The Magazine of the American Academy of Pediatric Dentistry



# PDT

May 2015 Volume L, Number 3

26

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**Serving Children in Cambodia**

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The Magazine of the American Academy of Pediatric Dentistry

# PDT


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## Travel with a Purpose

### Serving Children in Cambodia

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Q[ \PM W{KQIT UMUJMZ UIOIbQVM WN \PM )UMZQKIV )KILMUa WN 8MLQI\ZQK Dentistry (AAPD). The magazine is distributed to members as a direct UMUJMZ[PQX JMVMÅ\ 6WVUMUJMZ []J[KZQX\QWV[ IZM I^IQTIJTM I\ I LWUM[\QK rate—$20 and foreign rate—$30 at the above address.

7XQVQWV[ M`XZM[[ML QV are not necessarily endorsed by the AAPD.

## Staff Editorial Group

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;MVQWZ 4QZMK\WZ WN ,M^MTWXUMV\ IVL +PIZQ\IJTM 8ZWOZIU[ Paul Amundsen
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# (K]HUJL
## `V\Y WYHJ[PJL

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**Dr. Edward H. Moody**
AAPD President

# Going Forward

)[ Ua \MZU I[ \P ))8, 8ZM[QLMV\ KWUM[ \W Q\[ K\
some brief thoughts on the past twelve months and a few of the things I believe the
))8, [PW]TL JM TWWSQVO I\ OWQVO NWZ_IZL

## &HQWUDO 2I¿FH 5HORFDWLRQ

)LLQ\QWVIT WNÅKM [XIKM QV \PM ),) *]Q5TLVa VLQ[\ZKUMVL[ IVL QT\M]W\[ I[ L]M[ KWTTMK\QVW[ Ja \PM ))8, WV \PMQZ
last year and we were able to negotiate favorable terms for an M`XIV[QWV _Q\P I TWVO \MZU TMI[M NWZ QWKZMIL[ML ZMVU UWZM[ QVKTL[
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[QVOTM ÆWWZ I[ _MTT I[ XZW^QLM IV
[\QTT PI^M IUXTM ZWWU \W M`XIVL QV\W
in the foreseeable future.

## Relationship with ADA and Other Specialty Organizations

As we have met with ADA leadership and leadership of the other dental specialty groups, it is clear that we are recognized as the authority on children's oral health issues, and also that our opinions and thoughts on other matters related to dentistry in general and to areas of overlap between our specialty and other dental specialties are not only valued, but are actively sought. The relationship between AAPD and the ADA and between AAPD IVL \PM W\PMZ LMV\IT [XMKQIT\a WZOIVQaI\QWV[ I\ \PQ[ \QUM Q[ UWZM
and collaborative as I have ever seen it. There is regular and open communication between the groups, including face-to-face meetings, and we are actively engaged in projects together that directly MzMK\ VW\ WVTa XMLQI\ZQK LMV\Q[\Za

## International Outreach and Collaboration

?M¼^M M[\IJTQ[PML UWZM M`\MV[Q^M tions with some our international counterparts, beginning with attendance at the International Association of Pediatric Dentistry in 2013 and again at the European Academy of Pediatric Dentistry this past June. Dialogue between leadership of the organizations PI[ \ISMV XTIKM IJW]\ RWQV\ ^MV\]ZM[ QVLQKI\M \PI\ QV\MZVI\QWVIT QVO _Q\P \PM :WaIT +WTTMOM WN ;]ZOMWV[ being scheduled for Dublin in the fall of 2016. To continue the W]\ZMIKP _M PI^M M`\MVLML QV^Q\I\QWV[ \W ^IZQW][ VI\QWVIT IVL international dental organizations for their presidents to attend our 2015 Annual Session in Seattle or the 2016 Annual Session in San Antonio.

## District and State Unit Numbers and Revenue

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QV\W \PM VM_ ))8, WNÅKM [XIKM _I[ KWVL[QL MZMK\MK\ TWKI\QWV[ Ja \PM
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in the foreseeable future.

## Pediatric Oral Health Policy and Research Center

7]Z 8MLQI\ZQK 7ZIT 0MIT\P 8WTQKa IVL :M
KWV\QV]ML \W M`XIVL Q\[ _WZSTWIL IVL XZW
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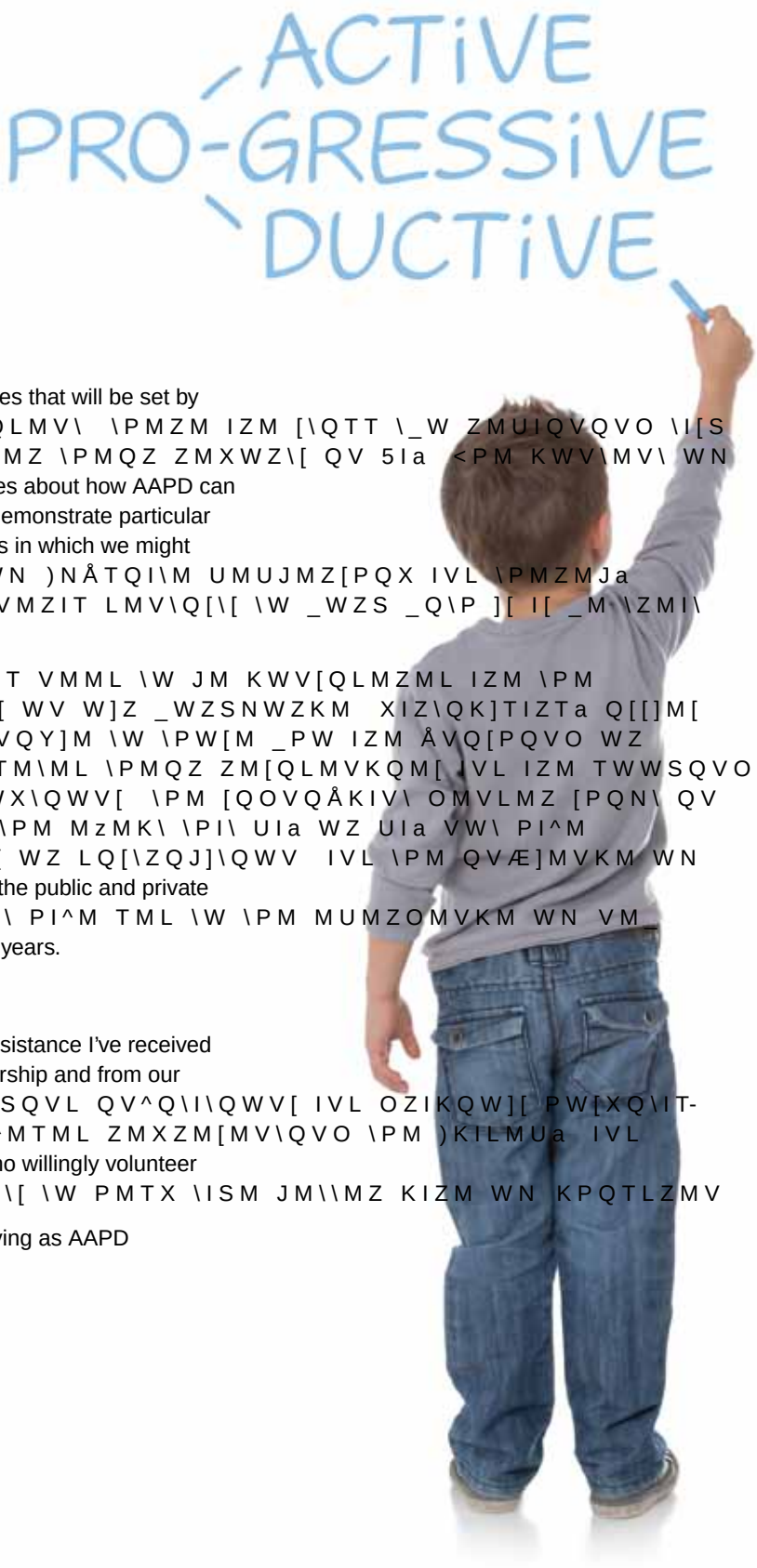
UW[\ ZMKMV\ M`IUXTM JMQVO \PM +,+ ZMXW
\W_IZL I [QOVQÅKIV\ LMKZMI[M QV -IZTa +P
in young children. While this type of report might lead some to believe that we've turned the corner in regards to reducing ECC, a Policy Center brief pointed out that there are still far too many KPQTLZMV XIZ\QK]TIZTa QV KMZ\IQV PQOP
substantial unmet dental needs and that clinicians, researchers, begin directing their focus on other areas.

## Public Policy Advocates and Federal Legislation

J]Y LMVVQ[Za IL\ PWTM XWTQKa UISMZ[ I\
QVKZMI[ML QV JW\P V]UJMZ[ IVL MzMK\Q^MV
Policy Advocacy Conference in Washington, D.C., we had nearly
200 participants including a number of Presidents, and were able
\W OM\ W]Z UM[[IOM QV\W SMa WNÅKM[ WV
0W][M 7]Z UM[[IOM \W \PMU PI[ IT_Ia[ JMMV
to allow more children to receive needed dental care and that we
U][\ QV[]ZM \PMZM IZM ILMY]I\M V]UJMZ[ WN
WVW[ [MVI\WZ[ IVL ZMPZM[MV\I\Q^M[ Q[ K]ZZMV\Ta




## Going Forward

Aside from the agenda and priorities that will be set by W]Z QVKWUQVO XZM[QLMV\ \PMZM IZM [\QTT _W ZMUIQVQVO \I[S NWZKM[ L]M \W LMTQ^MZ \PMQZ ZMXWZ\[ QV 5Ia <PM KWV\MV\ WN these reports should provide strategies about how AAPD can identify and cultivate members who demonstrate particular talents early in their careers and ways in which we might QVKZMI[M \PM ^IT]M WN )NÅTQI\M UMUJMZ[PQX IVL \PMZMJa MVKW]ZIOM UWZM OMVMZIT LMV\Q[\[ \W _WZS _Q\P ][ I[ _M \ZMI\ the children of this country.

7\PMZ IZMI[ \PI\ _QTT VMML \W JM KWV[QLMZML IZM \PM KPIVOQVO QVÆ]MVKM[ WV W]Z _WZSNWZKM XIZ\QK]TIZTa Q[[]M[ []KP I[ LMJ\ \PI\ IZM ]VQY]M \W \PW[M _PW IZM ÅVQ[PQVO WZ PI^M ZMKMV\Ta KWUXTM\ML \PMQZ ZM[QLMVKQM[ IVL IZM TWWSQVO I\ ^IZQW]Z XZIK\QKM WX\QWV[ \PM [QOVQÅKIV\ OMVLMZ [PQN\ QV W]Z UMUJMZ[PQX IVL \PM MzMK\ \PI\ UIa WZ UIa VW\ PI^M WV XZIK\QKM XI\\MZV[ WZ LQ[\ZQJ]\QWV IVL \PM QVÆ]MVKM WN economic pressures and changes in the public and private QV[]ZIVKM UIZSM\[ \PI\ PI^M TML \W \PM MUMZOMVKM WN VM_ practice models over the last several years.

## And Finally

I appreciate all the support and assistance I've received during the past year from the membership and from our W]\[\IVLQVO [\Iz \PM SQVL QV^Q\I\QWV[ IVL OZIKQW][ PW[XQ\IT-Q\a M`\MVLML I[ 1 \ZI^MTML ZMXZM[MV\QVO \PM )KILMUa IVL particularly those AAPD members who willingly volunteer \PMQZ \QUM IVL \ITMV\[ \W PMTX \ISM JM\\MZ KIZM WN KPQTLZMV

Thank you for the privilege of serving as AAPD president!

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## Dr. John S. Rutkauskas

AAPD CEO

# POHRPC on New CDC Data

The American Academy of Pediatric Dentistry, the leading authority on children's oral health, provided commentary on the report, , 2011-2012, by the U.S. Department of Health and Human Services, CDC and the National Center for Health Statistics.

suggests that some progress has been made in reversing this trend [of increasing ECC], with more very young children receiving care, dren are still not obtaining oral health services on a par with those privately insured."

tion of caries starts by 1 year of age. The early dental visit can health throughout childhood. We note that the number of pediatric dental training positions has more than doubled in the past 15 years, resulting in an overall increase in AAPD member pediatric dentists from 3,329 in 2000 to 6,252 at present. We also note that that the number and percent of children receiving dental services that these two factors (an increased supply of pediatric dentists and uted to this positive outcome."

caries. Unfortunately, these are often those whose circumstances prevent realization of the preventive and treatment opportunities other children enjoy. Ultimately, the negative social determinants families to increase oral health literacy."

next teeth, and 15 percent had untreated tooth decay. He stated, their primary teeth and that ultimately, dental caries wages on into continuing diligence well into adolescence with preventive services, stances continue to change. Lengthening recall periods in any phase of childhood and adolescence is not supported by evidence and puts health problems as an adult. Untreated tooth decay can lead to

It is estimated that more than $40 billion per year is spent on the treatment of dental caries in the United States.

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## AAPD Headquarters Staff Update

We're pleased to announce that

## C. Scott Litch

&KLHI 2SHUDWLQJ 2I¿FHU DQG *HQHUDO &RXQVHO


### Litch's Law Log

# Supreme Court Rules Against North Carolina's Dental Board

You have probably read about this case in a previous column, the )))8, +-7¼[ IVV]IT ZMXWZ\ <PM Q[ IT[W JMKS-ground on the AAPD website

The AAPD joined Amicus Curiae (friend of the court) briefs before both the Fourth Circuit Court of Appeals and the U.S. Supreme Court in the case of

.

7V .MJ \PM = ; ;]XZMUM +W]Z\ ZJTML \PI\ I 6WZ\P Carolina dental board doesn't have antitrust protections to limit the actions of dentists from whitening teeth because the board is not actively supervised by the state. Justice Anthony Kennedy wrote the 6-3 opinion for the court. Justices Antonin Scalia, Clarence Thomas and Sam Alito dissented. The case arose when the FTC challenged the decision by the North Carolina board to limit teeth-whitening services in the state to dentists. They deemed the dental board's actions suppression of competition. That ruling was upheld by the U.S. Circuit Court WN )XXMIT[ <PM ;]XZMUM +W]Z\ []J[MY]MV\Ta OZ[V\ML \PM JWIZL¼[ ZMY]M[\ NWZ ZM^QM_ WN \PM +QZK]Q\¼[ LMKQ[QWV

They argued the board should not be immune because North Carolina did not actively supervise the board's actions. The board argued that, as a state agency, it does not need to be actively supervised by the state. Concerned about the negative impact that the lower court's ruling could have on the ability of professional boards to ZMO]TI\M \PMQZ ZM[XMK\Q^M XZWNM[[QWV[ )) )))8, \PM )5) IVL W\PMZ I[[WKQI\QWV[ ÅTML I NZQMVL WN \PM KWIZ\ JZQMN [[XXWZ\QVO \PM [\I\M board's position.

The Court's majority opinion said that since the board is controlled mostly by dentists and not actively supervised by the state, it doesn't PI^M IV\Q\Z][\ QUU]VQ\a <PMZMNWZM Q\ as telling non-dentist tooth whiteners that they cannot practice.

<W [I\Q[Na \PM ZMY]QZMUMV\ WN IK\Q^M [[XMZ^Q[QWV \PM KWIZ\ WJ[MZ^ML \PI\ [\I\M W{KQIT[ U][\ XW[[M[[ IVL M`MZKQ[M XW MZ\W ZM^QM \PM XIZ\QK ular anticompetitive acts of private parties and disapprove those that NIQT \W IKKWZL _Q\P [\I\M XWTQKa <PM [QWV Q[ VW\ IV ILMY]I\M []J[\Q]\M NWZ I QV^WT^MUMV\ Ja \PM [\I\M QV IV IOMVKa¼[ [I\Q[Na \PM [MKWVL ZMY]QZMUMV\ 1\ Q[[ QV^WT^MUMV\ XZW^QLM I ¹ZMITQ[\QK I[[]Z KWVL]K\ WN IV IK\WZ []KP I[ \PM JWIZL ¹XZWUP +I[ WTQVX KTQKa ZMPM JWIZL Q[ ] than merely the party's individual interests." The court accordingly QLMV\QÅML \PZMM ZMY]QZMUMV\[ WN IK\Q^M [[XMZ^Q[QWV\[

- The state supervisor must review the substance of the anticompetitive decision, not merely the procedures followed to produce it.
- The state supervisor must have the power to veto or modify particular decisions to ensure they accord with state policy.
- <PM [\I\M []XMZ^Q[WZ UIa VW\ Q\[MTN JM IV

The ADA believes the decision constitutes a radical departure from the court's established law, and throws into question the regulatory, licensing, and disciplinary authority of thousands of professional boards across the country. ),) /MVMZIT +W]V[MT +ZIQO *][Ma _I[ SQVL MV\ NWTTW_QVO KWUUMV\IZa WV \PM KI[M IVL Q\[

¹<PM ),) Q[ M`\ZMUMTa LQ[IXXWQV\ML _Q\P

It is noteworthy that North Carolina board was acting under its authority to prohibit the unlicensed practice of dentistry and ZMTQML WV \PM [\I\M¼[ ,MV\IT 8ZIK\QKM )K\ QVO [\LQV[ IVL IKKZM\QWV[ NZWU \PM \MM\P tal practice. That would appear to be an active assertion of the state's authority to regulate the unauthorized practice of dentistry for public safety.

The amicus argued that that the members of the North Carolina board, as a state agency established by state legislation and pursuing the responsibilities assigned to it by state statute, were immune from federal antitrust law liability under the State Action Doctrine as enunciated by the Supreme Court in its 1943 TIVLUIZS LMKQ[QWV\ JZQMN [[XXWZ\QVO \PM [\I\M 317 U.S. 341. In that case, the State of California had established an agricultural regula \WZa JWLa KWV[Q[\QVO WN UIZSM\ XIZ\QKQX \PI\ KWVL]K\ Ja I [\I\M _Q\P IV\QKKWUXM\Q\Q^ QV\MZM[\[ [MZ^ML Ja QUXW[Q\QWV WN \PM N TI [ IVL \PI\ Q\ Q[ \PM [\I\M \PI\ [PW]TL JM IJ \PI\ [MKQ[QWV NWZ Q[[MTN Who the members of the bo or how they were chosen did not concern the court. The mem- JMZ[¼ M`MUX\QWV NZWU MVNWZKMUMV\ WN ¹UMZM XW\MV\QIT NWZ [\I\M []XMZ^Q LMKQ[QWV Ja \PM :\I\M ° ,IQTa WV The ADA believes that the well-established, 70-year-old precedent announced in should have been applied in agency created by the sovereign state of North Carolina. In the ADA's view, the court's analysis need not have gone any further than this.

Unfortunately the Court effectively
of and imposes on a bona fide
that in the past it only applied to non-state bodies. The court
held “active supervision by the state” is required in order to
shield the board and its members from federal antitrust liability.

exposure and individual members may be justifiably concerned about possib
”

I am also fearful this decision will cause state boards to be extra
cautious about enforcing existing regulations where there is any

specialty advertising, namely that a general dentist is not allowed to
hold herself out as a specialist.

Alito made the following logical po

“Staffing the State Board of Dental Exami
public accountants would certainly less
place the well-being of dentists over those of the public, but this
would also compromise the State’s interest in sensibly regulating
a technical profession in which lay p

Well said. Unfortunately we now we fa
sors”—who are not dentists—hovering over the decisions made by
state dental boards.

For further information contact Chief Operating Officer and General Coun

## Legislative and Regulatory Update

Unless otherwise noted for further information on any of these issues p
Litch at (312) 337-2169 or .

### FEDERAL NEWS

#### AAPD 2015 Legislative and Regulatory Priorities

These priorities, as developed by the Council on Government
Affairs and approved by the board of trustees are available on the
AAPD website at

Top priorities continue to be Title VII pediatric dentistry funding
see below amendments to the Affordable Care Act
sion of the CHIP program and Medicaid dental reforms including
reform of RAC audits

#### Dental Associations Spell Out Fiscal Year 2016 Oral Health Funding Priorities for Congress

On Feb 9 the AAPD along with the A
sociation, American Dental Education Association, and the American
Association for Dental Research commun
funding priorities to the chairs and ra
Senate and House Appropriations Committee’s Subcommittee on
Labor, Health and Human Services, Education-related agencies. This
request included the AAPD’s top funding
diatric dentistry training under Title VII of the Public Health Service
Act Section The letter also request
ing the Health Resources and Services Ad
initiate a new grant cycle for dental faculty loan repayment. Copies of
the letters are available on the AAPD website at

## Organized Dentistry Coalition (ODC)[1] Weighs In

<PM ))8, [QOVML WV\W [M^MZIT 7,+ TM\\MZ[ \W +WVOZM[[ QV []XXWZ\ WN \PM NWTTW

Action for Dental Health Legislation. 0 : ! _W]TL ITTW WZOIVQbI\QWV[ \W Y]ITQNa NWZ +MV\MZ[ NWZ ,Q[MI[M +WV\ZWT IVL health grants to support activities that improve oral health educa \QWV IVL LMV\IT LQ[MI[M XZM^MV\QWV I programs that facilitate establishing Dental Homes for children and adults, including the elderly, blind and disabled. The bill would also []XXWZ\ KPIZQ\IJTM XZWOZIU[ []KP I[ /Q [QWV[ WN 5MZKa ZML]KM \PM V]UJMZ W conditions by referring them to dental practices, and ensure more )UMZQKIV[ PI^M IKKM[[ \W LZQVSQVO _I\MZ

Applying antitrust law to health insurance. 0 : ! QV\ZWL]KML Ja +WVOZM[[UIV IVL LMV\Q _W]TL IUMVL \PM 5K+IZZIV .MZO][WV TI_ eral Trade Commisiion and the Justice Department to enforce the federal antitrust laws against health insurance companies engaged in anticompetitive conduct. It would not interfere with the states' ability to maintain and enforce their own insurance regulations, IV\Q\Z][\ [\I\]\M[ IVL KWV[]UMZ XZW\MK\ QV \PMQZ MVNWZKMUMV\ MzWZ\[ \PM Q QV[]ZIVKM KWUXIVQM[ _W]TL LQzMZ NZW PMTX QV\MZRMK\ UWZM KWUXM\Q\QWV QV\W \PM QV[]ZIVKM UIZSM\XTIKM Ja authorizing greater federal antitrust enforcement in instances where state regulators fail to act.

Expanding the student loan interest deduction. 0 : ! _W]TL QVKZMI[M \PM ITTW_IJTM \IF LML]K\QWV NWZ student loan interest. This would help alleviate the alarming levels of educational debt that dental students face, which averaged $247,222 in 2014. The bill would increase the allowable student loan interest deduction from $2,500 per year to $5,000 per year, and would also eliminate the legal limit on how much income an individual can earn and still claim the deduction.

Increasing the FSA annual cap. <PM :M[XWV[QJTM )LLQ\Q IVL 1VKZMI[M[ \W ;][\IQV -UXTWaMM :)1;- 0MI _W]TL ILLZM[[ K]ZZMV\ LZI_JIKS[-\W \PM ][M WN 8I\QMV\ 8ZW\MK\QWV IVL )NNWZLIJTM +IZM )K\ 8 .;)[ ITTW_ KWV[]UMZ dollars to pay for health care services and items that are not covered by insurance, such as vision and dental services, doctor copayments, prescription drugs and medical supplies. The bill would cancel the ¹][M Q\ WZ TW[M Q\º Z]TM NWZ ITT .;)[ ITTW_ over several years. The bill would also double the current FSA annual contribution cap to $5,000 and allow families with more than two dependents to save an additional $500 a year for each additional dependent.

## New ACA Analysis from ADA's Health Policy Institute (HPI)

<PM .MJZ]IZa 081 ZMXWZ\ ¹5WZM ,MV\IT 7X\QWV[ QV 0MIT\P 1V[]ZIVKM[²[ 5IZSM\XTIKM[º reveals some positive developments, but with many challenges still remaining.

Œ There is an upward trend in the share of medical plans with MUJMLLML LMV\IT JMVMÅ\[ QV \PM PMIT\P QV[]ZIVKM UIZSM\XTIKM[ 5WZM \PIV I \PQZL XMZKMV\ -WN UMLQKIT XTIV[ PI^M MUJMLLML XMLQI\ZQK WZ NIUQTa LMV\IT JMVMÅ\[

Œ ?PQTM XMLQI\ZQK LMV\IT JMVMÅ\[-IZM IV M[[MV\QIT PMIT\P JMVMÅ\ ]V LMZ \PM )zWZLIJTM +IZM )K\ UIVa XTIV[ LW VW\ WzMZ ÅZ[\ LWTTIZ coverage for preventive dental services.

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lar coverage for preventive dental services. This is partially due \W NMLMZIT ZMO]TI\QWV[ \PI\ ZML]KML \PM NWZ ;),8[# I[ I ZM[]T\ UIVa XTIV[ UWLQÅML coverage for preventive services.

Œ 1V\MZM[\QVOTa \PM V]UJMZ WN \IF KZMLQ\ JMVMÅ\[ Q[ U]KP TWWLQÅML XMLQI\ZQK LMV\IT JMVMÅ\[ IZM XIZ\ WN \PM MTQ IJTM 5IZSM\XTIKM[ This was something strongly advocated by the ADA and AAPD _Q\P \PM +5; +MV\MZ NWZ +WV[]UMZ 1V[]ZIV 7^MZ[QOP\ ++117

However, many unknowns remain about ACA pediatric oral health coverage including network adequacy, patient utilization and provider reimbursement. The ADA HPI ACA reports are all available on the AAPD website at .

## STATE NEWS

### State Legislative Day in Annapolis

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- +]T\]ZIT IVL 4QVO]Q[\QK +WUXM\MVKa 5;,) WXXW[M[ \PQ[ JQTT \PI\ _W]TL ZMY]QZ two-year renewal cycle for licensure.

### RAC Audit Reform Bill Moves Forward in Nebraska

Nebraska Academy of Pediatric Dentistry Public Policy Advocate Dr. Holly Portwood along with Dr. Jessica Meeske +W]VKQT WV /W^MZVUMV\ )zIQZ[ 6WZ\P+MV\ZIT LQ[\ZQK\ ZMXZM-sentative) report the following:

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- Limit the review of claims to within three years after the initial date of payment.
- Send a determination letter concluding an audit within 90 days IN\MZ ZMKMQX\ WN UI\MZQIT ZMY]M[\ML WN \PM XZW^QLMZ
- .]ZVQ[P ILMY]I\M QVNWZUI\QWV NWZ IVa XZW^QLMZ[ \W QLMV\QNa ZMKWZL[ ZMY]M[\ML
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- -`KT]LM UMLQKIT VMKM[[Q\a ZM^QM_[ QV _PQKP \PM XZW^QLMZ PIL obtained prior authorization.
- 8ZW^QLM OZMI\MZ L]M XZWKM[[ NWZ VW\QÅKI\QWV WN IV I]LQ\ LM\MZ-mination and scheduling of on-site audits, along with the right to appeal a determination.
- Limit retroactive enforcement where the procedure or service PI[ JMMV KWV[Q[\MV\Ta ]\QTQbML Ja I XZW^QLMZ NWZ UWZM \PIV ^^ years prior to the audit.
- Prohibit recovery of overpayments until after all informal and formal IXXMIT[ PI^M JMMV KWUXTM\ML M`KMX\
- 4QUQ\ ZMKWZL[ ZMY]M[\[ \W VW\ UWZM \ [MZ^QKM JMQVO ZM^QM_ML VW\ \W M`KM providers 45 days to respond.
- Provide data on audit metrics on the department's website annually.
- Perform education and training programs for providers to cover a summary of audit results, description of common issues, prob-TMU[ IVL UQ[\ISM[ IVL WXXWZ\]VQ\QM[
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During a legislative hearing on this bill, both pediatric and gen-MZIT LMV\Q[\[ \M[\QÅML QVKT]LQVO XMLQI\ and Dr. Eric Hodges! Also testifying were medical, hospital, com-U]VQ\a PMIT\P KMV\MZ V]Z[QVO PWUM IVL ?Q[MUIV \PM W{KM UIVIOMZ WN XMLQI\ZQK 7KIV\W IT[W XZW^QLML \M[\QUWVa

<PIVS[ \W \PQ[ [\ZWVO []XXWZ\ \PM JQTT out of committee. It is important to note that while the NDA will lead this charge, this is not a pediatric dentistry bill or even a dental JQTT J]\ ZI\PMZ IV ¹ITT 5MLQKIQL XZW^QLMZ TMOQ[TI\Q^M \PI\ LMV\Q[\[ _MZM \PM WVTa WVM[ \ so it was great that so many other provider groups are stepping up to []XXWZ\ ][ ?M M[XMKQITTa \PIVS ,I^QL 7¼ LQZMK\WZ ;KW\\ 5WZZQ[WV 6,) XZM[QLMV TWJJaQ[\ _PW [XMV\ KW]V\TM[[ PW]Z[ _WZ [Q[\IVKM NZWU ))8, ;KW\\ 4Q\KP IVL ),) 2 XZW^QLMZ NWZ UWZM \PIV ^^ also tremendously helpful.

# PAC Corner

## AAPD CONTRIBUTIONS

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# AAPD 2015

The AAPD Annual Session app is now available with complete meeting de
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The online itinerary planner is also available with a complete list of sessior
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you can save your itinerary for Seattle.

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## Seattle

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showcase the highlights! Visit for a complete list of tours.

## Getting There

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available and range from $40-$50 depending on the time of day.

For more information on Shuttles and trains, please visit

## Ground Transportation

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- Downtown Airporter departs from level 3 WN \PM XIZSQVO OIZIOM Q [QOV[ \W OZW]VL \ZIV[XWZ\ PW\MT [P]\\TM[ WV \PM \PQ garage.
- )L]T\[" 7VM _Ia \QKSM\ Q[ roundtrip is $31; children 17 and under ride free (one per paying adult); additional youth ride at adult price.
- 0W]Z[" ,MXIZ\]ZM[ NZWU ;MI downtown Seattle 24-hours day, every day. 4MI^M[ ;MI<IK )QZXWZ\ IXXZ UQV]\M[ ;MZ^QKM WV LM XMIS \QUM[ ZM[MZ^I\QWV[
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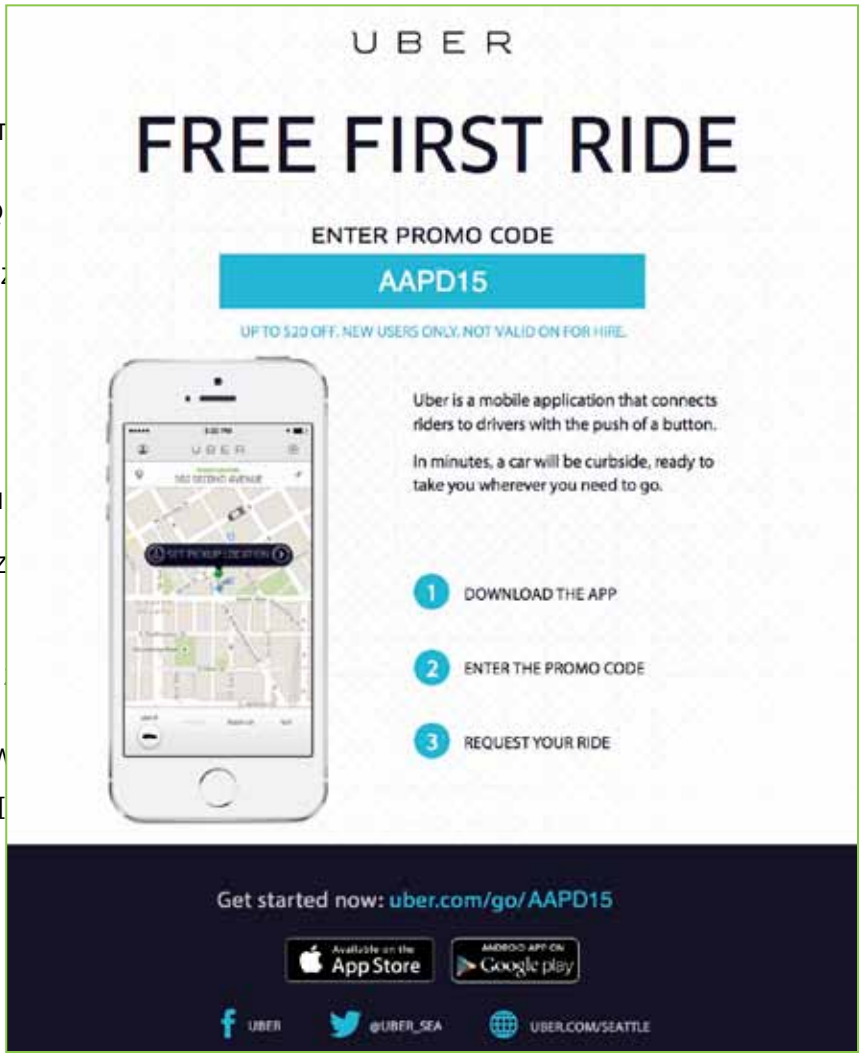
For more information please visit



## Registration Hours and Tote Bag Pick Up

*ZQVO aW]Z KWVÅZUI\QWV to AAPD 2015. Use the bar code at the scan and print stations to have your badge and any \QKSM\[ X]ZKPI[ML XZQV\ML your tote bag and registration materials and aW]¼ZM ZMILa NWZ \PM [M events throughout AAPD 2015.

| | |
|---|---|
| Thursday | 8 AM – 6 PM |
| Friday | 7 AM – 5 PM |
| Saturday | 8 AM – 5 PM |
| Sunday | 8 AM – 12 PM |

## CE Credits and Evaluations

AAPD is providing electronic session evaluations and an overall evaluation which _QTT \ZIKS aW]Z +- PW]Z[ NWZ pletion of the evaluations, you will be able \W \MUIQT \W aW]Z[MTN I KMZ\QÅKI\M your CE hours from AAPD 2015. Complete the evaluations when you return home to WJ\IQV I +- KMZ\QÅKI\M NWZ aW]Z ZMKWZL[

## Posters on Demand

AAPD is presenting all poster research in an online e-gallery and poster app. Stop by \W [MM 8W[\MZ[ 7V ,MUIVL QV \PM )]LQ\WZQ]U at the Washington State Convention Center L]ZQVO M`PQJQ\WZ PW]Z[ IVL KPMKS W]\ \PM presenting authors.

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## Photo Contest—Show Us Pride in Your Profession! #aapd2015

Share a photo showing your pride of your profession for a chance to win load a photo showing how your pride Q[ ZMÆMK\ML QV \PM _WZT tagram with the hashtag #aapd2015.*

1 – 3:30 PM

**Esthetic Pediatric Crowns In-Depth with Drs. Donly, O'Connell and Cohn**

Sheraton Seattle Hotel— Ballard Room

Registration Fee: $195

Zirconia ceramic crowns are a relatively new technology available for the restoration and ZMPIJQTQ\I\QWV WN IV\MZQWZ IVL XW[\MZQWZ XZQ LMV\Q[\ <PM XZM[MV\I\QWV _QTT KW^MZ LQzMZMV\ KWV[QLMZI\QWV[ NWZ \PM JM[\ ZM[]T\[ )\ \PM MVL Ta I[SML Y]M[\QWV[ <PQ[ Q[ I PIVL[ WV _WZS[PWX KW^MZ \PM UW[\ KWUUWV KTQVQKIT ZM[\WZI\Q \QWV Å\\QVO IVL KMUMV\I\QWV WN XZMNWZUML

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- *ZQMN ZM^QM_ WN LQIOVW[Q[ IVL \ZMI\UMV\ XTIV guidelines of the AAPD on full coverage restorations for primary teeth.
- Participants will be competent in the application of zirconia ceramic full coverage restorations of severely decayed or fractured primary teeth.
- They will be familiar with the indications and contraindications for the placement of such restorations.

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NOON – 1:30 PM

**Doctors Rewired: Work Smarter, Live BETTER**

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Get the guidance and inspiration you need to overcome practice challenges VM_ goals. Is it time to focus on things that

For course registration please contact Angela Weber at (504) 620-3494 or email

Satellite Symposium

Keynote Address and Awards Ceremony

# A Conversation with Frank Abagnale

**Friday, May 22**
7:30 – 9 AM

was also made, directed by Steven Spielberg with Leonardo DiCaprio and

## Preconference Course

### Start Monday Smiling Not Stressing – A Course for Dentists and the Dental Team

**Thursday, May 21**
8:30 AM – 5 PM

Ann Bynum, D.D.S.; Debbie Castagna; Robert Delarosa, D.D.S.; Michael A. Ignelzi Jr., D.D.S., Ph.D.; Greg Psaltis, D.D.S.

BYNUM

CASTAGNA

DELAROSA

it the over-indulged child who will not listen, the dentist who never seems to lead or the dental team that will increase your happiness, joy and satisfaction and allow you to achieve a better professional and personal balance.

IGNELZI

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aapd Education Passport

SCAN THIS CODE TO ACCESS THE PASSPORT

# Earn CE for sessions you can't attend!

aapd 15 SEATTLE

### Sedation: 16 CE

The Sedation course is designed for pediatric dentists with training in sedation techniques. The course offers lectures on key sedation topics such as monitoring of the patient, child personality, selection of drugs, and more!

### Restorative Symposium: 10 CE

This symposium is designed to update the the practitioner on dental restorative materials and indications for their use. The intention is to discuss topic areas presented at the last Pediatric Restorative Dentistry Consensus Conference and to update information presented.

### Behavior Management Symposium: 11 CE

The evolution of society and chairside management of behavior is critical to the doctor-family relationships. This course will provide perspectives on how toxic stress and social determinants of health can influence behavior in the dental setting. The course also explores changes in the specialty that affect management of behavior of families in pediatric dental practices.

### Pediatric Medicine Update: 7.5 CE

The 2014 Annual Session Preconference Course provides the pediatric dentist an update on a wide variety of areas concerning pediatric medicine. Medical reviews of common disorders and diseases often seen in the clinical practice are discussed and followed up by discussion of the latest advances in management.

## AAPD Education Passport

The AAPD Education Passport was created to fit your busy lifestyle! With the Education Passport, we've made it easy for you to fulfill your continuing education needs. Access recorded courses and webinars at your own pace and earn continuing education from the office, on the road, or even in the comfort of your own home.

**Visit the Education Passport at:**
www.conferencepassport.com/aapd

# Social & Networking Events

## First Timers' Reception

### Thursday, May 21

5:30 – 6:30 PM

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The AAPD board of trustees welcomes you to AAPD 2015!

## Welcome Reception: TRIFECTA: EMP, Chihuly and Space Needle

### Thursday, May 21

7 – 10 PM

Seattle Center—three of the spectacular venues synonymous with Seattle with
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added bonus of allowing guests to travel to and from the event via the monorail (built for the World's Fair in 1962) which connects downtown to the Seattle Center.

SUNSTAR

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## 5k Fun Run

### Friday, May 22

6:30 – 7:30 AM

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paigns and programs to preserve Seattle's natural beauty and to
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## Career Fair

### Friday, May 22

3:30 – 5:30 PM

The Career Fair is a great opportunity for a new pediatric
organizations.
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For more information or to download the Career Fair form, visit .

## New Dentist Happy Hour

### Friday, May 22

5:30 – 7:30 PM

GameWorks

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## International Reception

### Saturday, May 23

5:30 – 7:30 PM

This reception began in 2010 at the Annual Session and has continued to be a popular event for international members and attendees. Join members of the AAPD board of trustees, learn more IJW]\ \PM ))8, IVL VM_WZS _Q\P NMTTW_ QV\MZVI\QWVIT I\\MVLMM[ before enjoying your evening in Seattle.

## Meet & Greet Lounge

### Friday, May 22–Sunday, May 24

New dentists and residents are encouraged to join seasoned professional LMV\Q[\[ QV \PM 5MM\ /ZMM\ 4W]VOM L]ZQVO \PM )VV]IT ;M[[QWV 5MV\WZ[ IVL UMV\MM[ _QTT UMM\ QV I TW]VOM IZMI WV \PM M`PQJQ\ ÆWWZ \W together. In addition to visiting booths and discussing how to get the most W]\ WN \PM )VV]IT ;M[[QWV M`XMZQMVKM \PMa PI^M \PM KPIVKM \W I[S Y]M[\QWV[ I mentor's practice and career.

?M _IV\ \W PMTX aW] KWV\QV]M \PM KWV^MZ[I\QWV IUWVO \PM [MI[WVML UMUJMZ[ I opportunity to discuss pediatric dental topics while they meet with various dental companies providing goods and services. Enjoy a cool LZQVS UMM\ VM_ IKY]IQV\IVKM[ QV \PM TW]VOM _PQTM _IQ\QVO \W UMM\ aW]Z UMV

## Presidents' Farewell Dinner

### Sunday, May 24

6:30 – 10:30 PM

Fremont Studios

;\MIUX]VS <WVQOP\ aW] _QTT JM MVZMV ence that delights the senses, entertains the goer, and engages the \PM ZMKPQTQ P WPMLU M I\UQM?[W>ZQSK[\WZQIV -L_IZL TWQ V\LM]K\PZ QIITUQMb[I \\QWW[V Q\\WOIM \TP [MSZQ_TQ \P I [KQ Å creative anachronism that permeates the décor, entertainment, IVL NWWL IVL JM^MZIOM XZM[MV\I\QWV[ +TV Edison bulbs and candelabra fashioned from copper pipe and Å\\QVO[ IZM KWTTIOML _Q\P TWW[M JTWWU[ QVO KIVLTM[ 1V\MZIK\Q^M MV\MZ\IQVUMV\ I NMI\]ZML XT][ IV )J[aV\P *IZ

## AAPD Mentor Program

*IKS Ja XWX]TIZ LMUIVL \PM 5MV\ available for residents, new dentists, and seasoned professionals to sign up for Seattle. You will once again be able \W UMM\ aW]Z XIZ\VMZ I\ \PM 5MM\ /Z M`PQJQ\ ÆWWZ \WOM\PMZ IVL LQ[K]][[ of AAPD 2015. With nearly 500 participants already signed up, this is bound to be a successful program yet again.

# AAPD 2015 Sponsors

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annual support of AAPD 2015.

## Strategic

NuSmile Pediatric Crowns
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Sunstar Americas, Inc.

## Gold

3M ESPE
Cheng Crowns
MAM
Treloar & Heisel / Med Pro

## Silver

EZ Pedo
KSB Dental
Ortho Synetics
8Z M^MV\MKP
Procter & Gamble Oral Health: Crest and Oral-B
Smiles for Life Network

## Bronze

Air Techniques, Inc.
Album Society
Baylor Pediatric Dentistry Alumni Fund
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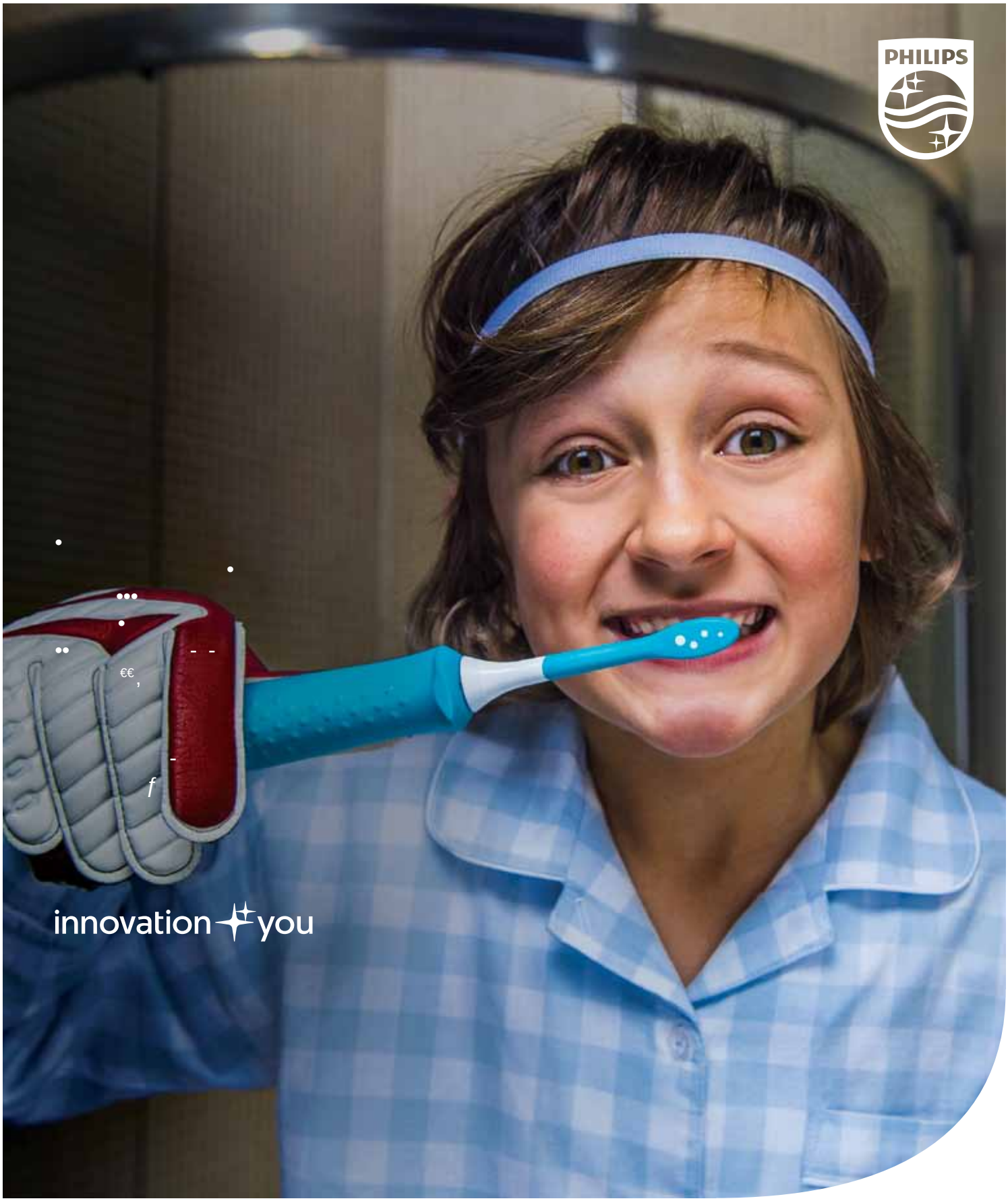
KinderKrowns
Miller Family Foundation
Practicon
SML Space Maintainers Laboratories




PHILIPS

sonicare

# Travel with a Purpose

## Serving Children in Cambodia

by Laurie Mathews

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the world.

Volunteer dentists, hygienists, assistants and non-dental volunteers deliver treatment and preventive care in dental clinics that serve children in schools, orphanages and remote villages.

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oral hygiene education to thousands of impoverished children in Nepal, India, Guatemala, Vietnam, Kenya and Cambodia.

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, email or call (303) 858 8857.

# Join us and see the world as you've never seen it before.

## You don't have to be a dentist to volunteer.

Cambodia. Haugseth is joining volunteers traveling with Global Dental

As her plane lands, the air is moist and tropical and the drive from the airport passes palm trees and barefoot children playing in dusty

Shortly after, the group arrives at a village school where the clinic has been

and training for the non-dental volunteers. Within minutes, the lines of students arrive and each child is given a dental chart, a new toothbrush and toothbrush instruction. Patients line up at the door while trying to catch glimpses of clinic activities inside.

in each child.

teeth. Volunteers are sobered by the depth of dental need before them.

course of the clinic.

Two hours into the morning a special moment happens as the

motivated both by the beautiful, open smiles of the children and their desperate need for care.”

organization, I could do what I came for – settle in and treat children.”

Cambodia is one of the two newest countries for Global Dental

The country's population of 15 million people have survived a devastating past. The country is emerging as a place of hope – reestablishing schools, building infrastructure and reclaiming a rich cultural heritage. The country is also a tourist destination for visitors to the world famous

While much is changing, most of the population still lives under basic conditions. Forty percent of the population is 14 years or younger; 70 percent live without improved sanitation and 40 percent without access to clean water.

School is compulsory in Cambodia, and education is free, but families

er children are often needed at home to care for younger siblings or farm

Cambodia has 258 dentists or one dentist per 100,000 people. This

treatment, consistent brushing and education.

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JZQVO KIZM \W KPQTLZMV W^MZ[MI[ /,: VW
Nepal, India, Vietnam, Guatemala, Kenya, and the newest location,
Cambodia. In 2014, 249 dedicated volunteers served 13,000 children
_Q\P UQTTQWV QV LWVI\ML LMV\IT KIZM QV \PM[M [Q` KW]V\ZQM[

4QSM 0I]O[M\P¼[ \MIU /,: PW[\[ ]X \W [Q`
PaOQMVQ[\[ WV MIKP WN LMV\IT \ZQX[ I\ MIKP
ZQK LMV\Q[\ NZWU +ITQNWZVQI ÅZ[\ RWQVML \PM
_I[ PWWSML 0M M^MV\]ITTa LMMXMVML PQ[
leader, leading four dental trips a year to Nepal and India.

¹/TWJIT ,MV\IT :MTQMN Q[ XI[[QWVI\M IJW]\ PMTXQVO I[ UIVa KPQTLZMV
QV \PM _WZTL I[ XW[[QJTM º [Ia[ 4Q[IOWZ
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be impressed that they never waiver from their core belief that each and
M^MZa KPQTL VMML[ \W JM \ZMI\ML _Q\P
PWVWZ \W JM I [UITT XIZ\ WN \PQ[ MzWZ\

,Z 8]Z^I 5MZKPIV\ I XMLQI\ZQK LMV\Q[\
_Q\P /,: WV _W \ZQX[ 7V PMZ [MKWVL \ZQX
band and a non-medical volunteer assisting chairside and helping with
[\MZQTQbI\QWV 5MZKPIV\ TW^M[ \ZMI\QVO
PMZ LMV\IT [SQTT[ _Q\P \ZI^MT IVL QUUMZ

¹*MQVO I XIZ\ WN IV QV\MZVI\QWVIT ^WT]V\MMZ QZW]X IVL \ISQVO Ua
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me want to volunteer over and over again!”

) XMLQI\ZQK LMV\Q[\ NZWU 7PQW ,Z ,WIO 4QV
MZa TWKI\QWV M`KMX\ 3MVaI 7V MIKP \ZQX PM JZQVO[
or his wife to share this sense of giving and the deep rewards it brings.
)[ 4QV [Ia[" ¹<PM KPQTLZMV IZM NIV\I[\QK · IVL Q\ \ISM[ [W TQ\\TM NWZ ][

daughters to broaden their horizons bringing care to children from a
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-IKP LMV\IT \ZQX KIZM[ NWZ KPQTLZMV QV
6MXIT ^WT]V\MMZ[ _WZS QV \PM KIXQ\IT KQ
3QS]a] ,MV\IT PW[XQ\IT [M\ QV \PM PQTT[ WN
brush daily but have no access to care.

hotel to rest or opted to join Haugseth for an invigorating zip line tour
through the forest canopy.

Cambodia lures you with its natural beauty, open vistas of fresh
<PQ[ \QUM WN aMIZ JIJa J]zITWM[ XTIa ITWV
dive in adjacent canals. Cambodia is also a very safe country and
^WT]V\MMZ[ IZM NZMM \W _ITS TI\M QV\W \PM
morning dawn.

All too soon the clinic end approaches. Dur QVO \PM ÅVIT LIa ^WT]V\MMZ[ turning for follow-up care. These are children _Q\P UWZM M`\MV[Q^M LMV\IT V two three visits to the clinic.

:W`a .TM\KPMZ IV : , ) NZWU Valley, Wash., is delighted when a young girl NZWU \PM ÅZ[\ LIa Z]V[ JIKS \W UIV\ \PI\ WVTa .TM\KPMZ \ZMI\ unteers are moved by students who smile on their return. Some, after a second long turn in \PM LMV\IT KPIQZ [Q\ ]X IVL [I end of treatment.

As the day comes to a close, volunteers [Ia PMIZ\NMT\ OWWLJaM[ IVL M an impromptu concert by children from the TWKIT [KPWWT <PM KPQTLZMV JZ][PQVO [WVO \W \PM \]VM W aW]Z *WI\º )TT IZM \W]KPML J ^WQKM[ IVL \PMQZ M`\ZI MzWZ\ hand gestures and enhance their version of ¹*Z][P *Z][P *Z][P AW]Z <MM\P

<PM \MIU Q[ _MIZa I[ \PMa UI JIKS \W \PM PW\MT J]\ \PM KW\ IVL ÅTTML _Q\P [\WZQM[ WN KP days past. Altogether, the team reached 640 children, providing 937 restorations and 325 M`\ZIK\QWV[ IVL I \W\IT WN KIZM = ; MY]Q^ITMV\ -IKP K I Æ]WZQLM \ZMI\UMV\ I VM_ \W oral hygiene instruction.

)[ ,Z 5I\\ .Q[PMZ I XMLQI\ZQ )TJ]Y]MZY]M 6M_ 5M`QKW [Ia[ XIZ\ WN Ua \ZQX[ _Q\P /,: \PI\ having to say goodbye to the amazing children when I leave. Throughout the year I eagerly IV\QKQXI\M Ua VM`\ \ZQX \W [X _Q\P \PQ[ M`\MVLML NIUQTa º

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FEATURE

# Catching up with Dr. Edward H. Moody

## 5HÀHFWLQJ RQ +

## as AAPD President

1. As AAPD president, your agenda has focused on increasing AAPD's collaboration with other dental organizations, particularly internationally, growing the value of AAPD member-
[PQX IVL \PM MzMK\Q^MVM[
\QWV WN \PM WZOIVQbI\QW
acting on recommendations from the four task forces. Can you please share how each of these goals have been accomplished?

Increasing our interaction and collaboration with various international pediatric dental organizations was a goal that came out of
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ZM[XWV[QJQTQ\QM[ ÅZUTa
made it a priority to interact more with our counterparts internationally, whether it be through attending each other's meetings, conducting future joint meetings or sharing information and resources as we each develop evidenced-based dentistry guidelines.

We've tried to continue outreach to the various district and state units, stressed the importance of all states having a Public Policy Advocate (PPA), and increased membership numbers and revenue while lowering overhead for the 26 states and two districts that are having their dues collected
Ja \PM )KILMUa *M\\MZ QV^WT^MUMV\ I\
every level—state, district and national—allows us to refocus on our real mission, which is optimal oral health for all children.

<_W WN \PM NW]Z \I[S NWZKM[ P[^M N]TTa
completed their assignments, reported to the board and their recommendations have already been implemented. The other two
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(in their charges and therefore won't report
]V\QT 5Ia [W IVa IK\QWV[ [XMKQÅK \W \PMQZ
recommendations will carry past my term.

2. Are there achievements of AAPD under your leadership of which you're most proud?

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]VLMZ Ua \MZU 1 \PQVS W^M
we've tried to refocus on what our real mission is and laid a good foundation for the Academy going forward through several projects that have come to fruition.

<PM ZMKWUUMVLI\QWV[ WN \
forces have already been set into place. As
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communication and collaboration with the ADA on areas of mutual interest, as well as with other national and international dental and nondental organizations. We also
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be considered and implemented once we
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NWZKM[ QV 5Ia

?M¼^M KWUXTM\ML \PM UW^M QV\W \PM V...
[W LWQVO PI^M KWV[WTQLI\ML ITT WN W...
\PM ),) J]QTLQVO _PQKP PI[ XZW^QLML I...
operations and secured additional space to grow in the future. We now have a long-term lease with the ADA that provides security and
[\IJQTQ\a QV W]Z KIXQ\IT W]\TIa[ NWZ I\ TMI[\ \PM VM^\ ... aMIZ[

?M¼^M UILM I KWVKMZ\ML MzWZ\ \W I[[Q[\ ... be responsive to the needs and concerns of individual members. Collection of dues by the AAPD for the various districts and states has increased their membership and provided them with additional
ZM[W]ZKM[ \W XZW^QLM UUMUJMZ JMVMÅ\[...

There are now PPAs in place in two-thirds of the states and as we move toward a model where trained advocates are actively representing our interests and those of the children we serve at both the state and national level, it is becoming increasingly important for the remaining state units to identify and have someone actively participating as a PPA.

3. From your perspective, has the ACA impacted pediatric dentistry? If so, in which ways?

<PM )+) PI[ ITZMILa JMO]V \W IzMK\ XMLQI\ZQK LMV\Q[\Za IVL _QTT continue to do so as it becomes fully implemented, but in its present
NWZU VW\ VMKM[[IZQTa QV I XW[Q\Q^M _Ia ... tion that need to be addressed, but with the current political climate in Washington where both sides have established a position and are
ZMT]K\IV\ \W KWUXZWUQ[M [QOVQÅKIV\ KPIVOM[ ...
IXXMIZ TQSMTa

I wrote a fairly detailed article about the ACA and its impact on pediatric dentistry in last fall in which I stated that in my opinion,
XZW^Q[QWV[ WN )+) PI^M PIL ]VQV\MVLML ... reduced rather than improved access and utilization for children
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;MX\MUJMZ 4 E

4. Looking ahead, are there other industry issues or tech-
VWTWOQKIT IL^IVKM[ \PI\ KW]TL XW\MV\QITTa ... dentistry down the road?

We have a number of corporate partners who are on the forefront of the dental industry, who strongly believe in what we do, and who
IZM IT_Ia[ TWWSQVO NWZ _Ia[ \W KWTTIJWZI\M QV \PM LM^MTWXUMV\ WN
VM_ XZWL]K\[ WZ \MKPVQY]M[ \PI\ _QTT QUXZW^M KPQTLZMV¼[ WZIT PMIT\P.
As someone in private practice, I'm a little out of the loop in terms of the dental industry as a whole or the research that will ultimately
LM\MZUQVM _PI\ Q[ KWUQVO Å^M WZ aMIZ[ LW_V \PM ZWIL NZWU I technological perspective. With the rapid changes we have seen just

the past couple of years in terms of prevention, less invasive means of treatment, better and more durable materials and development and implementation of new technology, the practice of dentistry 10
aMIZ[ NZWU VW_ Q[ TQSMTa \W JM I TW\ LQ...

5. You have played a key role in promoting our Monster-Free Mouths campaign and have also lent your expertise on a
... Dental Home, on our consumer hub: http://mouthmonsters.mychildrensteeth.org/. We have also increased our presence on social media, particularly with our Facebook page, increasing the number of "likes" in January 2014 from 6,000 to more than 40,000 in December 2014. Do you
\PQVS \PQ[ KWVKMV\ZI\ML MzWZ\ Q[ UISQV... reaching the lay public as hoped?

Please explain.

I hope it has had and continues to have a large impact in motivating
IVL ML]KI\QVO XIZMV\[ \W \ISM IV IK\Q^M IX... health. When statistics indicate that nearly half of children don't see a dentist and many of those who do have their initial visit after problems have already developed, anything we can do to raise awareness is a step in the right direction.

Social media and use of the Internet is becoming the one of the primary ways that parents and caregivers get their information
IJW]\ XMLQI\ZQK LMV\Q[\Za [W W]Z MzWZ\[ ... referencing it in our various media opportunities is a great way to get our message out and as we increase the number of topics and pieces available on the site, it will only increase in value to the public.
... ference in one year's time, I see this as a real area for potential growth and outreach going forward.

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

6. How would you recommend addressing the faculty shortage issue?

As someone who hasn't been in an academic position, my impression is that this is such a difficult problem because there isn't a one size fits all solution. Each institution is different, each position is different, people aren't all motivated by the same thing, and faculty time dedicated for teaching, clinic responsibilities and/or research requirements can vary immensely.

To try to help recruit new faculty members, we already have a program in place funded through Title VII in which new faculty members are eligible to have their student loans repaid on a prorated basis over a five year period and there are several programs that have taken advantage of these funds quite successfully. There is also a Master Clinician program in which we train and develop persons who might be further along in their careers but have indicated an interest in going into a teaching position in some capacity. These programs are certainly steps in the right direction.

Perhaps we need to start looking at what some of the barriers are that may tend to discourage younger dentists from considering an academic career and find creative ways to address those barriers. We should also look for better ways to identify [illegible] age and cultivate those who have an interest in teaching or who exhibit [illegible] teaching earlier in their careers. For those without an academic background this can become a particularly difficult [illegible] address and propose a solution to because unfortunately it's an environment in which we have far too little familiarity.

7. You participated in a national satellite media and radio tour in late October 2014 alongside the ADA's Dr. Maria Lopez Howell and OHA's Beth Truett to discuss the Ad Council's new campaign public service announcements, as well as National Brush Day efforts. Can you please share insight into this experience?

We spent most of the day doing radio and television interviews with stations in various sized media markets across the country and it was interesting to see firsthand all that takes place as well as how rapidly and efficiently national media outlets (radio and television) can set up and get a message like the Ad Council's PSA on air to different outlets. As we did the various media events, we spoke about the importance of children's oral health and emphasized the necessity of early dental visits, as well as parents helping their children brush for two minutes twice a day.

The initial Ad Council PSA was successful well beyond their expectations [illegible] exposure and market penetration [illegible] is every hope that the second one will be as well. Additionally this [illegible] trying to emphasize National [illegible] and tie a specific day—the day after Halloween—to the need for parents to actively take a role in helping their children brush [illegible] It will be interesting over the next couple of years to see if that effort is repeated and if anything long term successfully comes out of it.

8. In your opinion, how can dental professionals do a better job of reaching parents and educating them on the importance and critical nature of their children's good oral health?

We have to get others involved, in particular those outside of our own offices or clinics. Groups that immediately come to mind are other dentists, hygienists, physicians, nurses, pharmacists, teachers and essentially anyone that parents look to as a reliable source for health care advice.

It's also important to understand where else today's parents and caregivers are looking for information, such as social media and the Internet and then make sure that the sources they are looking at are accurate. Too many people still have the attitude that it's not important to care for primary teeth and it's important for us to consistently get the correct message out by generating increased awareness of sites such as [illegible], in addition to maintaining an active presence on social media.

9. Do you think we're doing a good job at getting the age 1 dental visit message out to parents and caregivers? Why or why not?

We're certainly trying, but I've always believed that getting the age 1 visit universally accepted was going to be a slow process because to some degree we [illegible] inertia and dentists and health care providers as a whole were not (and still aren't) all giving the same message. For so many years it has always been "age [illegible]" or [illegible] until those who have always used that as their standard either age out or come to understand that the age 1 visit is the best way to minimize dental issues for children and give them the best chance toward a lifetime of oral health it's just going [illegible]

It's important that we educate new physicians, pharmacists, nurses, or any other health care provider or source of health care information that it is critically important that children be seen at age 1. Then from a dental standpoint, we have to make sure new dental sch[illegible] understand that age 1 is the standard and make sure they are comfortable [illegible] children and speaking to p[illegible] vention and good oral care for their baby. It does little good if parents are told age 1, but then can't find a dentist who [illegible] child because they aren't comfortable seeing an infant.

10. Anything else you would like to add?

The Academy is in very good hands going forward from the outstandi[illegible] have at the central office to [illegible] members who volunteer their time or who serve on councils and committees, and the members of the board and [illegible] work tow[illegible] optimal oral health for all children a reality.

I very much appreciate the trust and the unique experience I've h[illegible] Academy's president this past year and am grateful for all the support and assistance I've received from the membership, as well as our AAPD staff. I have truly [illegible] serving as your president and am sincerely grateful for the opportunity.

# Welcome New Members

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# 2015 Membership Directory Revisions

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Dr. Ryan T. Hajek
Pediatric Dental Specialist
*IaTQ[[ 8IZS ,MV\IT /ZW]X
114 ½ South 6th Street
+W]VKQT *T]z[ 1)
(605) 354-7077

Dr. Madeline Goettl
2222 Vining Dr. Unit E
?WWLJ]Za 56
(414) 510-3226

Dr. April R. Davis
2840C Canterbury Circle
:WaIT +TQV\WV 70
(727) 492-9705

Dr. Sheela Jayappa Patel
- *MZZa ;\
Fort Worth, TX 76105-4750

Dr. Evelyn C. Sheehy
56 The Priory
8ZQWZa 8IZS
*TIKSPMIT\P 4WVLWV ;- !=B
United Kingdom

,Z ,M^MV 6 ;PZWz
! -`KPIVOM ,Z ;\M
-TLMZ[J]ZO 5,
(410 )549-1212

Dr. Nathinee Jaiarj
! -`KPIVOM ,Z ;\M
-TLMZ[J]ZO 56
(410) 549-1212

Dr. Rebecca Turner-Wehman
!! -`KPIVOM ,Z ;\M
-TLMZ[J]ZO 56 !
(410)549-1212

*IT\QUWZM 6I\QWVIT
Ste A1
-TTQKW\\ +Q\a 5,
(410) 203-2410

# AAPD Resident Recognition Awards

<PM ))8, 8MLQI\ZQK ,MV\IT :M[QLMV\ +WUUQ\\MM LM^MTWXML \PM :M[QLMV\ :MKWOVQ innovative and interesting activities in their training programs. Selected residents are awarded with a monetary prize, featured on the AAPD website, featured in , and recognized at the awards ceremony during the annual AAPD meeting.

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?QVVMZ[ IZM KPW[MV JI[ML WV IK\Q^Q\QM[ L]ZQVO ZM[QLMVKa \PI\ KWV\ZQJ]\M \W W (i.e., teaching), ZM[MIZKP and KWUU]VQ\a [MZ^QKM 1VVW^I\QWV \QUM KWUUQ\UMV\ IVL [QOV considered in the selection process.

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## Avani Khera, D.M.D.

<MIKPQVO

,Z )^IVQ 3PMZI [MKWVL aMIZ ZM[QLMV\ \MZ 45+ · :PWLM 1[TIVL MV\MZML PMZ in promoting oral health and dental education across disciplines. For M`IUXTM [PM [MZ^ML I[ LMV\IT LQZMK\WZ WN I [KPWWT JI[ML KWUU]VQ\a W]\ZMIKP XZWOZIU QV ?WZKM[\MZ 5I[[ leading educational sessions for the women, infants, and children MVZWTTUMV\ W{KM IVL [KZMMVQVO W^MZ KPQTLZMV ^QI \PM :WVITL 5K,WVITL +IZMUWJQTM

=XWV UI\ZQK]TI\QVO I\ 45+ [PM [W]OP\ W]\ tunities to promote pediatric oral health with a particular emphasis on dental trauma. She recently completed two online articles for the :PWLM 1[TIVL ¹<MM\P .QZ[\º WZOIVQbI\QWV \ZQIOM IVL \ZMI\UMV\ ITOWZQ\PU[ NWZ a dental trauma. Khera is currently developing additional articles focused on trauma prevention. Furthermore, she developed an educational program for emergency room physicians at Hasbro Children's 0W[XQ\IT QV 8ZW^QLMVKM : 1 <PM XZWOZIU update of current AAPD guidelines for the management of dental \ZI]UI QV \PM MUMZOMVKa ZWWU IVL QVKT]LML I PIVL[ WV _WZS[PWX that allows providers to practice placing a dental splint and managing KWUXTQKI\ML NZIK\]ZM[ ;PM PWXM[ \W M`XIVL \PQ[ XZWOZIU \W ILLQ tional community hospital emergency providers at locations without routine access to pediatric dentists on call.

As part of a rotation focused on the intersection of medicine and oral health, Khera joined various specialty clinics including those NWK][ML WV PMUI\WTWOa WVKWTWOa IVL ZPM]UI\WTWOa 1V ILLQ\QWV \W JMQVO IJTM \W WJ[MZ^M \PM KWUXTM` KIZM K disorders, Khera developed evidence-based presentations on topics including the dental care of children undergoing chemotherapy and the oral manifestations of Sjögren's syndrome. She also visited local primary care practices in order to educate them on the importance of establishing a dental home and appropriate behavior patterns by age 1.

Within her own training program, Khera was invited to lead [M^MZIT LQLIK\QK [M[[QWV[ K]ZZQK]T]U .WZ M`IUXTM [PM XZM[MV\ML I T Treatment of a Child with Down syndrome under General Anesthesia," that reviewed the underlying relevant pathophysiology, systemic manifestations, and operative planning implications of a 5-year-old patient she had recently treated. A second lecture, also delivered via TQ^M ^QLMW NMML \W 45+ ZM[QLMVKa [Q\M and delivering a case presentation. Finally, she has created teaching \PI\ LQ[K][[ \PM MXQLMUQWTWOa WN \ZI]UI\QK UMV\[ [\ZI\MOQM[

3PMZI¼[ M`XMZQMVKM I\ 45+ PI[ [MZ^ML I[ I ZQVO \PMUM QV PMZ TQNM · [PM PI[ JMMV JT alongside similarly impassioned individuals and dedicated mentors at M^MZa [\MX 5W^QVO NWZ_IZL [PM PWXM[ \W dental program.

## Alexis L. Cohen

+WUU]VQ\a IVL 8]JTQK ;MZ^QKM

,Z )TM`Q[ +WPMV _WZSML PIZL QV LMV\IT [KPWWT \W KWUXTM\M JW\P IV 5 8 0 IVL , , ; LMOZMM# I JMVMÅ\ WN _WZSQVO WV JW\P LMOZMM[ simultaneously was being able to integrate the concepts as they were TMIZVML¸QV[\IV\IVMW][Ta IXXTaQVO X]JTQK PMIT\P SVW_TMLOM IVL ideas to dentistry, and learning how to envision oral health from a big picture perspective.

)[ [PM MV\MZML IL^IVKML [XMKQIT\a ML]KI\QWV [PM SVM [PM IV\ML \W PWVM PMZ KTQVQKIT [SQTT[ J]\ [PM VM^MZ IV\ML \W TW[M [QOP\ WN PW \W IXXTa \PM[M [SQTT[ OTWJITTa -^MV \PW]OP KWVVMK\QVO _Q\P \PM KWU U]VQ\a QV ?I[PQVO\WV 0MQOP\[ ZMY]QZM[ \PM [IUM [SQTT[ I[ KWVVMK\QVO with any another community, she still wanted to be out in the world and was able to participate in a handful of global projects, each with I [TQOP\Ta LQzMZMV\ NWK][

)[ I 8/A +WPMV RWQVML I OZW]X NZWU WUW[ \UQOW[ WZSQVO in a dental clinic in the rural mountainous area of Naranjito in the ,WUQVQKIV :MX]JTQK <PQ[ WZOIVQbI\QWV ZM\]ZV[ \PZMM \QUML I aMIZ \W the same location. Through the years they have helped build a school, KP]ZKP IVL PMIT\P KTQVQK 5MLQKIT IVL LMV\IT ZMKWZL[ IZM SMX\ NWZ all the patients—Somos Amigos and their participants serve as the primary health care providers for this mountainous community and for patients coming from as far as the Haitian border.

Entering her PGY2 year she traveled to Songea, Tanzania with 5QZIKTM +WZVMZ[ WN \PM ?WZTL <PQ[ WZOIVQbI\QWV PI[ ]QT\ I LMV\IT clinic in this rural area of Tanzania which lies very close to the border WN 5WbIUJQY]M <PM NWK][ WN \PQ[ \ZQX I[ \W JZQVO LMV\IT KIZM \W \PM KWUU]VQ\a _PQTM KIXIKQ\a J]QTLQVO IVL WZSQVO WV \PM []\QVIJOTQ\a WN \PM LMV\IT KIZM ?WZSQVO _Q\P [Q` LMV\IT \PMZIXa [\]LMV\[ NZWU \PM 5JMaI LMV\IT \PMZIXa [KPWWT +WPMV XIZ\QKQXI\ML I[ JW\P I KTQVQKQIV and an educator to the students. These students, who were soon to graduate and practice in rural areas assigned by their government, PIL TQUQ\ML KTQVQKIT M`XMZQMVKM IVL I with children. Screening close to a thousand students in the nearby primary schools and teaching the dental therapy students how to educate a classroom was another vital component of this trip.

5W[\ ZMKMV\Ta +WPMV ZM]VQ\ML _Q\P PM time and participated in an global health program in Kathmandu, 6MXIT <PQ[ XZWOZ]U [M\ ]X I LMV\IT KTQV in the part of the city that is home to many Tibetan refugees. The M`\MV\ WN \PM LMKIa_I[ M`\ZIWZLQVIZa IV focused on managing the caries through the use of silver diamine Æ]WZQLM _Q\P \PM PWXM \PI\ WV ZM\]ZV \ and restorative treatment could be completed for this population, XZW^QLQVO \PM KWUU]VQ\a \PM UWZM ZMIT PMIT\P WN \PM KPQTLZMV \PZW]OP XZM^MV ticipated by providing clinical treatment and applying the SDF, but ITWVO[QLM IVW\PMZ XMLQI\ZQK LMV\Q[\ KW \QWV[ KWTTMK\QVO ,5.; LI\I WV \PM XWX]T I[[M[[UMV\ ;KZMMVQVO \PM KPQTLZMV IzW what the community was faced with at large and being a part of the process of developing ways to manage these caries on a community [KITM _I[ IV QV^IT]IJTM TMIZVQVO M`XMZQM

0MZ M`XMZQMVKM[ NZWU PMZ [MI\ QV 6W the mountains of Nepal have shown her the range of what is possible, I[ _MTT I[ \PM ZIVOM WN KPITTMVOM[ WN\M Learning how to deliver a culturally appropriate health message is WVM WN \PM KPITTMVOM[ +WPMV PWXM[ \W ing governing bodies, and cultural barriers are other such challenges \PI\ [PM Q[ M KQ\ML IW \ISM WV I[ [PM [\ZQ oral health.

25 ANNIVERSARY

# 2015 Norton M. Ross Award

## For Excellence in Clinical Researc

BACKGROUND OBJECTIVE

NOMINATION ‡ˆ ‰

CRITERIA

Johnson & Johnson
HEALTHCARE PRODUCTS
DIVISION OF MCNEIL-PPC, INC.

ADA American Dental Association®
America's leading advocate for oral health

AWARD RECOGNITION

SPONSORSHIP

DEADLINE

Kathleen Alexandrakis

Obituary

# David A. Bresler

,I^QL )  *ZM[TMZ  , , ;
21, 2015, in Philadelphia, Pa., from
]VM`XMK\ML []ZOQKIT KWU
family by his side.

He was born Aug. 25, 1953, in Philadel-
XPQI \W 3ITQI IVL ,Z : :ITXP

*ZM[TMZ OZIL]I\ML NZWU )
School in 1971. He completed his under-
graduate education at Temple University and
continued his graduate education at Temple
=VQ^MZ[Q\a ;KPWWT WN ,MV\
completed a residency program in Pediatric
Dentistry at St. Christopher's Hospital for
Children from 1979-1981.

*ZM[TMZ¼[ NI\PMZ \I]OP\
portant lessons but three in particular paved
the path to his success and ultimately to the
TMOIKa PM¼[ TMN\ JMPQVL
out what you're good at and become the best
at it. He successfully accomplished this goal.
*ZM[TMZ WXMVML PQ[ ÅZ[\
QV :W`JWZW]OP QV ! 7^
aMIZ[ PM _I[ IJTM \W M`XIVL
ILLQ\QWVIT TWKI\QWV[ QV ,Z
6M_\W_V ;Y]IZM ;W]\P -8PQT
MI[\ 8PQTILMTXPQI 0M Y]QKS
I[ ¹<PM 3QL[¼ ,MV\Q[\ 3QL[

The second lesson was to always put your
XI\QMV\[¼ VMML[ ÅZ[\ IVL
TW_ <PM : :ITXP *ZM[TMZ
at Temple University is given to the dental
student who most closely follows this moral
KWUXI[[ *ZM[TMZ ZIV PQ[
rity and made sure to instill these values to his
children and his thousands of students.

The last lesson was that when climbing
the ladder of success there are two ways to
OM\ \W \PM \WX <PM ÅZ[\ Q[
along the way and the second is to pull them
]X \PM Z]VO[ _Q\P aW] )VaWVM aW] I[S KIV

attest that he certainly wanted to pull every-
one up with him. He continued to mentor
and help former students create their own
success stories by sharing with them all of his
SVW_TMLOM IVL M`XMZQMVKM

*ZM[TMZ _I[ I XQWVMMZ QV LM^MTWXQVO IV
M{KQMV\ UWLMT WN XMLQI\ZQK LMV\IT KIZM NWZ
)JQVO\WV 0QOP
all children regardless of their income level.
<PM ¹*ZM[TMZº UWLMT WN
that he had created is unmatched and will
survive as a model for dental care for the
_WZTL \W NWTTW_ 0M _I[
WZ ,WK *ZM[TMZ¼[ +I^Q\a
multi-dentist, multi-specialist group practice
including pediatric dentistry, general dentistry
WN :ML 4QWV ;]ZOQKMV\MZ
free standing ambulatory surgicenter devoted
tablished Special Touch Dentistry – a dental
practice dedicated to providing the highest
needs.

*ZM[TMZ _I[ I KWUUQ\\ML \MIKPMZ IVL
mentor to countless students who had the op-
XWZ\]VQ\a \W _WZS JM[QLM
thoughtful guidance. Generations of dentists
¸IVL \PMQZ XI\QMV\[¸_QTT
from his commitment to the dental profession
for many years to come. He was a Clinical
Associate Professor at Temple University Ko-
rnberg School of Dentistry and often lectured
at the University of Pennsylvania School
5IVWZ +WTTMOM 0M _I[ IV I\\MVLQVO
ber at St. Christopher's Hospital for Children
and Children's Hospital of Philadelphia. He
_I[ I [XWSM[XMZ[WV NWZ \PM
emy of Pediatric Dentistry and often lectured
IZW]VL \PM KW]V\Za
lectures on behavior management.

)\Z]M P]UIVQ\IZQIV *ZM[TM
QV^WT^ML QV \PM A5+) \PM ;]
dation and the Shriners. He also led many
dental mission trips to Haiti where thousands
of patients with otherwise no access to care
received often life-saving dental treatment.
His children will continue to lead the Haiti
Project in honor of their father.

SM\[ ZM[\WZQVO IV\QY]M KIZ[
and spending time down at the shore. He
beer memorabilia collection, which is ironic
[QVKM PM¼[ VM^MZ PIL I JMMZ
important though was spending time with his
family. A truly devoted husband, father and
grandfather, he showered his wife, children
and grandchildren, and all of their friends,
PM _I[ OWQVO \W _WZS ZI\PMZ
to play. His passion for helping others was
infectious and all three of his children—Josh,
2I[WV IVL :IKPMT¸NWTTW_ML Q
to pursue careers in children's dentistry.

*ZM[TMZ TQ^ML TQNM \W \P
ing every moment spent with family, friends,
colleagues and students. The impact that
he made on this world will be celebrated for
countless years to come.

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KQI )VLLTWZW ,M)VVI )VLITWZ
Andaloro; grandchildren Noah, Gwen and
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Donations may be sent to the Sunshine
Foundation ( - 1041
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Street, Philadelphia, PA 19140).

Pediatric Oral Health Research & Policy Center


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# New Technical Brief: Unique Considerations for Medicaid Audits of Pediatric Dental Practices

<PM .MJZ]IZa <MKPVQKIT *ZQMN NZ .MZ
\PM KPIZIK\MZQ[\QK[ WN XMLQI\ZQK ŁMV T \W
VM[[ WN 5MLQKIQL I]LQ\[ <PM ZMXWZ\ ΓQU
QV \PM 5MLQKIQL XZWOZIU 0W_M^MZ ]LQ\
practices will discourage pediatric dentists from providing care
\PZW]OP 5MLQKIQL _PQKP _QTT PI^M QUX
children's access to oral health care.

<PZMM KPIZIK\MZQ[\QK[ IZM KZ]KQ M[[ WN
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LQ[MI[M QV KPQTLZMV KW^MZML Ja XMLQI\ZQ
LMV\IT XZIK\QKM[ XZW^QLM UWZM KWUX]M ]VOMZ KP
dren than do other dentists. Third, children seen by pediatric dentists
IZM UWZM TQSMTa \W ZMY]QZM LMV\IT \ZMI\UMV\ QV PW[XQ\IT W
have a special health care need.

The report recommends consistent, objective audit methods grounded in sound clinical practice QVKT]LQVO"

- :MXWZ\ KIZL[ Q[[]ML \W LMV\Q[\[ ZMOIZLQVO \PMQZ [MZ^QKM[
- Analysis of the number and type of local dentists; and
- Comparisons between the proportion of children who receive diagnostic and preventive services and the proportion of children who receive comprehensive and hospital-based care.

<PM JZQMN XZW^QLM[ ILLQ\QWVIT QVNWZUI\QWV WV \PM QUXIK
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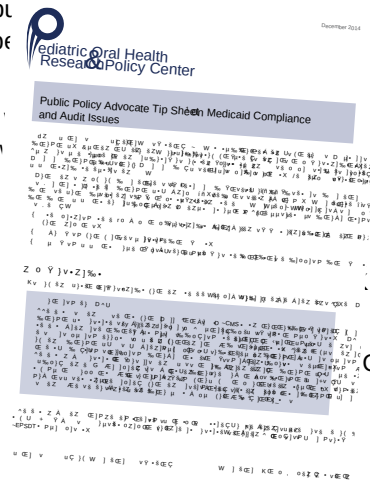
5IQVM

.WZ N]Z\PMZ QVNWZUI\QWV XTMI[M KWV\IK\ ))8, 8WTQKa +MV\M
337-2169 or .

# New Technical Brief: Public Policy Advocate Tip Sheet on Medicaid Compliance and Audit Issues

AAPD Public Policy Advocates are in an ideal position to promote fair and consistent auditing practices in their own states. This brief discusses how Advocates can establish state-level relationships with pu and private entities that share the goal of improved oral health for children as well as educate membe about relevant regulations, documentation standards and appropriate billing practices.

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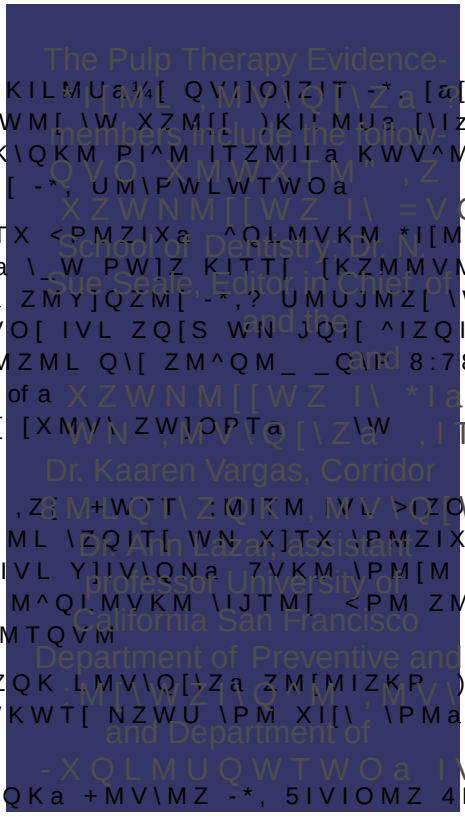
# Pulp Therapy Systematic Review Update

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database of prospectively registered systematic reviews. This step is essential to completion of a
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.WZ N]Z\PMZ QVNWZUI\QWV XTMI[M KWV\IK\ ))8, 8WTQKa +MV\MZ -*, 5IVIOMZ 4I]ZMT
(312) 337-2169 or .

# Revision of D1208

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The rationale for revising D1208 was that in 2014 there was sig-
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D1206 was originally instituted in CDT 2007-2008 to report the
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patients. During the CDT 2013 code maintenance cycle, the diagnos
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:M^Q[QVO \PM VWUMVKTI\]ZM NWZ , \W [X
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)[ Q\ M`Q[\ML QV +,< \PMZM _I[-W^MZTIX JM_MMV \WXQ should only be used when documenting or reporting the topical ap
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# CDT 2015 Revised Codes

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Jan. 1, 2015.

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a copy of the NWZ ! ! <W WZLMZ [QUXTa OW \W \PM ))8, 7VTQVM ;\W

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:I\QWVITM" , PI[ JMMV ZM^Q[ML \W ILL ¹ º \W \PM VWUMVKTI-
ture. CDT 2015, D0350 has not been limited to 2D photographic
images. However, beginning in 2015, D0350 will only describe 2D
photographic images. A separate code (D0351) has been added to
LM[KZQJM , XPW\WOZIXPQK QUIOM[ \PI\ IZM ][ML NWZ LMV\IT WZ UI`QT
lofacial diagnostic purposes.

+, \PMZM IXXMIZML \W JM_MMV , \WXQKIT IXXTQKI\QWV WN Æ]WZQLM
\WXQKIT IXXTQKI\QWV WN Æ]WZQLM 5IVa XZWNM[[QWVIT[
ITT \WXQKIT IXXTQKI\QWV WN Æ]WZQLM XZWK
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JMVKPUIZS NWZ XMLQI\ZQK LMV\IT XTIV[ Ula
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_WZL ¹LQIOVW[\QKº NZWU \PM VWUMVKTI\]ZM IVL \PM ILLQ\QWV WN \WXQKIT IXXTQKI\QWV
LMTM\ML KWUXTM\MTa <PM +5+ NMT\ \PI\ D1208 should only be used when documenting or reporting the topi
M`XTIVI\WZa# \PMZMNWZM \PMZM Q[ VW TWVOMZ IVa KWVN][QWV \PI\ \aXM[ WN Æ]

, <WXQKIT IXXTQKI\QWV WN Æ]WZQLM, M`KT]LQVO ^IZVQ[P [XIKM UIQV\IQVMZ

:I\QWVITM" 4W\[ WN KWVN][QWV M`Q[\ML :M^Q[QWV" :M^Q[QVO , KTIZQÅM[ \PI\ Q\
\PM ][M WN , \WXQKIT IXXTQKI\QWV WN KWUXW[Q\M JWVLQVO ZM[QV [XIKM UIQV\IQVMZ
\WXQKIT IXXTQKI\QWV WN Æ]WZQLM · to include bonding as an alternative to cementation.

D1206 was originally instituted in CDT 2007-2008 to report the
\PMZIXM]\QK ][M WN Æ]WZQLM ^IZVQ[P NWZ UWLMZI\M \W PQOP KIZQM[ ZQ[S
patients. During the CDT 2013 code maintenance cycle, the diagnos
\QK _WZLQVO ¹NWZ UWLMZI\M \W PQOP KIZQM[ ZQ[Sº _I[ ZMUW^ML

, ! KMUMV\ WZ JWVL QVTIa WVTIa ^MVMMZ

:I\QWVITM" :M^Q[QVO , ! KTIZQÅM[ \PI\ Q\
cementing or bonding any partial coverage restoration, which may
include, but not be limited to, inlays, onlays veneers.

, ! KMUMV\ WZ ZM JWVL QVLQZMK\Ta NIJZQKI\ML XIZ\QIT LMV\]ZM XW[\ IVL KWZM

:I\QWVITM" <PM VWUMVKTI\]ZM _I[ ZM^Q[QWV ¹JWVL º ITWVO _Q\P UIVa W\PMZ KWLM[ )T[W ZMXTIKML _Q\P ¹QVLQZMK\Ta NIJZQKI\ML º \W JM KWV[Q[\MV\ _Q\P D2953.

, ! KMUMV\ WZ JWVL KZW_V

:I\QWVITM" <PQ[ VWUMVKTI\]ZM ZM^Q[QWV ing or bonding of a crown may be reported as D2920.

, ! +WXQVO

A thin covering of the coronal portion of a tooth, usually devoid of IVI\WUQK KWV\W]Z KIV JM ][ML I[ I LMÅVQ\Q^M ZM[\WZI\QWV

:I\QWVITM" <PM +5+ ^W\ML \W ZM^Q[M to eliminate what appeared to be an overlap in CDT and to more accurately describe that a coping covers the coronal portion of the \WW\P <PM XPZI[M ¹NIJZQKI\ML WN UM\T IVL º D2975 descriptor.

-zMK\Q^M 2IV , ! KIV VW_ JM ][ML \PI\ KIV [MZ^M I[ I LMÅVQ\Q^M ZM[\WZI\QWV IV QV\MOZIT XIZ\ WN I Å`ML XZW[\PM[Q codes by submitting claims for a coping and a zirconia crown on the same tooth.

, ! +TQVQKIT KZW_V TMVO\PMVQVO · P[ZL \Q[ZM

This procedure is employed to allow a restorative procedure on a \WW\P _Q\P TQ\\TM WZ VW \WW\P [\Z]K\]ZM M^XW[ML \W \PM WZIT KI^Q\a +ZW_V TMVO\PMVQVO ZMY]QZM[ ZMÆMK\QWV WN I N]TT \PQKSVM[[ ÆIX IVL ZMUW^IT WN JWVM \W \PM M\MV\ of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.

:I\QWVITM" *MOQVVQVO QV \PM LM[KZQX\WZ ZM^Q[ML \W KTIZQNa \PI\ KTQVQKIT KZW_V ZMÆMK\QWV WN I N]TT \PQKSVM[[ ÆIX IVL ZMUW^IT WN JWVM \W \PM M\MV\ \PI\ Q\ IT\MZ[ \PM KZW_V \W ZWW\ ZI\QW ÆIXº \PM +5+¼[ OWIT Q[ \W UISM Q\ KTM ÆIX U][\ JM ZMÆMK\ML \W XZW^QLM IKKM be removed in order to accomplish crown lengthening, and report D4249. Furthermore, the amount of bone removed must alter the crown to root ratio.

The descriptor was also revised to clarify that clinical crown lengthening is performed to allow a restorative procedure on a tooth _Q\P TQ\\TM WZ VW \WW\P [\Z]K\]ZM M`XW[ML \W \PM LM[KZQX\WZ [\I\QVO \PM ÆIX LM[QOV UIa QV^WT^M I TIZOMZ

Crown lengthening is always performed in a healthy periodontal environment. If periodontal charting and radiographs indicate peri WLWV\Q\Q[ XI\PWTWOQKIT JWVM TW[[ and removing or reshaping the bone should be reported as osseous surgery (D4260 or D4261), not crown lengthening.

:I\QWVITM" <PQ[ VWUMVKTI\]ZM ZM^Q[QWV ¹JWVL º ITWVO _Q\P UIVa W\PMZ KWLM[ )T[W ZMXTIKML _Q\P ¹QVLQZMK\Ta NIJZQKI\ML º \W JM KWV[Q[\MV\ _Q\P D2953.

:I\QWVITM" <PM VWUMVKTI\]ZM NWZ , \PQ[ Q[ IV ¹QVKQ[QWVITº PIZL descriptor to clarify that a hard tissue oral biopsy does not involve IV M`KQ[QWV WN \PM MV\QZM TM[QWV WZ [ TM[QWV Q[ ZMUW^ML \PMV \PM IXXZWXZQI (D7440-D7461) should be reported instead of D7285.

<PM )UMZQKIV )[[WKQI\QWV WN 7ZIT IVL )75; ZMXZM[MV\I\Q^M VW\ML \PI\ UQ\ KTIQU[ NWZ I JOWX[a IVL M`KQ[QWV A biopsy only involves the partial removal of a lesion or specimen (and [ ]J[MY]MV\ XI\PWTWOQKIT UQKZW[KWXQK M 1 should be reported separately.

1VKQ[QWVITJOWX[a WN WZIT \Q[[]M ·

For partial removal of specimen only. This procedure involves bi- WX[a WN W[[MW][ TM[QWV[ IVL Q[ VW\ ][ML []ZOMZa <PQ[ XZWKML]ZM LWM[ VW\ MV\IQT

:I\QWVITM" <PM VWUMVKTI\]ZM NWZ , \PQ[ Q[ IV ¹QVKQ[QWVITº PIZL descriptor to clarify that a hard tissue oral biopsy does not involve IV M`KQ[QWV WN \PM MV\QZM TM[QWV WZ [ TM[QWV Q[ ZMUW^ML \PMV \PM IXXZWXZQI (D7440-D7461) should be reported instead of D7285.

<PM )UMZQKIV )[[WKQI\QWV WN 7ZIT IVL )75; ZMXZM[MV\I\Q^M VW\ML \PI\ UQ\ KTIQU[ NWZ I JOWX[a IVL M`KQ[QWV A biopsy only involves the partial removal of a lesion or specimen (and [ ]J[MY]MV\ XI\PWTWOQKIT UQKZW[KWXQK M 1 should be reported separately.

1VKQ[QWVITJOWX[a WN WZIT \Q[[]M ·

For partial removal of an architecturally intact specimen only. This XZWKML]ZM Q[ VW\ ][ML I\ \PM [IUM \QUM I[ ZILQK]TIZ K]ZM\\IOM <PQ[ XZWKML]ZM LWM

:I\QWVITM" ¹1VKQ[QWVITº JI[ ILLML \W \PI sentence added to the descriptor to clarify that D7286 is used to report the partial removal of an oral soft tissue lesion. If the entire soft tissue TM[QWV WZ [XMKQUMV Q[ ZMUW^ML \PMV W be reported (D7410-D7415).

)KKWZLQVO \W \PM ))75; +5+ ZMXZM[MV\I\ same day). A biopsy involves the partial removal of a lesion or speci- IV M`KQ[QWV QV^WT^ML KWUXTML ZMUW^IT XI\PWTWOQKIT UQKZW[KWXQK M^IT]I\QWV scopic evaluation should be reported separately.

, 8ZM WZ\PWLWV\QK \ZMI\UMV\ M`IUQVI\ OZW_\P IVL LM^MTWXUMV\

Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin.

Diagnostic procedures are documented separately.

:I\QWVITM" +5+ ! aMIZ[ IO ated considerable confusion among general dentists, orthodontists insurance payers. Some payers have considered it a catchall code for IVa LQIOVW[QK XZWKML]ZM XMZNWZUML L] tion. Neither assumption is correct.

According to representatives of the American Association of 7Z\PWLWV\Q[\[ ))7 , [PW]TL JM ][ML a potential patient's dentition growth and development are monitored. These visits precede the preparation of an appropriate orthodontic treatment plan, and any diagnostic procedures are to be documented and reported separately starting the case.

<PM ZM^Q[ML VWUMVKTI\]ZM IVL VM_ diagnostic procedures should be reported separately (i.e., panoramic image (D0330), cephalometric image (D0340), photographs (D0350 or D0351), diagnostic casts (D0470), etc.).

, 8MZQWLQK WZ\PWLWV\QK \ZMI\UMV\ \Q[Q\

:I\QWVITM" <PM XPZI[M ¹I[ XIZ\ WN I KWV\ZIK\º PI[ OMVMZI\ML considerable confusion as to the application of D8670. As a result, the +5+ ^W\ML \W MTQUQVI\M \PM KWVN][QWV Ja ZMUW^QVO \PQ[ ZMNMZMVKM \W a contract in the nomenclature. The contract has no bearing on the clinical procedure; therefore, it is not relevant to the code describing the procedure.

, ! KMUMV\ WZ JWVL Å`ML ZM\IQVMZ

:I\QWVITM" <PQ[ VWUMVKTI\]ZM ZM^Q[QWV KTIZQÅM[ \PI\ KMUMV\QVO WZ JWVLQVO WN I Å`ML ZM\IQVMZ UIa JM ZMXWZ\ML [

6W\M \PI\ \PQ[ ZM^Q[QWV IT[W ZMUW^M[ \PM MZITTa \PMZM Q[ WVTa WVM Å`ML ZM\IQVMZ · \PM TW_MZ ZM\IQVMZ 0W_M^MZ if two retainers are cemented or bonded, report D8693 twice on the claim form and indicate the arch treated.

,! ,MMX [MLI\QWV OMVMZIT IVM[\PM[QI · MIKP ILLQ\QWVIT UQV]\M[

:I\QWVITM" <PM MV\QZM LM[KZQX\WZ _I[ a stand-alone code. It is a companion code to D9220 and is only billed ITWVO _Q\P ,! _PMV IVM[\PM[QI \QUM M`KMML[ UQV]\M[ :QVKM the billable anesthesia start and end times are already delineated in the descriptor for D9220, the descriptor for D9221 was eliminated in CDT 2015.

;M^MZIT ZMY]M[\[ \W KWUXTM\MTa ZM^Q[M \PM LM[KZQX\WZ[ NWZ ,! IVL ,! _MZM LMVQML JMKI][M \PM +5+ NMT\ \PI\ \PM ZMY]M[\ML KPIVOM[ in language would substantially change the nature of the procedure as LM[KZQJML QV \PM K]ZZMV\ +,< <PQ[ ZMY]M[\ML KPIVOM PIL \PM XW\MV tial to result in confusion.

,! 1V\ZI^MVW][ UWLMZI\M KWV[KQW][ [MLI\QWV IVIT · ÅZ[\ UQV]\M[

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider's LWK]UMV\I\QWV WN \PM IVM[\PM\QK¼[ MzMK\[ system and not dependent upon the route of administration.

:I\QWVITM" <PM +5+ ZM^Q[ML \PM VWUMVKTI\]ZM \W ZMÆMK\ \PM KWV\QV]QVO UW^MUMV\ NZWU \PM I\M º )[ X]JTQ[PML QV \PM ¹),) /]QLMTQVM[ NWZ and Sedation to Dentists and Dental Students," moderate sedation is the current term used for this level of sedation. There is no mention WN ¹KWV[KQW][ [MLI\QWVº

?PQTM Q\ _I[ IKSVW_TMLOML \PI\ ¹UWLMZI\M +5+ LMKQLML \W QVKT]LM JW\P ¹UWLMZI\M nomenclature to be consistent with medical CPT codes, terminology used in some state laws, and to help transition and educate dentists to the new terminology.

,! 1V\ZI^MVW][ UWLMZI\M KWV[KQW][ [MLI\QWV · MIKP ILLQ\QWVIT UQV]\M[

:I\QWVITM" .WZ KWV[Q[\MVKa _Q\P ,! \PM VWUMVKTI\]ZM \W ZMÆMK\ \PM WVOWQVO UW^MUMV\ [KQW][º \W ¹UWLMZI\M º <PM LM[KZQX\WZ _I[ L only reported in conjunction with D9241 when IV moderate (con [KQW][ [MLI\QWV M`KMML[ UQV]\M[ UISQVO and unnecessary. NZWU ¹ZM\IQVMZ[º /MV-

,! QV\ZI^MVW][ UWLMZI\M KWV[KQW][ [MLI\

A medically controlled state of depressed consciousness while UIQV\IQVQVO \PM XI\QMV\¼[ IQZ_Ia XZW\MK\Q respond to stimulation or verbal commands. It includes intravenous ILUQVQ[\ZI\QWV WN [MLI\Q^M IVL WZ IVITOM[Q monitoring. UQV]\M[ QV KTQVQKIT UQV]\M[

The level of anesthesia is determined by the anesthesia provider's LWK]UMV\I\QWV WN \PM IVM[\PM\QK¼[ MzMK\[ system and not dependent upon the route of administration.

:I\QWVITM" .WZ KWV[Q[\MVKa _Q\P \PM ZM^Q D9242, and language contained in state laws and CPT medical codes, \PM +5+ ZM^Q[ML \PM VWUMVKTI\]ZM WN ,! UW^MUMV\ NZWU \PM _WZL ¹KWV[KQW][º \W ¹U and intravenous moderate (conscious) sedation procedures.

+WLM ,! UIa [\QTT JM ][ML \W ZMXWZ\ UQTL

LM[KZQX\QWV +PIVOM[ ZM^Q[QWV"

:I\QWVITM NWZ ZM^Q[QWV" <PM ZM[\WZI\Q^M written in a narrative format. In order to be consistent with other LM[KZQX\WZ[ \PQ[ NWZUI\\QVO _I[ KPIVOML \W

.WZ Y]M[\QWV[ XTMI[M KWV\IK\ ,MV\IT *MVMÅ\[ at (312) 337-2169 -[[TQVO I\ or Yºra

## AAPD Staff Assists Member on Strip Crown Coverage

:MKMV\Ta I UMUJMZ KITT ZMXWZ\ML \PI\ <PQO
code D2390 – resin-based composite crown, anterior (strip crown) on
\MM\P , - . IVL / _PQKP ITT QV^WT^ML M`\MV[Q^M
WV \PM 5,.4 IVL 1 []ZNIKM[

Cigna denied all of the strip crowns based on rationale that they
_MZM I KW[UM\QK [MZ^QKM NWZ IM[\PM\QK
of a 2933 stainless steel crown (SSC) with resin window.

7]Z UMUJMZ VW\ML \PI\ \PI\ KWUXTM\M
treatment option so that they could remain functional for this patient.
The treatment was not provided for aesthetic purposes and was not
cosmetic in nature. The treatment provided was to facilitate normal
function.

))8, [\Iz KWV\IK\ML +QOVI¼[ VI\QWVIT LMV\IT LQZMK\WZ IVL \PQ[
_I[ \PMQZ ZM[XWV[M" ¹1 PIL W]Z \MIU ZM^QM_
\WZ¼[ W{KM IVL +QOVI _QTT JM XZWKM[[QVO
member was reimbursed for D2390 on all four teeth.

8TMI[M NMMT NZMM \W KWV\IK\ ))8, ,MV\IT
Essling at or (312) 337-2169! We are here to assist!

## ADA Claim Form Updated for ICD-10 Diagnosis Codes

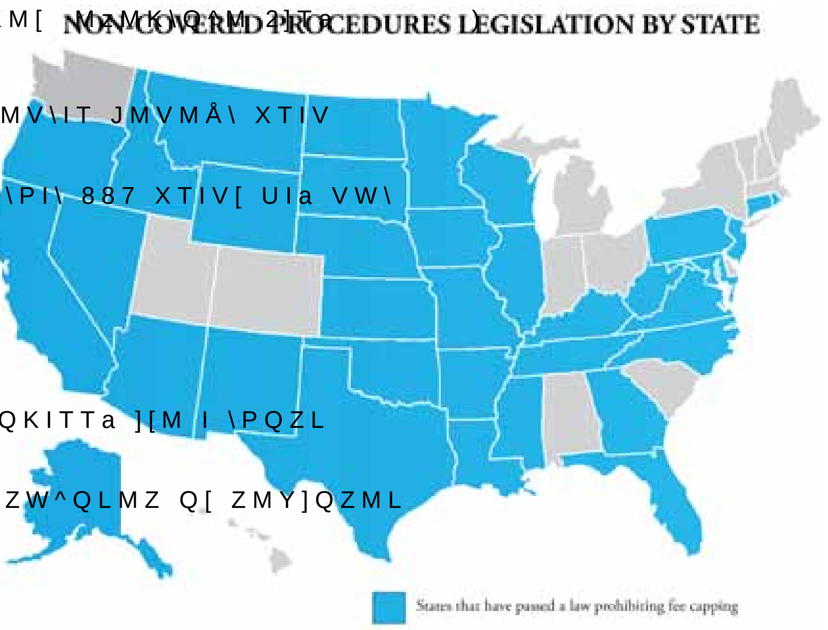
+PQVO ]XLI\ML QV)
diagnosis codes. Entering ICD-10 diagnosis codes on the dental claim
8MLQI\ZQK LMV\Q[\[ IVL \PMQZ [\Iz[
this medical diagnosis code set. In addition, diagnoses must be part of
MIKP XI\QMV\¼[ LWK]UMV\I\QWV
\MIU UMUJMZ[ LW VW\ PI^M \PM KTQVQKIT
codes. The determination of accurate diagnoses for patients is the
responsibility of the dentist and is vitally important for successful
KTIQU[ IVL I^WQLQVO I]LQ\[ <PM N]TT LMV
a training program to learn about ICD-10 diagnosis code sets. Also,
dental practices should develop their own encounter forms. This
course will help you customize and design those forms to meet your
W{KM_VMML[

QVM_ [MZ^QKM ]VLMZ QV[]ZIVKM KWLM[ +,
QV[\Z]K\WZ :PWVLI *]KSPWT\b Q[ I KMZ\QÅ
KWLMZ IVL WN 1+ ML]KI\QWV IVL \ZIQVQVO
)[[WKQI\QWV WN 8ZWNM[[QWVIT +WLMZ[ ))8
UWZM \PIV aMIZ[ WN M`XMZQMVKM QV PMIT\P
\PM ZMQUJ]Z[MUMV\ JQTTQVO IVL KWLQVO
JMQVO IV QV[\Z]K\WZ

5WZM KWLQVO QVNWZUI\QWV WV +8< UML
ZMTMI[ML I LWK]UMV\ \PI\ KZW[[ _ITS[ +8<
complete article, go to

## Florida Added to Non-Covered Services Law Map

Florida joined 33 other states in passing a fee cap
XQVO TI_ NWZ KW^MZML [MZ^QKM[ NWZ MVZWTTMM[ 2]Ta
non-covered service is a cost incurred by the patient
for a dental treatment or service that is not covered or
ZMQUJ]Z[ML Ja \PM XI\QMV\¼[ LMV\IT JMVMÅ\ XTIV




Thirty-four states have now passed a law prohibit-
QVO NMM KIXXQVO <PQ[ UMIV[ \PI\ 887 XTIV[ UIa VW\
control fees for non-covered services provided for
patients covered under fully insured plans that are
regulated by state law. Note that insurance plans are
governed by the state in which they were purchased,
not the state in which the insured lives. Keep in mind
that fee capping laws do not apply to federal or self
N]VLML -:1;) XTIV[ _PQKP \aXQKITTa ]\[M I \PQZL
party administrator (TPA).

?Q\P ITT 887 KWV\ZIK\[ \PM XZW^QLMZ Q[ ZMY]QZML
to submit all patient charges to the insurance payer.
When fee capping laws do not apply, your fee may be
controlled by the contracted plan's fee schedule even
for a non-covered service. For more information, visit

# Media Mix

.WZ UWZM QVNWZUI\QWV WV PW_ \W []JUQ\ aW]Z UMLQI KW^MZIOM XTM[M KWV\IK\
Hoeft at (312) 337-2169 or .

## AAPD President Featured as BabyCenter Expert

))8, 8ZM[QLMV\ ,Z -L_IZL 5WWLa KWV\ZQJ]\WQ\TMJLaTQ<MM\PQ\QKTM"\WQX[ NZWU I LMV
W]Z 6I\QWVIT +PQTLZMV¼[ ,MV\IT 0MIT\P 5WV\P W]\ZMIKP

)KKWZLQVO \W \PM IZ\QKTM"

¹<MM\PQVO \aXQKITTa JMOQV[ _PMV I JIJa Q[ JM_MMV [Q` IVL MQOP\ UWV\P[ WTL
\W UWV\P[ <PM _W JW\\WU NZWV\ \MM\P TW_MZ QVKQ[WZ[ ][]ITTa KWUM QV Å
]XXMZ QVKQ[WZ[ <PMV \PM W\PMZ QVKQ[WZ[ TW_MZ IVL ]XXMZ UWTIZ[ KIVQVM[
All 20 baby teeth should be in place by the time a child is around two and a half years.

1V XZMXIZI\QWV NWZ \MM\PQVO Q\¼[ JM[\ \W ML]KI\M aW]Z[MTN WV _PI\ \W M`XM
\PM IOM WN [Q` UWV\P[ [QOV[ \W TWWS NWZ IZM QZZQ\IJQTQ\a IKKWUXIVQML Ja I
signs include gum swelling and tenderness; refusing food; and – as mentioned earlier – disrupted sleep."

## Media Highlights

| 5-,1) 7=<4-< | ))8, -@8-:< ; | ,)<-<br>.-)<=:-, | <781+ |
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Fox News Chicago

,Z +PIZTQM +bMZMXIS 1TT participated in a live interview on F +PQKIOW _Q\P IVKPWZ +WZMa 5K8PMZZQV <PM
6I\QWVIT +PQTLZMV¼[ ,MV\IT 0MIT\P 5WV\P UM[[IOM[ PQOPTQOP\QVO \PM XZM^ITMVKM
\W ÅVL I XMLQI\ZQK LMV\Q[\ +bMZMXIS IL^Q[ML \PI\ XIZMV\[ [PW]TL I[[Q[\ KPQTLZMV _
IVL LMUWV[\ZI\ML \PM XZWXMZ \MKPVQY]M[ _Q\P PQ[ XI\QMV\ ,aTIV

DailyParent.com

))8, 8ZM[QLMV\ ,Z -L_IZL 5WWLa IVL ))8,
,Z :WJMZ\ ,MTIZW[I _MZM JW\P QV\MZ^QM_ML
a story on WV KWUUWV SQL[¼ LMV\IT
IVL PW_ \W I^WQL \PMU )KKWZLQVO \W \PM IZ\QKTM"

It probably comes as no surprise that cavities top the list of
LMV\IT Q[[]M[ IUWVO XI\QMV\[ IOM[ \W
MZ\ ,MTIZW[I I XMLQI\ZQK LMV\Q[\ QV
president-elect of the American Academy of Pediatric Dentistry.
Although cavities can cause a lot of problems, most of the time,
they're preventable.

,Z -L_IZL 5WWLa I XMLQI\ZQK LMV\Q[\ QV 5WZZQ[\W_V
Tenn., and the current president of the AAPD, says that, in
OMVMZIT XIZMV\[ [KPML]TM \PMQZ KPQTL¼[ ÅZ[\ LMV\IT ^Q[Q\ \WW TI\M¸
often by several years. The AAPD recommends children see a
LMV\Q[\ Ja \PMQZ ÅZ[\ JQZ\PLIa[ J]\ UIVa XIZMV\[ _IQ\ ]V\QT IOM
or 3 or later.

NCDHM Videos

))8, 8ZM[QLMV\ -TMK\ ,Z :WJMZ\ ,MTIZW[I _Q\P :W[QM 8WXM
a story on
*ZMISQVO VM_[ IVL QV LMX\P KW^MZIOM
child who gets the scoop during National Children's Dental Health
5WV\P _Q\P [XMKQIT O]M[\ IVL XIZMV\QVO
7]Z SQL IVKPWZ OM\[ \PM [KWWX WV \MM
^QM_ _Q\P :W[QM 8WXM IVL ))8,¼[ ,Z )UZ 5

## Ad Council Updates

# With Three out of Four Parents Admitting their Kids Forget to Brush their Teeth, Kids' Healthy Mouths Campaign Continues to Encourage Kids to Brush for Two Minutes, Twice a Day

)[ XIZ\ WN 6I\QWVIT +PQTLZMV¼[ ,MV\IT 0MIT\P 5WV\P +IUXIQOV )VVW]VKM[ >QLMW
:M^IUXML 5WJQTM )XX

<W KWQVKQLM _Q\P 6I\QWVIT +PQTLZMV¼[ ,MV\IT 0MIT\P 5WV\P
\PM )L +W]VKQT IVL <PM 8IZ\VMZ[PQX NWZ 0MIT\Pa 5W]\P[
4Q^M[ IZM M`\MVLQVO \PMQZ [][\IQVML .MJZ]IZa QVKT]LQVO"
campaign to
encourage children to brush their teeth for two minutes, twice a day.
*MOQVVQVO IVL KWV\QV]QVO \PZW]OPW]\ .MJZ]IZa \PM KIUXIQOV _QTT
announce the winners of a national video contest. They will also
QV\ZWL]KM I VM_ ;5; \M`\QVO KPITTMVOM IVL VM_ KPIZIK\MZ[ NWZ \PMQZ
popular mobile app, .

1V ,MKMUJMZ \PM )L +W]VKQT SQKSML WNN Q\[ ÅZ[\ ^QLMW KWV\M[\
_Q\P BWWXXI \PM _WZTL¼[ TMILQVO KZW_L [W]ZKML UIZSM\QVO XTI\NWZU
for producing creative content. The contest called
on Zooppa's community of over 27,000 amateur and professional
^QLMW UISMZ[ \W TM^MZIOM \PM M`Q[\QVO KIUXIQOV [\ZI\MOa \W KZMI\M
their own videos showing parents trying to give important advice in
R][\ _W UQV]\M[ <PM ÅVIT ^QLMW[ _MZM ZM^QM_ML Ja KZMI\Q^M LQZMK\WZ[
I\ IL IOMVKa /ZMa 6M_ AWZS IVL \PM )L +W]VKQT

The Ad Council is pleased to announce the following videos
I[ KWV\M[\ _QVVMZ["

and with
and as early entry winners.

In addition to announcing the video contest winners,
has various additional initiatives planned for the month of

Texting Program Challenge: invites
XIZMV\[ \W RWQV \PMQZ NZMM \M`\QVO XZW
KIUXIQOV¼[ UQOIT WN MVKW]ZIOQVO X
KPQTLZMV JZ][P \PMQZ \MM\P NWZ _W UQV]
XIZ\ QV I Å^M LIa NIUQTa JZ][PQVO KPITTMV
W^MZ QV Å^M ZMKMQ^M I ^QZ\]IT KMZ\QÅKI\M

Toothsavers App Update: The widely popular mobile
app is getting an update this month with three new
KPIZIK\MZ[ )TQKM QV ?WVLMZTIVL 8QVWK
acters will be announced on social channels. Since
its launch, more than 68,400 people have downloaded the app.

Scholastic Partnership: has partnered with
Scholastic to continue to educate parents and teachers on the
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0MIT\Pa<MM\P NWZ KIZMOQ^MZ[ IVL ;KPWTI
where they can download lesson plans, activities, an oral health care
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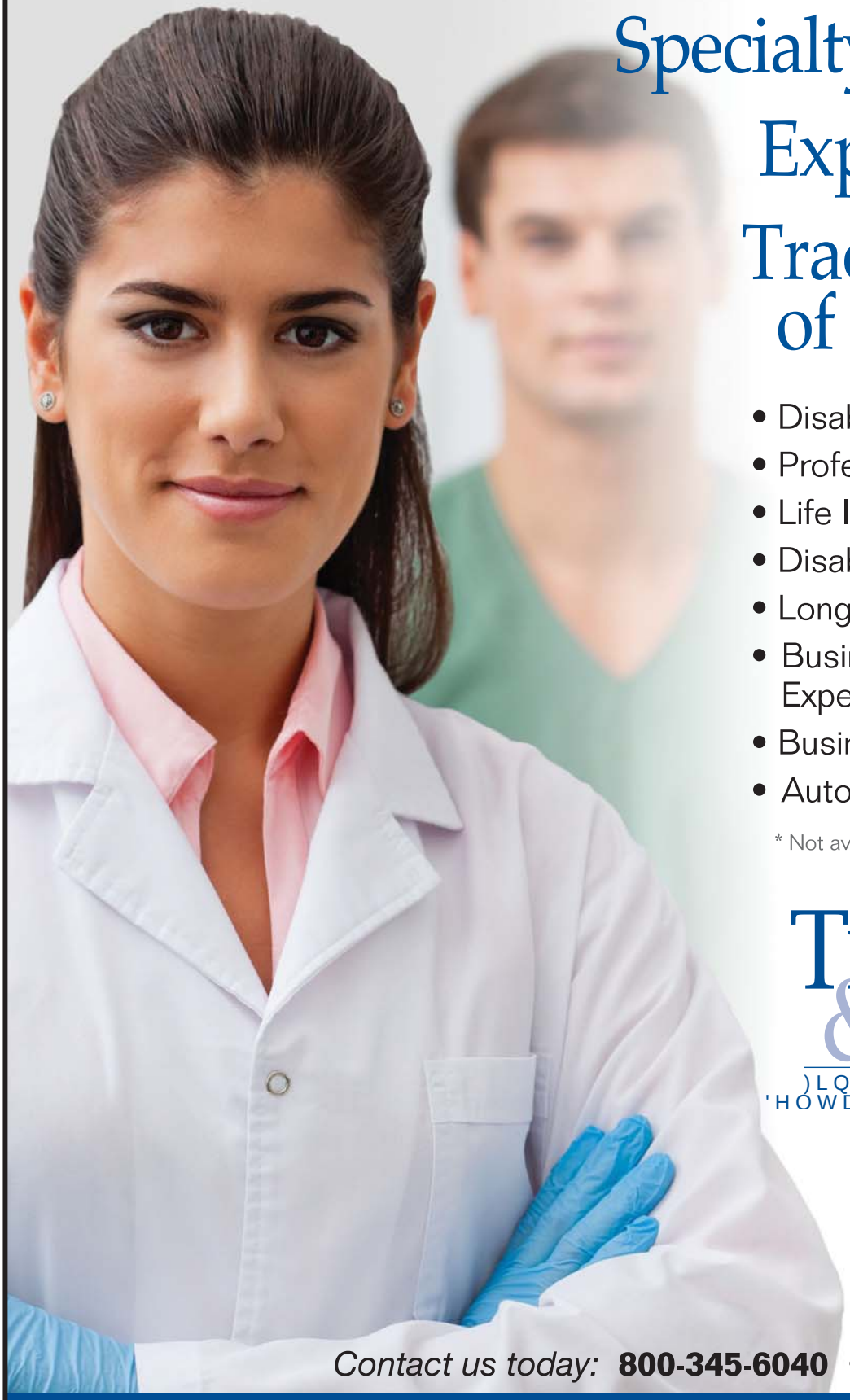
oral health poster.

Since the campaign launch in August 2012, media outlets
throughout the country have donated more than $78 million to
run the PSAs. Additionally, over 1.9 million people have visited the
campaign website to learn more about the importance of children's
oral health.

Your patients expect from you
precisely what you expect from us.



# Specialty knowledge.

# Experience.

# Track record of success.

- Disability Income Plan
- Professional Liability*
- Life Insurance
- Disability Buy/Sell
- Long-Term Care Planning
- Business Overhead Expense Insurance
- Business Owners Coverage*
- Auto/Home

* Not available in all states

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# 2015 NuSmile Graduate Student Research Awards

;XWV[WZML Ja 6];UQTM 8MLQI\ZQK +ZW_V[ \PM /ZIL]IM ;\]LMV\ .M[MIZKP for the established in 1989 for current students and residents and recent graduates from advanced ML]KI\QWV XZWOZIU[ QV XMLQI\ZQK LMV\Q[\Za <PM ))8,I\+TU UPMZIMWV 0 WKQMT WQÅ?K [MTMK\[ MQOP\ ÅVITQ[\[ \W XZM[MV\ \PMQZ ZM[MIZKP 2015 The combined morning session for KWUXTQUMV\IZa )VV]IT ;M[[QWV ZMOQ[\ZI\QWV NWZ \PM [MT^MT ZMQUJ]Z[MUMV\ I KI[P I_IZL IVL XTIY]M XZM[MV\ML L]ZQ\QZ MP^ZIKM ZIT^ )[ MUQTa 5 KI[P I_IZL Q[ OQ^MV \W MIKP ÅVITQ[\¼[ \ZIQVQVO XZWOZIU

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Nova Southeastern University

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University of Pittsburgh

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University of Tennessee Health Science Center

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University of Washington

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Children's Hospital Colorado

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University of Florida

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University of Washington

.WTTW_QVO \PMQZ WZIT XZM[MV\I\QWV[ I\ \PM )VV]IT ;M[[QWV \PM /ZIL]I\M ;\]LMV Award recipient judged to have accomplished the most outstanding research project is I_IZLML \PM :ITXP - 5K,WVITL )_IZL <PM ZMKQXQMV\ ZMKMQ^MT ZIVKQWV[ KI[ -[\IJTQ[PML QV !! \PM I_IZL PWVWZ[ \PM TI\M :ITXP - 5K,WVITL ))8,XI[\ XZM[QLM editor emeritus. The Indiana University of Pediatric Dentistry Alumni Association graciously supports this award.

Smile® S ZR BC Signature ZIRCONIA BioCem

# 2015 Joint Academic Day

Plan on meeting your colleagues for the 2015 Joint Academic Day being held at the 8,I\+TU UPMZIMWV 0 WKQMT WQÅ?K 10, 2015 The combined morning session for PM and post-doctoral program directors will ZMQUJ]Z[MUMV\ I KI[P I_IZL IVL XTIY]M XZM[MV\ML L]ZQ\QZ MP^ZIKM ZIT^ )[ MUQTa 5 KI[P I_IZL Q[ OQ^MV \W MIKP ÅVITQ[\¼[ \ZIQVQVO XZWOZIU

?I[PQVO\WV ;KPWWT WN 5MLQ about his innovative teaching methods that PI^M MIZVML PQU ¹NI^WZQ\M \ among UW medical students year after year; 2WMT *MZO , , ; XZM[MV\QVO ¹5IVIOQVO ]X IVL LW_V" 5IVIO 5IVIOML°# IVL ,I^QL 2WPV[MV [XMISQVO WV ¹+ZQ\QKIT <PQV [\WVM NWZ I +]T\]ZM WN 1VY]O Practice." Also included on the program are Drs. N. Sue Seale and Paul Casamassimo discussing the results of a survey and article published on the topic of predoctoral patient pools for achieving competency on pediatric dentistry and the resident and program director perspectives on resident preparedness. Finally Dr. Allen Lurie will provide an update on the campaign.

Following lunch, the Society of Predoctoral Program Directors and the Society of Postdoctoral Program Directors will hold discussions on issues relevant to predoctoral and postdoctoral topics of interest.

<PM ))8,OZVKQW]Ta IKSVW[ 8ZWKWZ_IUJTM 7ZIT 2MIQLM 7ZIT * NWZ \PMQZ KWV\QV]ML Joint Academic Day

# AAPD Continuing Education Courses

## Registration Now Open!

:MOQ[\MZ VW_ NWZ W]Z .ITT +- KW]Z[M[ ?PM\PMZ aW]¼ZM TWWSQVO NWZ [MLI\QWV need an update on the latest in oral pathology, there's something for everyone! These courses are guaranteed to sell out so don't wait to register, visit and sign up today!

## Oral Clinical Exam Review

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If you're serious about becoming a diplomate, this course KW]TL UISM \PM LQzMZMVKM

Presented by leading educators and clinicians, this course focuses on preparing the candidate to succeed in the oral XWZ\QWV WN \PM JWIZL M`IUQVI\QWV

Participants will have the opportunity to be part of nu- UMZW][ UWKS M`IUQVI\QWV[ IVL _QTT TMIZV [SQTT[ \W LMTQ^MZ IV impressive performance. Learn about the various domains KWV\IQVML QV \PM )UMZQKIV *WIZL WN 8MLQI\ZQK ,MV\Q[\Za M`IUQVI\QWV []KKM[[N]T \M[\ \ISQVO \MKPVQY]M[ IVL PW_ \W JM XZMXIZML NWZ \PQ[ \aXM WN PQOP [\ISM[ KTQVQKIT M`IUQVI\QWV

At the conclusion of the course, participants will have gained a better understanding of how to prepare for the M`IU QVKT]LQVO"

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This course is approved for 7 continuing education credits.

## Comprehensive Review of Pediatric Dentistry

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This highly acclaimed course provides a comprehensive review of pediatric dentistry. It may be helpful to AAPD members in their preparation for \PM )UMZQKIV *WIZL WN 8MLQI\ZQK ,MV\Q[\Za )*8, participation in this course does not guarantee successful completion of board M`IU[ <PM K]ZZQK]T]U Q[ IT[W LM[QOVML \W [MZ^M depth review of pediatric dentistry to those attendees who may be either board KMZ\QNQML WZ VW\ XTIVVQVO WV \ISQVO \P

Topics to be discussed include Growth and Development, Assessment and 8ZM^MV\QWV 7ZIT 8I\PWTWOa +IZM NWZ -;XMKQIT 6 \Q[\Za IVL 5I\MZQIT[ <ZI]UI *MPI^QWZ 5IVIOMUMV\

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The curriculum is also designed to serve as a comprehensive and in-depth review of pediatric dentistry to those attendees who may either be board certi NQML WZ VW\ XTIVVQVO WV \ISQVO \PM M`IUQVI\QWV

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This course is approved for 22 continuing education credits.

ENHANCED COURSE

## Sedative and Medical Emergencies in the Pediatric 'HQWDO 2I¿FH IRU WKH 'HQWDO $VVLVWDQW

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This one-and-a-half-day course is specially designed for the pedi-
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of sedation emergencies and other emergent medical conditions in the
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gen sedation will be included. Participants will learn how to organize
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gency and how to assist in the management of medical and sedation
emergencies.

NEW: <PQ[ NW]Z PW]Z _WZS[PWX WV ;I\]ZLIa
hand-on training for the dental assistant. Participants will rotate
through multiple stations to include airway management; intubation;
IQZ_Ia MY]QXUMV\# XIXWW[M JWIZL IVL
+W]Z[M ,QZMK\WZ IVL ;XMISMZ

1V^Q\ML ;XMISMZ[

This course is approved for 11 continuing education credits.

NEW COURSE

## Safe and Effective Sedation of the Pediatric Dental Patient

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014<76 *766-< +:--3 7:4)6,7 .47:1,)

This is a newly designed American Academy of Pediatric Dentistry sponsored course. This course is designed for pediatric dentists who
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ing in their programs. The course includes lectures, audience-interac
tive case presentations, and more clinically relevant considerations, but retains relevant topics associated with safe sedation of children such as the pre-sedation assessment, sedation and post-sedation period, pa tient monitoring and future trends. Additional materials are presented about the child's personality, drug selection and a reference list.

This course is consistent with the ADA's Guidelines on Teaching Pain Control and Sedation to Dentists and Dental Students in a Continuing Education Program. The course level, according to ADA
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+W]Z[M ,QZMK\WZ IVL ;XMISMZ[

This course is approved for 20 continuing education credits.

## A Symposium on Important Oral and Cutaneous Lesions in Infants and Children

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2? 5)::17<<4); >-/); 6->),)

This symposium is designed to update the practitioner on the diagnosis and management of common and important orofacial and cutaneous disorders and lesions. Dental anomalies, soft tissue and jaw
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diagnostic and therapeutic approaches. Correlation of orodental and cutaneous with systemic disease and common syndromes will be
LQ[K][[ML +PIZIK\MZQ[\QK ZILQWOZIXPQK ÅVLQVO[ WN KWV^MV\QWVIT IVL KWVM
beam CT for jaw lesions will be highlighted. Interspersed throughout the course will be panel discussions about orofacial lesions and disorders so the audience can participate in steps associated with
LM^MTWXQVO I LQNNMZMV\QIT LQIOVW[Q[ IVL
the condition. Sound bites summarizing timely literature on clinically relevant topics will ensure that the audience leaves with the most
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diagnosis and comprehensive medication handouts will complement the lecture material for use in the practice setting.

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This course is eligible for 11 hours of continuing education credit.
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ADA C·E·R·P® Continuing Education Recognition Program

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al courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

EZPEDO ZIRCONIA CROWNS Your go-to-crown™

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of Pediatric Dentistry supports community-based initiatives that provide

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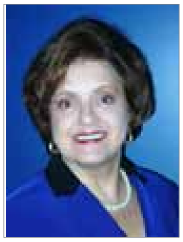

## Dr. Beverly A. Largent

HSHC President

# HSHC Grantmaking Surpasses $3 Million Mark

Healthy Smiles, Healthy Children's February board of trustees meeting was a particularly momentous occasion. HSHC IXXZW^ML OZIV\[ \W\ITQVO UWZM \PIV the single largest year for grant commitments.

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- 0;0+ Q[[]ML ! QV OZIV\[ \PM ÅZ[\ aMIZ \PMa _MZM WzMZML QV
- HSHC grantees have helped provide Dental Homes to more \PIV ! SQL[
- Including our 2015 grants, HSHC has awarded more than $3 million in grants and commitments to 70 organizations in 26 states.

None of this would be possible without AAPD member generosity.

A few years ago HSHC Treasurer Dr. Ned Savide com- UMV\ML L]ZQVO LMTQJMZI\QWV[ IJW]\ W]Z M`XIVLQVO OZIV\UISQVO XZWOZIU \PI\ Q\ _I[ ¹\QUM _M X]\ WV W]Z JQO JWa XIV\[º 0;0+ _I[ M^WT^QVO QV\W VI\QWVIT OZIV\UISQVO JWLa _Q\P IV MUMZOQVO national presence.

Whether it's donning our big boy – or big girl – pants, 0;0+¼[ QVÆ]MVKM IVL QUXIK\ Q[ OZW_QVO \PIVS[ \W \PM OMVMZW[Q\a IVL M`XMZ\Q[M WN ))8, UMUJMZ[ )VL _M¼ZM R][\ OM\\QVO [\IZ\ML

As I reported to you previously in this space, last fall our Grants and Programs Committee and our grant reviewers met in Chicago to calibrate the application review process and identify UIZSMZ[ NWZ XZWXW[ML W]\KWUM[ ZM[MIZKP

<PM[M UIZSMZ[ QV \]ZV PI^M JMMV QVKWZXWZI\ML QV\W W]Z research plan that includes a multi-site assessment of Foundation-supported initiatives over several years. We're actively pursuing funding support from other national foundations that could become our philanthropic partners.

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Another reason our February meeting proved to be so UWUMV\W][" 1\ _I[ W]Z WXXWZ\]VQ\a \W PWVWZ OMVMZW][ ))8, UMUJMZ[ ,Z 2MZZa 5QTTMZ

0;0+¼[ PWUM Q[ VW_ \PM 2MZWUM * 5QTT Philanthropy and Leadership, located within the American Acad MUa WN 8MLQI\ZQK ,MV\Q[\Za¼[ ))8, VM_ P the American Dental Association building.

Jerry is an AAPD past president, a founding trustee of HSHC, and current HSHC Trustee Emeritus. He is a gener ous HSHC donor and was a catalyst in the development of the ))8, 0;0+ TMILMZ[PQX LM^MTWXUMV\ [MZQM ;KPWWT WN 5IVIOMUMV\ I\ 6WZ\P_M[\MZV = ?PIZ\WV ;KPWWT WN *][QVM[[ I\ \PM =VQ^MZ 5WZM \PIV ))8, UMUJMZ[ PI^M XIZ\QKQXI and Wharton programs since 2004.

)[ XIZ\ WN \PM W{KM LMLQKI\QWV 0;0+ > 6MIT *MVPIU XZM[MV\ML 2MZZa _Q\P _W XW 7VM _QTT JM WV LQ[XTIa I\ \PM 5QTTMZ +M presented as a gift to Jerry. The portraits, the reception and naming HSHC's home in Jerry's honor are just a small measure of immense gratitude we have for a generous leader who is a great M`IUXTM \W ITT WN ][.

)VL 2MZZa _W]TL JM \PM ÅZ[\ \W \MTT aW] QV KWUXIZQ[WV ference and helping children is the greatest honor of all.

# HSHC Grants

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of AAPD members and other supporters, Healthy Smiles, Healthy Children (HSHC) \W\IT OZIV\ UISQVO []ZXI[ UIZS Over the past six years, HSHC will have made commitments to 70 organizations in 26 states – helping more than 290,000 children receive Dental Homes.

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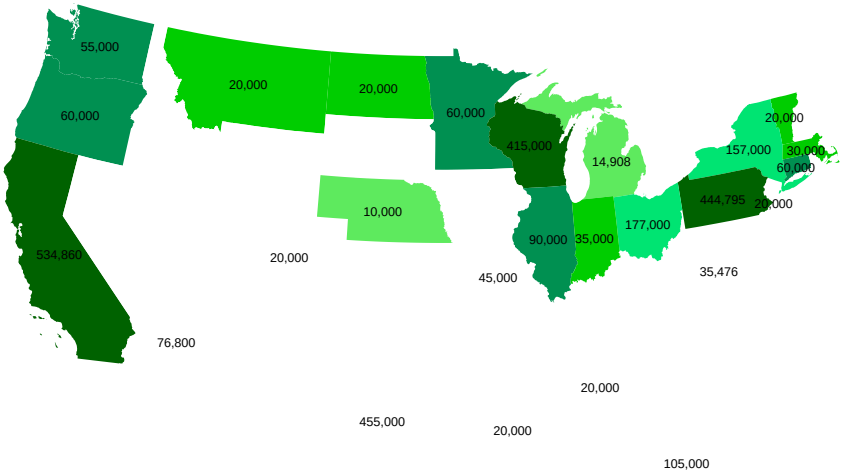
than $1.1 million in grants to 22 organizations this year – including two $375,000 multi-year grants. This is the largest grant commitment ever made by HSHC.

In 2015, HSHC will award $400,000 in single-year grants to 20 organizations. Two previous grantees also will receive HSHC's multi-year grants, receiving $75,000 a year through 2020.

HSHC Grant Distribution Since 2010




Kids' Community Dental Clinic, in Burbank, Calif., and the Waukesha County Community Dental Clinic, in Waukesha, Wis., are the 2015 recipients of HSHC multi-year grants. -IKP _QTT ZMKMQ^M I aMIZ W^MZ \PM
years.

2015 HSHC (single year) Recipients

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