

Feature Story

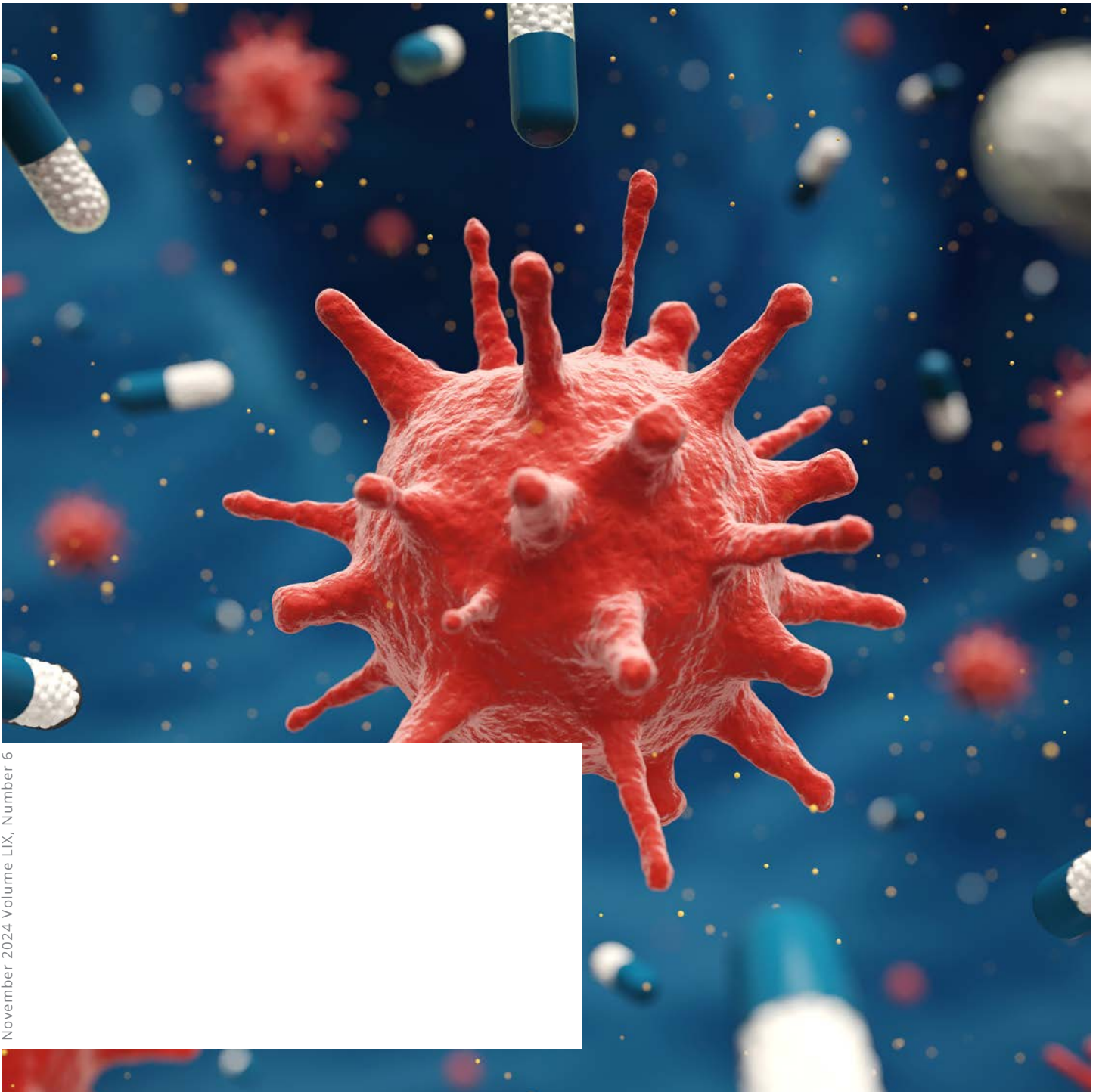
Antimicrobial Resistance: A Global Health Crisis p. 18

President's Message

The Roots of Pediatric Dentistry p. 04

Practice Management

Stay Interview: The One Meeting That Could Save Your Practice p. 24



Experience The Power of "NO".



Pit & Fissure Sealants



Heavy Stain



Restorative Dentistry



Flavor Intolerance

NO Flavor. NO Fluoride. NO Dye. NO Oil. NO Gluten.

There's nothing like Nada for more patients than you realize – the prep paste packed with the power of "NO".

Nada Pumice is also a safer polishing option for patients concerned with allergies. Unlike using pumice, there's NO prep mess, NO splatter and its convenient unit dose cups help reduce the risk of cross contamination.

There's no better time than now to try Nada with our, Buy 1 box Nada, Get 1 box Next Propy Paste, Free, NO risk offer*.



nada[®]
pumice paste

*Limit 1 Free Box Next Propy Paste (any flavor or grit) per dental office.



THE MAGAZINE OF THE AAPD

AAPD CEO Dr. John S. Rutkauskas

EDITOR

MARKETING & COMMUNICATIONS
MANAGER

Caitlin Kepple

ART DIRECTOR

VP FOR PUBLICATIONS

Cindy Hansen



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

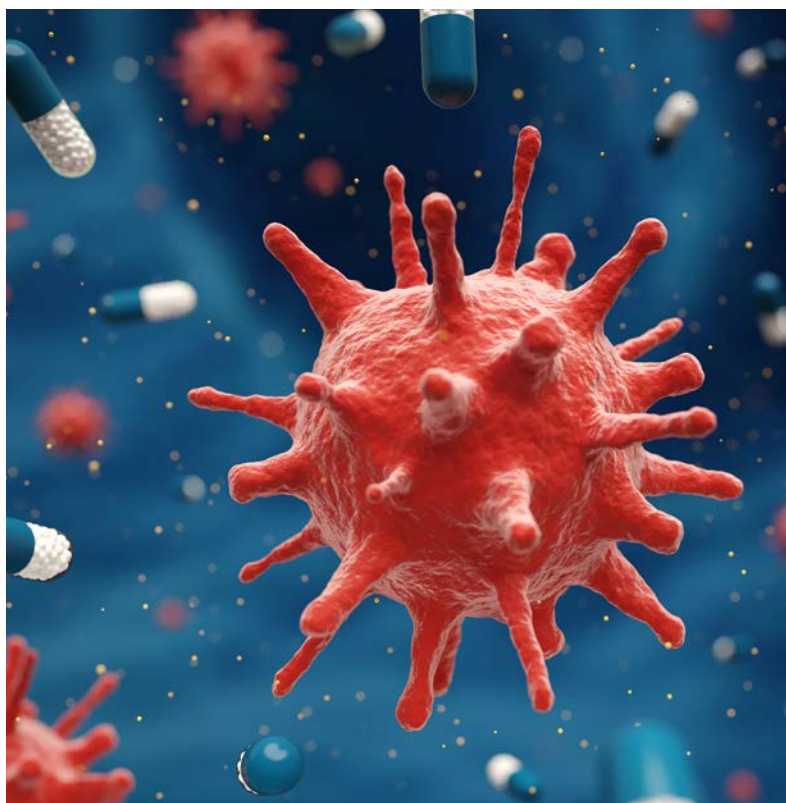
The PDT magazine (ISSN 1046-2791) is published bimonthly by the American Academy of Pediatric Dentistry, 211 E. Chicago Avenue—Suite 1600, Chicago, Ill. 60611, USA, (312) 337-2169. Periodical Postage Paid at Chicago, Ill. and at additional mailing offices. POSTMASTER: Send address changes to PDT, 211 E. Chicago Avenue—Suite 1600, Chicago, Ill. 60611, USA.

PDT is the official member magazine of the American Academy of Pediatric Dentistry (AAPD). The magazine is distributed to members as a direct membership benefit. Nonmember subscriptions are available at a domestic rate—\$30 and foreign rate—\$40 at the above address. Opinions expressed in PDT are not necessarily endorsed by the AAPD.

American Academy of Pediatric Dentistry

211 East Chicago Avenue, Suite 1600
Chicago, IL 60611-2658
(312) 337-2169
www.aapd.org
aapdinfo@aapd.org

Feature Story p. 18



INSIDE THIS ISSUE

WELCOME

04 President's Message

AAPD FOUNDATION

06 Be a Healthy Smile Hero

MEMBER NEWS

- 12 Welcome New Members
- 12 Member Benefit Spotlight
- 13 From Pageant Crowns to Dental Crowns
- 14 Pittsburgh Predoctoral Chapter Spotlight
- 16 VCU Predoctoral Chapter Spotlight

AAPD 2025

- 17 Program at a Glance
- 17 Registration & Housing

COLUMNS

- 08 Education & CE Opportunities
- 22 Research and Policy Center
- 24 [PMM](#)
- 27 ABPD
- 46 Statement of Ownership

LEGISLATIVE, REGULATORY AND LEGAL UPDATE

- 30 Advocating for Fair Dental Rehab Facility Fees
- 32 PAC Corner
- 34 C3 Law Log

OPPORTUNITIES

- 40 Seeking Pediatric Dentist
- 44 Faculty Positions Available
- 44 Practice for Sale

PRESIDENT'S MESSAGE

THE ROOTS OF PEDIATRIC DENTISTRY



PRESIDENT

Dr. Scott D. Smith

The role of president of the AAPD combines significant responsibilities with unparalleled rewards. I have been aided and mentored by past presidents, whose legacies have laid the foundation upon which we continue to build. Their guidance has been instrumental in shaping our Academy. Equally vital, though often overlooked, is the AAPD staff. Under the leadership of Dr. John Rutkauskas, they are as dedicated to ensuring optimal oral health for all children as our members are, supporting us in our shared mission. They have helped make my year as President a fabulous experience.

For me, the greatest fulfillment has come from connecting with AAPD members and seeing our pervasive culture of supporting children and each other in action. Our AAPD membership is incredibly diverse, spanning various demographics, including age, gender, experience, geography, and practice styles, mirroring the diverse populations we each serve. Each of us has our own unique set of skills but as an AAPD member we stand together united and committed to our mission.

This unity is a testament to the culture we have all helped to create. The AAPD culture is grounded in a collective commitment to the highest standards of care for children, with an unwavering focus on patient safety. The AAPD leads the way in this area, reflected in initiatives like the AAPD Safety Toolkit and Residency Safety Curriculum, both available on our website at www.aapd.org/resources/member/practice-safety/.

Last spring, we collaborated with the Association for Dental Safety (ADS) to offer a course on dental unit water-line safety and we continue to pursue efforts that promote safety culture in pediatric dentistry. This commitment is just one way that showcases our Academy's reinforcement of a culture of excellence in patient care and safety.

Our culture extends to our enduring advocacy for children's oral and overall health. This commitment drives our advocacy efforts at national, state, and local levels. Each spring, hundreds of AAPD members converge on Washington, D.C., for the Pediatric Oral Health Advocacy Conference, where we pas-

"Our members put children first in everything they do, and at the highest standards of ethics and patient safety."



sionately advocate on behalf of our mission. Our focus on advocacy led to the establishment of the Research and Policy Center, now led by Drs. Paul Casamassimo and Chelsea Fosse. The Academy's investment in the Research & Policy Center underscores our members' dedication to a culture of advocacy for all children.

What truly stands out as the most rewarding aspect of my tenure as AAPD President is witnessing firsthand the shared commitment to children and their oral health that unites our membership. This common purpose binds us together and embodies the spirit of pediatric dentistry. As our strategic plan aptly states, "Our members put children first in everything they do, and at the highest standards of ethics and patient safety." This is the essence and culture of pediatric dentistry, which we all strive to uphold together.

Children deserve equal access to dental care

Right now, they don't have it. In fact, half of the children in elementary school have cavities. Cavities in young kids can harm their health, development, and quality of life – both in the short-term and over time.



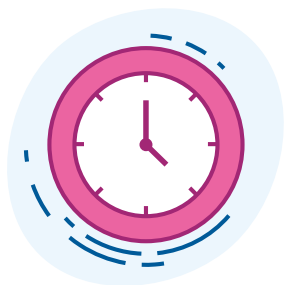
51 percent

of children between the ages of 6 and 11 have cavities.*



1 in 10 children

with cavities suffers from pain, making it hard to chew and eat healthy foods.*



51 million

hours of school are lost each year in the U.S. because of poor oral health.*



*Source: U.S. Centers for Disease Control and Prevention



Together, we can make a difference!

The American Academy of Pediatric Dentistry Foundation is dedicated to making dental care accessible to **all** children. With your support, we are helping to ensure little teeth get the care they need and deserve. Scan to learn more or visit AAPDFoundation.org.



BE A HEALTHY SMILE HERO

WHAT IS THE **AAPD** FOUNDATION?

THE AMERICAN ACADEMY OF
PEDIATRIC DENTISTRY FOUNDATION IS
THE NATION'S LARGEST **DENTIST-LED**
CHARITY DEDICATED TO MAKING
DENTAL CARE ACCESSIBLE TO
ALL CHILDREN.

\$10.3 MILLION
IN GRANTS TO 161
GRANTEES IN 36 STATES

GRANTEES HAVE
PROVIDED DENTAL CARE
TO 800,000+ CHILDREN

**100% OF YOUR
DONATION GOES TO
CHILDREN IN NEED!**



AAPDFOUNDATION.ORG/DONATE
OR SCAN QR CODE





EDUCATION AND CE OPPORTUNITIES

REGISTER FOR AAPD SPRING CE COURSES

Qualifying Examination Prep Course

FEB 28 – MARCH 2, 2025

Boston, Mass.

Are you ready to take the first step towards becoming a Diplomate? Look no further than our Qualifying Exam Prep Course. This exclusive event is designed to equip you with the knowledge and skills needed to confidently tackle the ABPD Qualifying Examination.

Led by esteemed educators and experienced clinicians, this course will present a comprehensive review of the subjects and materials covered in the board examination. Through engaging lectures, you'll gain valuable insights into the various domains included in the American Board of Pediatric Dentistry examination. Our expert speakers will guide you through the intricacies of this high-stakes written examination, sharing tips and strategies to help you excel. From brushing up on clinical knowledge to mastering theoretical concepts, this course covers it all. It will enhance your preparation and boost your confidence.

Don't miss this opportunity to learn from the best and equip yourself with the tools necessary for success. Join us at the Qualifying Exam Prep Course and take a leap towards achieving your dream of becoming a Diplomate.

**Participation in this course does not guarantee successful completion of the board exam.*

Course Chair and Speaker

Travis Nelson, D.D.S., M.S.D., M.P.H.

Speakers

Elise Sarvas, D.D.S., M.S.D., M.P.H.

Juan Yepes, D.D.S., M.D., M.P.H., M.S., Dr.P.H., F.D.S.
R.C.D.S.(Ed)

Clarice Law, D.M.D., M.S., F.A.A.P.D.

To register, visit www.aapd.org/events

ADA CERP® | Continuing Education
Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.



JOINT CONFERENCE WITH AAO From Small to Tall: Nurturing the Growth of Pediatric Dentistry & Orthodontics

JAN. 24 – 26, 2025

JW Marriott Marco Island Beach Resort, Marco Island, Fla.

At this conference, we will explore the highly compatible specialties of pediatric dentistry and orthodontics. We'll examine various treatment strategies for the early mixed dentition, practice management topics such as orthodontic-pediatric dentistry partnerships, communication/referral systems, marketing, and risk management.

Our mission is to guide attendees through interdisciplinary clinical techniques and referral communication strategies, as well as contemporary patient management topics that these dental specialists commonly encounter. This conference will help attendees develop a comprehensive treatment approach that integrates the best practices from both fields.



AMERICA'S PEDIATRIC DENTISTS®

WINTER CONFERENCE 2025

Smiles Across the Globe Symposium

The American Academy of Pediatric Dentistry is excited to announce the upcoming Smiles Across the Globe symposium, held in partnership with the Royal College of Surgeons of Edinburgh and the European Academy of Paediatric Dentistry.

SEPT. 19 – 20, 2025

Royal College of Surgeons of Edinburgh

Ten Hill Place, Edinburgh EH8 9DW, United Kingdom

This symposium will cover a variety of engaging topics, including:

- Artificial intelligence in diagnostic and digital workflows
- Airway management and sleep apnea
- Minimally invasive dentistry and silver diamine fluoride (SDF)
- Collaborative clinical excellence networks in the UK, focusing on cardiac management



Smiles Across the Globe Cutting-Edge Pediatric Dentistry

In partnership with the American Academy of Pediatric Dentistry, the Royal College of Surgeons of Edinburgh, & European Academy of Paediatric Dentistry

September 19-20, 2025 Edinburgh, Scotland, UK



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY ON little teeth®



Why Scotland?

Discover the charm of one of the world's most captivating cities! With its rich history, iconic architecture, and vibrant culture, Edinburgh offers a unique experience for conference attendees. Enjoy the picturesque streets, sample traditional Scottish cuisine, and immerse yourself in the local culture when you join us for Smiles Around the Globe.

Registration will open in January, so stay tuned for more information!

Smiles Around the Globe is in Partnership with the American Academy of Pediatric Dentistry, the Royal College of Surgeons of Edinburgh, and the European Academy of Paediatric Dentistry.

AAPD / AAPD Foundation Proudly Announces the 2025 Master Clinician Scholarship Program

Elevating Excellence in Pediatric Dentistry Education

We are thrilled to build upon the resounding success of preceding years as we introduce the eagerly awaited 2025 Master Clinician Scholarship Program by the AAPD and the AAPD Foundation. This program stands as a testament to our unwavering commitment to advancing the field of pediatric dentistry through exceptional education.

Selected scholarship recipients either attend the Academy for Advancing Leadership's Institute for Teaching and Learning (ITL) or the Chairs and Academic Administrators Management Program (CAAMP). *The scholarship covers tuition only.*

For more information on the difference between the two programs, please visit: <https://aalgroupp.org/>.

ITL Focus: Educator proficiency, pedagogical theory, best practice applications for clinical and didactic education, IPE, faculty development, and trends in education

CAAMP Focus: Best practices for leadership and management, professional development, team dynamics, and strategic planning topics

Scholarship recipients also receive complimentary registration to the AAPD Comprehensive Review of Pediatric Dentistry continuing education course.

Scholarship applications are available under Awards and Fellowships / Leadership in Education and Administration Program (LEAP) on the AAPD website. <https://www.aapd.org/resources/member/awards-and-fellowships/>.

Applications must be received by Feb. 3, 2025.

Please contact the Education Development and Academic Support Manager Leola Royston at (773) 938-4986 or e-mail Lroyston@aapd.org for further information.

Discover What You've Missed: Highlights from the AAPD Resident Seminar Series



The AAPD Resident Seminar Series has featured a wide variety of topics designed to enhance the educational experience of dental residents. Each session aims to supplement the regular curriculum with diverse and engaging content.

Our previous presentations, going back to 2020, have covered numerous areas of interest, providing valuable insights and learning opportunities for students, residents and the larger membership. If you're curious about the types of topics we've explored, you can check out our past seminar listings here: <https://www.aapd.org/resources/member/resident-resources/AAPD-Resident-Seminar-Series/>.

The Resident Seminar Series is open to all members, offering a chance to gain additional knowledge and stay informed about the latest in dental education.

To see a list of past topics or for more information, please visit our website or contact the Education Development and Academic Support Manager Leola Royston at (773) 938-4986 or e-mail Lroyston@aapd.org directly.

SPEAKER SUBMISSION Annual Joint Academic Day

WEDNESDAY, MAY 21, 2025

Planning is underway for the Annual Joint Academic Day to be held in Denver, Colo.

Interested in presenting?

Please submit your proposal here: <https://aapd.wufoo.com/forms/2025-jad-speaker-interest-form/>.

The AAPD Foundation

Dr. Amr Moursi

AAPD Past President



Help kids get the dental care they need.

I support The AAPD Foundation because it does one thing: works to ensure that *all* kids have access to the dental care they need, regardless of their parents' or caregivers' ability to pay. Will you be a hero to them this June when you renew your Academy membership? 100% of your gift directly benefits children in our grantees' care.



AAPD
FOUNDATION
Big Love for Little Teeth

Look for the opportunity to make a voluntary donation to the AAPD Foundation in your dues statement, in print and online.



Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs. For further information on membership benefits please contact the Membership Department at (312) 337-2169 or membership@aapd.org.

MEMBER BENEFIT SPOTLIGHT

AFFORDABLE AND ACCESSIBLE: AAPD'S JOURNAL CE PROGRAM MAKES LEARNING EASY



As an AAPD member you already receive the journal, *Pediatric Dentistry*. Did you know that you can earn CE credits by continuing to read the articles that you

are already reading? If so, why don't you take advantage of the Journal Continuing Education Program?

The Journal CE Program is available in the *Education Passport*. The package provides up to 24 CE credits, and you can take the quizzes any time, because the package is available to you for three years. Tests are posted when the journal issue becomes available.

Why Choose AAPD's Journal CE Program?

Easy to Access: No need to travel or rearrange your busy schedule. Our program is accessible online, allowing you to learn at your own pace, wherever and whenever it suits you. Skip the hassle of commuting and attend classes from the comfort of your home or office. All you need is an internet connection!

Affordable Learning: We believe that quality education should be accessible to all. AAPD's Journal CE Program is offered at a fraction of the cost of traditional courses, ensuring that you can continue your education without breaking the bank. It is only \$5 per CE credit for a total of 24 credits (\$120) per year.

LEARN



AAPD JOURNAL CONTINUING EDUCATION

Learn more on AAPD's
[Education Passport](#)



FROM PAGEANT CROWNS TO DENTAL CROWNS

NATIONAL TITLEHOLDER GIVING PEDIATRIC DENTISTRY AND ACCESS TO CARE A PLATFORM



Jaelynn Holtz's interest in dentistry began during her time at her vocational school where she pursued dental assistant training. Before even graduating high school, she was working full-time in a general dentistry office that predominately served patients utilizing Medicaid.

"I realized how important access to care and the impact of not having access to dental care can have on a person, especially children," Holtz says. Her interest in the dental profession continued during her undergraduate years. Throughout college she volunteered at Nationwide Children's Hospital in Columbus, Ohio. It was here where she grew to love working with children. Holtz was the very first non-parent member of the Family Advisory Council at Nationwide Children's, working with parents and staff members to make improvements around the hospital.

Based on her undergraduate experience, Holtz knew coming in as a first year to Marquette University School of Dentistry that pediatric dentistry was a strong interest, but it wasn't until her third year when she began working with patients in Marquette's pediatric clinic that she started to take that interest more seriously. Now as a fourth-year student, Holtz is excited to continue pediatric care and delving into issues central to the health of wellness of children.

Holtz's passion for the AAPD mission of optimal oral health for all children and access to care is so strong, she's made it her service platform as Miss Wisconsin Captivating 2024.

"Lack of access to dental and health care is such an under talked about subject but is so incredibly important," Holtz says. "Receiving health care should be a right, not a privilege although for many parts of the country, it is just that, a privilege. Those on government supplemented insurance are at an even more difficult spot trying to find places to have basic dental needs taken care of. My goal as an eventual pediatric dentist is to provide care to these populations to do what I can to ensure all children receive the dental care they need."



Pediatric dentistry and pageants may not seem like two interests that have much in common, but skills needed to be successful in both intersect, particularly relating to communication.

"Competing in pageants has given me the confidence to speak with patients and their families effectively and professionally," Holtz says. She also believes pageants have helped her learn to tackle tough situations and advocate effectively for her patients and community.

Receiving health care should be a right, not a privilege although for many parts of the country, it is just that, a privilege.

"Pageantry has given me leadership experience as well that translates over to treating patients and effectively running appointments," she continues.

Finding success in both academics and pageantry has opened opportunities for Holtz to become a better advocate. She recently won the national title of Miss Captivating Ambassador 2025, giving her a nationally recognized platform to advocate for pediatric dentistry and the importance of improving access to care.

"My title of the National Captivating Ambassador has given me a social media platform where I am able to reach a diverse and widespread population," Holtz says. "I use this platform to share educational information about pediatric dentistry in hopes of educating parents on different areas of oral health for themselves and their children."

Ultimately, Holtz hopes to practice in an area where there is a lack of providers, especially Medicaid providers. She strives to be in a role with the opportunity to mentor and teach pediatric dental residents and also continuing her own education through research.

PREDOCTORAL CHAPTER SPOTLIGHT

UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE

This year marked the 22nd anniversary of the Give Kids a Smile (**GKAS**) program at Pitt Dental Medicine's Department of Pediatric Dentistry. This event took place over five days spanning throughout February and March, when predoctoral students had the opportunity to provide free dental care to children in the local community. This GKAS event allowed dental students, residents, and faculty to all work together to provide over \$9,300 worth of free dental care to uninsured children.

The event was chaired by Antonio Cardoso (Class of 2026) and Angelina Domenick (Class of 2027) and to kick off the excitement, the clinic was decorated with a safari/jungle theme! Not only is GKAS meant to serve the local community and improve access to care, but it acts as a gateway to encourage children to become more comfortable with going to the dentist; the main goal being to improve smiles in a calm, relaxed environment.

Kiwanis Kids Day marked another annual community outreach event that placed smiles on many families' faces. Working with a local Kiwanis International club, Pitt AAPD provided fun games and activities for children of all ages centered around oral health. Pitt AAPD also demonstrated the importance of good oral hygiene habits to children and their guardians. This event was an amazing opportunity for children to see all the influential organizations in their local community.

In addition, Booksburgh at UPMC Children's Hospital of Pittsburgh was an outstanding event where Pitt AAPD read children's books at the Dream



Big Studio to be played later for the hospital's patients. By volunteering in the Dream Big Studio, the chapter participated in live, interactive game shows with the hospital's patients, where they called into the studio for shout-outs on the big screen! This was a great experience where students interacted with the pediatric patients, while also gaining some show-hosting experience! Volunteering for the Walk for Children was an excellent opportunity to give back to the community and raise money for the UPMC Children's Hospital Foundation. The Pitt Dental AAPD team raised money to ensure that all children receive the care that they need when they need it most.

Pitt AAPD was also able to partner with the local Boys and Girls Clubs. Partnering with this organization gave members the chance to make a positive impact on the lives of children in the community. Nidhi Khosla, Secretary

of the Pitt AAPD chapter, remarked, "teaching the kids about dental health was inspiring because we got to witness firsthand how eager they were to learn something new." Boys and Girls Club members showed a strong desire to understand how to take care of their oral health and even some were inspired to hopefully pursue dentistry as a career in the future! Overall, it was a privilege to contribute to their growth in such a meaningful way and Pitt AAPD hopes to continue working with this organization in years to come.

A couple other community events provided festive ways to give back near the holidays such as Boo Bash in October and the annual Holiday Toy Drive last winter. Boo Bash, an annual event held by Cancer Bridges, a non-profit organization supporting families affected by cancer, was held last October. Dental students connected with kids in the community through coloring and

crafts, giving oral hygiene demonstrations, and offered educational resources while also doing it dressed up in fun costumes to celebrate Halloween! In the following months, the school-wide Toy Drive for the Alliance of Infants and Toddlers provided toys and presents to children with developmental disabilities and their families. This year, the AAPD student chapter partnered with our school's chapter of Student National Dental Association to further promote the drive and increase our contributions. In addition, the chapter hosted an event for students to write personal holiday cards for the children and their families for the holiday season.

Many other educational events provided insight to the pediatric dental specialty. At the start of the 2021 academic year with the COVID-19 pandemic suspending many activities, dental students had limited volunteer and continuing education seminar opportunities. The co-presidents of the student chapter wanted to offer club members opportunities to engage with each other and faculty. With the guidance of Dr. Studen-Pavlovich, *Pedo-to-Go* was born. *Pedo-to-Go* is a virtual program of case histories in which pediatric dental faculty present a variety of pediatric dental topics through Zoom. This allowed stimulating dental education after school in 45-minute allotments with two to three presentations per term. The dental students consisted of members from all classes and a great variety of questions followed with both students and faculty benefiting greatly from the program. With remote-education becoming commonplace, *Pedo-to-Go* seminars will continue for the 2024-2025 academic year.

Preparing applications to pediatric dental residencies is an arduous task. To assist in this process, the Student Chapter offered dental students three separate events – one live and one remote on applying to residencies and then another featuring senior dental students who recently matched into pediatric dental residencies. The live event featured the four pediatric dental residents from Pitt's Department of Pediatric Dentistry: Drs. Snigdha Arora, Sidharth Kannan, Katy Bigham, and Jacob Watts. They enlightened students to the application process, types of programs, recommended number of programs to apply, and other topics. The residents described their experiences at the School of Dental Medicine and highlighted pros and cons of the residency.

The virtual event featured recent University of Pittsburgh dental graduates who were enrolled in programs other than the University of Pittsburgh. A heartfelt thanks to Dr. Minnah Sheikh, University of Southern California; Dr. Wes Schoenthal, St. Louis University; Dr. Ami Trivedi, Children's Hospital Colorado; and Dr. Camille Vasquez, NYU Langone – Tampa for sharing their experiences at their respective residencies and giving back to their alma mater. A lively question-and-answer session followed the presentations.

The D4 match panel is another annual event held by the student chapter. This is a great opportunity for first-, second-, and third-year dental students to hear directly from fourth-year dental students who matched into pediatric dental residencies. The insight provided from this panel included reviewing types of pediatric dental residencies, compiling a list of programs to apply, tips for interviewing, and developing

a rank list. The advantage of having a panel of peers is that the underclassmen felt comfortable asking all types of questions, and the audience really guided the conversations. As co-president, Emyli Peralta commented, "I was grateful for the opportunity to have had three different panels and use the advice as I approached the application cycle."

Other events gave further insight to dental students on what it's like to be a pediatric dentist. The *Life as a Pediatric Dentist* event with Dr. Jamie Kaufer, was a fun and interactive way for dental students to ask questions about the day-to-day life of a practicing pediatric dentist. Dr. Kaufer provided a wealth of knowledge by explaining her experience as both a pediatric dentist in private practice and as a part-time dental school faculty member at Pitt. She also shared helpful tips and advice for applying to pediatric dental residencies and to complete her excellent presentation, Dr. Kaufer presented two case histories in which dental students engaged in discussions and problem-solving.

To round off an amazing academic year, a few of our Pitt AAPD members attended the AAPD 2024 Annual Session in Toronto! All members had an amazing experience at the annual conference. Jacob Navarro, AAPD Pitt chapter vice president, shared, "having the opportunity to attend AAPD 2024 was such an amazing experience! I enjoyed learning about new technology within the field and interacting with many pediatric dental professionals who were able to share their unique perspectives and experiences." As a chapter, we are looking forward to another successful turn out at AAPD 2025 in Denver!

PREDOCTORAL CHAPTER SPOTLIGHT

VIRGINIA COMMONWEALTH UNIVERSITY



Toothwiggers, the Predoctoral AAPD chapter at Virginia Commonwealth University's School of Dentistry (**VCU**), is a professional organization dedicated to improving the oral health of children in the Richmond area and the greater Commonwealth of Virginia. Students involved in Toothwiggers have numerous opportunities for further education through initiatives such as Lunch and Learn sessions with current pediatric dentists and pediatric offices, expert panels, and hands-on workshops. These educational activities are designed to broaden their knowledge and skills in pediatric dentistry and public health. The club collaborates with various local organizations, including Missions of Mercy (MOM) projects and Glen Lea Elementary School, a Title I School, to provide real-world experience and community service. These endeavors include Trunk-or-Treat with apples instead of candy at Halloween, dental screenings at the Special Olympics, and implementing teledentistry at Glen Lea, increasing dental access for students of the school. Through these partnerships, students not only enhance their clinical

and professional expertise but also make meaningful contributions to improving dental health in underserved communities.

Toothwiggers Pediatric Dental Club at Virginia Commonwealth University (VCU) has recently partnered with the VCU Chapters of the American Academy of Developmental Medicine and Dentistry (AADMD) and the American Association of Public Health Dentistry (AAPHD) to foster a spirit of community service and outreach. These collaborations aimed to leverage the combined expertise and resources of these organizations to address dental health disparities and



enhance access to quality dental care for underserved populations, especially school-aged children. Through this partnership, Toothwiggers members engaged in various service projects, educational initiatives, and community events designed to promote oral health awareness and provide much-needed dental services. This most recently included the Colorful Connection Autism Fest presented by Mothers and Autism Meetup where members of Toothwiggers and AADMD at VCU provided free resources and guidance for parents and children with special healthcare needs.

The VCU Chapter of the AAPD further embraces the fun of pediatric dentistry with every fundraising and awareness initiatives. The student leaders organize social events and social media posts to foster a community interested in pediatric dentistry. The students further inspire their peers to support their endeavors by fundraising badge reels, enamel pins, and more. Through their dedication and collaborative efforts, Toothwiggers at VCU is looking forward to continuing their work in the local community and beyond.





AAPD 2025 promises even more exceptional education, engaging activities, and memorable moments! With a lineup of renowned experts in pediatric dentistry, hands-on workshops, and interactive sessions, you'll have plenty of opportunities to expand your skills and knowledge. Plus, Denver's vibrant atmosphere offers the perfect backdrop for networking, social events, and fun. Don't let this chance to elevate your practice and connect with your peers pass you by—mark your calendar and get ready for what's next!

Here are the topics you can expect to see at AAPD 2025:

The Preconference Course: Minimally Invasive Techniques

Pulpal Management of Immature Permanent Teeth

Staff Communication of Treatment Plans

The Blue Print to the Successful Practice You've Always Wanted

AAP Section: Abuse and Neglect

Work Flow Technology

Sugar Toxicity

Speed Learning: Special Healthcare Needs

PALS/BLS Skills Checks & PEARS

Team Talk with Drs. Ann & Bobby – Part 1

Team Talk – Part 2: Bring Your Doc!

Early Career Dentist Course

Sedation

Registration & Housing

The meeting will take place at the Colorado Convention Center. Registration and Housing will open in December 2024. Complete meeting and hotel details will be posted on the AAPD 2025 website at <https://www.aapd.org/education/aapd-2025/>. A prominent email will be sent to all members announcing when registration opens as well as all hotels in the AAPD Official Room Block.

Colorful umbrella street decoration on the alley of RiNo art district in Denver, Colo.



Want to know more?

Visit the AAPD Annual Session website for details on:

Social Events

Registration Hours

Exhibitor Opportunities

Resident Information

Antimicrobial Resistance

A GLOBAL HEALTH CRISIS

By Jessica Y. Lee D.D.S., M.P.H., Ph.D.

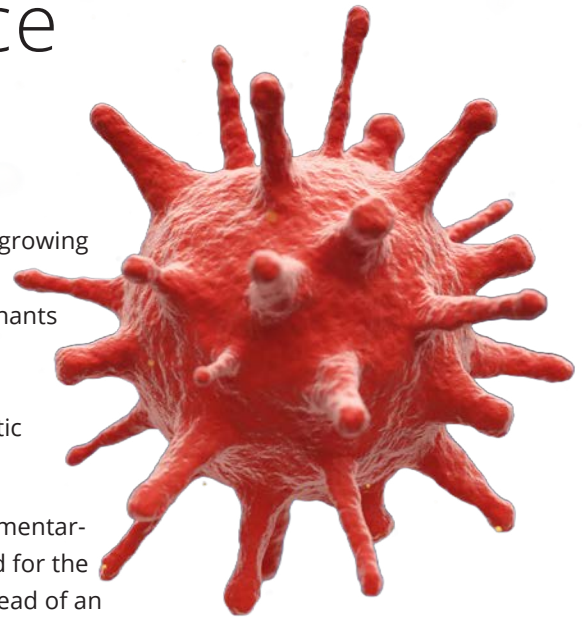
Global Impact of Antimicrobial Resistance (AMR)

Many medical and dental practitioners and associations have recognized the growing problem of antimicrobial resistance (AMR). AMR takes place when the bacteria modify themselves by mutations or by exchanging resistant determinants so they can survive even though antibiotics are being used against them. In fact, some believe the improvements and advances that were made in treating diseases are starting to decline to the point where the end of antibiotic effectiveness is in sight.

Antimicrobials and antibiotics are a vital part of medical care providers' armamentarium for the treatment of disease and infections. Antibiotics need only be used for the management of active infectious diseases and/or to prevent the systemic spread of an infection. Antibiotics should not be used to treat viral diseases of any sort. Many argue that reduction in AMR can only occur following a significant reduction in antibiotic use.

AMR has far-reaching consequences, affecting both human health and the economy. According to the World Health Organization (WHO), AMR is responsible for approximately 700,000 deaths annually, a number projected to rise to 10 million by 2050 if no action is taken.

AMR makes common infections, such as pneumonia, urinary tract infections, and sepsis, more difficult to treat. In addition, surgeries and cancer treatments that rely on antibiotics to prevent infections become riskier. The increased costs associated with prolonged hospital stays, the need for more expensive second-line treatments, and productivity losses in affected populations strain healthcare systems globally. Estimates suggest that AMR could cost the global economy up to \$100 trillion by 2050. In agriculture, AMR threatens food production, with resistant infections in livestock and crops affecting yield and quality. This impact can lead to higher food prices and increased food insecurity in vulnerable regions.



Dentistry, often overlooked in discussions of AMR, plays a crucial role due to the frequent use of antibiotics to prevent and treat oral infections.

Antimicrobial Resistance (AMR) in Dentistry

AMR is one of the most pressing global health challenges, and its effects extend to every medical discipline, including dentistry. **Dentistry, often overlooked in discussions of AMR, plays a crucial role due to the frequent use of antibiotics to prevent and treat oral infections.** Dental practitioners commonly prescribe antibiotics for conditions such as periodontal infections, abscesses, and post-surgical prophylaxis. The misuse and overprescription of antibiot-

ics in dentistry contribute to the development and spread of resistant bacterial strains, posing a significant threat to public health.

Although dentists do not treat as many patients with antibiotic therapy as our medical counterparts, antibiotic therapy is a valuable treatment option for certain dental infections; indeed, *antibiotics and analgesics are the most commonly prescribed medications by dentists*. It is estimated that 10 percent of all antibiotic prescriptions are dentally

related. One study found that dentists account for 7 percent of all community prescriptions of antimicrobials in the United Kingdom (U.K.). Although one might argue that 7 – 10 percent is not a major contributing factor, it has been reported that dentists wrote 3.5 million prescriptions annually. It has also been estimated that each dentist could be prescribing an average of 159 prescriptions per year, or roughly three prescriptions per week. Mathematically using the figures above, dentistry is accounting for roughly 200-300 million prescriptions a year in the United States (U.S.). To underscore the magnitude of this number, *more antibiotics are sold than over-the-counter drugs in the U.S.*

There are two major reasons that antibiotics are used in dentistry: 1) to treat oral infections and 2) to prevent bacteremia caused by dental treatment. If the dentist decides that antibiotics will be of benefit to the healing process, the antibiotic should be administered as soon as possible, and the most effective route of administration must be considered. The goal of antibiotic treatment is to use the smallest amount of the drug that is most effective against the organism causing the infection. The efficacy of the antibiotic must be monitored as well because if the antibiotic of choice is not improving the situation, a culture and susceptibility testing may be necessary in order to more correctly treat the infection. Antibiotic therapy for orofacial infections can produce excellent benefits in selected clinical situations; however, orofacial infections need to be treated with local drainage and not antibiotics when possible. This can include removal of the infected tooth with hope of achieving drainage through the socket or drainage through an incision of the area. Antibiotics should be consid-

ered as an addition to the treatment when there are signs of systemic involvement such as fever or diffuse swelling. Antibiotics should not be the main treatment modality for orofacial infections unless there is spreading cellulitis. The minimal duration of the prescription should be five days past the improvement or resolution of the patient's symptoms.

The American Academy of Pediatric Dentistry (AAPD) is sensitized to the upward trend of antibiotic resistance. With this recognition of the problem, the AAPD also has described specific clinical indications for antibiotic usage. The AAPD recommends conservative use of antibiotics to reduce the risk of developing resistance. The AAPD describes situations and/or principles that should be followed when prescribing antibiotics to a child.

The American Dental Association (ADA) also has acknowledged the antibiotic resistance phenomenon and its relevance to dentistry through the release of a report in the April 2004 edition of JADA, "Combating Antibiotic Resistance", wherein a special panel outlines ADA recommendations. The ADA believes that the benefit of the antibiotic [therapy] must be weighed against the known risks of antibiotic toxicity, allergy, and the development, selection and transmission of microbial resistance. These AAPD and ADA guidelines were created to help guide dentists in their practices and minimize unwarranted antibiotic use.

Drivers of AMR in Dentistry

Although antibiotics are effective and useful in treating infections, they should not be inappropriately used, or antibiotic-resistant micro-organisms will become more resistant and more

plentiful in number. Furthermore, misuse and overuse of antibiotics have given rise to the growing problem of antibiotic resistance. When antibiotics are used correctly, there can still be problems because past antibiotic use can be linked to an individual developing resistant microbes.

Dental professionals do not appear to prescribe as much as their medical counterparts, but every profession with the ability to prescribe medication needs to be mindful of the antibiotic resistance problem. It is believed that reduction in antibiotic resistance can only occur following a significant reduction in antibiotic use. To prevent misuse and overuse of antibiotics, dentists need to be fully conversant with the indications and contraindications for prescribing antibiotics, proper dosing schedules, and the risk of allergic and toxic adverse reactions, superinfections, and development of antibiotic-resistant organisms. A major contrast between medicine and dentistry is that most dental infections can be treated successfully by removal of the source so there is no need to also use an antibiotic unless it is absolutely necessary. If it is determined that the benefits of the drug will outweigh the risks involved then the drug should be used; however, the exposure of the general population to antibiotics must be reduced to avoid pressuring bacteria into making evasive measures that will make otherwise useful antibiotics ineffective.

Several factors contribute to the emergence and spread of antimicrobial resistance in dentistry:

- **Overprescription of Antibiotics:** Dental practitioners often prescribe antibiotics in situations where they may not be necessary,

such as routine dental procedures or minor infections that can resolve without antimicrobial intervention.

- **Inadequate Diagnostic Tools:** In many cases, dentists rely on clinical symptoms rather than microbiological tests to determine the need for antibiotics. This empirical approach can lead to ineffective prescriptions, fueling resistance.
- **Patient Pressure and Expectations:** Patients sometimes expect antibiotics for pain or infections even when they are not warranted. To meet patient expectations or avoid dissatisfaction, some dentists may overprescribe antibiotics.
- **Incomplete Courses of Antibiotics:** Patients frequently fail to complete prescribed courses of antibiotics, which can leave surviving bacteria with the opportunity to develop resistance.

Consequences of Antimicrobial Resistance in Dentistry

The rise of AMR has profound implications for the practice of dentistry, impacting both routine care and complex surgical interventions. Some key consequences include: 1) **Reduced Treatment Options:** As oral pathogens become resistant to commonly prescribed antibiotics, dentists are left with fewer effective treatment options, leading to increased morbidity from untreated or poorly managed infections; 2) **Increased Risk of Complications:** Infections that fail to respond to standard antibiotic treatments can spread to other parts of the body, leading to serious complications such as osteomyelitis, cellulitis, or septicemia; 3) **Compromised Surgical Out-**

comes: Oral surgeries, including tooth extractions, dental implants, and periodontal surgeries, rely on antibiotics to prevent post-surgical infections. Resistance to these antibiotics increases the risk of infection and impairs healing; and 4) **Public Health Burden:** AMR in dentistry adds to the broader public health challenge, as resistant strains of oral bacteria can spread within communities and healthcare settings.

Case Study: Methicillin-Resistant *Staphylococcus aureus* (MRSA)

Methicillin-resistant *Staphylococcus aureus* (MRSA) serves as a prominent example of the challenges posed by AMR. MRSA infections were once limited to hospitals but have now spread to the community. The bacterium is resistant to methicillin, penicillin, and other common antibiotics, making it a leading cause of difficult-to-treat infections. MRSA is associated with increased morbidity, longer hospital stays, and higher healthcare costs. Efforts to control MRSA include rigorous hygiene practices, antibiotic stewardship, and the development of new antimicrobial agents.

The Role of International Collaboration

Addressing AMR requires cooperation at the global level. International organizations, governments, and non-governmental organizations are working together to combat AMR through initiatives such as the Global Action Plan on AMR developed by the WHO, Food and Agriculture Organization (FAO), and World Organization for Animal Health (OIE). The plan outlines key priorities, including improving awareness, strengthening knowledge through surveillance, reducing the incidence of infections, and optimizing the use of antimicrobial medicines.

Strategies to Mitigate AMR in Dentistry

Mitigating AMR in dentistry requires concerted efforts at both individual and institutional levels. Implementing antimicrobial stewardship programs in dental practices can help curb the overuse and misuse of antibiotics. Dentists should adhere to evidence-based guidelines for prescribing antibiotics and avoid empirical use. Continuous education for dental professionals on the risks of AMR and the importance of judicious antibiotic use is crucial. Training programs should focus on infection control measures, appropriate antibiotic prescribing, and the importance of microbiological testing. Educating patients about the risks of antibiotic misuse and the importance of adhering to prescribed treatment regimens can help reduce unnecessary antibiotic demand. The use of rapid diagnostic tests to identify the causative agents of dental infections can guide more targeted antibiotic therapy, reducing the need for broad-spectrum antibiotics. Strengthening infection control measures in dental clinics, including sterilization protocols and proper hand hygiene, can reduce the need for antibiotics by preventing the spread of infections. Continued research into alternative antimicrobial agents, such as antimicrobial peptides, phage therapy, and probiotics, offers promising avenues to address AMR in dentistry.





Future Directions

While efforts to combat AMR are underway, the future of antimicrobial therapy may include several innovative approaches:

- **Phage Therapy:** The use of bacteriophages—viruses that infect and kill bacteria—offers a promising alternative to antibiotics. Phage therapy is specific to particular bacterial species, reducing the risk of collateral damage to the microbiome.
- **Antimicrobial Peptides:** These naturally occurring molecules, produced by many organisms, have the potential to be developed as new antimicrobial agents due to their broad-spectrum activity and ability to target resistant bacteria.
- **Nanotechnology:** Nanoparticles are being explored as delivery systems for antibiotics or as direct antimicrobial agents due to their ability to penetrate biofilms and target resistant bacteria.
- **CRISPR-Cas Systems:** CRISPR-Cas, a gene-editing technology, could potentially be harnessed to target and destroy resistance genes within bacteria, restoring their susceptibility to antibiotics.

Conclusion

Antimicrobial resistance is a growing concern in dentistry, with significant implications for patient care and public health. Dentists play a vital role in combating AMR by adopting responsible prescribing practices, educating patients, and employing infection control measures. The dental community must work in concert with broader healthcare efforts to address the AMR crisis and preserve the efficacy of antibiotics for future generations.

References

1. American Academy on Pediatric Dentistry Guideline on appropriate use of antibiotic therapy for pediatric dental patients.
2. Cope, A. L., Francis, N. A., Wood, F., & Chestnutt, I. G. (2016). Antibiotic prescribing in UK general dental practice: A cross-sectional study. *Community Dentistry and Oral Epidemiology*, 44(2), 145-153.
3. Palmer, N. O., Martin, M. V., Pealing, R., Ireland, R. S., Roy, K., & Smith, A. (2000). Antibiotic prescribing knowledge of National Health Service general dental practitioners in England and Scotland. *Journal of Antimicrobial Chemotherapy*, 46(6), 1033-1035.
4. Sweeney, L. C., Dave, J., Chambers, P. A., & Heritage, J. (2004). Antibiotic resistance in general dental practice—a cause for concern? *Journal of Antimicrobial Chemotherapy*, 53(4), 567-576.
5. Kim, D., & Holsinger, R. M. D. (2021). Antimicrobial resistance in the oral cavity: Implications for patients and dental practitioners. *Journal of Oral Microbiology*, 13(1), 1951244.
6. Williamson, C. J., & Mikhail, R. (2020). Antibiotic resistance and its implications in oral surgery: A clinical review. *Journal of Dentistry*, 98, 103371.
7. Roberts, R. R., Hota, B., Ahmad, I., et al. (2009). Hospital and societal costs of antimicrobial-resistant infections in a Chicago teaching hospital: implications for antibiotic stewardship. *Clinical Infectious Diseases*, 49(8), 1175-1184.
8. World Health Organization (WHO). (2020). Global Antimicrobial Resistance and Use Surveillance System (GLASS) Report.
9. Centers for Disease Control and Prevention (CDC). (2019). Antibiotic Resistance Threats in the United States.
10. Ventola, C. L. (2015). The Antibiotic Resistance Crisis. *Pharmacy and Therapeutics*, 40(4), 277-283.
11. Laxminarayan, R., Duse, A., Wattal, C., et al. (2013). Antibiotic resistance—the need for global solutions. *The Lancet Infectious Diseases*, 13(12), 1057-1098.
12. Holmes, A. H., Moore, L. S. P., Sundsfjord, A., et al. (2016). Understanding the mechanisms and drivers of antimicrobial resistance. *The Lancet*, 387(10014), 176-187.
13. Walsh, T. R., & Wencewicz, T. A. (2016). Prospects for new antibiotics: a molecule-centered perspective. *The Journal of Antibiotics*, 69, 593-595.



RESEARCH AND POLICY CENTER



Advisory Board

Dr. Homa Amini
Dr. Joel H. Berg
Dr. Tegwyn Hughes Brickhouse
Dr. Aaron M Bumann
Dr. Erica M. Caffrey
Dr. Scott W. Cashion
Dr. James J. Crall
Dr. Margherita R Fontana
Dr. Colleen Collins Greene
Dr. Michael A. Ignelzi, Jr.
Dr. Jeffrey M. Karp
Dr. Jessica Y. Lee
Dr. Vinod Miriyala
Dr. James D. Nickman
Dr. Anupama R. Tate
Dr. Jessica R. Webb

Fellows

Dr. Katheryn Goldman
Dr. Brittaney Hill
Dr. Beau Meyer
Dr. Scott Schwartz

Harris Fellow

Dr. Alina O'Brien

Staff

Dr. Paul S. Casamassimo
Dr. Chelsea Fosse
Ms. Clare Conte
Ms. Rachel Wedeward

Harris Fellow Dr. Mark Veazie Explores Barriers to Dental Care for Adults with IDD



I've always been a dreamer, one constantly thinking of solutions to the many inequities present in our world. Because of this, I developed a deep interest in research, initiatives, and policies that help those who are most in need. I constantly seek experiences that will allow me to grow as a provider and advocate. In particular, experiences that increase my knowledge in public health and global issues surrounding pediatric dentistry have always been of great interest to me.

At the beginning of my pediatric dentistry residency at the University of North Carolina at Chapel Hill (**UNC**), the opportunity for the Samuel D. Harris Research and Policy Fellowship was mentioned to me. Initially, I did not know much about it, but I knew and highly respected many former fellows, notably, Drs. Brittaney Hill and Scott Schwartz. When speaking to them about their time as Harris Fellows, they had nothing but glowing reviews about their overall experience and the knowledge and skills gained from the fellowship. I knew I had to apply, and luckily, I was selected as the 2023-2024 fellowship recipient. To help spread the word about this opportunity for residents and early career pediatric dentists, I want to share my experiences, give additional insight on what this fellowship entails, and describe how it has been an invaluable experience for my budding career.

As part of the fellowship application, candidates identify a mentor and research topic of interest. Within the topic of interest, the goal is to formulate a project to further explore the research question, ideally with policy implications at the federal or state level.

One of my passions is serving the special needs community, particularly those with intellectual and developmental disabilities (**IDD**). I know from personal experience the struggles this population encounters when attempting to seek dental care; my aunt and first-cousin both have Down syndrome. I intimately watched the struggles my family members experienced with access to health care services, and dentistry often presented the most challenges. Motivated by these experiences and others, I decided to dedicate my Harris Fellowship to learning more about barriers to care for those with IDD. I know from being a provider that the IDD population can experience severe struggles accessing a dentist, particularly as they reach adulthood. As individuals with IDD reach adulthood, they fall off the proverbial cliff in regards to finding a dental provider who is trained and willing to treat them. We as pediatric dentists are acutely aware of these difficulties faced by our patients and their families. However, being new to the field, I did not have a complete understanding of the factors that made access so challenging. Thus, I dedicated my project to identifying the barriers and facilitators to transition from pediatric to adult dental care for the IDD population.

“Complex issues, like access to care, cannot be solved simply or quickly. They require teamwork, effective collaboration, and constant vigilance and evaluation in order to achieve our desired goal.”

My qualitative project entailed interviewing stakeholders in this area. I decided to focus on families, providers (both general and pediatric), and state and national level policy experts in the disabilities space. Through interviews we were able to elucidate many reasons for adults with IDD have difficulty accessing dental care. Most notably, lack of general dentist comfort, low Medicaid acceptance, coupled with poor reimbursement rates, and long wait times for appointments were among the prevailing barriers. Additionally, more global issues of inadequate dental school educa-

tion in special health care needs and poor provider distribution also contribute to the issue. Discovering these reasons does not solve the problem, but it helps jumpstart the conversation on where we go from here. It was incredibly disheartening to hear some of the stories families told, but those discussions left me more motivated to find solutions to the cracks in our current system.

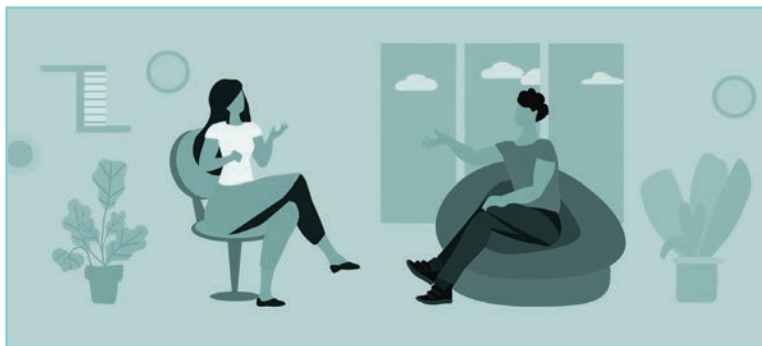
Throughout the Harris Fellowship, I would meet regularly with Dr. Chelsea Fosse, Director of the Research and Policy Center, along with my UNC mentors, Dr. Jeannie Ginnis and Dr. Jessica Lee. The guidance that I received from them was invaluable, not just for my project, but for shaping my thought process regarding research and policy projects and discussions. In a short year, I was able to gain a wealth of knowledge that I know will serve me well in whichever career path I decide. I would also like to acknowledge the wonderful staff and team at the AAPD Research and Policy Center for their help with my project and learning throughout the Harris Fellowship. They are unsung heroes with such selfless commitment to improving issues faced by patients, families, and dentists; they contributed greatly to my positive experience as Harris Fellow.

Another amazing aspect of the Harris Fellowship is the ability to be part of the discussions regarding current and future policy projects at AAPD. This experience was particularly humbling given that I was often the only resident taking part in the discussion. I was impressed and grateful that I was allowed to give the resident point-of-view on important issues. This is especially important, as residents are often the ones providing the care for those with IDD and other underserved groups. I was already quite motivated, but these experiences further encourage me to engage in organized efforts to effect change. Complex issues, like access to care, cannot be solved simply or quickly. They require teamwork, effective collaboration, and constant vigilance and evaluation in order to achieve our desired goal.

I recently graduated from the UNC Pediatric Dentistry Program and have now joined the faculty team at NYU. I am forever grateful for my experience as the 2023-2024 Harris Fellow. It is an amazing opportunity for anyone interested in policy and research as related to oral health, regardless of overall career goals and desires. I thank the entire AAPD Research and Policy Center for the experience, and I highly encourage it to anyone interested. It is through initiatives like this that we are able to one move one step closer to healthy smiles for all.



practice management
and marketing news



LCP Dental Team Coaching (formerly Julie Weir & Associates) is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

Stay Interview: The One Meeting That Could Save Your Practice

The reality all business leaders face post-pandemic is that 20-30 percent of their workforce is considering jumping ship, and the rest of the team is rarely, if ever, contributing their full effort towards the practice's success. Practice leaders are fighting to attract great employees to the front door while retaining the current employees from walking out the back door. Practice leaders must prioritize keeping good employees even more than finding new employees. One connection meeting between the practice leader and the current employees could massively increase employee loyalty, engagement, and retention.

When an employee is hired, there is an initial connection point in the form of an entry interview. Before they leave or after they are fired, there is usually a final connection point in the form of an exit interview. The connection points practice leaders establish in the middle of these entry and exit interviews will most likely determine the longevity and engagement of that employee at the practice. Some employee engagement experts call these connection points "stay interviews."

A stay interview is conducted with employees who are still with the company to understand their level of engagement and satisfaction and uncover any potential issues that may impact their decision to stay long-term. Conducted as an informal one-on-one meeting, the practice leader will ask several open-ended questions and listen intently to the employee's response. The purpose of a stay interview is to build rapport and to have an honest dialogue with the employee.

WHAT A STAY INTERVIEW IS NOT:

- A stay interview is not a performance review and should not be done as part of a performance review.
- A stay interview is also not formal and should not be accompanied by handouts with checkboxes and written questions.

HOW TO PREPARE FOR A SUCCESSFUL STAY INTERVIEW:

- This connection time should not be a surprise to the employee. If regular temperature checks or positive check-ins with employees are a new activity for the practice, then share with them that a leader will be scheduling some time with each employee to connect, hear what is going well, and learn what support they need.
- Give the stay interview a meaningful name. Instead of calling the meeting a "Stay Interview," call them something that evokes positive emotions, not one that invokes fear and dread. Some practices use names like, "coffee connection chat" or "rock star employee check-in."
- Schedule the stay interview in advance. Employees will appreciate advanced notice to prepare their thoughts. Unless the meeting is added to the calendar, it will likely never take place.
- Establish a comfortable atmosphere where the employee feels at ease and encourage them to express their thoughts and concerns freely. Conduct the interview in a private or neutral environment and avoid interruptions.

Leaders often avoid creating opportunities to hear about more problems or requests for pay increases. This can be addressed when informing the team about their upcoming connection meetings. This will be the opportunity to lay ground rules. Set the expectations that each session is an opportunity to connect about the employee's role and ways the leadership team can support them in being as successful and happy as possible at the practice. Finances and compensation will be addressed during yearly performance reviews or at a designated time.

Sharing feedback with a leader is often interpersonally risky for employees. A leader who believes that something valuable will be learned by this interaction will create a more productive connection.

Prepare several open-ended questions to ask the employee. Avoid using phones and computers for notetaking; these devices can distance the leader from the employee and cause a distraction. Having a cell phone present, even if face down, negatively impacts relationships and reduces the connection between people.

EXAMPLES OF EFFECTIVE OPEN-ENDED QUESTIONS:

1. What do you like about your job, and why?
2. What are you learning currently, and what do you want to learn?
3. Why do you stay at this practice?
4. Do you feel valued and supported by your teammates and your leadership team? If so, why? If not, why?
5. When did you last think about leaving our practice for a different job? Why? What made you stay?
6. What can I do to make your job better, and how will that help you?
7. What do you like about our office culture? What challenges you in our office culture?
8. Do you feel like your contributions are recognized and celebrated by your team?

Listen to the employee with the desire to understand, not to respond. Take notes and ask follow-up questions to grasp their concerns better. Resist the impulse to provide counter-arguments, defend, or solve problems. The response to the stay interview questions may illicit emotions of happiness, frustration, anger, or even confusion.

Keep in mind, the stay interview is not about the leader, it is about gaining insight from the employee perspective. If a team member is brave enough to share their perspective, gratitude should be the only reaction they receive.

Once the stay interview is complete, acknowledge their feedback. Let the employees know their input is valuable and that the practice is committed to making changes where possible. Thank the employee for the honest feedback, even if some of the answers were challenging to accept.

NEXT STEPS AFTER THE STAY INTERVIEW:

Discuss the findings of the stay interview with the leadership team. Evaluate any common themes across the employee feedback, whether positive or negative. Brainstorm ways to address the feedback from the stay interviews and address requests that cannot be acted upon.

Create a plan of action to address any issues raised during the stay interview, and keep the employee updated on progress being made towards improvement. If a stay interview is conducted and the feedback is not addressed or acted upon, it will only fuel the desire of the team to look for a practice where they feel their opinions will be valued.

After the changes are implemented, check in with the team and get their feedback. The power of the stay interview is not in the interview itself; the power comes from the lines of communication that it opens between leader and team member. Whether a change is made or perfectly executed is less important than the team feeling heard, understood, and valued.

Most leaders do not actively pursue feedback from their team because they cannot handle one more problem. Seeking out team feedback may seem scary at first; however, the rewards and the loyalty it garners pay massive dividends for the employee, the leaders, and the practice.

When practice leaders put employees first, the employees will put the patients and parents first.

“Employees who believe that management is concerned about them as a whole person – not just an employee – are more productive, more satisfied, more fulfilled. Satisfied employees mean satisfied customers, which leads to profitability.”

Anne M. Mulcahy

Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.



THE LEADERSHIP COLLABORATIVE: LIVE

Register at LPCoaching.com/Conference

Wyndham Grand
Clearwater Beach, Florida
January 30 - Feb 1, 2025

Leadership Retreat for Visionary
Pediatric Dental Practice Leaders

Create a Profit
Centered
Practice that
Feels 100%
Patient Focused!

Empower Raving
Fan Employees
Who You Can Lead
Confidently!

Consistently
Deliver World
Class Patient
Experiences as a
Team

★★★★★

Lilly and her team help each Dr. tackle real problems with real solutions. I enjoy connecting with like-minded doctors committed to bettering themselves and their practices to elevate the service and love they can contribute to their communities.
-Dr. Jackson

This will be the FINAL LIVE EVENT hosted by LCP so we are inviting ALL Pediatric Dental Leaders!

Leave feeling empowered with three to five strategies to increase your profitability, leadership confidence, and happiness!

New Qualifying Examination with a Focus on Clinical Pediatric Dentistry

ABPD values a fair and valid testing process for board certification in pediatric dentistry and we are continuously evaluating our process to ensure that it is of the highest quality and accurately assesses the candidate's knowledge, skill and judgment.

The Qualifying Exam with a new blueprint was administered May of 2024 to more than 500 candidates and is designed to assess the use of specialized knowledge and skills, clinical reasoning, communication, and professionalism required of entry-level pediatric dentists for safe and effective practice. Candidates who were successful on the QE will be eligible for the new OCE blueprint examination in the fall of 2025.

In addition, it is with great honor that I welcome my friend and colleague, Dr. Vineet Dhar to the Board of Directors. Dr. Dhar has served ABPD in a volunteer capacity for almost a decade, first working as a consultant and an examiner for the Oral Clinical Examination, then as a Part-Leader of the Qualifying Examination Committee.

When asked which of the strategic pillars of the ABPD he feels most passionate about he answered:



I am passionate about ABPD's commitment to lifelong learning because it inspires optimal oral health, drives advancement in pediatric dental care, and ensures our certification standards remain current and relevant. This commitment ensures that the board remains responsive to emerging needs, fosters innovation, and cultivates trust among patients and professionals alike, all while embodying the ABPD's core mission of quality care for every child, adolescent, and individuals with special needs.

-Vineet Dhar, BDS MDS PhD

Dr. Dhar's exceptional qualifications, extensive experience, and commitment to the field of pediatric dentistry make him an invaluable addition to the ABPD's volunteer leadership.

Meet the Author
Anupama Tate, DMD MPH

Secretary, American Board of Pediatric Dentistry





NEW

willo
AutoFlo+™

**Brush Healthy.
Brush Happy.**

**Introducing NEW Willo® AutoFlo+™ –
the first fully automated toothbrush
for kids that does the brushing for them!**

- Clinically proven to enhance plaque control, removing up to 7X more plaque than a manual toothbrush.
- Ensures a consistent, thorough clean every time at a push of a button making brushing battles a thing of the past!



Scan to discover how
the NEW Willo® AutoFlo+™
can transform your
patients' oral health.

www.willo.com/dentalprofessionals

Advantage Arrest[®] GEL

Silver Diamine Fluoride 38%



New! Advantage Arrest **GEL** SDF

The first and only thickened Silver Diamine Fluoride.



Get the Advantage

ADVOCATING FOR FAIR DENTAL REHAB FACILITY FEES

In July, the Centers for Medicare and Medicaid Services (**CMS**) released their CY 2025 Proposed Rule on Hospital Outpatient and Ambulatory Surgical Center Payments Under Medicare. The AAPD submitted a joint comment letter with ADA and AAOMS, highlighting the proposed facility fee amount for G0330 (the new HCPCS code for dental rehabilitation in a hospital or ASC). The full letter is below:



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

ADA American
Dental
Association®



September 9, 2024

VIA ELECTRONIC SUBMISSION

The Honorable Chiquita Brooks-LaSure
Administrator

Centers for Medicare and Medicaid Services Department of Health and Human Services Attn: CMS-1786-P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Comments on CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule ("HOPPS/ASC Proposed Rule" or "Proposed Rule")

Dear Administrator Brooks-LaSure:

On behalf of the members of the American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS) (hereafter "the Coalition"), we are writing to provide our comments on the 2025 HOPPS/ASC Proposed Rule.

We very much appreciate CMS' continued responsiveness to our concerns about access to hospital and Ambulatory Surgical Center (ASC) Operating Rooms (ORs) for those of our patients whose dental treatment must be provided under anesthesia to support patient safety. The decision made in the 2023 HOPPS/ASC Final Rule to adopt a new HCPCS code for dental rehabilitation (G0330) and to increase the Ambulatory Payment Classification (APC) rate for these procedures has begun to help dentists across the U.S. to address the challenge of limited OR access for dental cases in hospital outpatient settings. Likewise, CMS' decision in the 2024 HOPPS/ASC Final Rule to include dental rehabilitation (HCPCS G0330) on the ASC Covered Procedures List (CPL) helps the dental community to identify alternative OR sites to support access to dental rehabilitation procedures. Our comments focus on Medicare payment and coverage of the G0330 code.

1. Medicare Payment for Dental Rehabilitation (G0330)

CMS' decisions to establish a new HCPCS code for dental rehabilitation (G0330); to assign this HCPCS code to a higher-paying APC; and to add this HCPCS code to the ASC CPL were all significant steps forward in making dental surgical care accessible for Medicare and non-Medicare patients whose dental care must be performed under anesthesia in an OR setting. As a result of these decisions and dentist engagement at the state level, several State Medicaid Agencies (SMAs) have adjusted payment for dental procedures performed for Medicaid patients in hospital outpatient settings; have made facility payment for dental rehabilitation available for the first time; and have added dental rehabilitation to the list of Medicaid-covered services that may be provided by ASCs. Our organizations are continuing to collect and disseminate data on Medicaid payment changes and the impact of these changes on OR access for Medicaid patients in need of dental rehabilitation—many of whom are children.

The 2025 HOPPS/ASC Proposed Rule would increase Medicare payment for dental rehabilitation in hospital outpatient departments from \$3,067.62 to \$3,222.61 and in ASC settings from \$1,318.75 to \$1,361.84. We believe that this proposal will continue to strengthen access to OR settings

for Medicare beneficiaries who need OR access for the safe performance of Medicare-covered dental procedures and will encourage Medicaid programs and other non-Medicare payers to appropriately adjust payment rates for, and access to, safe OR settings for those patients whose dental needs must be performed under anesthesia.

Recommendation: *The Coalition strongly supports CMS' proposal to increase Medicare payment for dental rehabilitation performed in hospital outpatient and ASC facilities and urges CMS to finalize increased rates in the 2025 HOPPS/ASC Final Rule.*

2. Medicare Billing Requirements for Dental Rehabilitation (G0330) Performed in ASC Settings

While the Coalition very much appreciates CMS' continued inclusion of dental rehabilitation (G0330) on the ASCCPL, we believe that a number of issues related to billing for dental rehabilitation in ASC settings should be addressed.

First, the 2025 HOPPS/ASC Proposed Rule reiterates the requirement that, to be covered by Medicare, dental rehabilitation (G0330) must be billed along with a covered but non-payable dental ancillary service. As indicated in our prior comments, there is no rational purpose served by this requirement given the fact that dental rehabilitation on its own merits meets the regulatory requirements to be included on the CPL regardless of whether or not dental rehabilitation includes a service that is on the ancillary services list.

Recommendation: *The Coalition continues to urge CMS to eliminate the requirement that a service that is on the ancillary services list be reported alongside G0330 in order for dental rehabilitation (G0330) to be covered in an ASC setting.*

Second, it is our understanding that, under HOPPS, if any separately payable dental procedure (identifiable using a "D" code) is performed in a hospital outpatient setting, the hospital is required to report the "D" code(s) and may not report dental rehabilitation (G0330). Since many of the procedures commonly performed for dental rehabilitation are included on the list of "D" codes that are separately payable under HOPPS, the use of "D" codes for cases involving dental rehabilitation generally yields aggregate payment sufficient to cover a hospital's costs when these cases are performed in hospital outpatient settings.

However, the list of "D" codes included on the ASC CPL is far more limited, and, for this reason, the same hospital billing rule, if applied to ASCs, would yield payment that would not cover ASC costs for dental rehabilitation surgeries under

anesthesia. Without adequate ASC facility payment, as a dental community, we are very concerned that ASCs will not be willing to accept dental surgical cases, in a timely manner, which greatly restricts patient access to ASCs for needed dental rehabilitation surgeries. The recommended codes for the ASC CPL are not sufficiently comprehensive to include the codes most often used by pediatric and general dentists for children's dental rehabilitative surgical needs, including those who are dually eligible for both Medicaid and Medicare. As a community, we worked with CMS to add the new dental rehabilitation code G0330 to the ASC CPL because this was meant to be a comprehensive code to support the significant treatment needs of patients that require an OR setting for dental surgical procedures requiring the administration of anesthesia. ASCs are qualified and capable of supporting access for these procedures, particularly when a patient is not able to access a local hospital. We urge CMS to address this coding and payment challenge so that ASCs will be willing and able to provide for needed dental surgeries that are administered by pediatric and general dentists.

3. Future Challenges

We look forward to continuing to work with CMS to address coding and payment structures to ensure facility payment for dental rehabilitative surgical procedures supports timely access to care for certain medically compromised and disabled patients who cannot otherwise receive these surgeries in a dental office. Access to care depends on ensuring the adequacy of dental surgical services included in appropriately priced APCs that reflect the facility resources involved in providing these services.

The dental community appreciates CMS' effort to establish the G0330 code to recognize the need for a comprehensive code that appropriately covers facility fees for dental rehabilitative surgical procedures. We ask that CMS ensure that adjustments are made to the proposed rule to permit the code to be billed, particularly by an ASC, so that patient access to ASC operating rooms is not unduly restricted.

We appreciate the opportunity to comment on the Proposed Rule. If you have any questions, please do not hesitate to contact Julie Allen at Julie.Allen@PowersLaw.com.

Sincerely yours,

**American Academy of Pediatric Dentistry
American Association of Oral and Maxillofacial Surgeons
American Dental Association**

END THE YEAR WITH PURPOSE

SHAPE THE FUTURE OF PEDIATRIC DENTISTRY THROUGH PAC SUPPORT AND GRASSROOTS EFFORTS



By Dr. Brianna Muñoz, D.M.D., M.P.H.

As the calendar year draws to a close, it is important to reflect upon the ways in which we have made a difference in our community. As clinicians, we treat the dental disease of our patient population by directly rendering services. However, as advocates, we can extend our scope to the broader context of our community and influence the system in which oral health care is being delivered.

Policy drives clinical practice. While extracting an abscessed tooth can eradicate dental disease for one patient, lobbying for oral health legislation can create conditions in which every patient can achieve a state of optimal oral health. To advance oral health equity, we must look beyond teeth and understand that these teeth are connected to people and these people are inexorably bound to their community. With improved access to care, we can shift the focus from treating disease to preventing it.

Rather than thinking as an individual practitioner serving one subset of patients, we must join forces to represent the profession of pediatric dentistry with the unified mission of advocating on behalf of all children who cannot advocate for themselves. Collective action can bring about systemic change. Together, we can shape the future of pediatric dentistry. But we need your help!

Seize the opportunity to make a difference by getting involved with the AAPD PAC. Please consider making a year-end contribution and joining our Grassroots Network so that your voice can be heard.

The AAPD PAC is a vital piece in advocating for policies that promote optimal oral health for all children. Every contribution helps amplify our collective voice, making sure that policymakers hear the needs of our patients.

Here are four ways you can support AAPD advocacy efforts before the year ends:

1. **Connect with Your PAC Steering Committee District Representative**

Your PAC District Representative can provide valuable education and resources. They are your go-to source for understanding how you can make a difference through both financial contributions and advocacy.

2. **Engage Colleagues and New Dentists**

Encourage your colleagues and early career dentists to become involved. Raising awareness within your professional community is essential for building a strong, unified voice.



Residents learning about AAPD Advocacy at the 2024 Pediatric Oral Health Advocacy Conference

3. **Join the Grassroots Network**

Nearly 2,000 of your colleagues are already active in the AAPD Grassroots Network. By joining, you'll be among the first to receive Advocacy Action Alerts on national legislative and regulatory issues affecting children's oral health. Grassroots Network members play a vital role in delivering PAC contributions, hosting fundraisers, and inviting legislators to visit pediatric dental practices. Your involvement helps bridge the gap between policymakers and the realities of pediatric dentistry.

Complete this short form to get started: <https://aapdhq.wufoo.com/forms/zgr0vmz0yffsm8/>.

4. **Make a Year-End Contribution to the AAPD PAC**

The AAPD PAC provides financial support to candidates for federal office who have demonstrated a commitment to improving the oral health of children. PAC contributions establish consistent contacts with Congressional Members on both sides of the aisle, so that our bipartisan message of optimal oral health for all children can continue to be heard.

Suggested voluntary contribution:

- Early Career Members with ≤ 10 Years of Practice (Graduated 2014-2024) – Suggested amount \$100
- More Seasoned Practitioners in other AAPD Member Categories – Suggested amount \$300

The giving amounts listed are merely suggestions. Members are free to contribute more, less, or nothing at all without reprisal.

New for the 2024 PAC Year: The Simmons Cup trophy will be awarded annually to the district that makes the highest hard dollar financial contributions. The Simmons Cup is named in honor of Dr. Heber Simmons Jr., the American Academy of Pediatric Dentistry’s flag-bearer for advocacy of optimal oral health for all children.



Dr. Amr Moursi, U.S. Rep. Grace Meng (D-NY 6th) and Dr. Scott Cashion

Hard Dollars

Directly supports candidates

Contribution from personal bank account

“Restricted funds”

Soft Dollars

Indirectly supports candidates by contributing to PAC administrative expenses

Contribution from business bank account

“Administrative funds”



WHAT'S AT STAKE WITH ERISA CASE

C. Scott Litch, Cheryl A. Cameron, and Cheryl H. DeVore

INTRODUCTION AND BACKGROUND

It is important that health care provider associations advocate for state laws that protect patients and providers from abusive insurer practices. However, opportunities from past successes and future initiatives could change if a federal law exemption of state law is too broadly interrupted.

The Employment Retirement Income Security Act of 1974 (ERISA)¹ generally set standards for private-sector health plans and exempts self-funded plans from state insurance laws.² These plans are usually operated by very large corporations. As a brief overview of ERISA and the rationale for what is called the ERISA preemption:

“ . . . Congress sought to provide national standards for employee benefit plans, including reporting, disclosures, fiduciary responsibilities, claims/appeals and remedies for noncompliance. To minimize the potential patchwork effect of each state enacting their own laws regulating employee benefits, Congress included a broad preemption of state laws that could interfere with the uniform administration of ERISA plans.”

“ERISA . . . generally preempts “any and all state laws” to the extent they “relate to” employee benefit plans, but a complex body of court decisions and federal guidance surrounds this issue. Only federal courts can ultimately determine whether ERISA preemption applies, though the Department of Labor (DOL) has issued its own preemption guidance from time to time.”³

BASIC ISSUE AND RECENT LEGAL CHALLENGE

How far does the ERISA exemption extend relative to state efforts to regulate health insurer practices, including dental insurance plans? Dental insurance plans have often claimed that the federal ERISA law allows them to avoid complying with state laws impacting dental coverage if the plans are operating as administrators for an employer's self-funded plan.

While there has been much case law on the matter over many decades, the 2020 U.S. Supreme Court decision in *Rutledge v. Pharm. Care Mgmt. Ass'n* provided needed clarity in unanimously holding that an Arkansas statute regulating the relationship between pharmacy benefit managers (PBMs) and pharmacies is not preempted by ERISA.⁴ A 2021 U.S. 8th Circuit Court of Appeals ruling applied the principles in *Rutledge* to reject an ERISA preemption challenge to a North Dakota law regulating PBMs (*Pharm. Care Mgmt. Ass'n v. Wehbi*).^{3,5}

Unfortunately, in 2023, with a holding contrary to the protections from state law preemption that had been provided in the *Rutledge* and *Pharm. Care Mgmt. Ass'n* cases, the U.S. 10th Circuit Court of Appeals held in *Pharm. Care Mgmt. Assoc. v. Mulready* that ERISA preempts provisions of an Oklahoma law regulating pharmacy benefit managers, who manage prescription drug benefits on behalf of health plans by negotiating prices with drug manufacturers and contracting with pharmacies.⁶ This decision's interpretation of the ERISA preemption arguably conflicts with the 2020 Supreme Court decision described above.

REQUEST FOR SUPREME COURT TO CLARIFY LIMITS ON ERISA PREEMPTION

An *Amicus Curiae* (Latin for “friends of the court”) legal brief was filed on June 12, 2024, requesting that the U.S. Supreme Court hear a case to clarify/elucidate that the ERISA preemption of state insurance laws/regulations is limited. The brief was filed by the American Dental Association (ADA), American Optometric Association, American Association of Orthodontics, the **American Academy of Pediatric Dentistry**, Association of Dental Support Organizations and American Association of Oral and Maxillofacial Surgeons in support of the petition for a writ of certiorari (request for review) in *Mulready v. Pharmaceutical Care Management Association (PCMA)*.⁷ The amicus curiae also included the American Academy of Oral & Maxillofacial Pathology, American Association of Endodontists, Academy of General Dentistry, and American Academy of Periodontology.⁸

The amicus brief advocates that most state laws, particularly those that protect patients and dentists from abuse by dental insurers, can be applied to all carriers, including those administering self-funded dental plans for employers. It emphasizes that the case has significance far beyond the relationships between PBMs and pharmacies, a context that has dominated recent ERISA preemption cases. The brief explains how the U.S. 10th Circuit Court of Appeals decision in *Mulready* with its overly broad application of ERISA preemption raises a more fundamental question: whether states retain their traditional authority to enact and enforce laws governing health care and insurance.

Among other issues, the amicus brief argues that state insurance laws such as medical loss ratio (MLR) and dental loss ratio (DLR) should not be preempted by ERISA. If the decision in *Mulready* is reversed, it will enable (that is, prevent ERISA preemption of) other state insurance reform laws (in addition to MLR/DLR legislation) that the ADA is pursuing, and which are supported by the AAPD. This includes promoting states' adoption of the *Transpar-*

ency in *Dental Benefits Contracting Model Act* adopted by the National Council of Insurance Legislators. This model law addresses several key issues: fair and transparent network contracting (allows dentists to accept or refuse contracts to which they would otherwise be obliged); virtual credit cards (not limiting payments to such method); and prior authorization (hold dental insurers to pay what was promised in the authorization).⁹

It is important to highlight that what has traditionally held to be preempted by ERISA are state laws that would mandate certain benefits. This means that the current legal effort—even if successful—would not eliminate the ERISA preemption of self-funded plans from state insurance mandate laws, such as general anesthesia coverage for dental cases. That is why the AAPD supports amendments to both ERISA and the Affordable Care Act in order to address current gaps in coverage.¹⁰

SUBSTANTIVE ARGUMENTS FOR LIMITING PREEMPTION

The amicus brief begins by explaining why the medical and dental communities care about this issue. It describes how health care provider associations advocate for state laws that protect patients and providers from abusive insurer practices. It provides examples of patient and provider-friendly laws that provider associations have advocated. It describes some of the challenges faced because of misunderstandings or overbroad misapplications of the ERISA preemption, such as push-back from legislative counsel and reluctance by insurance commissioners and other law enforcement agencies to enforce provider-friendly laws against the insurance companies that administer health plans.

Some specific examples are cited below:

“For example, amici advocate for laws requiring third-party payors to honor assignments of benefits, including in states within the Tenth Circuit. See, e.g., Colo. Rev. Stat. § 10-16-106.7; N.M. Stat. Ann. § 13-7-42; and Okla. Stat. tit. 36, § 6055(F). Such laws require payors to pay providers directly for health-care services provided to patients. Without this protection, many patients would forgo needed health care because they cannot afford to pay up-front for services.”

“Amici similarly advocate for laws that require third-party payors to honor prior authorizations. . . . When payors issue a prior authorization, providers and patients rely on that promise of payment. These laws prevent payors from later denying payment after the authorized service has been performed. Such laws protect patients from surprise bills they may not have the resources to pay and ensure that providers get paid for their services.” *Emphasis added.*

The amicus brief moves on to address why the Supreme Court should grant review. It describes how the Supreme Court provided much needed clarity in *Rutledge v. PCMA*, and the cases leading up to it, by focusing ERISA preemption on only those state laws that interfere with “central matters of plan administration.” As argued in the brief:

“Rutledge established a clear two-step approach for determining whether a state law has a “connection with” ERISA plans that triggers preemption. First, courts should ask whether the state law directly regulates “a central matter of plan administration,” such as laws that require specific benefits or rules for determining beneficiary status. *Id.* at 86-87. Second, courts should ask whether a state law produces indirect economic effects that are so “acute” that they “force an ERISA plan to adopt a certain scheme of coverage.”

“This Court also made clear that state laws can affect an ERISA plan without triggering ERISA preemption:

‘Crucially, not every state law that affects an ERISA plan or causes some disuniformity in plan administration has an impermissible connection with an ERISA plan. That is especially so if a law merely affects costs.’ ”

The amicus brief then explains how the Tenth Circuit’s decision in *Mulready* undermines that clarity in three significant ways:

- First, *Mulready* significantly expands ERISA preemption from applying just to state laws that regulate benefit plans to encompassing all state laws that regulate benefits. Because virtually every health-care service can be characterized as a benefit, every state health care law becomes a target for preemption. Quoting from the brief:

“The Court of Appeals’ principal error was conflating state laws that regulate benefits—i.e., how healthcare is provided and paid for—with state laws that regulate benefit plan administration. See *Mulready*, 78 F.4th at 1198. It held that any state law that restricts how a plan provides benefits triggers ERISA preemption because it “forbids an element of benefit design.” *Id.* It reasoned that “forbidding something is itself a requirement that the PBM do the opposite of what is forbidden.” *Id.* at n.11. It then exacerbated its error by holding that even de minimis interference with how a plan can choose to deliver benefits, such as “eliminating the choice of one method of structuring benefits,” triggers preemption. *Id.* at 1198, 1202-1203.”

- Second, the Tenth Circuit in *Mulready* gave little weight to *Rutledge* and other similar cases, dismissing them as “rate regulation cases.” As a result, *Mulready* calls into question whether the clarity that *Rutledge* provided even applies to a substantial portion of ERISA preemption cases. *Emphasis added.*
- Third, *Mulready* explicitly expands ERISA preemption into subject matters that ERISA itself does not address. As a result, the decision creates regulatory vacuums that Congress never intended, and it exposes patients and providers to abusive practices by insurance companies and large employers with no possibility of government oversight or accountability. As summarized in the brief:

“The regulatory vacuum created by the decision below on vital issues regarding how health care is delivered—issues on which ERISA itself has nothing to say—would render those beneficiaries vulnerable to abusive practices. Insurance companies and large employers would dictate what health care citizens receive with no government oversight or accountability. There is no evidence that Congress understood that it was usurping traditional state power to regulate health care, much less creating an untouchable regulatory vacuum in such an important area of the law. As this Court held in *Travelers*, “nothing in the language of the Act or the context of its passage indicates that Congress chose to displace general health care regulation, which historically has been a matter of local concern.” 514 U.S. at 661. *Emphasis added.*

References

1. 29 U.S.C. §1003 (2024).
2. 29 U.S.C. §1144 (2024).
3. Stamm C, Calloway M, Glass R (2022, Mar. 22) A primer on ERISA's preemption of state laws. Mercer. <https://www.mercer.com/insights/law-and-policy/a-primer-on-erisas-preemption-of-state-laws/> (accessed July 24, 2024).
4. *Rutledge v. Pharm. Care Mgmt. Ass'n*, 592 U.S. 80 (2020).
5. *Pharm. Care Mgmt. Ass'n v. Wehbi*, 18 F.4th 959 (8th Cir. 2021).
6. *Pharm. Care Mgmt. Ass'n v. Mulready*, 78 F.4th 1183 (10th Cir. 2023).
7. *Pharm. Care Mgmt. Ass'n v. Mulready*, petition for cert. filed (U.S. May 10, 2024) (No. 23-1213).

CONCLUSION

Properly constraining the scope of ERISA preemption is vital to preserving the capability of health professions associations to advocate for their members and members' patients via state laws regulating health care. This issue must continue to be monitored and action taken when opportunity allows. The Supreme Court's ruling on the petition for writ of certiorari will likely be handed down this fall. In October, the Supreme Court invited the Solicitor General (the federal government's chief lawyer to the high court) to file a brief in this case, which indicates the court's interest in potentially granting certiorari.

C. Scott Litch, M.A., J.D., is the AAPD's Chief Operating Officer and General Counsel. For further information contact Mr. Litch at (773) 938-4759 or slitch@aapd.org.

Cheryl A. Cameron, Ph.D., J.D., is Professor, Oral Health Sciences, School of Dentistry, Virginia and Prentice Bloedel University Professor, and Vice Provost Emeritus, University of Washington.

Cheryl H. DeVore, M.S., J.D., is the senior partner at Thomas Law Group, and Faculty Emeritus of The Ohio State University's College of Dentistry (where she retired as the Associate Dean of Academic Affairs).

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.

8. *Pharm. Care Mgmt. Ass'n v. Mulready*. Brief amicus curiae of American Dental Association and Eight Health-Care Provider Associations. 12 June, 2024. https://www.supremecourt.gov/Docket-PDF/23/23-1213/314807/20240612114858877_23-1213%20ADA%20Amicus%20Brief%20Final.pdf.
9. Burger D. (2021, Sept. 30) ADA, National Council of Insurance Legislators push for transparency in dental insurance bills. ADA News. <https://adanews.ada.org/ada-news/2021/september/national-council-of-insurance-legislators-push-for-transparency-in-dental-insurance-bills> (accessed September 12, 2024).
10. Technical Report 2-2012 (2012, May) An essential health benefit: General anesthesia for treatment of early childhood caries. AAPD. <https://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf> (accessed September 5, 2024).

AAPD HOSTS 4TH ANNUAL CHAPTER LEADERSHIP SUMMIT AND PPA WORKSHOP

The AAPD hosted its 4th Chapter Leadership Summit and Public Policy Advocates Workshop in Chicago on Sept. 13-14, 2024. This is a planned biennial event. There were representatives from 40 state chapters and all five district chapters.

Attendees heard presentations on key chapter organizational topics:

- CERP extended approval process.
- AAPD chapter dues collection service.
- Chapter budgeting.
- AAPD's IRS group income tax exemption for chapters.
- Southeastern Society of Pediatric Dentistry's district support initiative for residency training programs.
- Strategic planning considerations.
- Getting organized (for smaller chapters), from the Nebraska Society of Pediatric Dentistry
- Planning CE courses (for larger chapters), from the Southwestern Society of Pediatric Dentistry.

Advocacy presentations were on the following issues:

- CMS oral health overview from CMS Chief Dental Officer Dr. Natalia Chalmers, who is a pediatric dentist.
- Insider's view of a state Medicaid program.
- AAPD's operating room access initiative via the G0330 HCPCS code, from AAPD's Washington, D.C., lobbyist Julie Allen, plus state Medicaid implementation efforts.
- Successful insurance reform laws pursued by state dental associations.
- Illinois legislation to preserve moderate sedation permitting for pediatric dentists.
- New Mexico and Kentucky successful push-back against Medicaid administrative burdens.
- Strategies for getting a pediatric dentist appointed to a state dental board.
- Efforts in Arizona to simplify dental assistant credentialing.

Presentations are available in the members-only section of the AAPD website under member resources/chapter resources at : <https://www.aapd.org/resources/member/chapter-resources/2024Summit/>.



AAPD'S



Education Passport

Recorded AAPD CE courses to view at your convenience
educationpassport.aapd.org

**Recordings
available from**

Annual Sessions:

AAPD 2021 - The Hub

AAPD 2022

AAPD 2023

AAPD 2024

CE Courses:

Safe & Effective Sedation

Comprehensive Review

Board Qualifying Exam
Prep Course

Pediatric Medicine Update

**Journal CE
Packages**



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

ANOTHER TOOL TO HELP SERVE YOUR PATIENTS' NEEDS



NEW! GEL



**Advantage
Arrest.**
Silver Diamine Fluoride 38%



Opportunities

For information regarding placing a listing in PDT or Pediatric Dentistry please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169.

SEEKING PEDIATRIC DENTISTS

ARIZONA—MESA. We are looking for a full-time pediatric dentist to join our busy practice. We have 2 locations in Mesa and Gilbert, Arizona, and have grown every year since opening over 15 years ago. We are fast-paced and see a large number of patients every day. We strive to treat patients with kindness and fun - we have a great reputation and the families that bring their children to see us are very loyal to our team. The pediatric dentist who joins our practice will work 4 to 5 days per week. We have a generous production-based pay structure. Please send your resume to azpediatricdental@gmail.com so we can set up a phone call to give more details and get to know you better. We are looking forward to meeting you! Must have completed a pediatric dental residency, must have (or must obtain) an Arizona dental license and an oral sedation permit.

ARIZONA—PEORIA. Our practice is growing, and we are looking for another full-time associate to join our team. This is an excellent opportunity to be a part of a well-established private practice in Peoria, AZ (30 minutes NW of Phoenix). At Pleasant Pediatric Dentistry, we offer sedation, nitrous oxide, waterlase laser and the latest AI technology. Our doctors and team are dedicated to caring for our patients and providing the best dental experience with our emotional support dogs. We strive to have a healthy working environment and a family-work balance with no weekend hours. Please visit us at www.peoriappd.com and send your resume to drtran@peoriappd.com. Required: AZ dental license.

CALIFORNIA—ORANGE COUNTY. Lollipop Pediatric Dentistry & Orthodontics is seeking a Board Certified or Board Eligible Pediatric Dentist to join our growing team of Pediatric Dental Specialists & Orthodontists in Los Angeles and Orange County, California. We are a private practice with a team of amazing doctors! We have been consistently voted best dental practice in Orange County by the OC Register and Parenting OC Magazine. Our highly trained team is committed to providing the best pediatric dental care and we emphasize conservative treatment, building relationships with our families, and an exceptional patient experience. Our benefits package includes: Guaranteed competitive

salary, Medical, dental and vision insurance allowances. Healthcare FSA, Dependent Care FSA, \$1000 CE allowance per year, 401K contributions + Profit Sharing. Paid Time Off & Holidays. Malpractice allowance, Dental Board License Renewal fees, Uniform Allowance and Provided mentorship to ensure your success! We look forward to your interest in this opportunity - please contact us by email: drmary@lollipopdental.com. Learn more about our practice and doctors by visiting: www.lollipopdental.com.

CALIFORNIA—SAN MARCOS. We are seeking a skilled and experienced Pediatric Dentist to join the team at our busy practice immediately. The ideal candidate should have an excellent bedside manner and be committed to providing care that makes patients feel like family. Our facility is equipped with everything you need to provide high-quality dentistry. If you have a passion for pediatric dental care and are looking to work alongside other equally caring and committed professionals, we want to hear from you! Responsibilities: Provide thorough examinations to determine overall dental health and evaluate patients. Diagnose and treat dental problems including some pulpotomy, extractions, and restoration. Perform dental care treatments including fillings, sealants, and cosmetic dental services. Perform Treatment under Oral Sedation and Nitrous. Provide education to patients on oral hygiene and use dental appliances, and Adhere to strict health and safety guidelines. Qualifications: D.D.S. (Doctor of Dental Surgery) or D.M.D. (Doctor of Dental Medicine) degree from an ADA-accredited dental school is required and Pediatric Specialty, Board Certified and/or Board Eligible in General Dentistry is preferred, Current state license, Oral Sedation license, Previous experience in clinical or private practice is preferred, CPR, BLS, and NPI certifications, and Excellent bedside manner. For more information please contact eli@kidmazingdental.com.

GEORGIA—ATLANTA. A leading privately owned Peds Ortho office is seeking for an enthusiastic personable and ambitious Pediatric Dentist to partner with a Dual Certified Pediatric Dentist. Office is located in East Cobb/ Marietta city of Atlanta suburban area, a top school district in the State. We are also willing to consider offering an associate position initially with future consideration for partnership. Successful completion of an ADA approved residency in Pediatric Dentistry. Licensed to practice dentistry in GA. Board

Certification is a plus. Enthusiastic, ambitious and personable. For more information please contact jyotidmd@yahoo.com.

GEORGIA—BRASELTON. We are big on personality and we desire to keep our small town feel with exceptional customer service even as we continue to grow. Offering minimal invasive dentistry (SDF), standard operative and IV in-office sedation will allow you to provide parents with the best option for their child with each individual case. We are an established dentist-owned private practice of 14 years looking for a full-time or part-time pediatric dentist. We have two locations in northern Gwinnett county. This is an excellent opportunity to join a thriving practice continuing to see tremendous growth. We love to have tons of fun while working and we are big on having a solid work-life balance! Shortened hours to ensure that you are able to get home to be with the ones you love or to do things that you enjoy outside of work! A highly competitive compensation package. If you feel this would be a great opportunity for you please contact, Email: dmd4kids@gmail.com.

ILLINOIS—CHICAGO. We are seeking a board certified/eligible, licensed pediatric dentist to join our team in the Chicagoland area. We are a FFS practice with two locations that provides care for infants, children, teens, medically complex and special needs patients. Full or part time positions are available. This position offers a generous salary, excellent patient base and future buy-in potential. If you are interested, please send your C.V. to NancyH@pinedentalcare.com. Requirements: Licensed pediatric dentist in the state of Illinois. Board certified or board eligible.

ILLINOIS—PLAINFIELD. Looking for a part-time pediatric dentist associate for our private pediatric dental office in Plainfield. We have been serving Plainfield in our beautiful downtown area for twenty-five years and are searching for the right pediatric dentist to join our amazing team. We offer exceptional quality of care to infants, children, adolescents and special needs children. We offer a competitive salary, along with medical, dental, and vision insurance. We have a 401K plan as well. For more information on this wonderful opportunity, please contact us at kidsgreatsmiles@gmail.com. Requirements: Graduate of an accredited Pediatric Dentistry Residency Program, Board Certified, or Board eligible.

MAINE—PORTLAND. Montshire is a practice started and owned by 2 co-residents. Our mission is to empower our team to use education, prevention, and compassion to deliver the highest quality of care in as many communities as possible. We utilize minimally invasive dentistry with an emphasis on medical management to treat the underlying disease. Traditional pediatric dental methods are also used, when necessary, but we have found greater success and satisfaction with preventative and educational services. Oftentimes, less is more. We place a large emphasis on team culture and appreciate the value and importance of each person. There is much opportunity for mentorship; our doctors and team will help you to learn and grow and actualize your potential. Our culture is one where we are proud to provide premier dental care: we work closely with researchers from across the country to constantly improve our methods and techniques. Our doctors are involved in research and continuing education to spread this knowledge. It is rewarding to instill a positive change that can last a lifetime! Website: <https://montshirepediatricdentistry.com/>. If interested, please email: jonny@montshirepd.com.

MARYLAND—GAITHERSBURG. Our state-of-the-art office is privately-owned, equipped with the latest technology, and rapidly growing! We are looking for a pediatric dentist to join our amazing team who are dedicated to quality treatment and are passionate about working with children. We are conveniently located in Gaithersburg, Maryland, close to downtown Bethesda, Rockville, MD, Tysons, VA, and Washington, D.C. Hospital dentistry, in-office oral sedation, and laser frenectomy options are available. The ideal candidate must have completed pediatric residency at an accredited program, be comfortable in all aspects of pediatric dentistry, and have great communication skills and great rapport with children and parents. We offer a very competitive compensation and benefit package! And look forward to meeting you! Please send your resume to drjamshidi@dreamsmilesdpd.com.

MARYLAND—SILVER SPRING. Excellent opportunity for a pediatric dentist to join a well 9 years established pedo/ Ortho dental office in the Silver Spring, Maryland area. We are looking for an energetic and team focused Pediatric Dentist to join our growing team. This is not a corporation. The ideal candidate must hold a certificate in Pediatric Dentistry and have excellent clinical and communication skills. In office sedation, nitrous oxide, Hospital Dentistry is including in our job. Compensation is based on the collection. Full time/ Part time. At least 2 years of Pediatric Dental Residency. For more information please contact kidzfamilydental@gmail.com.

MARYLAND—TIMONIUM. Excellent opportunity for a pediatric dentist to join a growing, well-established, privately-owned group practice in the suburbs of Baltimore, Maryland! We are consistently rated as a "Top Pediatric Dentist" by Baltimore Magazine. You will be immediately busy with a high income potential. We do not accept new Medicaid patients and have been able to create a workflow that is busy, but not overwhelming with high reimbursing private insurances, and some fee-for-service patients. Our ideal candidate is someone who is fun loving, has excellent interpersonal skills, confidence in their clinical skills, and a desire to provide high quality care. We are very willing to provide mentorship! This is a full time position with above average compensation. Benefits include: CE reimbursement, paid malpractice insurance, retirement plan, health insurance, and paid dental and DEA licenses. What sets us apart from other offices? We want you to be the best version of yourself in your career and are very willing to help get you there through guidance and mentorship! Your success is our success! If you believe you are the type of pediatric dentist that we enthusiastically want on our team, please do us a favor and reach out to us! We can't wait to hear from you! For further inquiry please email: umbabowden@gmail.com. Requirements: D.D.S. or D.M.D. degree from accredited university. Completion of residency from an accredited pediatric residency program. Active dental license.

MONTANA—BOZEMAN. Bridger Children's Dentistry is a well-established pediatric dental practice located in beautiful Bozeman, Montana. Our practice is growing, and we are seeking an enthusiastic Associate Pediatric Dentist to join our team! We see patients from infants to teens who, like us, love the amazing community and opportunities that Bozeman has to offer. We're a mountain town with two world-class skiing locations just minutes away. Come work with us and reimagine your life, practicing in a vibrant town with easy access to any outdoor amenity you could ever wish for. What we offer: Leading-edge, integrative pediatric dentistry and orthodontics. Airway focus. Myofunctional therapy. Solea laser treatment. Cone beam CT. An energetic staff committed to the highest quality of care for our patients. A dedicated business management team, allowing you to do what you do best - care for your patients. Mentorship opportunities available from our owner-dentist. Competitive compensation, benefits, and CE stipend. Flexible scheduling to offer work/life balance. Who you are: An outstanding pediatric dentist with a high standard of integrity and commitment to professional excellence. Friendly, kind, and caring, with the ability to make our patients and parents feel welcome and at-ease. Committed to serving the diverse needs of our growing community. D.D.S. or D.M.D., with a certificate in pediatric

dentistry. Current MT license or the ability to obtain MT license. Recent grads are welcome to apply! Your Essential Responsibilities will include: Oral and radiographic examinations and diagnosis of pathological conditions, including airway screening. Performing restorative care (fillings, extractions, pulpotomies, stainless steel crowns, seating appliances, etc.). Offering individualized/specialized pediatric care, including working with special needs children. Proficiency in appropriate/approved behavior management practices. Please submit your resume and cover letter to DrA@BridgerChildrensDentistry.com.

NEW JERSEY—VOORHEES. New Jersey - Philadelphia Area/Cherry Hill/Voorhees/ South Jersey Area. Excellent opportunity for a Pediatric Dentist to join as a part time associate in a highly successful, well respected and rapidly growing state of the art pediatric dental office in an upscale neighborhood. If desired opportunity for general anesthesia and IV sedation is available. Very competitive, excellent compensation! Check out our website at www.abccchildrensdentist.com Please contact Dr. Jeffrey Singer at (856) 783-3515 or email me directly at jeffreysingerdmd@gmail.com. Requirements: Graduated from an accredited Program, Licensed to Practice Dentistry in New Jersey, Pediatric Dentistry Specialty Permit.

NEW YORK—FISHKILL. New York- Lower Hudson Valley. We are seeking a compassionate pediatric dentist to join our successful, well established, quality oriented multi-specialty private practice. Pediatric Dentistry, Orthodontics and General Dentistry. FFS and PPO, no Medicaid. Excellent opportunity with partnership potential for a motivated individual. Enjoy going to work. Family oriented, friendly office with competitive compensation. Low stress office. We are located in the lower Hudson Valley which offers many outdoor activities such as hiking and camping, has excellent restaurants and is convenient to NYC. Our office is doctor owned not corporate, offers patient-centered treatment, and has been a successful business for over 50 years. Position is currently 2 days per week but could increase to full time in the future. Tuesday in Fishkill location and Wednesday or Thursday in Newburgh location. No weekends. Will consider new graduate. Benefits included in full time include paid vacation and holidays, 401K retirement plan and health insurance. Requirements: D.D.S. or D.M.D. with certificate from accredited pediatric dental program. Please reply in confidence. Certificate from accredited pediatric dental program. For more information please contact braceman.sf@gmail.com.

NEW YORK—GLOVERSVILLE. Primary Teeth Pediatric Dentistry is currently seeking a compassionate, dedicated, and motivated dentist to join our thriving practice. We're located in the heart of Gloversville, serving a diverse community of children from Fulton County and beyond. In this role, you'll have the opportunity to work in a newly built, state-of-the-art facility equipped with advanced technology. You will be joining an experienced, dedicated team that includes veteran hygienists, dental assistants, and supportive administrative staff. We're all bound by a shared passion for providing comprehensive dental care for our young patients. We believe that a child's oral health plays a crucial role in their overall well-being. As a key member of our team, you will help us foster a safe, fun, and comfortable environment where children and parents alike can feel at ease. This position offers flexible part-time to full-time scheduling, providing an excellent opportunity for work-life balance. At Primary Teeth, we are invested in the continual growth and development of our team members, offering opportunities for professional development and advancement. Our practice is built on a foundation of evidence-based dentistry, maintaining a strong commitment to keeping abreast of the latest trends and developments in pediatric oral health. As such, we encourage and support our team members' continuing education and professional development endeavors. If you are eager to take your career to the next level in a fulfilling, patient-focused setting, we would love to hear from you. Come join us and become part of a team that truly cares. To apply, submit your resume or C.V. You hold a D.D.S. or D.M.D. degree. You're compassionate and personable; able to relate well to children and parents. You're a team player committed to the highest quality patient care. Being a pediatric dentist is a plus, but not required. For more information please contact jfried@primaryteeth.com.

NEW YORK—LEVITTOWN. We are currently looking for a part to full-time pediatric dentist to join our growing practice in Levittown, NY. We are looking for a pediatric dentist with exceptional clinical and communication skills who is always motivated to learn and improve. We have a highly skilled front desk and clinical staff who work excellent as a team and are excited to help our new dentist thrive in our wonderful practice. Must have Certificate in Pediatric Dentistry. For more information please contact eugenelee115@yahoo.com.

NEW YORK—SCHENECTADY. Pediatric Dentist Opportunity: At Schenectady Pediatric Dentistry, we provide exceptional specialized pediatric dental care and experiences that bring healthy, confident smiles to the faces of our patients and communities. This requires a team of highly skilled and creative people who are committed to teamwork, compassion,

integrity, knowledge, gratitude, and fun! We value the unique skills, experiences, and perspectives every team member brings to the organization, and we are focused on ensuring our team members thrive both professionally and personally. We have an amazing opportunity for a part-time pediatric dentist who is looking to work 1-3 days a week. You will join an incredible practice with a group of pediatric dentists looking to collaborate with and learn from you, as much as you will learn from them! Mentorship will always be available while taking on your own schedule immediately. On top of that, an experienced and engaged team ready to help you provide the best possible care and amazing experiences for your patients and their families. This opportunity offers competitive earning potential with a range of \$1,500 - \$2000 guaranteed daily rate, and a bonus inclusive of a percentage of collections. Compensation is based on experience levels and certifications. Additional Benefits: 401(K) option with up to 3% bonus. Future Full-Time opportunities. Future opportunities to obtain equity. Clinical autonomy along with mentorship opportunities. Opportunity to partner with partner locations in the greater Albany / Capital District of New York include Latham, Delmar, & East Greenbush. Requirements: Graduate of an accredited pediatric dental residency program Board Eligible with plans of becoming board certified. *Not Required but Encouraged: Enteral or Parenteral Conscious Sedation License in NYS. For more information please contact mwillner@sspdental.com.

OREGON—SALEM. If you are looking for a place to put down roots, grow and thrive for the rest of your working career, let's talk. We have an engaged purpose-led private group practice and are expanding rapidly due to our entertaining and educational way of doing business with high retention and new patient flow. This opportunity also includes ownership. Come and see why Oregon is one of the highest-rated places to live, especially if you appreciate a wide variety of outdoor recreation opportunities right on your doorstep; and why there is so much opportunity for both personal and professional success. We've got a good thing started and there's lots of room to grow together. Let's talk about your goals and how we can help. Culture is not just a buzz-word with us. Our Doctor Development is top-notch, guided by a mentor doctor right out the gate. This is great for a new-grad doctor to get intense support while starting, or an experienced doctor to immediately have high income potential with great team support. Doctors are the leaders, and the team is ready to help deliver on our Purpose of "Every Child Gets A Smile". This is private group practice and we want you to start building ownership with us within 2 years. This is the place to plan for the long term, to grow with us along the way. Look no

further! Compensation and benefits: Private practice with doctor mentorship built-in. Enjoy building ownership equity without having to buy in; additional buy-in option available for a larger share. Guaranteed \$1200/day or compensated on everything, whichever is greater (including hygiene). Possible to earn 500k+/year while keeping work-life balance intact. Matching 401k retirement plan. Malpractice insurance and licensing fees paid for. Generous CE stipend. 100% doctor and family coverage for really good medical / dental / vision plans. Generous sign-on bonus. Wait no longer, let's talk :). For more information please contact timrichardsondds@gmail.com.

SOUTH CAROLINA—DUNCAN. River Falls Pediatric Dentistry is looking for an energetic pediatric dentist to join our team in upstate South Carolina. Our privately-owned practice is in the stunning Greenville-Spartanburg area, nestled among the foothills of the Blue Ridge Mountains. This opportunity provides supportive mentorship and the exciting potential for future ownership. Our office promotes a healthy work-life balance with a Monday to Thursday, 8-5 schedule. Upstate SC offers breathtaking natural landscapes, perfect for hiking, biking, and exploring nearby waterfalls and trails. Enjoy easy day trips to the mountains and lakes within reach from our beautiful location. This area is one of the fastest-growing areas in the country, and is consistently ranked among the best places to live in the US. Our office is conveniently located just 15 minutes from Greenville-Spartanburg International Airport (GSP), making travel a breeze. At River Falls Pediatric Dentistry, our commitment to excellence and the trust our community places in us, have earned our office the award for Best Pediatric Dentist in Spartanburg County, three years in a row. We take pride in our dedicated and exceptional team, who are passionate about working with children and creating a positive experience for our young patients. Our incredible team culture fosters a welcoming and fun environment, making dental visits enjoyable for our patients and providing a rewarding workplace for our team. We seek an associate committed to delivering the highest quality pediatric dental care, who thrives in a compassionate and engaging atmosphere. We offer a comprehensive range of treatments, including nitrous oxide, oral conscious sedation, in-office IV sedation, and hospital-based general anesthesia. Additionally, we provide CO2 laser treatment for lip- and tongue-ties. Our office features 10 chairs, digital charting, T.V.'s above the op bays, and a well-established, supportive team. If you are an enthusiastic, kind, and personable pediatric dentist looking to join an incredible practice, we invite you to send your C.V. and Letter of Interest to rfpd@outlook.com.

TENNESSEE – MORRISTOWN. Pediatric Dental Associates has a full-time opening for a talented pediatric dentist with potential for a rapid path to partnership/ownership. Our 30+ year privately owned practice provides compassionate, comprehensive, and conservative pediatric dental care with options for in-office sedation as well as general anesthesia/hospital care at East Tennessee Children's Hospital and an out-patient surgery center. We currently have two board certified pediatric dentists in a 7500+ sq ft state of the art facility providing traditional preventive, restorative and surgical care as well as minor orthodontic treatment with an experienced administrative and clinical staff in place. Paid malpractice insurance and 401(k) included in an excellent compensation and benefits package. Our thriving single location practice is located less than an hour from Knoxville and the Gatlinburg/Pigeon Forge area amidst the beautiful mountains and lakes of East Tennessee. If you are looking for a great place to practice and raise a family in a no-income tax state with a low cost of living, we would love to hear from you to discuss joining our team. If interested, please respond to emoody@charter.net or peddentmtown@gmail.com. Requirements: D.D.S./D.M.D. and Certificate or MS in Pediatric Dentistry. Board certified or board eligible.

TEXAS—CONROE. Excellent opportunity for a pediatric dentist to join our well established, highly successful fee for service pediatric practice that has been in business for over 40 years. We are a privately owned practice with a part-time opening for 2 - 3 days a week, possibly leading to full-time. Our new facility opened in 2007 along with another office location that opened in 2015. We are ideally located near a privately owned orthodontic practice, 2 general dentist's offices, and an oral surgeon's office. We offer the latest advancements in dental technologies including: chart-less system, electronic charting, built-in nitrous oxide system and in-office monitored sedation along with IV sedation. For more information please contact cpdpuffin@gmail.com.

TEXAS—HOUSTON. Our growing private practice in the Greater Houston/Northeast Houston area is seeking a motivated board-certified/board eligible Pediatric Dentist for a long term associateship. This is a fantastic opportunity for Pediatric Dentists looking to build their career, work in a top-rated pediatric practice, and have the opportunity for mentorship. We have modern office setting with state of the art equipment and well-trained team and systems in place. We offer electronic charting, built-in nitrous oxide system and in-office monitored sedation along with IV sedation. We provide kids and teenagers (0 to 18y/o) excellent care in a fun, friendly, and safe environment. We have a strong patient base, steady schedule, and

an established referral system. We provide a comprehensive care from prevention and minimally invasive treatment to restorative and, when needed, care under sedation and general anesthesia. Benefits: Mentorship and Support. Great earning potential. Experienced and trained Support Staff. Clinical autonomy. Advanced Technology. Modern Facility. Work-life balance. CE opportunities. Compensation is extremely competitive. Higher of minimum guarantee or percent of Adjusted production. The schedule is flexible. Our doctors enjoy work-life balance, and have a supportive and collaborative team to rely on. Part-time position, potential to full-time in near future. All administrative (Credentialing, billing, scheduling, staffing) needs are performed by company on your behalf. Submit your resume today as we are actively searching for the right motivated Pediatric Dental Associate to fill this amazing position! Please send CV and all questions to: childrendentalspecialist@gmail.com. Requirements: D.D.S. or D.M.D. Pediatric Certificate from an accredited U.S. Dental University. Oral Conscious Sedation permit per State requirement. Board eligible or certified. Open to new graduates and seasoned doctors-, 1-2 years of experience is a plus.

TEXAS—WESLACO. Weslaco Pediatric Dentistry, a thriving doctor-owned practice in Weslaco, TX - just 25 minutes from McAllen - is excited to welcome a full-time Pediatric Dentist to our experienced and dedicated team! Open since 2009, we continue to grow and serve our wonderful community. We perform dental treatments under Nitrous Oxide, Oral Conscious Sedation, and General Anesthesia at Rio Grande Regional Hospital. We are looking for a compassionate, energetic, and driven Pediatric Dentist who will enjoy clinical autonomy, mentorship, and a supportive work environment, and will receive a competitive compensation. Qualifications: D.D.S. or D.M.D. degree. Completion of a pediatric residency from an ADA-accredited program. Board-certified or board eligible in pediatric dentistry. Texas dental license and Level II sedation permit. Strong interpersonal skills and a friendly chairside manner. Ability to work effectively in a team-oriented environment. Additional Information: Spanish-speaking candidates are a plus. We can sponsor H-1B work visas for qualified applicants. Visit our website: www.Babyteethrgv.com. If you're interested in joining our team, please send your C.V. and cover letter to dfmego@gmail.com. We look forward to hearing from you!

VIRGINIA—RICHMOND. We are an established, growing, multi-location, private, pediatric dental practice in the Richmond (VA) area. We are searching for a full-time pediatric dentist who is committed to providing the highest quality dental care. We utilize state-of-the-art equipment including hand-held x-ray guns, digital pano, sensors, digital scanners,

a CO2 laser, and Zoom whitening. We offer in-office general anesthesia and have hospital privileges for GA cases. We have an experienced team of hygienists, dental assistants, and admin team members who provide terrific support. We are consistently awarded "Best Pediatric Dentist" from Richmond Magazine. We offer a competitive salary with a collections-based bonus plan and benefits including medical & dental insurance, FSA, and a 401(k) plan. Virginia was recently rated the #1 state in the US both for Business and Education by CNBC! The Richmond area has excellent public schools, climate, and attractions, and it is within a 2-hour drive from the beach, the mountains, and Washington, DC. If you are interested in a long-term career opportunity in a dynamic, nurturing, and family-friendly environment, we encourage you to submit your resume/C.V. today to bestpedopractice-va@gmail.com.

WISCONSIN—PEWAUKEE/BROOKFIELD. Small World Children's Dentistry of Southeastern Wisconsin is seeking a pediatric dentist for associateship or partnership. Specifically, we are looking for a doctor who shares our values and is passionate about helping children achieve a lifetime of great oral health as we are! Come join our team! We bring cutting edge technology and mentorship to pediatric dentists who are looking to grow in their field. Our practice is a doctor managed team of Pediatric Dentists working together to advocate for patients while elevating the quality of care for kids. We offer IV sedation appointments in office as well as having block time at a local hospital to handle OR cases. This well-established and successful practice is looking for someone who wants to change lives. If that's you, keep reading! Enjoy all of the amazing things Southeastern Wisconsin has to offer, zoos, museums, Lake Michigan, a vibrant arts scene in Milwaukee, our professional sports teams, the MLB Brewers, NFL Green Bay Packers, and the World Champion NBA Milwaukee Bucks! We are known for our amazing ethnic festivals and the World's Largest Music Festival, Summerfest. Our area has many small lakes and plenty of areas to bike, hike, and just enjoy the outdoors. Wisconsin is a great place to settle and raise a family. If the following describes you, you may be just the associate or partner we want: Experienced with and LOVES working with children. Positive attitude with a great personality; excellent chairside manner and communication skills. D.D.S./D.M.D. from an accredited dental school. Completion of residency from an accredited pediatric residency program. Active Dental License for the state of Wisconsin. Current residents are encouraged to apply. Our average pediatric dentist works around 3-4 days per week- in 2 state-of-the-art offices. Small World Children's Dentistry offers medical insurance, 401k plan, cafeteria plan, AFLAC, flexible scheduling, state of the

art facilities including digital x-rays and charts, fully trained staff, malpractice insurance, etc. Salary is open to negotiation. Associateship or Partnership available. Small World Children's Dentistry is an equal opportunity employer. If interested, please forward your C.V. to careers@smallworlddds.com.

OUTSIDE THE U.S.

ALBERTA—CALGARY. Chew Chew Pediatric Dentistry in Calgary, Alberta is seeking a talented pediatric dentist to become part of our thriving practice, which boasts two modern locations. Whether you're looking for a full-time or part-time role, we offer flexibility, access to operating rooms, and the potential for partnership or ownership. At Chew Chew, you'll be part of a motivated and talented multi-dentist team committed to providing exceptional care to our young patients. Our practice is well-established and bustling, with the chance to collaborate with like-minded professionals, providing an excellent environment for professional growth. We value the significance of maintaining a healthy life-work balance, and Calgary provides an excellent opportunity to do both. Known for its urban sophistication and scenic beauty, Calgary provides an outstanding quality of life. With a range of cultural experiences and opportunities for outdoor adventures, such as hiking and skiing in the Rocky Mountains, the city creates an excellent setting for both professional endeavors and recreational pursuits. To be eligible for this position, the ideal candidate should have successfully completed a pediatric dental residency program and meet the requirements for obtaining an Alberta dental license. Strong clinical and communication skills, coupled with the ability to collaborate effectively within a team, are essential. New graduates are encouraged to apply. If you're passionate about making a positive impact in the lives of children, and want to be part of an enthusiastic and friendly team, we invite you to apply. To submit your C.V. or get more information, please contact us at drorest@chewchew.com. Requirements: D.D.S./D.M.D., Canadian Board Certification.

ALBERTA—EDMONTON. An amazing opportunity is now available within our practice in Edmonton Alberta. Our practice is growing and we are looking for a caring, skilled and motivated pediatric dentist to join our team. The practice has established itself as one of the premier pediatric dental practices in the area. We have well trained staff, a wonderful reputation in the community, and access to

hospital and private surgical suites. Perfect position for starting your career with competitive income. If you are motivated to provide quality care in a friendly and professional setting, contact us at f.vaziri@childrensdental.ca. Requirements: D.D.S. or D.M.D., Residency in Pediatric Dentistry.

BRITISH COLUMBIA—KELOWNA. Okanagan Pediatric Dentistry, a thriving specialty pediatric practice in one of the most beautiful destination cities in Canada, Kelowna, BC, is looking for an energetic, enthusiastic pediatric dentist to join the team! Located in the Okanagan valley, there are opportunities for activities and leisure abound. Kelowna is located on the shores of Okanagan Lake, offering incredible beaches and resorts in the summer, less than an hour drive from both Big White and Silver Star world class ski resorts, and 4 hours from Vancouver. The Thompson-Okanagan region boasts a long golf season with more than 50 courses and 120+ award winning wineries. Opportunities for skiing, hiking, cycling, mountain biking, boating, running, dining, and simply sight-seeing are endless. Kelowna offers a fabulous environment for raising a family with excellent schools; public, private, and post-secondary, as well as YLW international airport. Our practice draws from a very large geographic area, with patients travelling from as far as the Northwest Territories. Access to hospital dentistry makes this one of few practices in the Interior region able to offer comprehensive oral rehabilitation with fewer appointments. Our team is strong and stable with long term staff and is paperless with digital radiography. An Associate position is available in a part-time capacity (3-4d/wk) currently, however, the future is bright! An increase to full-time with growth and possibility of buy-in for the right candidate. Please contact by email omegadds@me.com.

FACULTY POSITIONS AVAILABLE

D.C.—WASHINGTON. The Howard University College of Dentistry (HUCD), in our nation's capital, is seeking applicants for both non-tenure track and tenure track full-time faculty positions and part-time adjunct faculty positions within the Department of Pediatric Dentistry. Applicants for faculty positions in the College of Dentistry must hold D.D.S./D.M.D. degree from a Commission on Dental Accreditation (CODA)-accredited institution, and specialists must hold a dental specialty certificate from a

CODA-accredited advanced dental education program. Current active DC dental licensure or eligibility for full, unrestricted licensure in DC is required. Specialist candidates must be board-eligible in their field; board certification is desirable but not required. Candidates with an established record as a dental educator and/or with a current faculty position and who has demonstrated potential for teaching excellence and quality scholarly production are preferred, but all qualified applicants will be considered. Faculty responsibilities and activities may include didactic, simulation laboratory (where applicable), and clinical teaching to predoctoral and post-graduate students, provide direct supervision of patient care in the predoctoral and postgraduate clinics, course directorship, supervising emergency/urgent patient care needs, participating in scholarly activities including teaching innovations and/or clinical or non-clinical research. All faculty are expected to participate in calibration activities and contribute to a cohesive and consistent execution of student instruction and development of clinical competency. Additional duties essential to the operations and strategic goals of the College may be assigned, as needed. There will also be an opportunity for faculty clinical practice in an intramural clinic operated by the dental school. For more information please contact latoya.barham@howard.edu.

PRACTICE FOR SALE

TEXAS—DALLAS. Practice Overview: This well-established pediatric dental practice operates from two locations in the Dallas Metro Area, offering a strong community presence and growth potential. Key Highlights: Two locations with a total of 10 operatories. Collections of \$1.175 million annually. True take-home income of \$232,000. Associate-driven model ensures a smooth transition for new ownership. Patient Base: High patient volume: Over 9,200 active patients. Steady growth: An average of 60 new patients per month, supported by effective marketing strategies. Expansion Potential: Each location has space for one additional operatory, already plumbed for future growth. Seller's Goals: The current pediatric dentist is looking to sell both locations to either another dentist or a group, with plans to transition out of the practice. Contact Headwaters Practice Transitions. Email: bailey@headwaterstransition.com. Phone: 719 694-8320. Reference: #HW71824

FluoriMax[®]

2.5% Sodium Fluoride Varnish
With Hydroxyapatite



Cotton Candy

FluoriMax[®] Varnish is liquid-thin, non-sticky, hypoallergenic, and delicious—making it the fastest-growing varnish brand.



Scan to learn more



**LITTLE TEETH
BIG SMILES**

Little Teeth, Big Smiles is sponsored by HuFriedy Group



**NEWLY
ERUPTED**

Newly Erupted is sponsored by Elevate Oral Care



Listen on aapd.org, Spotify, iTunes, Stitcher, Google Podcasts


AAPD's two podcasts, Little Teeth, Big Smiles and Newly Erupted, continue to be extremely popular. Be sure to tune in to the episodes that are released monthly.
Dr. Joel Berg, the host of both podcasts, will be interviewing some great guests at AAPD 2024!

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION 1. Publication Title: PDT (Pediatric Dentistry Today). 2. Publication Number: 1046-2791. 3. Filing Date: October 1, 2024. 4. Issue Frequency: bimonthly. 5. Number of Issues Published Annually: 6. Annual Subscription Price: Domestic \$20; Foreign \$20. 7. Complete Mailing Address of Known Office of Publication: 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 8. Complete Mailing Address of Headquarters or General Business Office of Publisher: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. Contact Person: Dr. John Rutkauskas. Telephone: 312-337-2169. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher—American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672; Managing Editor—Dr. John Rutkauskas. 10. Owner: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. None. 12. Tax Status: Has not Changed During Preceding 12 months. 13. Publication Title: PDT (Pediatric Dentistry Today) 14. Issue Date for Circulation Data Below: August 1, 2024

	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
15. Extent and Nature of Circulation		
a. Total Number of Copies (Net Press Run)	9,976	10,179
b. Paid and/or Requested Circulation		
(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (Include advertiser's proof and exchange copies)	8,830	9,052
(2) Paid In-County Subscriptions (Include advertiser's proof and exchange copies)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution.	570	565
(4) Other Classes Mailed Through the USPS	490	492
c. Total Paid and/or Requested Circulation [Sum of 15b. (1), (2), (3), and (4)]	9,890	10,109
d. Free Distribution by Mail (Samples, complimentary, and other free.)		
(1) Outside-County as Stated on Form 35416845	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (Carriers or other means)	0	0
f. Total Free Distribution (Sum of 15d. and 15e.)	0	0
g. Total Distribution (Sum of 15c. and 15f.)	9,890	10,109
h. Copies not Distributed	87	70
i. Total (Sum of 15g. and h.)	9,977	10,179
j. Percent Paid and/or Requested Circulation (15c. divided by 15g. times 100)	100%	100%
16. Extent and Nature of Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	9,890	10,109
c. Total Paid Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	9,890	10,109
d. Percent Paid (Both Print & Electronic Copies (16b divided by 16c x 100)	100%	100%

17. Publication of Statement of Ownership is required. It will be printed in the November 2024 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner


John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2024

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

Kid. Proof.

TRUST CHENG CROWNS TO ENDURE THE RIGORS OF CHILDHOOD.

Childhood is a wild ride. That's why we design and craft all our aesthetic pediatric crowns to be exceptionally durable. In fact, our unique zirconia ceramic formula has the highest flexural strength rating of any pediatric crown and is more durable than natural enamel.

Learn more:



 **CHENG CROWNS**
PEDIATRIC CROWNS



Unique Mouth Supports for Every Patient

A reliably open mouth is a pre-requisite for both in-office and at-home oral care. We offer several types of mouth supports.

Our **Open Wide® Mouth Rest** is helpful for those who lack the cooperation or motor control to keep the mouth open. It is made from high-density foam with a rigid core to add stability, and it is available for home use.

The **Open Wide® Mouth Prop** wraparound handle allows the clinician to maintain control with a handle that wraps around outside the mouth so it will not block oral access. It is designed with a perfectly placed hole to keep a saliva ejector in place, and the wedge area is over-molded with a safe, comfortable material.

The **Molini™ Mouth Opener** is a great option for oral access when patients are uncooperative or have poor muscle control. The tapered end acts as a wedge to help open clenched teeth, and the trim design allows greater visibility.

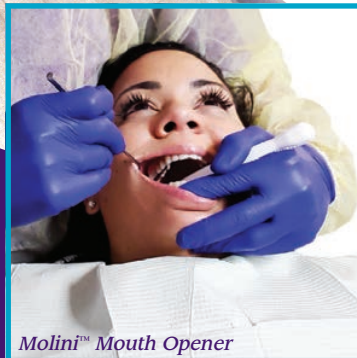
To learn more about our products, or to place an order, call us at 800-722-7375. Or visit our website at specializedcare.com.



Open Wide® Mouth Rest



Open Wide® Mouth Prop



Molini™ Mouth Opener

Check out our New Corbin™ Adapter that allows the use of a flexible tip with high volume suction.

