to learn, progress, and collaborate.

Over the years, many of these dental colleagues have evolved into good friends and I look forward to seeing them at monthly meetings and other NNDS events. Our Annual August Barbeque has become another tradition to mark this exciting time of year; an event that brings together our local dental family and, this year, a milestone marking the start of my term as president of the Northern Nevada Dental Society. I am humbled by this opportunity to work with and serve the members of this great group and look forward to continuing our society's strong tradition of welcoming new members, bringing our community together, and strengthening our profession.

Event Calendars

Nevada Dental ASSOCIATION

2019			
Oct 16	Executive Committee	Video Conference	6pm
Nov 13	Executive Committee	Video Conference	6pm
Dec 11	Executive Committee	Video Conference	6pm

2020			
Jan 11	NDA Midwinter Meeting	Las Vegas, TPC Summerlin	9am

Northern Nevada DENTAL SOCIETY

2019			
Oct 15	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
Oct 17	NNDS General Membership Dinner Meeting with Dr. Douglas Young	Atlantis Casino Resort Spa, Reno	6:00pm
Oct 24	AGD Dinner Meeting	TBD	6:00pm
Oct 29	NNDHP Advisory Board meeting	5605 Riggins Court, #101A, Reno	5:30pm
Nov 8	NNDS & New Dentist Holiday Gathering	The Depot, Reno	5:30pm
Nov 12	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
Nov 14	NNDS General Membership Dinner Meeting speaker: Dr. LeeAnn Brady	Atlantis Casino Resort Spa, Reno	6:00pm
Nov 15	All Day Continuing Education Course w/ Dr. LeeAnn Brady	Atlantis Casino Resort Spa, Reno	8:00am
Nov 21	AGD Dinner Meeting	TBD	6:00pm

UNLV School of DENTAL MEDICINE **REPORT**

ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs received 1,716 applications for 2018–19 application cycle. Approximately 82 new students in the Class of 2023 will be matriculating for the fall 2019 semester. The 2019–20 application cycle for the recruitment of the Class of 2024 began June 3. As of July 30, more than 900 applications have been received.

The DMD Class of 2022 and DDS Class of 2021 White Coat Ceremony took place September 20, marking the second-year students' transition from preclinical to clinical instruction. This is the school's 16th White Coat Ceremony since opening its doors in 2002.

ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

The program welcomed six new residents in July. Two are graduates from UNLV; two are from Midwestern University in Arizona; one is from Boston University; and one is from University of Pennsylvania. The program also initiated a clear aligner orthodontic treatment called RebelAlign, in which the design and 3-D printing are done on site.

STUDENT RESEARCH

The summer research elective gives dental students the opportunity to engage in research programs mentored by School of Dental Medicine faculty members. This summer, 42 first-year and nine second-year students, and one third-year student participated in projects directed by 17 faculty members in the Department of Biomedical Sciences and the Department of Clinical Sciences. Results from these projects will be presented as posters during the School of Dental Medicine Dean's Symposium and Research Day in early 2020.

COMMUNITY SERVICE REPORT

Between May 1 and July 31, 2019, the UNLV School of Dental Medicine community outreach team provided more than 900 screenings to underserved patients in Nevada, and completed 721 applications of fluoride varnish. With the assistance of dental students, they offered oral hygiene instruction to more than 1,000 children. The outreach team also offered parent engagement presentations to several Head Start and Early Head Start Centers across the state, as well as preventive services in Clark, White Pine, Elko, and Washoe counties. The team also offered informational material to more than 130 individuals at local health fair/resource fairs. The value of the donated services for this time period was approximately $110,000 using an average summary for the ADA fees.

Administrative Offices

NDA Executive Offices

Robert H. Talley DDS CAE, Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
702-255-4211 • 800-962-6710
FAX 702-255-3302
robert.talleydds@nvda.org • www.nvda.org

DIR. OF MEMBER SERVICES	Suzzi Fobbs
PRESIDENT	Michael Sanders DMD
VICE PRESIDENT	Ed De Andrade DDS
PRES-ELECT	Mark Funke DDS
SECRETARY	Jason Doucette DMD
TREASURER	Dwyte Brooks DMD
PAST PRESIDENT	Richard Dragon DMD

Nevada State Board of Dental Examiners

Debra Shaffer-Kugel, Exec. Director
Rick B. Thiriot DDS, DSO Coordinator
Candice Stratton, Licensing Specialist
6010 S Rainbow Blvd, Ste A1
Las Vegas, NV 89118
702-486-7044 • 800-DDS-EXAM
FAX 702-486-7046
nsbde@nsbde.nv.gov
www.nvdentalboard.nv.gov

Northern Nevada Dental Society

Lori Benvin, Exec. Director
5605 Riggins Court, Ste 101A
Reno, NV 89502
775-337-0296FAX 775-337-0298
nnds@nndental.org • www.nndental.org

PRESIDENT	Craig Andresen DDS
VICE PRESIDENT	Erin (Brosy) Anderson DMD
SEC./TREASURER	Benjamin Brooks DDS
PAST PRESIDENT	Adam Welmerink DDS
MEMBERS AT LARGE	Benita Ng Brooks DDS Meagan Struby DDS

Northeastern Nevada Dental Society

Robert H. Talley DDS CAE, Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
702-255-4211 • 800-962-6710
FAX 702-255-3302
www.nends.org

PRESIDENT	Jeremy Keener DDS
VICE PRESIDENT	Todd Thompson DMD
SEC./TREASURER	Todd Thompson DMD
PAST PRESIDENT	Jamie Marvel DDS

Southern Nevada Dental Society

Jessica Beason, Exec. Director
Monica Rexius, Office Manager
8863 W Flamingo Rd, Ste 101
Las Vegas, NV 89147
702-733-8700FAX 702-733-6062
s_nds@hotmail.com
www.sndsonline.org

PRESIDENT	Robin Lobato DDS
PRES-ELECT	Gregory Hunter DMD
PAST PRESIDENT	Joseph Wineman DMD
SECRETARY	Bryce Leavitt DMD
TREASURER	David Mahon DDS

American Dental Association

211 E Chicago Ave, Chicago, IL 60611-2678
312-440-2500 • 800-621-8099
www.ada.org

ADA DELEGATES	Richard Dragon DMD Steven A. Saxe DMD David M. White DDS

NDA Committees

Council on Communications

Dr. Tina Brandon Abbatangelo, *Chair*
Dr. Ed DeAndrade
Dr. Erin Anderson
Dr. Bianca Velayo
Dr. Adam Welmerink
Dr. Daniel L. Orr II

Council on Ethics, Bylaws and Judicial Affairs

Dr. Mark Funke, *Chair*
Dr. Dwyte Brooks
Dr. Rick Dragon
Dr. Michael Sanders
Dr. Robert Talley

Council on Government Affairs

Dr. David White, *Chair*
Dr. Jason Doucette
Dr. Richard Dragon
Dr. Robert Talley
Mr. Chris Ferrari–Contract Lobbyist

Council on Membership

Dr. Robert Talley, *Interim Chair*
Ms. Jessica Beason
Ms. Lori Benvin
Ms. Suzzi Fobbs

Council on Dental Benefits

Dr. Ron Laux, *Chair*
Dr. Brandi Dupont
Dr. Cody Hughes
Dr. Zac Soard

ADA Business Resources affliated

We are pleased to announce that the NDA and ADA have combined the purchasing power of dentists to gain discounts on a large variety of products and services. Call the company or the NDA to learn more.

CareCredit
Patient financing
800-300-3046 x4519 www.carecredit.com

InTouch Practice Communications
877-493-9003
www.intouchdental.com/ada

NDA-Affiliated Products

These companies and their products have been evaluated by the NDA and are recommended for use in running your practice. Let us know if you have any feedback or would like to recommend a product or service for affiliation. For a weblink to each company, go to www.nvda.org/affiliatedproducts.shtml.

Best Card, LLC
Credit card processing
877-739-3952 www.bestcardteam.com

The Dental Record
Digital record keeping
800-243-4675 www.dentalrecord.com

TDIC
Professional liability
800-733-0633 www.tdicsolutions.com

NDA Supplies
Save up to 20% on dental supplies
www.ndasupplies.com

IC System
Collection service
800-279-3511 www.icsystem.com/nda.htm

Lands' End Business Outfitters
Uniforms
800-490-6402 www.ada.landsend.com

Lenovo
800-426-7235 ext. 4886
www.adabusinessresources.com/en/endorsed-programs/computers

Mercedes-Benz
Mercedes-Benz leasing
866-628-7232 http://ebusiness.ada.org/adabei/luxury-vehicles.aspx

Office Max
Office supplies
702-647-8662 www.officemax.com

SurePayroll
Payroll processing
866-535-3592 www.surepayroll.com/ada

UNLV School of Dental Medicine
Hands-on continuing education
702-774-2400 www.dentalschool.unlv.edu

UPS
Shipping services
800-636-2377
www.adabusinessresources.com/en/endorsed-programs/shipping

NEVADA DENTAL ASSOCIATION
8863 W FLAMINGO RD, STE 102
LAS VEGAS, NV 89147-8718

CHANGE SERVICE REQUESTED

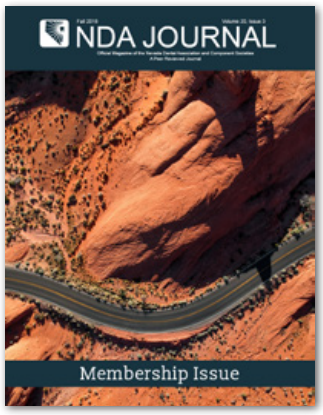
ADVERTISING RATES STARTING AT $430!

— Classifieds Available —

For more information, please contact
Ben Oerther at **503-445-2226** or **beno@llmpubs.com.**

LLM PUBLICATIONS

Nevada Dental ASSOCIATION



Advertise in *The NDA Journal!*

NDA Journal is the official magazine for the Nevada Dental Association.

Dentists and their staff rely on the Journal for information to improve their practices, as well as to stay connected to the local community.

ISSUE	DEADLINE
Wint '19-'20	**Nov 11**
Spring '20	**Feb 12**