

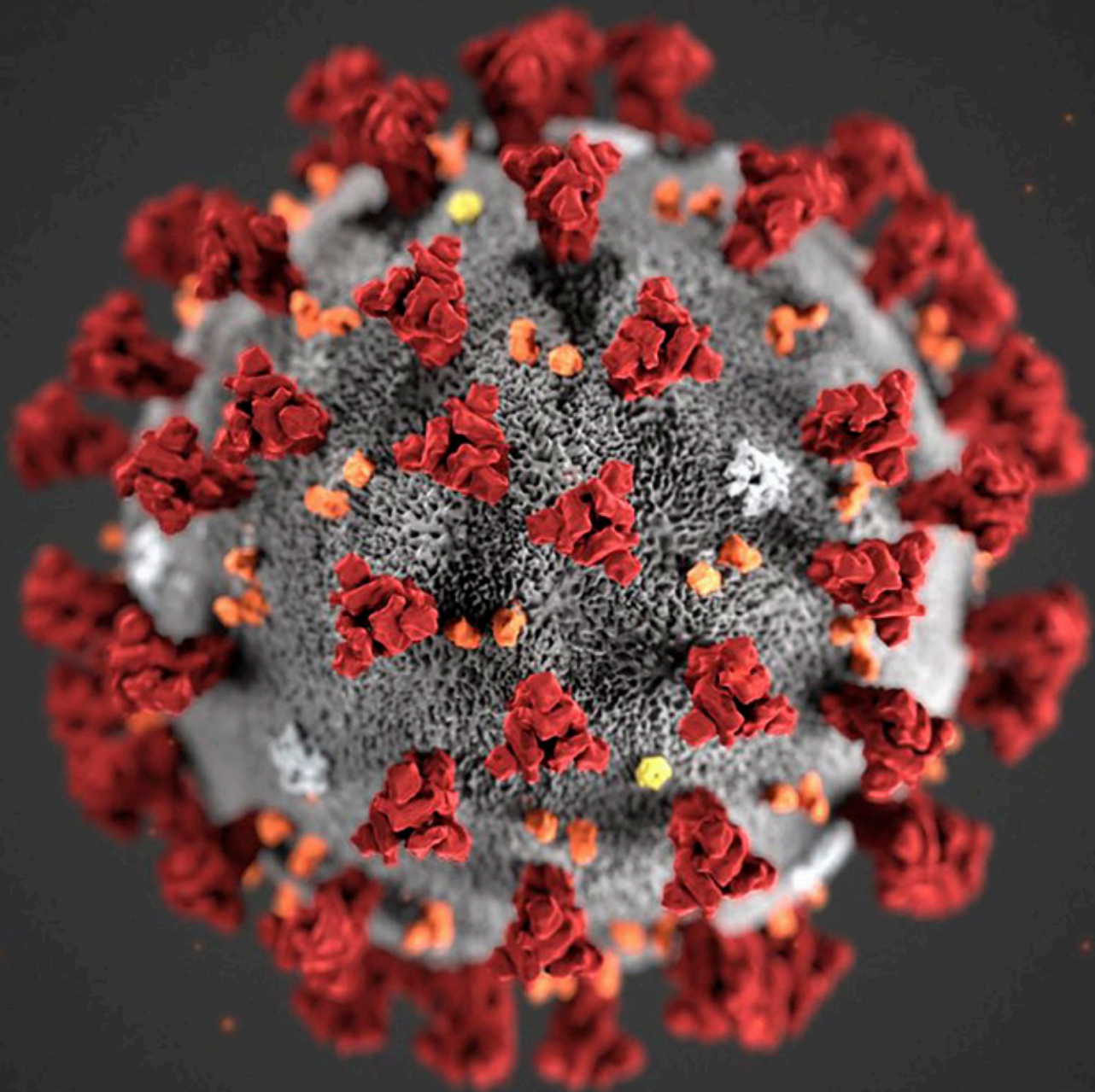


Spring 2020

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NDA JOURNAL

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



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NDA JOURNAL

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The COVID-19 virus (Image courtesy of the Center for Disease Control).



Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
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Kane's Caution

My dog Kane', a Cane Corso, is a rescue, my neighbor couldn't handle him; he is still a puppy, smart, and handsome with his blue eyes and grey hair. (Figure 1) Kane' is great with the kids, our pool, pest control, and yard maintenance individuals. But Kane' recently got off house arrest because he wasn't great with the cable tech.

We had an internet technician over to tweak our system and, while he was working in our kitchen where the

modem and router are, he decided he wanted to pet Kane', who was observing from the sofa, his prioritized turf, in the family room. The technician asked for and received permission to pet Kane' but then approached Kane' in the manner of someone who is not savvy in new dog acquaintance protocol, i.e. in a respectful manner not perceived as threatening by dogs. Kane' nipped at him, basically just a quick warning shot across the bow. The IT project was finished 30 minutes later. However, the next day we received a

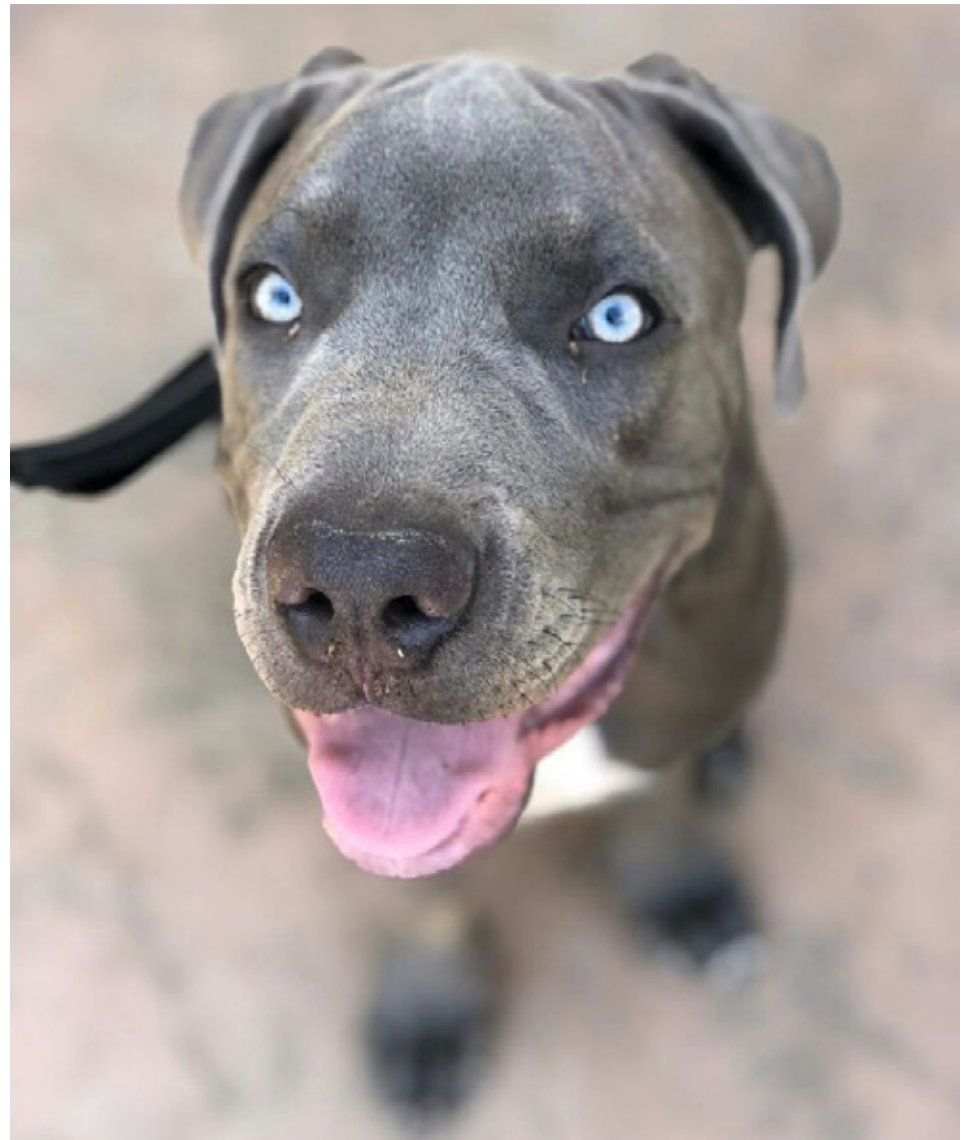


Figure 1. Vaccinated Kane' 2020.

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.

call from Las Vegas City Animal Control (AC) as Kane' had been reported, per the law according to the AC officer. Kane' and I were interviewed. Kane's vaccinations, including rabies, were documented to be up-to-date so he didn't have to go to doggie jail for a 21-day quarantine but was placed under house arrest until AC could check him again for signs of rabies 10 days later.

In speaking with the AC officer I shared that I knew rabies could be a serious disease as I studied it in school plus I saw "Old Yeller" (a great Disney movie) as a kid, but that I'd never actually seen hydrophobia. (Figure 2) I also remember a handful of individuals from my tenure as the Medical Advisor for Lee Canyon Ski Patrol whom had to undergo the extensive rabies exposure therapy after getting bit by a bat, squirrel, or other wild mammal. The officer then admitted that there hasn't been a case of human rabies secondary to a domestic canine in the United States since the 1940's, which a little research with the Centers for Disease Control (CDC) bears out.¹ Evidently AC in the United States is doing a heck of a job in rabies prevention or perhaps this is another example of the government having a solution that required regulators to find a problem. Either way, the rabies issue appears to be under control for domestic canines.

Now as we start 2020 we have the novel Coronavirus concern. At press time some sources were reporting close to 100,000 total cases in the USA but, in my opinion, the nation is wildly overreacting. Ten years ago we dealt with a swine flu penetrance of 60,000,000 in the USA with much less hysteria. The difference between the reactions is politics wherein coronavirus has been politicized while swine flu was not. My personal opinion after researching the issue, most recently reading the Surgeon General's report, is that Coronavirus will not be as big a deal. I don't plan to cancel any

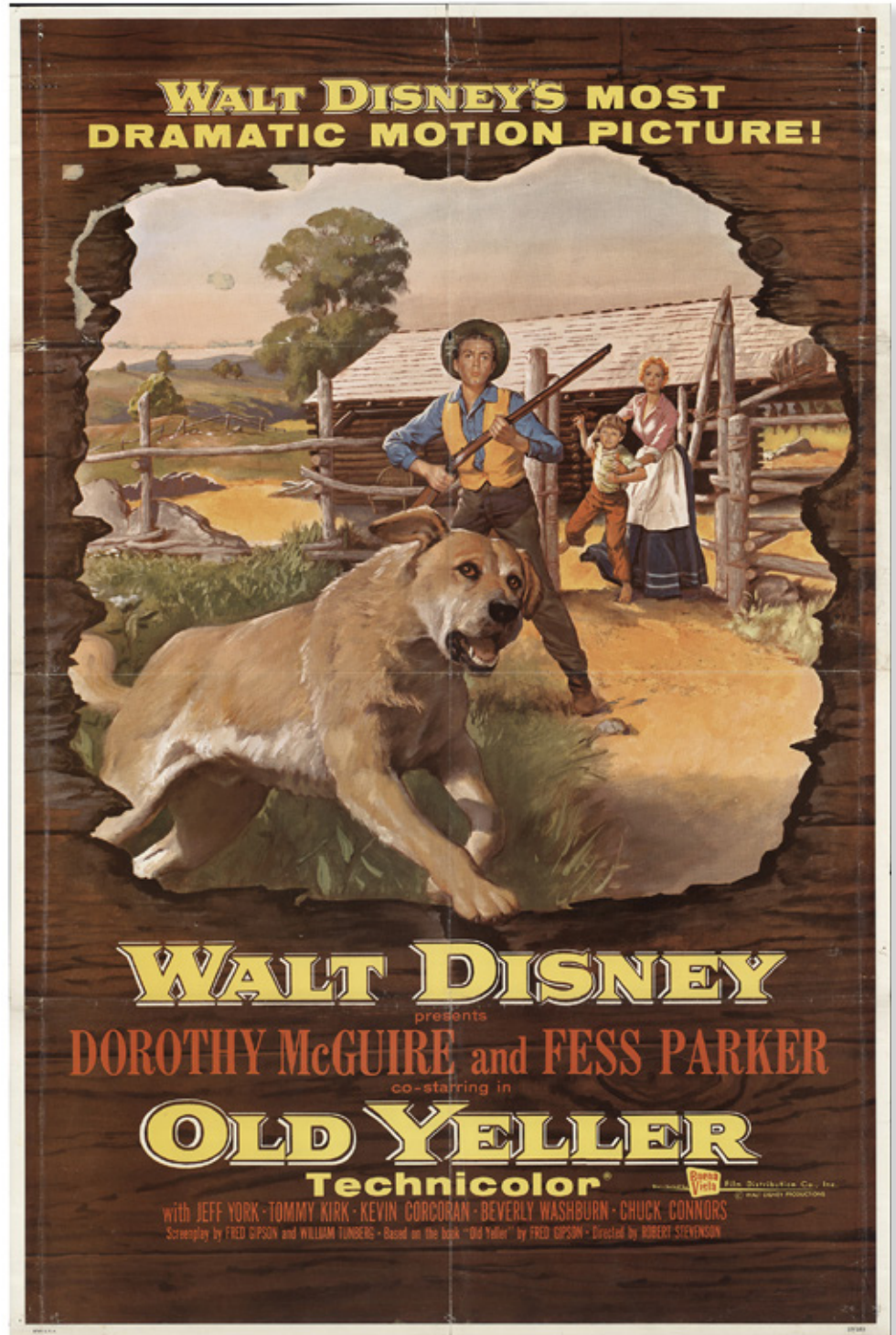


Figure 2. Unvaccinated Old Yeller in the 1800's. Movie poster circa 1957.



trips because of COVID-19, but I may have to because of society's reaction, potentially much more worrisome, at least to me, than the perceived viral threat.

The Journal has discussed several times aspects of communicable disease, from dentistry's roll in eliminating decades of unnecessary American Heart Association recommended treatment for benign cardiac murmurs² to the Las Vegas Endoscopy Center hepatitis chaos,³ and more. Our guidelines as health professionals are consistent no matter what the disease entity; the difference with COVID-19 is society's increasingly intrusive political response to what is, so far, a much less deadly threat.

Viral disease has the potential, through mutation for instance, to be a significant issue, as has been noted historically. Even when diseases like smallpox seem to disappear for decades, they have the potential to lethally attack later generations.^{4,5}

Which brings us to dentistry's role in prevention and treatment of viral disease. Generally, dentistry is not particularly involved, in part because there are enough physicians and nurses to handle routine protocols. However, there has been in place for years federal contingency plans that include using dental professionals for

inoculations in validated emergency situations, which makes sense.⁶

Now, however, we have dentistry considering entering the foray on an elective basis. Recently Oregon approved vaccinations via dentists, a concept supported by the ADA.⁷ According to ODA President James McMahan: "Dentists are highly trained medical practitioners who are well-positioned to provide this additional preventive care service. Increasing our scope of practice to the administration of vaccines will help further integrate oral health with physical and behavioral health, ultimately better serving our patients." However, in spite of being highly trained medical practitioners, Oregon dentists will also be required to complete an additional CE session.

Vaccination, like fluoride in our water supply, is not without controversy.⁸ There is a significant minority of the population that wants neither fluoride nor vaccination. Both fluoride and vaccination are not without foreseeable risk; if they were without risk one wouldn't need a license to administer them. That means that if either treatment results in damage, or alleged damage, the treater may be accused of malpractice. That of course means the treater may have the opportunity to explain exactly how he/she was highly trained in the area in question, be it fluoride

or vaccination, in deposition and court. Some may feel uncomfortable detailing their CE course to an autistic child's plaintiff family.

Some, but not all, dentists have a reasonable likelihood in discussing expertly the detailed pros and cons of fluoride, but perhaps not such a reasonable likelihood in addressing the nuances of vaccination, regardless of any mandated supplemental CE class.

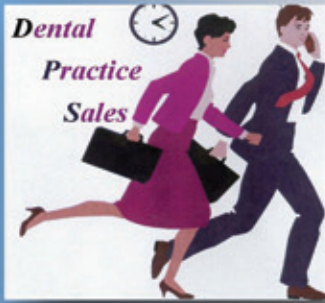
This testimony will include a detailed analysis of the dentist's informed consent detailing the benefit/risk analysis of vaccination explained to and accepted by the patient. But what if our dentist practices, for instance, in a community health structure, like a school, in a state where citizens are required by law to be vaccinated? The NDAJ has discussed the real risks of depending on a faux consent, such as a court order, previously.⁹

I'm happy Kane' was up to date on his rabies vaccination, but am not sure it was really needed since it's no longer the 1940's. Dentists will have the opportunity to decide, with their own personal benefit/risk analysis, if their vaccination services are really needed for elective situations beyond any legitimate exigent contagion circumstances. 🦋

Society's reaction to the perceived viral threat may be much more problematic than the viral threat itself.

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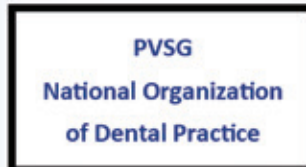
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Should We Panic Over the Measles Outbreaks?

By Jane M. Orient, MD

In general, it is not a good idea to panic about anything. The panic itself often causes more harm than the original threat.

Crisis situations, real or contrived, lead to new intrusive laws that the public would never accept otherwise. We supposedly cherish freedom, but if we believe that the world will end if we don't act now, then we may clamor for the government to save us. Cynical politicians bent on increasing their power never let a crisis go to waste.

Something like the Green New Deal—the end of our comfortable, prosperous lifestyle—takes a truly apocalyptic threat. But to eliminate our freedom to decline a medical treatment, the threat that “millions will die” of measles is evidently enough. Or if not millions (most older people had measles and recovered fully), a few especially vulnerable children, who can't be vaccinated themselves, might catch measles and die.

There are several hundred cases of measles nationwide, more than in 2014, and bills are being pushed through state legislatures to eliminate all but very narrow exemptions to the 60 shots now mandated for school attendance.

In New York City, people are receiving summonses based on Mayor Bill de Blasio's emergency order. Everybody, adult or child, who lives in four zip code areas must get an MMR shot or prove immunity, or face the prospect of a \$1,000 fine (\$2,000 if you don't appear as ordered). Your religious exemption is overridden. The threat of six months in prison and the prospect of forcible vaccination were removed before a hearing on a lawsuit brought by five mothers. The judge dismissed the case.

Health Commissioner Oxiris Barbot said that the purpose of the fines is not to punish, but to encourage more people to proclaim the message that vaccines are safe and effective. Apparently, if one says something to avoid a fine that makes the statement true.

It's about the need for herd immunity, they say. We need a 95% vaccination rate for herd immunity to measles. With approximately 91% or so, we are having outbreaks. Theoretically if we could just vaccinate another four or five percent the issue would be solved...theoretically.

Mayor De Blasio has a point about vaccinating everyone. Adults are getting measles because their shots

have worn off. It is likely that we have survived for decades with a large part of the adult population vaccinated—but not immune. So where do the mandates stop?

Outbreaks have occurred in populations with a near 100% vaccination rate. Was it vaccine failure? Or was the vaccine not refrigerated properly? Or was a claimed outbreak real? One in Ann Arbor, Michigan, was called off when a special test, a reverse transcriptase polymerase chain reaction (RT-PCR) showed a vaccine-strain measles virus rather than a wild-strain measles virus. Some 5% of vaccinees may get an illness that looks like measles, but it is just a “vaccine reaction.” Can they shed live virus? Yes. Should you keep your immunocompromised child away from recently vaccinated people?

Like all medical treatments, vaccines are neither 100% effective, nor 100% safe. Read the FDA-required, FDA-approved package inserts. Arizona defeated a law that would have required making these available to parents in obtaining informed consent. (One can get them on the internet.) Vaccine Court has paid out about \$4 billion in damages—recently for two children with severe brain damage from encephalopathy after a fight lasting about 15 years. Just incidentally, they had an autism diagnosis as well. Parents bring their severely injured children to hearings. You won't see these children on television, only pictures of babies with measles. No “fear-mongering” appears to be allowed about “rare,” possibly coincidental problems from vaccines.

There are trade-offs with vaccines: risks and benefits. But in the panic about measles, the right to give or withhold informed

But to eliminate our freedom to decline a medical treatment, the threat that “millions will die” of measles is evidently enough. Or if not millions (most older people had measles and recovered fully), a few especially vulnerable children.

consent—fundamental in medical ethics as well as U.S. and international law—is being sacrificed. And so is free speech. The AMA wants to censor “anti-vaccine” information on social media. A factual article by investigative reporter Sharyl Attkisson was not able to be forwarded it because it had been removed.

The threat of infectious diseases is real and increasing. We need more robust public health measures, better vaccines, and improved public knowledge and awareness. Deploying vaccine police and shutting down debate will erode trust in health authorities and physicians, although more people may get their shots. But such heavy-handed measures will not defeat the enemy—measles and worse diseases. 🙄

Jane M. Orient, MD obtained her undergraduate degrees in chemistry and mathematics from the University of Arizona in Tucson, and her MD from Columbia University College of Physicians and Surgeons in 1974. She completed an internal medicine residency at Parkland Memorial Hospital and University of Arizona Affiliated Hospitals and then became an Instructor at the University of Arizona College of Medicine and a staff physician at the Tucson Veterans Administration Hospital. She has been in solo private practice since 1981 and has served as Executive Director of the Association of American Physicians and Surgeons (AAPS) since 1989. She is currently president of Doctors for Disaster Preparedness. She was chairman of the Public Health Committee of the Pima County (Arizona) Medical Society from 1988 until 2018. She is the author of YOUR Doctor Is Not In: Healthy Skepticism about National Healthcare, and the second through fifth editions of Sapira’s Art and Science of Bedside Diagnosis published by Lippincott, Williams & Wilkins. 🙄

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News Briefs

New York Threatens Prison for Vaccine Refusal



According to an order signed today by Oxiris Barbot, MD, New York City Commissioner of Health, all persons, adults or children, who live, work, or reside in 11205, 11206, 11221, and/or 11249 zip codes, and who have not received the MMR vaccine, “shall be vaccinated against measles” unless able to “demonstrate immunity to the disease or demonstrate to the satisfaction of the Department” that a medical exemption is warranted.

Noncompliance by adults or parents or guardians of children is

a misdemeanor punishable by fines, forfeitures, or imprisonment.

This action is even more extreme than a March 26 order banning unvaccinated persons from entering indoor public spaces, which was overturned by a state Supreme Court judge.

Mayor Bill de Blasio has declared a measles outbreak involving some 250 children, mostly in the Orthodox Jewish community, to be a “public health emergency.”

State Sen. David Carlucci is pushing legislation that would end most exemptions for vaccinations for children going to school.

Commissioner Barbot declared, “As a pediatrician, I know the MMR vaccine is safe and effective.” However, AAPS notes that absolute statements cannot be made in medicine.

“Vaccinated persons can get, and possibly transmit measles even if not visibly ill,” stated AAPS executive director Jane Orient, MD “Moreover, vaccines are inevitably unsafe, as recognized by the U.S. Supreme

Court and Congress in establishing the Vaccine Injury Compensation Program. The VICP has awarded about \$4 billion for vaccine injuries.”

According to the Centers for Disease Control and Prevention (CDC), the last U.S. death from measles occurred in 2015.

“All medical interventions, including vaccines, have risks and benefits,”

stated AAPS executive director, Jane M. Orient, MD “These vary with frequency and severity of disease, vaccine safety, and individual patient circumstances. Professional judgment, not top-down bureaucratic diktat, is needed.”

“Moreover, whatever their doctor advises, patients have the right to withhold informed consent,” she stated. “This is a fundamental liberty right.”

“The U.S. Supreme Court warned against ‘arbitrary and oppressive’ abuse of police power, going ‘far beyond what was reasonably required for the safety of the public,’ in the 1905 case of *Jacobson v. Massachusetts*. This case concerned smallpox vaccination during a deadly epidemic that killed 30% or more of persons infected,” observes Dr. Orient. “In its vast overreach, New York is ignoring these cautions.”

Measles Outbreak

An outbreak of measles in Washington State is the latest news hook for efforts to tighten vaccine mandates and oppose efforts, as in Arizona, to strengthen protections for informed consent and parental rights, reports the Association of American Physicians and Surgeons (AAPS).

In case states fail to follow California’s lead in eliminating all exemptions except for rare medical reasons, Congress may enact a federal mandate, AAPS notes. The Oversight and Investigations Subcommittee of the House Energy and Commerce Committee will hold a hearing on Feb. 27 on the measles outbreak. The Senate HELP (Health, Education, Labor & Pensions) Committee will hold a hearing on Mar. 5 concerning preventable disease outbreaks.

“All medical interventions, including vaccines, have risks and benefits,” stated AAPS executive director, Jane

M. Orient, MD “Physicians have the duty to advise patients according to their own best judgment, and patients have the right to decline to follow their advice. Patients also have the right to be fully informed and not restricted to governmentally approved information.”

Legislators need to consider the following, states AAPS:

Vaccines are neither 100 percent effective, nor 100 percent safe. The Vaccine Injury Compensation Program has paid out nearly \$4 billion for severe vaccine damage. It is the only recourse for injured patients, as manufacturers are immune from liability.

The last U.S. death from measles occurred in 2015.

Extremely high vaccination rates do not prevent all measles outbreaks

and may even worsen overall harm from measles.

“Medical freedom is a basic human right,” states Dr. Orient. “Sacrificing it in the name of population health is likely to worsen public health.”

“Governmental preemption of patients’ or parents’ decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child-rearing,” states AAPS in a letter to congressional committee members.

AAPS is a national organization representing physicians in all specialties, founded in 1943. Its motto is “omnia pro aegroto,” or “all for the patient.”

If You Submit Data...

If you submit claims to the government, they will be subjected to increasingly sophisticated data analysis. Data is used to “identify, target and prosecute providers.” According to Ryan Lynch of the HHS Office of the Inspector General

in Tampa, Florida. “Many search warrants are built solely on data analysis.” Data analysis “uncovered” a Florida ophthalmologist with exceedingly high rates of ultrasounds (76,510) that his peers were not using. He was convicted of

defrauding Medicare of \$42 million and sentenced to 42 years in prison. Doctors are advised to compare their data to peers, using government tools as at Healthdata.gov, to see whether they are outliers (Med Practice Compliance Alert, May 2019).

Nevada Dental Association Affiliates with The Dentists Supply Company to Offer Members a New Way to Shop and Save on Dental Supplies

There is no denying that the business challenges for dentists across the nation continue to grow. Feeling the combined impacts of dental benefit pressures, growing market competition, and the rapid expansion of large group practices, members are looking to NDA for benefits that deliver tangible savings for their practice.

Through an affiliation of The Dentists Supply Company (TDSC), NDA members can leverage the collective strength of the association's

membership, to realize significant savings on dental supplies through TDSC.com.

"There are few places where strength in numbers can mean more to dentistry than in the dental supply arena. TDSC.com was designed to give association members the kind of advantage that the large-format corporate practices enjoy," said James Stephens, DDS, past TDSC board chair. "With member dentists purchasing as many of their supplies from TDSC.com as they can, we are able to level the playing field in this space."

Walt Weber, DDS, chair of the TDSC board, was one of the earliest TDSC.com shoppers and has seen the significant benefits firsthand. He described how group purchasing empowers individual practices.

"This is a company directed by dentists, not shareholders," said Weber. "With the power of organized dentistry, we are able to leverage our strength to have more control over key areas of our businesses. Dental supplies are an example of that."

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Since its launch in 2017, TDSC has saved members over \$8.5 million collectively compared to manufacturer's suggested retail prices. "We are finding most dentists save 20% or more on the same or similar products*," Wiggett says. "Our team will happily compare TDSC.com prices to what you pay today to show the tangible savings for your practice. Our company offers the best of both worlds: The value and

convenience of online shopping with the peace of mind of dedicated support professionals. That's a combination that is very hard to find."

So it's time to ask yourself, have you taken the time recently to scrutinize your practice's dental supply purchasing processes? 🤔

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Investigating the Relationship Between Nevada's Restrictive Opioid Prescription Laws and Deaths From Illicit Opioids

By Lauren R. Price, BS, OMS-II, Sarah Fagan, MPH, MA, OMS-II, Joseph P. Hardy, MD



Lauren R. Price



Sarah Fagan

Introduction

In response to the large number of opioid prescriptions and the perceived opioid crisis, the Center for Disease Control (CDC) established opioid prescribing guidelines in 2016.¹ Using the CDC Guidelines as a base, numerous states, including Nevada, responded by imposing mandates on physicians' prescribing practices for these medications which exceeded the CDC Guidelines.² In 2015, Nevada legislature passed SB 459 which required physicians writing a prescription for controlled substances to query the Prescription Monitoring Program (PMP) for new patients, and for controlled substance prescriptions written for established patients for more than seven days. From 2015 to 2017, the number of opioid prescriptions continuously decreased in Nevada.³ Even though the number of opioid prescriptions steadily declined, the Nevada legislature passed AB 474 in 2017 implementing additional mandates for prescribers of controlled substances. Together, these laws resulted in the rapid decline in the number of prescriptions for opioids. While these statutes were implemented with the intention to curb the opioid epidemic and to reduce addiction, the unintended

consequences of these restrictive prescribing mandates have yet to be elucidated. Previous research has suggested that persons in pain, unable to fill their opioid prescriptions, may turn to illicit substances, including heroin and fentanyl, for pain control and to prevent withdrawal symptoms.^{4,5} This research attempted to elucidate objectively the reduction in the number of opioid prescriptions, the change in total and illicit opioid-related deaths, and the potential influence recent legislation may have on these rates.

Methods

All prescribing data for Clark County was obtained from the Nevada Board of Pharmacy. The data collected includes prescriptions per 100 residents by month dating from January 2014 to April 2019. The prescription data collected included both opioid prescriptions and opioid addiction treatment drugs (MAT) including buprenorphine and methadone. This data was fitted with a moving average trend line using Excel.

Deaths due to opioids from January 2014 to April 2019 was provided by the Clark County Office of

the Coroner/Medical Examiner (CCOCME) and includes reports with search terms "orphine; codeine; fentanyl; codone; morphine; phanol; idine; adone; opiate; adol; carfentanil; mitragynine; heroin." For heroin-related and fentanyl-related deaths, all reports including "heroin" or "fentanyl", respectively, were summed. The data for both Fentanyl Deaths and Heroin Deaths are fitted with a cubic (3rd degree) polynomial line on Excel.

To assess the relationship between deaths from illicit substances and the passage of AB 474 and SB 459, a paired t-test was calculated using SAS University Edition, with a p-value of <.05 considered significant.

Results

From January 2014 to April 2019, there was a decrease in opioid prescriptions with an increase in deaths in Clark County from heroin and fentanyl. After the passage of SB 459, from September 2015 to December 2017 there had been a 20% decrease in the number of opioid prescriptions. Coincidentally, heroin and fentanyl deaths nearly doubled from 2011 to 2015.⁵ The rate of heroin-related deaths in 2016


was 71 deaths per year. In 2018, this increased to 92 deaths. This indicates 1.2 times greater rate of heroin-related deaths from 2016 to 2018. The rate of fentanyl-related deaths in 2016 was 27 deaths per year. In 2018, this increased to 51 deaths per year, a 1.8 times greater rate of fentanyl-related deaths from 2016 to 2018. Using a paired t-test, no significant difference in the number of heroin deaths ($p=0.57$) prior to passage of SB 459 and after SB 459 (until Dec 2017) was found. From December 2017 to March 2019, there has been a 22.5% drop in the number of opioid prescriptions. This period of time encompasses the new restrictive opioid prescribing mandates instituted by AB 474. Using a paired t-test, a significant difference ($p=0.03$) in the number of heroin and fentanyl deaths was found after the passage of AB 474.

Conclusion

In Clark County, the number of opioid prescriptions had been steadily declining since 2015 when SB 459 became effective. Despite this steady decline, further legislation was promulgated in the form of AB 474 in 2017 which resulted in a greater decrease in opioid prescriptions. However, deaths from illicit opioids, specifically heroin and fentanyl, have been on the rise. Since 2017, there have been significantly more deaths in Clark County from heroin and fentanyl than previously seen. Numerous studies have found that prior use of prescription opioids is common before heroin use. Previous research has indicated that 80% of persons addicted to heroin have cited prior prescription opioid usage.⁶⁻⁸ However, the cause of this transition from prescription opioids to illicit substances is not well understood. Some studies indicate that reducing the supply of prescription opioids could lead to persons with chronic pain turning to illicit opioids (heroin or fentanyl) for pain relief. Others opine that patients suffering from opioid use disorder may transit from

legal prescription opioids, increasingly difficult to obtain, to lower cost and readily available, but much more dangerous, illicit opioids as the most likely cause of the increased mortality from these drugs.^{4,5,9,10} The rate at which people switch from prescription to illicit opioids, the cause of this transition, and the impact of the increased prescribing mandates and their relationships are in need of further study.

This study's analysis highlights a coincidental relationship between decreased opioid prescriptions and increased heroin- and fentanyl-related deaths. While the data suggests a relationship between decreased opioid prescriptions and increased deaths related to heroin and fentanyl, the rate at which patients in pain using legal opioid prescriptions transitions to illegal opioids (such as heroin and fentanyl) is unknown. Further research in this subject area is required to understand this startling rise in deaths from these illicit opioids.

This research highlights a critical need for stakeholders within Nevada to collaborate to find optimal, legal treatment for patients in acute or chronic pain while protecting them, to the maximum extent possible, from opioid abuse and misuse. This research will need to be free from bias, objective, and always keeping in mind the health care provider's purpose to "cure sometimes, treat often, and comfort always."¹¹ Patients in pain deserve to have their pain ameliorated appropriately, their misuse of medications recognized, and their addictions treated with respect and care. 

Acknowledgement: Weldon (Don) Havins, MD, JD, LLM, Professor of Medical Jurisprudence, Touro University Nevada, is recognized for his support of this research project.

About the authors: Lauren Price is a 2nd year medical student at Touro University Nevada. She attended Louisiana State University earning a B.S. in Petroleum Engineering. She then studied Anatomical and Translational Sciences at George Washington University. Sarah Fagan is a second-year medical student at Touro University Nevada. She graduated from Notre Dame in biological sciences before earning an MA Teaching from Hamline University and a MS in Public Health from Tulane University. Dr. Joe Hardy is the Associate Dean of Education at Touro and also a NV State Senator.

Since 2017, there have been significantly more deaths in Clark County from heroin and fentanyl than previously seen.

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NDA's 102nd Annual Summer Meeting

Registration Form | June 18–20, 2020 | Grand Sierra Resort Reno, Nevada

Event	Time	Attendees	Fee/person	Total
Registration—NDA Member/Spouse/Child		_____	No Charge	
Registration—Non-NDA Member (required)		_____	x \$ 300	\$ _____
Registration—Non-ADA Member (required)		_____	x \$ 500	\$ _____
Thursday, June 18				
Executive Committee Meeting	6 PM	_____	No Charge	
Dinner on Your Own				
Friday, June 19				
Breakfast	7:30 AM	_____	No Charge	
House of Delegates	8 AM–3 PM	_____		
Lunch	12 PM	_____		
Reno Rodeo (Limit 2 tickets)	7 PM	_____	x \$ 25	\$ _____
Saturday, June 20				
Breakfast	7 AM	_____	No Charge	
Strategic Planning Session		_____		
Lunch		_____		
Grand Total				\$ _____

Registration for Events will be accepted until June 5

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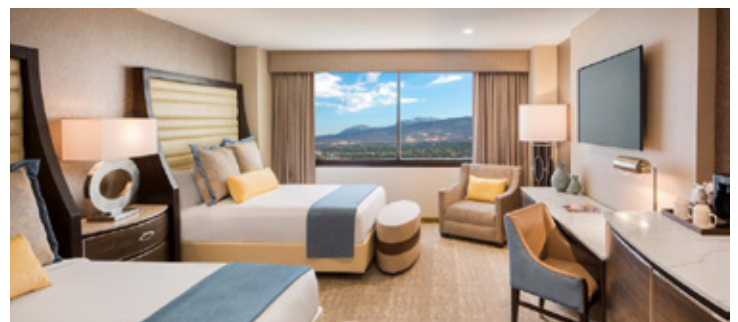
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Allocation of State Legislative Funding of Graduate Medical Education (GME) in Nevada

By Chantel Aftab, MPH, OMS-II; Kyler Perry OMS-II; Joseph P Hardy, MD
Touro University Nevada College of Osteopathic Medicine, Henderson, Nevada



Chantel Aftab



Kyler Perry

Intro

This study examines the allocation of the Nevada State general revenue funds provided in Graduate Medical Education (GME) grants approved by the Nevada State Legislature between 2016 and 2019. Since GME is normally funded by Federal dollars through the Centers for Medicare and Medicaid Services, without state taxpayer costs, it is worthwhile to know to what degree Nevada state funding provides increased GME positions and retention in Nevada, while promulgating self-sustaining residency positions in the future independent of the need for sustaining state taxpayer funding.

Background

Funding for GME is a critically important, yet complicated topic. In 1965, Congressional amendments to the Social Security Act Amendments Act of 1935 created Medicare and Medicaid programs. Medicare's goal

was to fund medical care for the elderly, and Medicaid was to fund the poor.¹ The agency created to administer these programs became known as the Center for Medicare and Medicaid Services or CMS. Residency training programs, primarily in hospitals, paid for the Graduate Medical Education training through CMS funds. To limit the expanding residency programs costs, in 1997, the approved Balanced Budget Act placed a cap on all teaching hospitals receiving Medicare (CMS) funding at the amount of residents training in the institution in 1996.² There are five exceptions to this rule that may increase Medicare funding:³

1. Rural hospitals can increase cap slots by starting new residency programs.
2. Urban teaching hospitals can start new rural training track residency programs to gain additional cap slots for the time residents spend in the rural teaching hospital.

3. Existing teaching hospitals can share cap slots with other hospitals by entering into GME affiliation agreements, if the hospitals have not already been capped by having residents.
4. Hospitals that were not formerly teaching hospitals can start new residency programs following CMS guidelines and become capped after five years. For the first five years these uncapped (GME naïve) hospitals can grow their GME positions (slots) which are then maximized or capped after five years. These filled positions continue to receive federal funding in perpetuity as long as they fill their residency slots annually.
5. If programs close, other hospitals can compete for the residency positions (slots) vacated by the closing hospital.

If a capped hospital increases resident slots by any means outside of these

GME Grant Fund Allocation: Capped vs. Uncapped Programs



Figure 1. Allocation of GME grant fund to capped and uncapped programs. Uncapped programs received 46.9% of total funding (red) and capped programs received 53.1% of funding (blue).

five exceptions, the institution is required to provide funding separate from Medicare (CMS). Sometimes the state provides funding, sometimes the county government funds, sometimes the hospital itself funds the additional slots. Currently, there are eleven thousand slots that are funded by a means outside of the federal government at approximately 2/3 of the teaching hospitals in the United States.³

According to the Agency for Healthcare Research and Quality, Nevada is among the bottom ten states in the nation across all health care measures.⁴ Other government agencies and academic organizations place Nevada at 48th in physician to population ratios. In 2014, Nevada had one of the lowest residents in training to population ratios for states with a medical school. In an effort to increase the number of physicians in Nevada, the Legislature allocated 10 million dollars for GME

for the biennium 2016–2018 upon the recommendation of a study committee chaired by Senator Dr. Joe Hardy. The Legislature allocated an additional 10 million dollars in the 2019–2020 biennium.

The Office of Science and Technology (OSIT) created a Task Force to evaluate applications and grant GME funds. Prominent in the criteria for granting funds was the creation of self-sustaining GME positions.⁵





Results

The legislature's stated purpose for allocating taxpayer funds for GME is to increase physicians in Nevada. A total of \$20 million has been awarded over two bienniums (2016-2020) to fund the Nevada GME grant program. Of this, \$10,291,744 has been granted to capped programs and \$9,081,557 to uncapped programs (Figure 1, Appendix A). Grants to uncapped GME programs serves as "seed money" to create and build residency programs which are funded by federal CMS money once established. GME grants to increase residency slots at capped programs will not receive federal funding. Money to continue those residency training positions must come from continued Nevada taxpayer funding or from another source. Hospital funding of expanded capped programs reduces the profit margin of operations which can be compensated by increasing hospital costs, which are reflected in increased hospital charges for care. Nevadans are paying for those non-federally compensated training positions either directly through taxpayer funding or through increased hospital charges.

There appears to be another mechanism to increase the number of physicians in Nevada, particularly in critical physician shortage areas, which may be more effective. In 2019, Senator Dr. Joe Hardy's SB289, passed and signed by the Governor, provides for \$250,000 each year of the biennium to be provided to the Nevada Health Service Corps for the purpose of obtaining matching

federal funds. The \$500,000 per year, under NRS 396.903, may be used for loan repayment purposes in order to recruit physicians to work in underserved areas of Nevada. Due to federal matching, \$1 million used to increase non-self-sustaining positions in capped programs could become \$2 million in loan repayment inducements recruiting physicians to practice in Nevada's most medical shortage areas.

Clearly, it is important to provide "seed money" to uncapped programs to support development of federally funded self-sustaining residency training positions in Nevada. However, allocating taxpayer funds to increase residency positions in capped programs seems less efficient than using those funds, doubled by federal matching dollars, to recruit physicians who have completed their GME, and who would provide care to Nevada's most needy population. Particularly considering the unexplained drop in retention of residents completing

their GME in Nevada programs, utilizing the funds earmarked for capped program increases may not be the most efficient use of the Nevada taxpayers' funds.

Conclusions

According to the AAMC, the national average of individuals who completed residency training from 2008 through 2017 and are practicing in the same state is 54.2%; the ten year average for Nevada is 53.1%.⁷ However exit interviews of physician completing their GME in Nevada demonstrates a substantial decline in retention. (Figure 2, Appendix A).

California, Iowa, and other states have initiated loan repayment programs to induce physicians to practice in their states. Utilizing the multiplier effect of matching federal funds, Nevada should carefully investigate utilizing funds destined for capped residency programs for use by the Nevada Health Service Corps to incentivize fully trained physicians to practice in Nevada.⁸ 🍷

Allocating taxpayer funds to increase residency positions in capped programs seems less efficient than using those funds, doubled by federal matching dollars, to recruit physicians who have completed their GME, and who would provide care to Nevada's most needy population.

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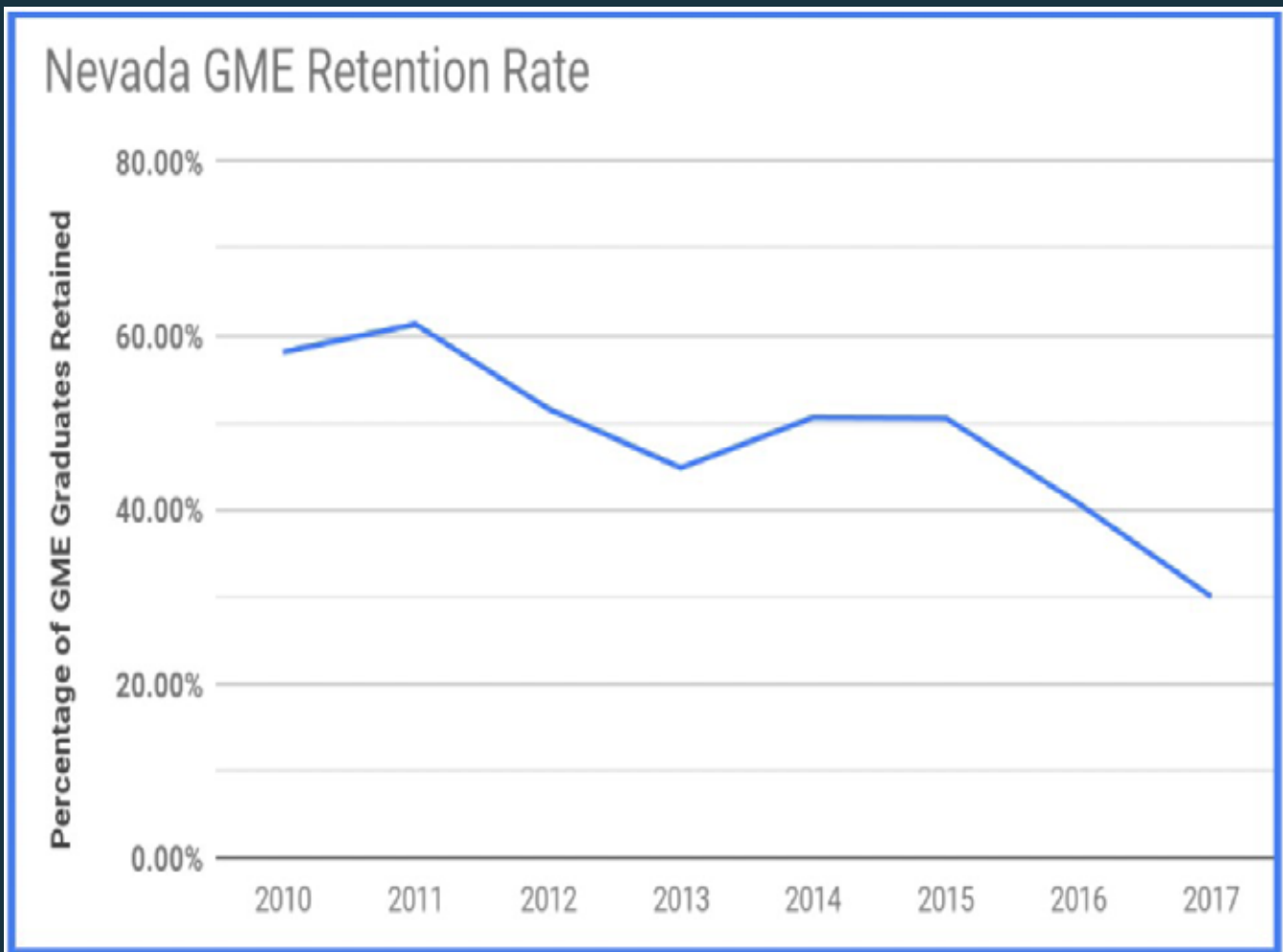


Figure 2. Percentage of physicians completing residency and fellowship programs in Nevada who remain in Nevada to practice. This graph shows the trend over the past 8 years of Nevada ACGME graduates who remain in Nevada. In 2016-2017, Nevada experienced an unprecedented drop in the retention of physicians completing their GME in Nevada programs. No explanation for this has been forthcoming.⁶

About the Authors

Chantel Aftab, MPH is a second year medical student at Touro University Nevada where she hopes to pursue a career in Anesthesiology or Psychiatry. Kyler Perry is a second year medical student at Touro University Nevada where he is pursuing a career in Gastroenterology or Psychiatry. Dr. Joe Hardy is the Touro Associate Dean for Clinical Education and also a NV State Senator.

Editor's Note

GME funding guidelines also apply to dental advanced residency training, such as for Anesthesiology, OMS, Pathology, and Radiology. Currently the UNLV SDM GPR is a hospital affiliated dental program in Nevada receiving available GME funding. It was established in 1999 first via UNR SOM by Dr. Ray Rawson, Dr. Steven Saxe, and Founding Director Dr. George Seng. In 2008 provisional accreditation applications for fully funded Anesthesiology and Oral and Maxillofacial Surgery residency programs were completed at UNLV SDM, but were never submitted to CODA.



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

Executive Director's Spring Message

Plans are under way for our Annual Summer Meeting to be held at the Grand Sierra Resort in Reno on June 18–20, 2020. You will find registration material in this issue of the journal. I hope you will consider attending our meeting and bringing your family. The House of Delegates meeting will take place on Friday morning June 19. Dr. Funke has planned a special evening at the Reno Rodeo on Friday night. Cost will be \$25 per person for admission. There will also be a Strategic Planning Session on Saturday facilitated by Ms. Chris Chico, Outreach Manager, American Dental Association.

These are the Legislative activities we are participating in:

- Interviews of candidates for a new NDA lobbying firm
- Participation in selected Assembly and Senate caucus functions to get to know new candidates and make some decisions on who we need to interview
- Interim Legislative Healthcare and coalition meetings
- Several Nevada State Board of Examiner meetings and workshops 🗨

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Please see the Announcement on page 10 about our new NDA Affiliated Product—The Dentists Supply Company (TDSC).



President's Spring Message

One of the current tasks for the Nevada Dental Association (NDA) is to hire a new lobbyist. The NDA Executive Committee and the NDA Council on Government Affairs have been working with the American Dental Association and Jim Shultz (the in-house lobbyist for New Jersey) to evaluate and discuss the best course for the Nevada Dental Association. The questions are: Do we hire an in-house lobbyist; or do we hire a lobbyist firm; or do we hire an in-house lobbyist and a lobbyist firm? Each one of these questions comes with pros and cons and a financial obligation. Having a lobbyist/firm with knowledge, experience, and legislative contacts is essential. We dentists are intelligent and willing, but at the end of the day, we are dentists and not politicians. Therefore, we rely on our lobbyist to help guide us correctly. We have interviewed a number of lobbyist firms. Jim Shultz flew into Nevada to help with the interviewing process. His years of experience has helped us with asking the right questions and obtaining an understanding of each firm's strengths and weaknesses. Now we need to decide if there is one firm that fits the needs of the NDA or if we do a second round of interviews.

In February, Dr. Talley gave a presentation at the Interim legislative health committee. He stood tall and confident stating who the Nevada Dental Association is and that we are the voice and advocate for oral health care in Nevada. He explained our focus of Advocacy and our community involvement with the Northern Nevada Dental Health Program, Give Kids a Smile and the Adopt a Vet program. Tally explained that we would like to see a bill for the renovation of two dental units at the Nye county hospital in Tonopah and that legislation dealing with student debt is needed. Other topics that he

presented were: The NDA's position on access to dental care, SB366, and third-party payers.

On February 25, the NDA House of Delegates held a special session regarding a resolution submitted by the Northern Nevada Dental Society to move the Nevada Dental Association office out of Las Vegas to the Reno-Carson area. After lots of testimonies, review of information, discussion and debate; the resolution was voted on and passed. The Nevada Dental Association office will be relocated to the Reno-Carson area this year.

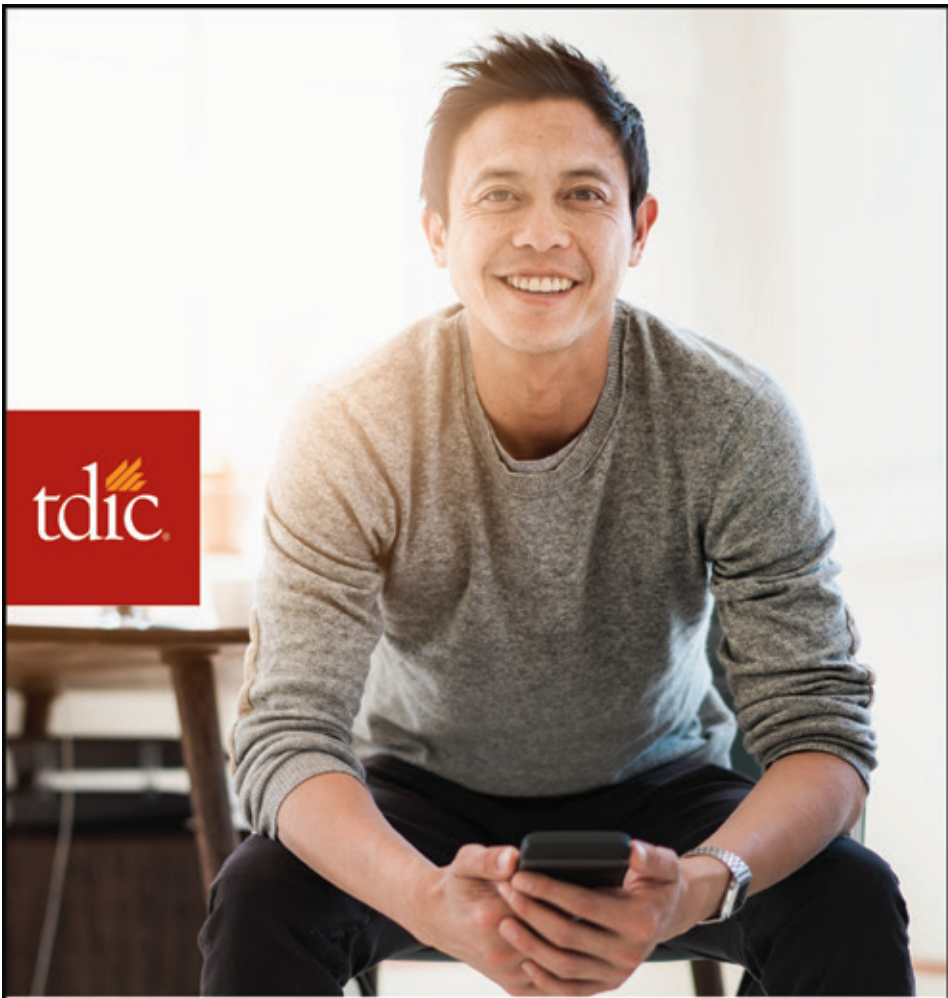
April 26–28; Mark Funke, Jason Doucette, Tina Brandon-Abbatangelo, Dwyte Brooks, and Kellie McGinley will be attending the American Dental Association Dentist and Student Lobby Day in Washington DC. This meeting entails: Issue briefing, grassroots education, and political training. The last day consists of Hill meetings with Nevada's Senators and Congressman to discuss national Dental Health issues. Last year's issues were: 1) McCarran-Ferguson reform for Health Insurance, 2) Student Loan programs and the Higher Education Act and 3) Ensuring Lasting Smiles Act.

The NDA's Summer meeting of the House of Delegates will be held in Reno June 19–20. Joe Wineman (SNDS Past President) has been nominated for NDA Secretary and is running unopposed and Perry Francis (NNDS Past President) has been nominated for NDA Treasurer and is also running unopposed. Both Dr. Wineman and Dr. Francis will be voted into office during the NDA Summer House of Delegates meeting. The NDA Secretary will ascend through the officer chairs on a yearly basis; whereas the NDA Treasurer is a



Marke Funke, DDS





three-year term which does not ascend through the chairs.

It is historical times for the Nevada Dental Association. We are part of the 14th district of the American Dental Association House of Delegates. There is a total of 17 districts nationwide. Each district is made up of a number of state(s). The 14th district is comprised of: Nevada, Utah, Wyoming, Colorado, Arizona, Hawaii, and New Mexico. Each state has an allotted number of ADA delegates and alternate delegates. Each district has a trustee. Our most recent district trustee—Dan Klemmedson (Arizona)—is now the President elect of the American Dental Association. Dr. Klemmedson will be the next President of the American Dental Association. Our current 14th district trustee is Brett Kessler (Colorado). Within the ADA HOD there are 10 councils which are populated by ADA delegates throughout the United States. A number of these councils are chaired by Dentists in the 14th district. Our own Dave White (NNDS) is the vice chair of the ADA Council on Government Affairs (CGA).

The Nevada Dental Association also has a number of councils: Council on Membership; Council on Ethics, Bylaws and Judicial Advisory (CEBJA); Council on Dental Benefit program; Council on Communication; Council on Advocacy for Access and Prevention (CAAP), and the Council on Government Affairs (CGA). If you are interested in being involved with one of these committees; please contact either myself or Dr. Bob Talley at the NDA office (775-255-4211). We could always use more member involvement.

I'd like to thank you for being a member of The Nevada Dental Association. And thank you for the honor of being your President.

“What we have done for ourselves alone, dies with us; what we have done for others and the world remains and is immortal.” – Albert Pike ☺

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Event Calendars



2020			
April 13	Executive Committee	Video Conference	6pm
April 26–28	ADA and Student Lobby day	Washington DC	
May TBA	UNLV Dental School Graduation	TBA	TBA
May 18	Executive Committee	Video Conference	6pm
June 15	Executive Committee	Video Conference	6pm
June 18–20	Annual Summer Meeting	Grand Sierra Resort, Reno	



2020			
April 18	“Innovations in single-tooth replacement and restorative workflows” Dr. Daniel Butterman	PDS Support Center Henderson, 2460 Paseo Verde Pkwy #145, Henderson, NV 89074	9am–4pm
April 24	Dinner Meeting: GPR Presentations and Annual Elections	The Legacy Golf Club, 130 Par Excellence Dr, Henderson, NV 89074	5:30pm–8pm



2020			
April 21	NNDHP Advisory Board meeting	5605 Riggins Court, #101A, Reno	5:30pm
May 12	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
May 29	OSHA & Infection Control 2020 CE	Atlantis Casino Resort Spa, Reno	7:30am
June 9	Delegate Pre-Mtg. & NNDS Executive Committee	5605 Riggins Court, #101A, Reno	5:30pm
June 18–20	NDA Annual Summer Meeting	Grand Sierra Resort, Reno	

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Monica Rexus

monica.rexius@sndsonline.org

SNDS Executive Director's Message

We have started off our year by continuing our mentorship panels at UNLV and our Business of Dentistry Study club. We still have seats available for Business of Dentistry and tickets are available for purchase online. We opened up GKAS this year to our members, by allowing our members to participate by choosing their own date to provide services to children in need at their offices. We hope to have more joint effort events in the future. If you are interested in participating in future events, there is a member survey available online.

We currently have two major CE events, March 14, we are welcoming back Dr. John Molinari for a four-hour Infection Control course. On April 18th, we have Dr. Daniel Butterman speaking for a six-hour course on "Innovations in single-tooth replacement and restorative workflows." Tickets are available at amazing rates online now, but seating will be limited.

Save the Date for Member Appreciation Night, May 30 at 7pm! This is a free event for members and their families. We hope you join us at the Las Vegas Ball Park to watch the Aviators play. This event is being

sponsored by WestPac Wealth Partners and Henry Schein Dental.

We have some new benefits for 2020, this is the second year that we are offering our Association Health Plan. Please contact Jeff Lybolt to assist you and your office with a quote at 888-550-9086 or email Jeff@InsuringEverything.com. We also are partnering with Strategic Wealth Design to offer 401k plans for you and your office. Even if you already have a current 401k plan, they are offering a complimentary review of your current retirement solutions and fees, to find out more contact Mahesh Odhrani at 702-907-7444 ext. 1 or Patrick Collins at 702-978-6910. To find out more benefits that SNDS has to offer, please visit our website at sndsonline.org.

Thank you to everyone who has renewed their membership for 2020, we always appreciate your support for organized dentistry. If you still need to renew your membership, please contact the membership director at the NDA to assist you. We are here to help you, please feel free to contact us with any questions or suggestions that you may have. Let's make 2020 a great year! 🦷

Thank you to everyone who has renewed their membership for 2020, we always appreciate your support for organized dentistry.



SNDS President's Message

Greetings from the Southern Nevada Dental Society. There have been a lot of changes down here recently. First off, I am happy to announce that we have offered Monica Rexus the permanent position as SNDS Executive Director. Monica has done an incredible job stepping into this position and easing the transition from our loss of Jessica. I look forward to working with Monica as we continue to increase the value and membership of the Society. I would like to personally thank Dr. Dave Mahon for accepting the role as the "Officer-at-Large" for the NDA since the resignation of Dr. Michael Sanders. This left Dave's current position as SNDS treasurer open and I am delighted to have Dr. Michelle Farnoush as our new SNDS treasurer.

In January, we had a successful Midwinter Meeting and I feel the comradery and unity between the Northern Societies and Southern Society is growing stronger.

I feel the leadership and our new President, Mark Funke, will move the Association in the right direction. Dr. Joe Wineman, SNDS Past President, was nominated for NDA Secretary and will be sworn in at the Annual Summer Meeting.

One of our goals this year is to take part in offering dental care to the under served areas. We are working closely with Dr. Antonina Capurro (Nevada State Dental Health Officer), Northern Nye County Hospital District and the Central Nevada Regional Care to have two fully functioning operatories in Tonapah. Once up and running we will be calling on ALL members for volunteers to spend a day or two giving free Dental Treatment to those who need it most. We are looking for members to fill leadership roles as either Delegate or in the Executive Committee. 🦷

For more information please, call Monica at the SNDS Office.



Robin Lobato, DMD

In January, we had a successful Midwinter Meeting and I feel the comradery and unity between the Northern Societies and Southern Society is growing stronger. I feel the leadership and our new President, Mark Funke, will move the Association in the right direction.



Lori Benvin

nnds@nndental.org

News from the Northern Nevada Dental Society

Our 10th Annual Give Kids a Smile event broke records this year. The Northern Nevada Dental Health Programs (NNDHP)/Healthy Smile Healthy Child (HSHC) in collaboration with our NNDS New Dentist Committee and Champagne Dental Partners all teamed up for a very successful give back to our community day.

On February 1, we had 97 volunteers including general dentists and specialists, hygienists, dental team members, UNR Pre-Dent students, TMCC Dental Assisting students, and auxiliary staff who helped in treating 122 children, with 14 donating sponsors, and \$71,000 in donated dental care. Our GKAS Chair Kellie McGinley, DDS and Co-Chair Jesse Mitchem, DDS did an outstanding job in coordinating this day with our Dental Case Manager for HSHC Monica Vazquez.

A BIG thanks to the following volunteer dentists and specialists that day; Drs. Erin Anderson, Jason Champagne, Drew Champagne, Trent Gookin, Zachary Hansen, Kristin Kelly, David Kelly, Shanna

Kim, John McLennan, Kellie McGinley, Lucas McShosh, Jesse Mitchem, Andrew Leland, Debra Peterson, Michelle Schiro, John Silvaroli, Hannah Beus, Christopher Galea, Dan Muff, and Troy Savant.

We thank all of the volunteers, the generous food and dental supply sponsors, Renown Children's Hospital, Sparks Mayor Ron Smith, and especially Champagne Dental Partners for hosting this event once again in their Sparks location along with lending us their team members; NNDHP and NNDS are grateful. Our children's program of the Northern Nevada Dental Health Programs will follow-up on all these children who may need additional dental treatment by placing them in dental homes with our volunteer dentists. NNDHP, a non-profit arm of the NNDS, places uninsured and underinsured qualified children into dental offices for low to no-cost dental care. We've been doing it for 35+ years and we thank all of our providers for stepping up to become a volunteer dentist with NNDHP.

This year NNDHP is expanding. We are currently working on a new partnership with the Carson City Senior Center to begin a pilot project to help low-income seniors in Carson City and Carson Valley obtain no to low-cost dental care again with our amazing providers. If you would like to give back by helping our seniors through NNDHP, please call us at 775-337-0296 or email me at lori.benvin@nndhp.org.

Please check our website at www.nndental.org for our Calendar of Events in 2020 as we have some incredible CE opportunities right here in northern Nevada. 🦷

Welcome Newest NNDS Members

- Steven Calderwood, DDS – General
- Justine Dupanovic, DDS – General
- Christina Knapp, DMD – General
- Heather Olson, DMD – General
- Monica Saldana, DDS – General





NNDS President's Spring Message

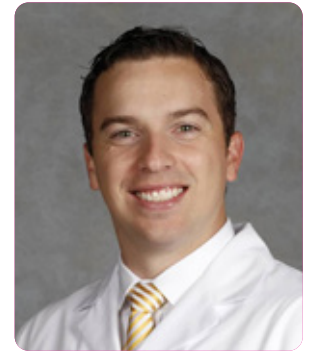
There is something about the anticipation of spring that has always been re-energizing. Although our winters are generally mild, the post-holiday letdown and short, bleak days can begin to feel oppressive and unending. But as we begin to feel that change in the weather and see the trees coming back to life, it is a chance for things to renew and reawaken.

While dentistry is a wonderful and exciting profession, sometimes we can find ourselves in a winter-rut with our work lives as well. Even when we have the most supportive staff and wonderful patients there can be those days that feel like every appointment is running behind, everyone has a complaint, and nothing seems to be running smoothly. Work can sometimes feel like you are practicing on an island and it becomes easy to lose that spark of passion we all had as newly graduated dentists.

Even in our professional lives (or especially in them) we need a "spring" to help bring us back to life and reawaken that drive and positive outlook that brought us all to this line of work in the first place. For this reason, I am so grateful for our Northern Nevada Dental Society community. Not only for our monthly gatherings and annual events, but

for the individuals I get to work with on the Executive Committee, through the NDA and NNDHP, and on a daily basis collaborating for mutual patients. Being able to discuss everything from community outreach to policy changes to clinical treatment plan options keeps me motivated and reminds me that I am part of a community of practitioners who are intelligent, driven, kind, and trying to move our profession in a positive direction.

I would encourage any NNDS member who is interested to consider getting more involved in our wonderful organization. There are many opportunities to serve as delegates, on committees and boards, and through various levels of leadership within the NNDS, NDA, and ADA. Even if you do not have the time to volunteer in these roles, we encourage you to actively participate in our meetings, community outreach programs, and other events. By working together and supporting one another, we become stronger as individuals and as a community. If you feel you need something to reenergize your professional life, or even if you don't and just want to give back, please reach out to me or Lori Benven to discuss what opportunities are available! 🍷



Craig Andresen
DDS, FACPS
nnds@nndental.org

I would encourage any NNDS member who is interested to consider getting more involved in our wonderful organization.

FROM THE DEAN

It is hard to believe that six months has passed so quickly since I began as Dean of UNLV School of Dental Medicine, September 1, 2019. I'm humbled and honored to serve as the fourth dean in the young history of UNLV Dental Medicine.

In this short period of time, our students, staff, and faculty have experienced change, both before and after my start date. Although we can quickly search to find the quote "change is the only constant in life" (Heraclitus, Greek philosopher), experiencing change in real time can be exciting and challenging.

In the midst of excitement and optimism, I'm sad to report that our academic and professional community also experienced loss—four faculty members (Dr. James Whalen, Dr. Lawrence Hundley, Dr. Janet Williams, and Dr. Bernard Judis) and one of our second-year dental students (Kyle Naylor) passed away since summer 2019. Our collective experience of loss also promises hope when I see how much students care, staff respond, and faculty come

together, all in an effort to remember how each individual contributed and made us better.

Support for each other quietly occurs at all levels, which is both genuine and uplifting. The attitude to push on and actively contribute to the health of our patients, the quality of education for our students, and a commitment to ensure successes for UNLV Dental Medicine are real. We are building on this foundation for better collegial relations and collaborations and are excited by the prospects of the coming year.

—Lily T. Garcia, DDS, MS, FACP
Professor & Dean

ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs has received approximately 1,628 applications for the 2019–20 application cycle. The selection for the Class of 2024 is still underway with interviews occurring through February. Acceptances will continue to be sent until the class is filled with 80–82 students.

STUDENT RESEARCH

The School of Dental Medicine's annual Student Research Day Symposium was held on March 6. The first, second, and third place finishers in the student research competition presented their projects to fellow students and faculty prior to the keynote lecture by Rena D'Souza, DDS, MS, PhD. Dr. D'Souza, a professor of Dental Sciences at the University of Utah, presented "A Novel Paradigm for Reversing Craniofacial Defects In-Utero." A reception followed and all students who participated in the research program shared their research posters with attendees. Seventeen students presented their research during the annual International Association for Dental Research conference held in March in Washington, D.C.

COMMUNITY SERVICE REPORT

From August 1, 2019 to January 31, 2020, the UNLV School of Dental Medicine community outreach team provided more than 1,200 screenings to underserved patients in Nevada, and completed almost 1,200 applications of fluoride varnish. The team also offered informational material to more than 1,300 individuals at local health fairs and resource fairs. The value of the donated services for this time period was approximately \$123,000 using an average summary for the ADA fees.

Dr. Christina Demopoulos and Melissa Argueta, RDH, received the 2019–2020 "Outstanding Community Partner" award from Acelero Learning for their continued commitment and advocacy to children and families within Clark County. 🦷



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