



Fall 21

Volume 23, Issue 3

NDA JOURNAL

Official Magazine of the Nevada Dental Association and Component Societies
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NDA JOURNAL

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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 Michele Reeder, Executive Director, Nevada Dental Association, 600 E. William Street, #202, Carson City, NV 89701. Ph: 702-255-4211. Materials may be reproduced with written permission.

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NDA JOURNAL

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On the Cover

TD Ameritrade Park in Omaha, NE, site of the annual College World Series. The dimensions of Ameritrade are: Left Field Line, 335'; Left Center Field, 375"; Center Field, 408"; Right Center Field, 375", and Right Field Line, 335". This allows for 13,000' square feet per player, more "social distancing" than soccer (2,000 square feet), basketball (450 square feet), or hockey (142 square feet), and without nearly as much player on direct contact. Ameritrade hosted 24,000 fans during CWS games with virtually no social distancing. See NDAJ 2021 CWS Casey Stengel Co-Champion Award on page 14.



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

What Impact has COVID-19 had on Dental Employment and Patient Services?

Nevada dentists recall that Governor Sisolak declared dentistry “non-essential” when he banned elective dental procedures, while still allowing “emergent” interventions, from mid-March until the first week of May 2020.¹ So, just like non-essential haircutters, and millions of other small businesses nationally, many of which were driven to bankruptcy, for a while neither haircutting (Figures 1 and 2) nor dentistry was an option for Nevadans. In Nevada, which leads the nation in private sector unemployment, not one government employee was laid off.²

During this time frame, questions naturally arose as to what exactly an emergency is. The *NDAJ* opined on that topic years ago, utilizing in part Black’s Legal Dictionary, Dorland’s Medical Dictionary, and the American Dental Association’s definitions. That writing is available via nvda.org.³ The definition of emergency has always been somewhat amorphous, to both patients and doctors, and during the ban, one dentist’s emergency was not necessarily another’s. Several competitor dentists reported concerns that were ultimately addressed by the NSBDE, which continues to solicit COVID-related complaints via a dedicated link at dental.nv.gov.⁴

McDermott and Cox have studied some of the COVID health professional employment sequelae,

including dental offices, seen during the last year.⁵

Out of concern that hospitals would be overwhelmed by COVID cases, the Trump administration ordered, via the Army Corps of Engineers, the creation of over 30 Field Hospitals.⁶ By the middle of 2020 the hospitals stood down, most without ever being used for a single patient, because the pedestrian COVID virus admissions did not inundate hospitals.

In spite of the fact that hospitals were never crushed by COVID patients, many “non-emergency, elective, or routine medical services,” including dentistry, were delayed or cancelled. Non-emergent, elective, or routine medical services included cancer surgery—such as at UCLA, a philosophy with which many cancer patients and surgeons did not agree.⁷

Further, as a result of patients not having needed access to politically determined non-essential dental services, the number of dental patients seen in Las Vegas area emergency rooms (ER) increased significantly, to nearly 10% of all ER presentations.⁸ Predictably, soon patient urgencies morphed to emergencies as patients were forced to revisit area ER’s, which are not designed to effectively treat dental issues, and which provided nothing but antibiotics and analgesics.

In spite of the fact that hospitals were never crushed by COVID patients, many “non-emergency, elective, or routine medical services,” including dentistry, were delayed or cancelled.

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.

Such compromised ER treatment plans exacerbated resistant strains of bacteria and contributed to controlled substance issues, particularly after multiple ER visits by individuals. A survey of local OMS's resulted in anecdotal evidence that thousands of teeth in Nevada were removed that could have been restored or retained otherwise, absent the unscientific and non-functional political limits placed on dental health professionals.⁹ Extrapolating across the nation, millions of teeth were needlessly lost.

As a result of the COVID political interventions nationally, healthcare revenue fell sharply and more than 1.5 million healthcare jobs were lost from February through April 2020. Healthcare services recovered more than 300,000 jobs in May, mainly in dental offices, but employment in certain healthcare settings continued to decrease.

Overall, because health employment has dropped less than employment in other sectors, healthcare workers

now account for a larger share of the employed workforce. However, these employment numbers did not account for people whose hours were cut or pay decreased.

COVID-related job loss among healthcare workers was primarily concentrated in office-based settings. Of the 1.5 million healthcare jobs lost in 2021, 521,000 (35%) were among staff in dental offices. Although dental offices recovered 245,000 jobs relatively soon thereafter, many dental offices are still understaffed, in part secondary to continuing COVID related unemployment benefits that reimburse former employees more than their actual jobs did. Overall, employment at dental offices has remained 30% lower than before the political treatment planning.

It appears that dental office unemployment depended primarily on states' unpredictable political reactions, and the resulting uncertainty on the part of these small businesses. Some states shut down dental offices for elective procedures far longer than others. For instance, there was a loss of dental employment of 20.7% in Washington, D.C. but only 4.3% in Phoenix, AZ. Women have endured more job loss in the healthcare sector because of the political consequences of political COVID treatment planning.

Small business owner economic perceptions were most adversely impacted secondary to Democrat planning policies peripheral to and during COVID.¹⁰ These perceptions were bolstered not only by loss of income but also rapidly increasing consumer costs, such as the current seven-year high in gas pricing.¹¹

As far as state by state comparative penetrance, morbidity, and mortality secondary to COVID, it is difficult to find objective information at this time. The Kaiser Foundation may publish more raw data than most sources for readers to consider independently.¹²

The *NDAJ* welcomes circumspect feedback. Fight On! 🐾

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2020 Hair by Sisolak



2020 Hair by Tiffany

News Briefs

August 31, 2021

CDC, American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine Tout Safety of COVID-19 “Vaccines”

“The benefits of receiving a COVID-19 “vaccine” outweigh any known or potential risks from the immunization during pregnancy, according to the CDC.”

“We don’t see any way that that could cause harm to your baby...months have gone by, and the data has done nothing but support the fact that the COVID “vaccine” is safe in pregnancy.”

Editor’s note: “Vaccine” is in quotation marks because the CDC did

not change the definition of vaccine until September 1, 2021, after this article was released. Questions: Are there unknown risks we don’t know about (see thalidomide)? Might others see a way the mRNA formulations could harm the mother and/or child? Perhaps such concerns, unknown to the authors, are why the Federal Government exempted itself and the experimental drug manufacturers from all tort liability? How can these conclusions be reached

about experimental drugs that have only been released for a year when gestation is nine months? Do the authors have any controlled studies demonstrating the long-term effects of the experimental formulations in pregnancy?

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September 2021

CDC Changes the Definitions of “Vaccine” and “Vaccination.”

Up to and including August 2021 the CDC had historically explained:

“Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce immunity to a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.”

September 01 2021 the CDC changed the definitions:

“Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A preparation that is used to stimulate the body’s immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

Immunization, A process by which a person becomes protected against a disease through vaccination. The term is often used interchangeably with vaccination or inoculation.”

Editor’s Note: *Definitions accepted since Jenner’s classic treatments in the 1700’s, have now been replaced. For instance, “immunity” has been replaced with “protection” and “specific disease” has been replaced with “diseases.”*

The COVID preparations do not bestow immunity, but only a theoretical degree of protection, absent long-term studies as all other classical vaccines have completed. The COVID preparations do not use attenuated viri, but mRNA cellular inclusions. Does the CDC change of the definition of “vaccine” automatically transform the COVID preparations from experimental drugs to vaccinations? 🧐

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The 2021 Veto of SB391

By Tina Brandon Abbatangelo, DDS



Politics is the ugly beast that stands between good policy and bad. Whether it be at a local, state, or federal level, politicians work their magic to effect statutory changes for their constituents. Nevada's 81st legislative session ended on June 1, with over 1,000 resolutions and bills presented. The legislators completed 605 bills. Governor Sisolak only vetoed four of them, one being SB391, a dental bill that would have created a functional oral health program, expanded access to care with teledentistry, and created a committee that would include dentists as emergency responders. It would have formally brought dentists, who have the highest knowledge, expertise, and educational background for all things dental, to the health care table.

The Intent of SB391

An act relating to dentistry; revising provisions relating to the State Dental Health Officer and State Public Health Dental Hygienist; requiring hospitals and issuers of Medicaid managed care plans to take certain measures to ensure access by recipients of Medicaid to teledentistry; authorizing the issuance of a permit as a dental responder to a dentist, dental hygienist or dental therapist

who meets certain requirements; authorizing a dental responder to perform certain duties during a declared emergency, disaster, public health emergency, or other health event; creating and prescribing the duties of the Committee on Dental Emergency Management; revising the membership of the Committee on Emergency Medical Services; requiring a public or private school or child care facility to accept a dental examination, screening or assessment provided through teledentistry for certain purposes; requiring dental hygienists and dental therapists to comply with certain requirements governing the provision of health care; imposing certain requirements relating to the provision of services through teledentistry; requiring certain providers of dental care to receive training concerning teledentistry; prescribing certain requirements relating to the electronic storage of records; deeming certain conduct by a provider of dental care to be unprofessional conduct; and providing other matters properly relating thereto.

An issue with this new proposed policy was the volume of legislation contained in it. Nevada is a whole bill state without the opportunity for a line-item veto. If Sisolak did not like one part of the bill, the only way to address his concern was to veto the bill in its entirety, which he did June 11. The veto not only jeopardized the role of the State Dental Health Officer, but it has also placed The Nevada Oral Health Program at risk. This includes their advocacy, outreach, and educational projects efforts. In addition, it brought teledentistry to a halt, a significant setback for dental access to care.

Oral health is a vital aspect of one's overall health. Poor oral health can

lead to adverse systemic effects. Scientific research has proven associations between poor oral health and chronic diseases and illnesses such as heart and lung disease, stroke, and diabetes. There are also evident health disparities amongst lower-income, racial, and ethnic groups. "An estimated 108 million people each year see a physician but not a dentist; conversely, 27 million people each year have a dental visit but no medical visit. Some in this latter category may have undiagnosed medical conditions such as diabetes or hypertension that could be identified in dental offices." (Atchison, 2018)

According to the CDC, oral health affects our ability to eat, speak, smile, and show emotions. Oral health also affects a person's self-esteem, school performance, and attendance at work or school. Oral diseases—ranging from carious lesions and gum disease to oral cancer—cause pain and disability for millions of Americans and cost taxpayers billions of dollars each year. In 2019, over 35% of adults in Nevada did not seek dental care. Furthermore, 20% of adults in Nevada admit to having anxiety due to poor oral health. In 2015, dental care cost Americans \$117.5 billion. Moreover, more than \$6 billion was lost in work productivity due to receiving dental care. With these numbers and statistics, access to dental care needs to be modified and readdressed to meet the needs of all Americans.

The political response to COVID-19 put a mirror up and microscope over every health professional worldwide, including dentists. It revealed that oral health care inequities are experienced by many. The pandemic





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also unveiled how limited we were in reaching patients of record and those in need of emergency dental care. In Nevada, dental offices were closed except for emergency care from mid-March until the first week of May. Dentists providing emergency care had to be prepared to prove they were treating true emergencies and not elective conditions. As a result, many dental providers turned to teledentistry to connect with their patients during COVID and after.

Teledentistry occurred without a formalized framework for safe and efficient utilization. A few courses were provided online, but not one specific for the state of Nevada. Teledentistry would allow dentists to bring quality and immediate health care delivery to a more economical platform. Teledentistry was not only supported by the American Dental Association (ADA), they also created a policy model for states to consider: “The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Teledentistry can expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.” (ADA, 2020)

There were countless lessons learned while providing dental care during the pandemic. The growing use of teledentistry was amongst those lessons. Unfortunately, dental professionals in Nevada were left out of the regulatory conversation on reopening their dental offices for routine and preventative care. Dentists in Nevada knew changes were needed. Therefore, the Nevada Dental Association harmonized with former State Dental Health Officer Antonina Capurro DMD, MPH, MBA to bring SB391 to legislators.

The bill proposed a Committee on Dental Emergency Management that would include dental professionals to serve as emergency responders. It would have created a more structured plan for training dental professionals to serve during a public health crisis. Another goal of the bill was to set guidelines for patient safety on teledentistry. The last intention of the bill was to bring organizational structure to the Nevada

Oral Health Program. This included a well-qualified staff and concrete roles and qualifications for the State Dental Health Officer and the State Dental Hygienist.

The Nevada Dental Association and the Nevada Dental Hygiene Association, and the local dental societies, including the Southern



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Nevada Dental Society, the Northern Nevada Dental Society, and the Northeast Dental Society, all supported this bill. They knew the positive impact it would have on access to dental care in any environment, especially during a time of emergency. They also knew the importance of having a framework for teledentistry for Nevada.

The bill displays in detail, guidelines of teledentistry for dental practitioners and 3rd party payers, including Medicaid. The structure of the teledentistry would include a teledental exam, how the system keeps patient information secure, and how the NSBDE would adopt these regulations. It also laid out the emergency disaster committee along with the training required for the proposals. Finally, the iterated a dental representation with the State Board of Health Committee in Emergency Medical Services.

According to Medicaid.gov there are over 750,000 people on Medicaid in Nevada, a 128% net increase since open enrollment. Limited dental services are provided to adults with Medicaid. Children up to 20 years old receive comprehensive dental benefits.

Moreover, there are expanded services provided to pregnant women. However, only around 20% of Nevada dentists accept Medicaid, in part due to low fee schedules and invasive over regulation. Therefore, access to dental care is limited due to a lack of providers. Also, many patients who do not qualify for Medicaid or do not know how to receive help, get lost in the system.

Having this bill vetoed and no foreseeable equivalent oral health programs puts many at risk. Other programs at risk are the Nevada



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Office of Governor Steve Sisolak

June 11, 2021

The Honorable Barbara K. Cegavske
 Secretary of State
 101 N. Carson Street, Suite 3
 Carson City, Nevada 89701

Re: Senate Bill 391 of the 81st Legislative Session

Dear Secretary Cegavske:

I am forwarding to you, for filing within the time limit set forth in the Nevada Constitution and without my approval, Senate Bill 391 (SB 391), which is titled as follows:

AN ACT relating to dentistry; revising provisions relating to the State Dental Health Officer and State Public Health Dental Hygienist; requiring hospitals and issuers of Medicaid managed care plans to take certain measures to ensure access by recipients of Medicaid to teledentistry; authorizing the issuance of a permit as a dental responder to a dentist, dental hygienist or dental therapist who meets certain requirements; authorizing a dental responder to perform certain duties during a declared emergency, disaster, public health emergency or other health event; creating and prescribing the duties of the Committee on Dental Emergency Management; revising the membership of the Committee on Emergency Medical Services; requiring a public or private school or child care facility to accept a dental examination, screening or assessment provided through teledentistry for certain purposes; requiring dental hygienists and dental therapists to comply with certain requirements governing the provision of health care; imposing certain requirements relating to the provision of services through teledentistry; requiring certain providers of dental care to receive training concerning teledentistry; prescribing certain requirements relating to the electronic storage of records; deeming certain conduct by a provider of dental care to be unprofessional conduct; and providing other matters properly relating thereto.

Senate Bill 391 would set forth new laws related to the State Dental Health Officer, governing teledentistry, and establishing a committee to makes rules for dentists administering medical care during an emergency.

I support the provisions of the bill that would allow for use of teledentistry to bring dental care to more Nevadans, especially those in rural areas, and I remain committed to continue working on

I support the provisions of the bill that would allow for use of teledentistry to bring dental care to more Nevadans...and I remain committed to continue working on these efforts, however, I cannot support this bill...

Senate Bill 391 would set forth new laws related to the State Health Officer, governing teledentistry, and establishing a committee to make rules for dentists administering medicinal care during an emergency.

however, I cannot support this bill because of the provisions that limiting the practice of dentistry during an emergency.

required to meet at least twice a year, whether or not any emergency would advise and provide recommendations to the Board of Dental Health, and the Department of Health and Human Services, and develop a plan for the practice of dental care during an emergency, and the Division of Emergency Management stating the policies and committee. It is unclear why a new committee is necessary to develop whether those policies would be binding on the Dental Board and on others. There is no similar committee for other licensed medical

entirely exempt the committee from the Open Meeting Law when stated. The Open Meeting Law already contains limited exceptions for NRS 241.020(3). "Emergency" in the Open Meeting Law is defined to immediate action. NRS 241.020(11). This bill would create a blanket

exception during any declaration of emergency, regardless of whether that emergency is related in any way to dentistry, and regardless of whether immediate action by the committee is necessary. I strongly disagree with such a broad exemption from the Open Meeting Law.

For these reasons, I veto this bill and return it without my signature or approval.

Respectfully submitted,

Governor Steve Sisolak
 State of Nevada

cc: The Honorable Nicole Cannizzaro, Majority Leader of the Senate
 The Honorable Jason Frierson, Speaker of the Assembly



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Office of HIV (dental side), the Medicaid dental unit, and the Nevada Department of Education.

Without the opportunity for dental safety net clinics to be proposed and advocated for, those at risk become even more exposed. Nevada Health Centers have locations in both Northern and Southern Nevada. They provide medical and dental care to the underserved. They are funded through federal grants as well as Medicare, Medicaid, private insurances, and a sliding pay scale. There is constant need of private donations, and grants to keep these centers operating. These facilities are relatively limited in Nevada. The veto of SB391 creates even more of a disparity in access to dental care for these types of clinics.

Dentistry has been challenged in many regards, especially access to dental care. According to Marko Vujcic, ADA Health Policy Institute Chief Economist: "...we will not see major expansions in dental care use and sustained improvements in oral health in the coming years, especially among those with the highest needs, under the status quo model. The dental care system needs major reforms." The NDA and the local dental societies know we cannot progress on oral health issues in Nevada when our Governor is vetoing bills that would benefit the oral needs of our patients, denying the opportunity for access to care, and a reasonable remodeling the status quo.

"The demand for dentists will continue to grow because of the increase in populations, such as the elderly, who have significant dental needs, and an increase in public awareness of the importance of dental care to maintain good general health status. Demand will also be affected by the fairly widespread appeal of cosmetic and aesthetic

dentistry, the prevalence of dental insurance plans, and the inclusion of dental care as part of many public-funded programs, such as Head Start, Medicaid, community, and migrant health centers and maternal and infant care.” (Shi, 2019)

According to an article in *The Journal of Dentistry*, “The Oral and Dental Research Trust conducted a symposium review after global experts in their respective medical and dental disciplines explored the evidence-base for relationships between oral health and general health, with specific emphasis on periodontitis and type 2 diabetes and periodontitis and atherogenic vascular disease. It aims to raise public, professional, governmental, and industrial partner’s awareness of the rapidly accumulating evidence base for oral health being fundamental to general health and well-being and indeed a predictor of accelerated aging and life expectancy.”

Having an oral health program in Nevada that could help create this awareness and advocacy was brought to a standstill due to the Governor’s reckless veto. Dentistry as a public health issue in Nevada is at a crossroads. While we attempted to make a positive change to policy to help bring dental care to those in need, we lacked regulatory traction and support from leadership at the state level. SB391 had bipartisan support and was well-worked through the committee, yet it was still not enough. Governor Sisolak, a public servant, failed the dental community but, more so, his constituents. At the next legislative session in 2023, this bill, in some form, will be back. It is too important not to bring these necessary policies into law for the sake of oral health in Nevada. 🦷

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- * NDA Newsletter Editor in Chief
- Chair, NDA Council on Communications Committee
- Clinical Assistant Professor, UNLV School of Dental Medicine



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Inaugural *NDAJ* Casey Stengel Award NCAA College World Series Co-Champions

Since 2000, the *NDAJ* has been commenting on the NCAA's nearly annual football playoff faux pas. The *NDAJ*'s chief concern is that every process to date often has left an undefeated team out of the mix.¹ In 2017, the *NDAJ* appropriately named UCF as a national Co-Champion, to the delight of the ubiquitous and varied national football fan base,² but much to the dismay of many sports media intelligentsia, including those who fail to understand the concept of fair play, a trait demonstrated in interviews with the Editor. However, in August 2018, nine months after the *NDAJ* designation, the NCAA itself acknowledged that the *NDAJ* was correct as it also named UCF a Co-Champion.³ Better late than never, especially when dealing with the NCAA.

In June 2021, the NCAA announced it also agreed with the *NDAJ*'s 20+-year advocacy for expanded playoff pool.⁴ Unwisely, it did not follow the *Journal*'s recommendation for a 16-team format, which would actually solve almost any

controversy. The NCAA's conflicted celebrators decided on a 12-team version. But, don't fret, this will not mask the privileged blue blood schools' no-clique-busters philosophical legerdemain, it will only make things worse. You'll see...as the *NDAJ* will explain in detail the first year the new format is implemented.

But this year, we have novel and inexplicable decision making on the part of the NCAA, which not surprisingly recently lost a decision at the U.S. Supreme Court secondary to more mind-boggling restrictive pronouncements about student rights.⁵

But, back to the 2021 NCAA World Series, the matter at hand. Baseball tournaments at all levels are often double-elimination affairs, not one (loss) and done like the NCAA basketball tournament. According to the NCAA itself, the rule means that teams in the College World Series have



Co-Champion North Carolina State Wolfpack



Co-Champion Mississippi State Bulldogs

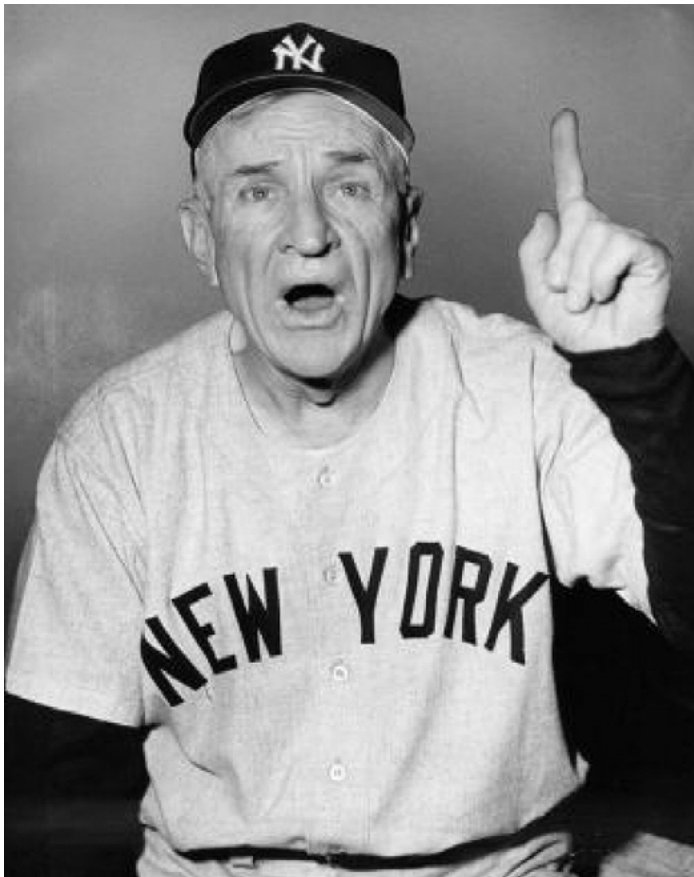


NC State Wolfpack

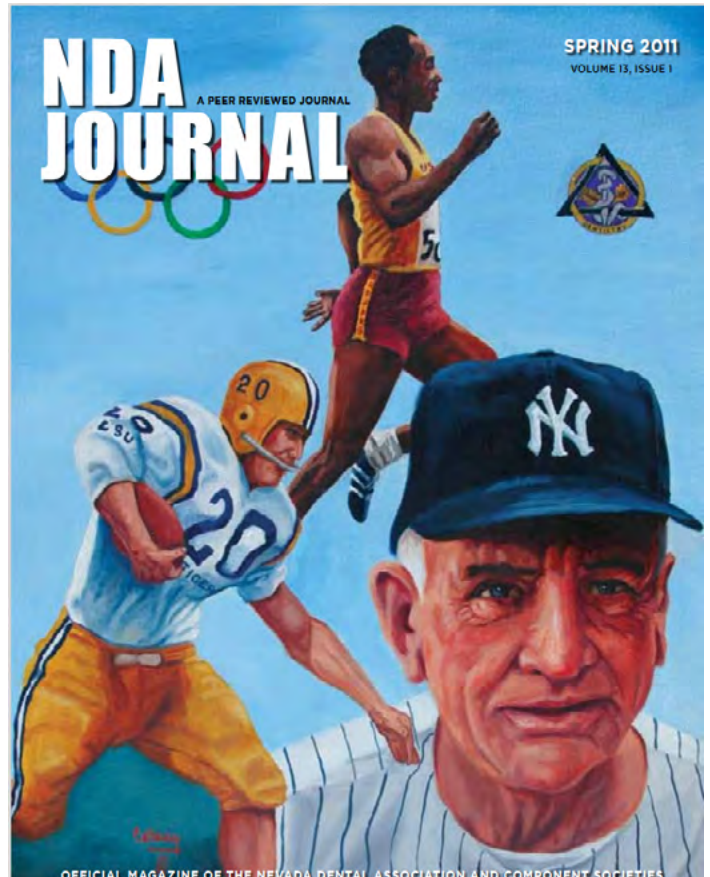


Mississippi State Bulldogs

The *NDAJ* National College Baseball Championship Award is named after Major League Baseball Hall of Famer member Casey Stengel, who between baseball seasons studied dentistry at Western University Dental School (now Case Western).



Casey Stengel



NDAJ Spring 2011 cover original art by James Callaway, DDS, featuring dentists Lennox Miller and Billy Cannon along with Casey Stengel



to lose twice before they are out of the tournament.⁶ In other words, the ultimate winner will have zero or one loss, everyone else has been sent home with two losses. But, all that was before the NCAA decided to break its own rules this year.⁷

Both North Carolina State and Mississippi State had one loss at the end of the tournament, but Mississippi State was declared the Champion. How could this have happened? Only secondary to the NCAA's chronic ham-handedness/headedness, with no intended offense to the University of Arkansas or ham in general.

Because of the universally absurd COVID political responses after “two weeks to flatten the curve” in March 2020, all without hard evidence to support the subsequent chaotic and emotional political dicta, and even though the CWS team members had all been given one of the government recommended experimental and known dangerous drugs (the federal government exempted both itself and the manufacturers of the non-FDA approved experimental drug from any and all liability claims), an NC State player tested positive (one of the adverse side-effects of the experimental drugs is that they regularly do not work, as seen in baseball, hockey, basketball, and soccer [secondary to oral hygiene concerns] bannings this year^{8,9,10,11}).

Even though the NCAA failed to comprehend the illogical nature of expelling NC State from the tournament, it did continue to recognize the value of dollars and allowed 24,000 untested fans to sit side-by-side without masking (masks don't work either, as the *Journal* has documented earlier¹²). NC State and its healthier than normal, symptomless, exceptionally fit athletes were banned from playing a game with significantly more individual space than, for instance, soccer, hockey, or basketball, games during which

Congratulations to the North Carolina State and Mississippi State Baseball Programs!

one on one contact is a regular event (see Table 1). All this information is to appease the social distancing acolytes even though distancing is but another unproven recommendation.¹³

Therefore, the *NDAJ*, with undying gratitude to the NCAA decision makers for basing their volitions on vacuous viral quackery, happily, and without

reservation announces NC State and Mississippi State as co-champions of the 2021 CWS. Both schools are co-recipients of the *Journal's* inaugural Dr. Casey Stengle Award. NC State for performing well under artificially created adverse political mandates and Mississippi State for winning the school's first ever NCAA team championship. 🙄

Table 1. Individual space available for players

Baseball: 13,000 square feet for each of 9 players (at Ameritrade Park, site of the CWS)

Soccer: 2,000 square feet for each of 22 players

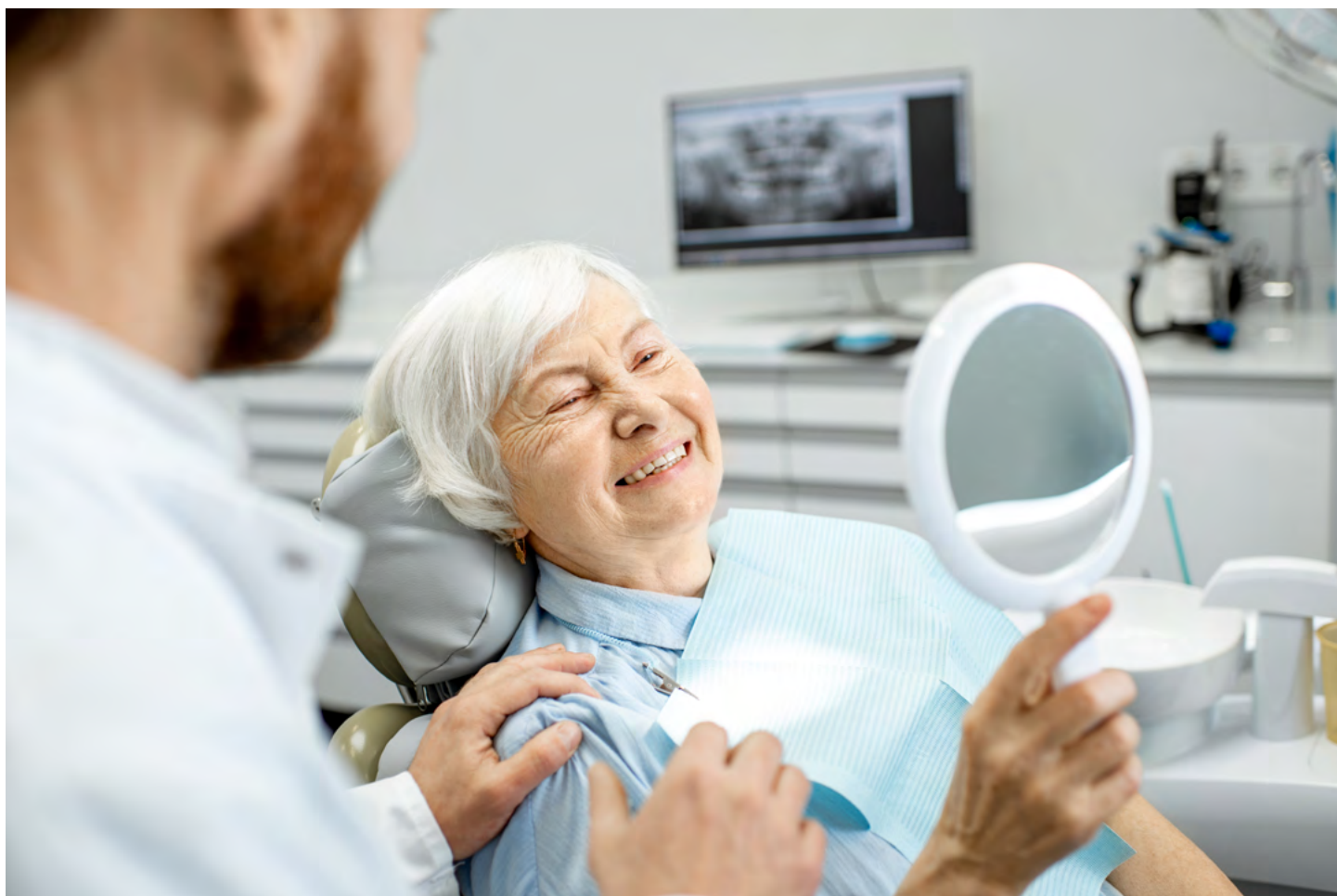
Basketball: 450 square feet for each of 10 players

Hockey: 142 square feet for each of 12 players

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Treating Elderly Patients: Minimize Risk With Informed Consent and Updated Health History

By TDIC Risk Management Staff

Dental professionals face a number of challenges in securing consent for oral care, but there are specific consent and documentation considerations when caring for older adults.

When guiding patients through appropriate treatment options, dentists typically consider the patient's medical status and financial resources; however, it is important to also be mindful of chronic illnesses or cognitive impairments that could affect their ability to consent to dental treatment.

Some older adults may find it difficult to comprehend treatment options and tend to rely on their health care

provider, a trusted family member, or caregiver to make critical treatment decisions on their behalf.

TDIC's Risk Management Advice Line often receives calls for guidance navigating patient care situations. In one case, a 90-year-old patient who had not been seen for a year presented on an emergency basis with a broken tooth.

Upon conducting a limited exam, the dentist noticed that a lingual cusp was missing and recommended a crown. The patient was presented with a treatment estimate and consented to initiate treatment. Prior to

leaving the office, the patient provided a credit card for payment of the treatment cost.

The office received a phone call the following day allegedly from the patient's son inquiring about his father's treatment. The son disputed that his father agreed to the charges and stated that his father was "forced" to go through with the treatment.

The son informed the office that his father recently suffered a stroke and was unable to make treatment decisions. Therefore, he alleged he





had power of attorney for his father's financial and health care decisions. The son demanded that the office credit back the charge on the credit card and requested a copy of his father's chart.

Assessing a Patient's Ability to Consent to Treatment

Although the dentist took the time to explain the risks, benefits, and alternatives (RBA) of treatment, there was no documentation of this discussion in the patient's chart. To prove the discussion occurred and help mitigate any potential liability risks, dentists must make a practice of documenting the informed consent discussion in the patient's chart as "RBAs discussed and questions answered."

A key factor in obtaining informed consent is determining who is responsible for the patient's treatment and financial decisions. The dentist is responsible for assessing whether the patient is reasonably capable of providing their consent prior to discussing RBAs.

Treatment decision-making capacity has four key elements. There is a general agreement that a patient is considered capable of making a treatment decision if they can:

- Demonstrate understanding of the benefits and risks of, and the alternatives to, a proposed treatment or intervention, including no treatment.

- Demonstrate appreciation of those benefits, risks, and alternatives.
- Show reasoning in making a decision.
- Communicate their choice.

If the dentist is concerned about the patient's ability to make their own treatment decisions, they should ask the patient if there is a third party who can legally consent to appropriate care on their behalf.

For independent elderly patients, dentists should always obtain consent from the patient before discussing treatment with a third party, including the patient's family members.

Reviewing and Updating a Patient's Medical History

A health history form can provide a dentist with information that should be taken into consideration when providing dental care. The form should include information about illnesses, medications, the patient's primary care physician, and an emergency contact. The form should also include an area for recording and updating any noted changes to a patient's health status or medications.

It is important that dental offices establish a system for collecting a current medical history. In this case, the office had not seen the patient for a year, yet they neglected to update his medical history prior to treatment.

Patients should review and update their health history form at every visit. The form should be signed and dated by both the patient and dentist to serve as evidence that the information is current and was discussed prior to treatment.

When reviewing the health history with the patient, the dentist should follow up on information that seems incomplete, such as an indication of high blood pressure, but no medications are listed. Many patients, especially those who are elderly, may not remember certain medications or illnesses they have had until they are questioned. Asking open-ended questions, such as, "How are you feeling today?" may elicit this information.

Any clarifications to the patient's health history should be properly documented on the form along with the date of discussion.

If the dentist believes there could be an undisclosed underlying health condition or information that the patient is unaware of or seems unclear about, they may consult the patient's physician prior to determining treatment plan options.

Ensuring the safety and health of elderly patients requires several considerations, including their ability to understand treatment options, to provide a current medical history, and to participate in the decision-making process.

These factors underscore the importance of dental providers to have clear and thorough communication practices to ensure treatment options align with the patient's goals and values concerning their dental care. 🧡

If the dentist is concerned about the patient's ability to make their own treatment decisions, they should ask the patient if there is a third party who can legally consent to appropriate care on their behalf.

NDA Calendar of Events



2021			
September			
9/13	Executive Committee Meeting	Zoom	6pm
October			
10/6	Executive Committee Meeting	Zoom	6pm
10/10–10/13	ADA SmileCon	Mandalay Bay Resort and Casino, Las Vegas, Nevada	
10/12–10/16	ADA House of Delegates	Las Vegas, Nevada	
November			
11/3	Executive Committee Meeting	Zoom	6pm
December			
12/1	Executive Committee Meeting	Zoom	6pm
12/9–12/11	ADA Lobby Conference	California	
2022			
January			
1/5	Executive Committee	Zoom	6pm
1/22	NDA Mid-Winter House of Delegates Meeting	Location: TBD	8am–5pm
February			
2/2	Executive Committee	Zoom	6pm



2021			
October			
10/5	NNDHP Advisory Board Meeting	5605 Riggins Court, #101A, Reno	5:30pm
10/12	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
10/14	NNDS General Membership Dinner Meeting	Atlantis Casino Resort Spa, Reno	6pm
November			
11/9	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
11/18	NNDS General Membership Dinner Meeting sponsored by 3M/Bioclear	Atlantis Casino Resort Spa, Reno	6pm
11/19	All-day CE Course sponsored by 3M/BioClear	Atlantis Casino Resort Spa, Reno	8am
December			
12/3	NNDS Holiday Mixer	Brewer's Cabinet, Reno	6pm
2022			
January			
1/11	NNDS Executive Committee Meeting & Delegate Pre-Meeting	5605 Riggins Court, #101A, Reno	5:30pm
1/13	NNDS General Membership Dinner Meeting	Atlantis Casino Resort Spa, Reno	6pm
February			
2/8	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
2/17	NNDS General Membership Dinner Meeting	Atlantis Casino Resort Spa, Reno	6:30pm



Michele M. Reeder

NDA Executive Director's Fall Message

Welcome to fall! Fall has always been my favorite season. A break from the heat of summer, and in Carson City, warm days follow by cool nights.

At the NDA, we know that fall means reaching out to members to say thank you for your membership and to encourage continued support of organized dentistry through membership renewal. It has been almost a full year since I joined the NDA and I have a much clearer picture of how the NDA works, the members who support it, and how the ADA pulls all its resources to bear to support you and your practice. I have met many members this past year through conversations at various NNDS and SNDS member meetings, over email, and by phone. I enjoy hearing your stories and how you support your patients in your local community. This is particularly evident as we've reached another peak in the pandemic and infections. I hope this fall season keeps you and those you care for healthy, happy, and safe.

The ADA is coming to Nevada! We are thrilled to have the ADA and SmileCon this year in Las Vegas. SmileCon is October 11–13, and the NDA will be participating on the tradeshow floor. We encourage all members to stop by the ADA/NDA Member Center and enter the NDA raffle. If you haven't seen the SmileCon program,

I encourage you to take a look and considering registering for the conference at <https://smilecon.org/en>.

The NDA has been very busy in 2021. We've strengthened our NDA Advocacy Team through Tri-Strategies, who combined with direction from our Council on Government Affairs and gave us some legislative wins in 2021. Some of the wins included insurance reform with the passing of SB269 the retroactive claims denial bill, a medical debt collection bill SB248, and a patient protection bill, SB40 to name just a few. We are proud that we could pass some insurance reform this legislative session. According to a recent ADA national member survey data, insurance reform is listed as the number two legislative priority issue with network leasing being number one.

The NDA also had a successful Annual meeting in June where we reviewed the 2021–2024 NDA Strategic Plan which will help us in our path forward through this lingering pandemic ensuring the NDA stay nimble and responsive to its members.

As always, my door is always open, and my phone is always on, so please reach out to me if I may be of service. Thank you for your membership and dedication to organized dentistry here in Nevada and I look forward to continuing to build on what we've accomplished so far in 2021. 🦷

As always, my door is always open, and my phone is always on, so please reach out to me if I may be of service.



NDA President's Fall Message

In May, I was honored to help celebrate the accomplishments of the UNLVSDM Class of 2021 graduates during an outdoor, in-person commencement ceremony at the Las Vegas Ballpark. It was great to see family and friends during that beautiful afternoon enhance the occasion with their presence.

I was asked to say a few words about organized dentistry at the celebration of the transition into clinical care for students in the DDS Class of 2022 and DMD Class of 2023 during their White Coat Ceremony on July 23. Faculty, staff, family, and friends gathered to witness 82 future doctors don their clinical jackets as a symbol of their readiness to begin treating patients. I am happy to report that I will join the DDS class of 2023 and DMD Class of 2024 on September 24 during their White Coat Ceremony.

As for the Nevada Dental Association's (NDA) legislative affairs efforts, I am thrilled to report a successful session.

A bill the NDA brought forth and presented that *passed*: SB269 our cleaning-up claim denials bill passed unanimously. In brief, the bill protects dental practices and patients by 1) prohibiting dental insurers from retroactively denying coverage they pre-approved; 2) implementing a statute of limitations of one year for insurers to recover an overpayment; 3) insurers must provide written notice of any attempt to recover overpayment; and 4) insurers must create written procedures by which a dentist may appeal.

SB248 is a medical debt collection bill. We raised concerns with this bill

regarding language that prohibits collection agencies from using the small claims courts to recover debt. Many dental practices use collection agencies to recover medical debt and prohibiting their use of the courts would negatively impact business operations. We worked to amend Section 8 of the bill to clarify that the prohibition on the commencement of a civil action to collect a medical debt does not prohibit the commencement of a small claims action to collect such a medical debt.

SB40 is a Patient Protection Commission reporting and data collection bill. Specific to dental practices, the bill requires the Department of Health and Human Services to establish an all-payer claims database of information relating to health insurance claims resulting from dental benefits. HHS will create an advisory committee to make recommendations concerning the collection, analysis and reporting of data in the database, secure access to such data, and the release of such data.

I am also very excited for the ADA annual meeting that is sure to make you smile. SmileCon will be held in Las Vegas Oct 11–13 at the Mandalay Bay Resort and Casino. Don't forget to join or renew your ADA membership to get the best pricing. 🦷



Ed De Andrade, DDS

I was asked to say a few words about organized dentistry at the celebration of the transition into clinical care for students in the DDS Class of 2022 and DMD Class of 2023 during their White Coat Ceremony on July 23.



Monica Rexius

monica.rexius@sndsonline.org

SNDS Executive Director's Fall Message

We are approaching the end of the year fast! We still have a few events left in the following months. Community Night 2021 is on September 24, from 5:30pm–8:00pm at JW Marriott Las Vegas Resort & Spa, 221 N Rampart Blvd, Las Vegas, NV 89145. Join us for a chance to network, catch up on the latest updates, and celebrate the Faye Ahlstrom recipient.

After such positive feedback and success of last year's SNDS Day of Dental Service, the SNDS is thrilled to continue to offer this program annually for our community! The 2021 SNDS Day of Dental Service will be Saturday, November 6, 2021 from 9:00am–3:00pm.

During this time, members of the community facing financial hardship can come to a volunteer office and get one free filling or one free extraction. We are inviting you to participate in this service day by contributing your time and effort for our community!

It is important that volunteer dentists understand the following guidelines:

1. The scope of our effort is one free filling or extraction for those in need. Complex treatment is not the goal.
2. Volunteers will need to provide their own offices, materials, and staff for the day. Some limited supplies may be available but

should not be depended upon. Also, staff may volunteer their time but should not be coerced into doing so.

3. Some records of services provided should be maintained. This will allow us to report on the service activity of our dental community.

As there will be a number of general dentists and specialists from around the valley participating, we will need to coordinate referrals for that day. Each office will be assigned a designated specialist office that will be on call for their referrals.

We are asking for a commitment to volunteer by September 10, 2021. This will allow us adequate time to make sure our efforts run smoothly.

Please take the time to consider this opportunity to give back to our community. Our Day of Dental Service will be an excellent chance for us to continue being a positive force for good.

Renewal season will start in November of 2021, for membership in 2022. We are continuing electronic invoicing; please keep an eye out in your email inbox for your 2022 dues. For membership questions and to renew your membership for 2022, please contact Suzzi Fobbs, NDA Membership Director at 702-255-4211.

Thank you to those who have renewed their membership for 2021, we appreciate your support for organized dentistry at the national, state, and local levels! We are here to support you and help you succeed. If you ever have any questions or suggestions please feel free to reach out. 🍷

During this time, members of the community facing financial hardship can come to a volunteer office and get one free filling or one free extraction.



SNDS President's Fall Message

As we close out summer, I want to thank everyone who joined us for our SNDS Meet the President event at the Aviators. We would love to continue this type of event in the future. We also were able to end summer with the Women in Dentistry Night event; this was the first event of its kind, which we created as a special event tailored for Women Dentists. We were able to collect a grant from the ADA to make this happen for our members along with help from some amazing sponsors. I want to thank those who participated.

Fall for SNDS means kicking off our season with community night. This year we have community night at the JW Marriot. We will be announcing our Fae Ahlstrom recipient Dr. Steven Saxe and handing out a few other awards. Please make sure to join us for a night of networking, raffle prizes, and fun!

This year we are having our SNDS Day of Dental Service on November 6,

2021. I will be volunteering my office to participate on this day, and encourage all of you to participate as well. Last year the Southern Nevada Dental Society with partnership of Absolute Dental and Liberty Dental Services donated \$17,042.04 in Dental Services for members of the community facing financial hardship and served a total of 123 patients. Last year we had a total of 13 dental offices that participated in the event.

As a member of the tripartite you are a member of the largest and longest standing dental professional organization. I want to thank each and every one of you for continuing your membership with SNDS, and renewing your membership. I would like to remind you that this is your membership, and if you have suggestions on how we can better serve you please reach out to us. Also I would like to encourage you all to be involved. There are multiple ways and commitment levels. If you are interested please do not hesitate to contact us. 🍷



Sheronda Strider-Barraza,
DMD

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Lori Benvin
nnds@nndental.org

News from the Northern Nevada Dental Society

My opening line from my summer editorial was “Suns out masks off...finally,” and yet here we are back with restrictions, an experimental mandate, obstacles for our children, and challenges around the globe impacting all of us. I was optimistic for humanity and our freedoms to be restored but with more difficulties and divisiveness ahead we hope you all stay safe, stay healthy, and stay positive. God Bless America.

On a local front, we accomplished three important and well-attended events this summer—our annual Give Kids a Smile Event (GKAS) #2 for 2021 held in early June by the Northern Nevada Dental Health Programs (NNDHP), our NNDS New Dentist Mixer held at Beer NV in early August, and our annual Open House NNDS Picnic held just last week. We welcomed many new dentists to the Northern Nevada Dental Society, and we are grateful for their membership in organized dentistry.

September we will back in full swing with our 19th Annual NNDHP/Joel F. Glover DDS Charity Golf Tournament at Red Hawk Golf Club on Friday, September 24. Join us for a great day out on the golf course to support our at-risk uninsured children in northern Nevada to receive needed dental

care. This is NNDHP's only fundraiser and we appreciate any donation or certainly your participation! Register online at <https://bestcardteam.com/NNDHPSpons>.

NNDHP is partnering with Dentistry for Kids, on September 25, for our GKAS Event #3 for 2021. February 5, 2022 is also in the works to be hosted either by Carson City Pediatric Dentistry or by the team at Sierra Smiles thanks to Drs. Nygren and Bocchi. Thank you to all the volunteer dentists, volunteer dental team members, TMCC dental assisting students, and the UNR Pre-Dental students who have been able to give of their time for our three GKAS events this year with three more to be scheduled for 2022.

October 14 will be our first NNDS General Membership Dinner Meeting for the 2021/2022 year. Once again we have some incredible continuing education opportunities in the coming months, virtual and in-person, thanks to our CE Chair Dr. John McLennan and the NNDS Executive Committee choices. Check out our website at www.nndental.org for our line-up of events and watch for our new and improved online registration link. Back in school and get outdoors this fall when the smoke clears! 🍁

Welcome Newest NNDS Members

Derek Appelblatt, DDS ~ *General*
William “Bill” Curtis, DMD, MD ~ *Oral Surgeon*
Katie Flynn, DMD ~ *General*
Caitlin Gunn, DMD ~ *General*
Jordan Hasfurther, DDS ~ *General*
Lena Kuang, DDS ~ *Endodontics*
Matthew Lisenby, DMD ~ *General*

Hailey Martini, DDS ~ *General*
Wendy Mejia-Munoz, DMD ~ *General*
Kelsie Pittel, DDS ~ *Endodontics*
Kenneth Prince, DDS ~ *General*
G. Ryan Sloan, DDS ~ *Prosthodontics*
Megan Utter, DDS ~ *Orthodontics*
Katherine Urie, DMD ~ *General*



NNDS President's Summer Message

Greetings from the NNDS! Hopefully everyone is doing well with family and friends and staying as busy as they wish taking care of their patients. This is always a magical season as the days shorten, the temperature breaks, and we get those first hints of autumn.

Summer is now officially winding down. At least in Northern Nevada (and across much of the west), this summer was plagued by dense heavy smoke, poor air quality, and lack of local outdoor recreation activities. In some ways, it seems that as a culture we have become a little more resilient after 2020 and our shutdown. The fires and smoke were just dealt with in stride by many people.

Sometimes, after the last year, it helps to put things in perspective. There were people fleeing fire and losing

possessions, so I like to remind myself of that when I start to complain about the inconvenience of smoke; similar to wearing a mask at the grocery store, etc. Sometimes it's a great exercise to step back and look at the big picture and what's important. It's easy to get pulled into noticing only our practice and daily professional grind.

Let's be happy and thankful for what we do have and continue our tradition of great dentistry in Nevada! Our colleagues, our patients, our families and friends should all be celebrated. And also be thankful for our delegates and representatives working for dentistry at the state and higher up at national levels. We have a lot to celebrate, so let's remember that and enjoy our days, whether working, smoky, or just having fun.

Cheers! 🍷



Benjamin Brooks, DDS

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COVID Blurbs

Distribution of Lipid Nanoparticles

Pfizer data obtained by Japanese regulators shows that vaccine components peak in the blood in about two hours, are mostly gone in 48 hours, but accumulate in bone marrow and ovaries ([https:// tinyurl.com/3tnztach](https://tinyurl.com/3tnztach), at around 36 minutes).

How Long Does Spike Protein Circulate?

In six of six randomly selected patients, all still had circulating spike protein after five months; one had it in 15% of his monocytes. It could last for years; we don't know (<https://tinyurl.com/4pbydpw>). Dr. Anthony Kyriakopoulos told Dr. Peter McCullough that he believes 50–60% of vaccinated people will develop cancers, autoimmune disorders, or viral illnesses because of persistent mRNA or incorporation into the genome (tinyurl.com/28b392v4).

Alberta Drops COVID Restrictions

After being fined \$1,200 for protesting against the COVID restrictions, Patrick King represented himself in court and issued a subpoena to the Provincial Health Minister for proof that the COVID-19 virus exists. Since the government did not respond, the court ruled that the government had no legal grounds to impose any such restrictions. On July 28, Alberta's Chief Medical Officer of Health Dr. Deena Hinshaw rescinded them and officially treats COVID-19 in the same way as other respiratory viruses (tinyurl.com/3s7dmdz9). Lockdown advocates quickly attacked this decision. Other provinces are developing vaccine passports (tinyurl.com/sr5jahau).

Law Professor Sues George Mason University

Todd Zywicki is suing GMU over its COVID-19 vaccine mandate, arguing that because he has recovered from the virus and has antibodies, the vaccine is unnecessary and that he is at higher risk of serious adverse effects ([https:// tinyurl.com/j8zvwy2](https://tinyurl.com/j8zvwy2)).

Dr. Stella Immanuel Sues CNN

After she spoke in favor of early treatment of COVID-19 at a press conference called by America's Frontline Doctors, Anderson Cooper and CNN, according to the complaint, "Published a series of statements of fact about Dr. Immanuel that injured her reputation and exposed her to public hatred." Among other things, they falsely attributed to her statements, e.g., about "alien DNA," that she never made. The lawsuit argues that CNN's "false and defamatory" statements exposed her to contempt, ridicule, and financial injury, and asks for \$100 million in damages. Additionally, it declares that "by targeting and attacking Dr. Immanuel, CNN effectively caused the deaths of hundreds of thousands whose lives would have been spared if they had been treated early with HCQ [hydroxychloroquine]" (tinyurl.com/u58fbsyw).

Minor Consent

Children's Health Defense and Parental Rights Foundation have filed a lawsuit on behalf of four parents challenging the D.C. Minor Consent for Vaccination Act. The Act allows children 11 years of age and older to consent to vaccinations without the parents' knowledge or consent and against the parents' express written religious exemption. The Act contains multiple provisions to deceive parents (tinyurl.com/ybu388rt). 🗨️

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