

# RIDA

JOURNAL OF THE  
RHODE ISLAND  
DENTAL ASSOCIATION

2019-2020 RIDA  
EXECUTIVE COMMITTEE

ADA ADVOCACY HIGHLIGHTS

SPOTLIGHT ON  
DR. JOE BOX





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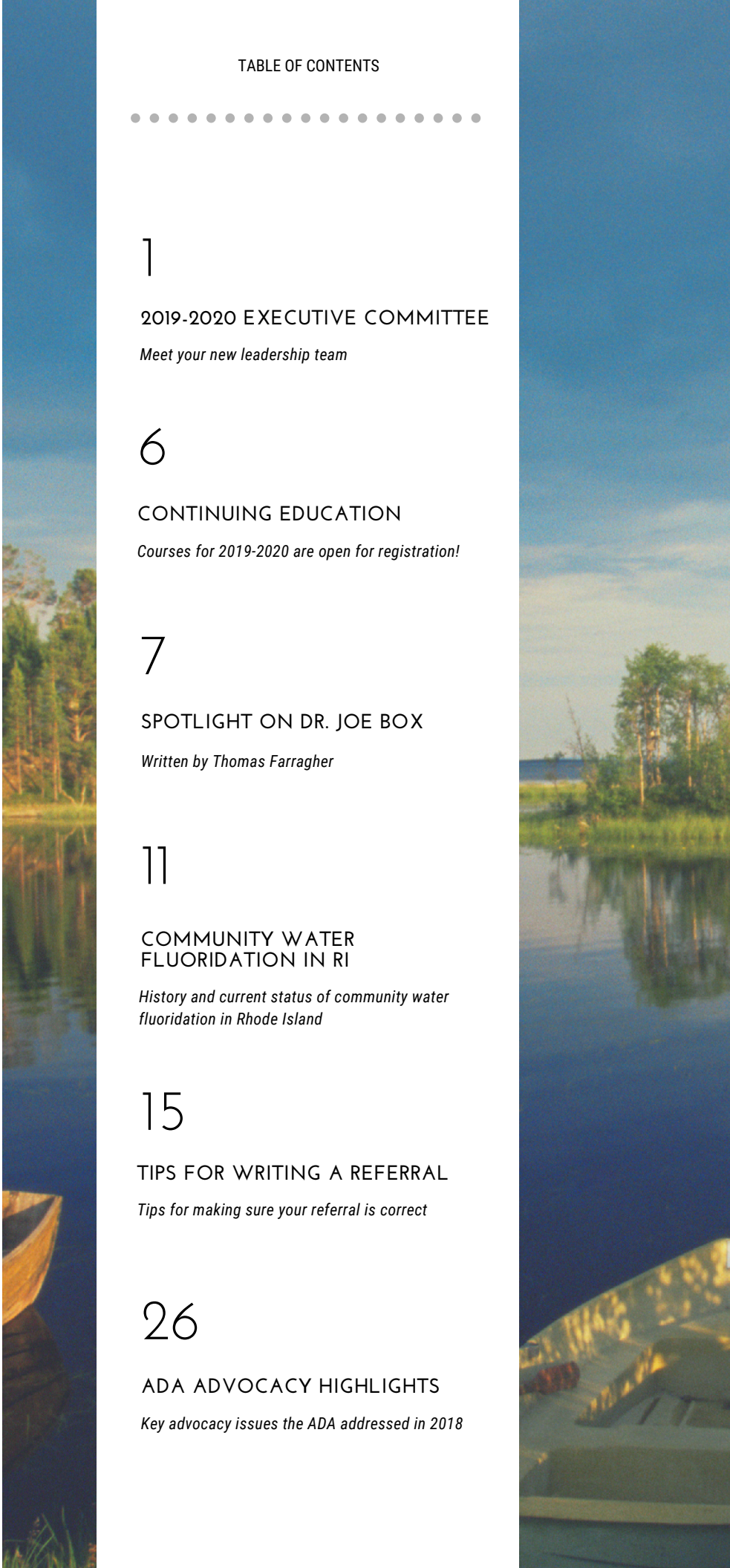
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The Rhode Island Dental Association is seeking nominations for officers and trustees. Your contributions to the list of candidates for officer and trustee positions are essential to ensuring the RIDA elects volunteer leaders who best represent the interests and needs of the membership.

Curricula vitae and nominations are being accepted for component trustees, component presidents, component long term trustees, RIDA secretary/scientific chair, and RIDA guest trustees. Please submit name(s) and/or CV's to the RIDA Executive Office

## LONG-TIME RIDA LEGAL COUNSEL RETIRES

Most of you are aware that the RIDA's go-to legal firm has for some time now been Quinlan and Durant—Pat and Christy, respectively. Together, they have done a fantastic job for the organization, not just in legal matters, but lobbying as well. Both have been, and continue to be, invaluable to the RIDA.

That said, we all know that in the business world, change is inevitable. In this case, it comes in the form of Pat; who has been with us for over 30 years, deciding to retire. He has now officially discontinued taking on any new legal work. From here on out, the law firm of Quinlan and Durant is no more. Pat will however be staying on as our lobbyist. As for legal work, we are fortunate in that Christy will remain our legal counsel. Her new firm is named Durant Law. Contact information has not changed.

Congratulations Pat. We wish you a long and happy retirement.

“Often when you think you're at the end of something, you're at the beginning of something else.” – Fred Rogers

Fact: During World War II, Pat's father was the tail gunner on the famous B-17 bomber, Memphis Belle. The aircraft is showcased in two films. One is a 1943 documentary, the other a 1990 fictionalized drama based on the 1943 film. Both are titled Memphis Belle.



# FROM THE PRESIDENT

by Martin Elson, DDS, RIDA President 2019-2020

It's an honor and privilege to be your president for the May 2019-May 2020 term.

I would like to begin by thanking our outgoing president; Dr. Jennifer Torbett, for her hard work and dedication. She accomplished a great deal during her term. As immediate past president, she will continue to participate in our board of trustees meetings. Besides her position as Rhode Island Dental Association (RIDA) immediate past president, she will soon take on the role of secretary-treasurer for the ADA First District. I know she will serve the district well.

As many of you know, becoming president requires a four-year commitment. Year one is spent as secretary and scientific chair. Year two is as vice president. And year three as president-elect. Year four, of course, is as president. To help prepare for this, in 2018 I attended the ADA president elect meeting in Chicago and later the ADA First District President and President Elect meeting. Likewise, I've had the opportunity to learn and prepare for this by working with three past presidents, our trustees, presidents, and presidents elect throughout New England, and the American Dental Association.

The RIDA is now undertaking the job of organizing the three components. Leadership of the components will be an early priority. The structure of the current executive committee was established to allow for an easy transition on an annual basis

for the president and president elect positions. These one-year positions are structured to allow the president elect/trustee to gain knowledge of the RIDA by serving on the executive committee for a year prior to becoming the component president. The annual transition will prevent long term commitment.

Each component will also have a long-term trustee who will serve alongside the president elect/trustee. This established position will add experience and guidance to the executive committee. These trustees will also help expose more members to the work of the executive committee and hopefully encourage participation in the executive branch.

These positions are all voluntary. Our organization cannot function with them. So, I ask that you please consider volunteering for a leadership position in the RIDA. I'm sure you will find serving in a leadership capacity to be a rewarding experience.

I look forward to the upcoming months as president and thank you for your support. If you have any questions or concerns, please feel free to reach out to me via email at [omeslson@verizon.net](mailto:omeslson@verizon.net).

Have a safe and enjoyable summer.

## Have you registered yet??



## September 28 & 29 2019

Providence Community Health Centers Dental Clinic  
335 R Prairie Ave. Providence RI

[www.rimom.org](http://www.rimom.org)



As we enter the second half of the year (hard to believe), I thought it was a good time to cover where we've been and what's coming up. The year has been quite busy and there are currently no signs of things slowing down.

## **Anesthesia Regulation**

The new anesthesia regulation (216-RICR-40-05-2, Part 2, Section 2.11) was completed earlier this year. Our attorney, Christy Durant, played a big part in writing the document. The document can be found at: <https://rules.sos.ri.gov/regulations/part/216-40-05-2>

## **Annual Meeting**

As we all know, the RIDA has had no annual meeting for several years. We do however staff a booth each January at the Yankee Dental Congress. This practice will continue; however, we are moving forward with plans to co-host the Charter Oak Dental Meeting. Our first joint meeting will take place May 6-8, 2020. The venue will again be Mohegan Sun Casino in Uncasville, CT. If you have vendors that you deal with on a regular basis and think they might be interested in becoming a sponsor for the event, please let us know. You can find more information on the Charter Oak Dental Meeting on their website: <https://www.csdadentalmeeting.com/index.html>

## **ADA World Dental Congress and ADA House of Delegates**

This year's ADA World Dental Congress, along with the annual House of Delegates meeting, will take place in San Francisco. The meeting begins September fourth and the HOD begins on the fifth. So far, it appears major topics of discussion will be the ADA's proposed dues structure changes and ADA's relationship with CVS. It's too early to tell what resolutions will make it to the HOD as we have not reached the submission cutoff date. Also, a resolution sponsor can rescind their respective document.

## **Mandatory e-Prescribe**

Per Rhode Island law, as of January 1, 2020, e-prescribing for schedule II, III, and IV medications will be mandatory. The e-Prescribe requirement can be found in the Controlled Substance Act.

The associated regulation has not yet been published. The RIDA did submit comments suggestions during the public hearing phase. As soon as it's published, we will notify the membership. In the meantime, we suggest checking with your practice management software provider regarding their respective e-prescribe module.

## **Membership**

Current market share is approximately 70%. There are 503 members in the "present" category (renewed) and 30 in the "pending cutoff" (not yet renewed) category. Renewals are still

arriving, so these numbers will change. Our five-year market trend is relatively consistent. One of the biggest membership issues we have is in the new graduate area. At this time last year, we had two new graduates and four from the previous year. This year we're at one new graduate. We do recruit at the dental schools that invite us to events and often hear from Rhode Island students that they plan to return to the state. However, their plans often change. We will soon be attending a large ASDA gathering. This too will aid us in our recruiting efforts.

## **Component Changes**

Last but certainly not least is the upcoming change to the components. We are working on a standardized set of bylaws for each as well as new bylaws for the RIDA. More to come on this soon.

## **Last Word**

Summer seems to come and go faster than ever, so enjoy while the good weather is here and be safe!

**SAVE MORE ON  
DENTAL SUPPLIES  
THAN YOU PAY  
IN DUES.**

Membership in the **Rhode Island Dental Association** just keeps getting better! The RIDA has partnered with **The Dentists Supply Company (TDSC)** to offer members big savings on supplies.

Start shopping today or request a custom price comparison at [tdsc.com/rhodeisland](https://tdsc.com/rhodeisland).





# ANTIBIOTIC RESISTANCE: WHAT YOU DON'T KNOW CAN HURT YOU

By: Dr. Christnie Benoit, International Councilor, Co-Chair, Projects Committee, International College of Dentists and Dr. John B. Tullner, chair, ICD AR/AMR Awareness Program

## FACTS:

**There are over 2 million illnesses annually due to antibiotic resistance in the US**

**There are over 250,000 illnesses from Clostridium difficile annually in the US**

**There are over 23,000 deaths annually from antibiotic resistance in the US**

**There are 14,000 deaths from Clostridium difficile annually in the US**

**If nothing is done to reverse this critical problem, it is estimated by the year 2050 there will be more deaths due to Antibiotic Resistance than cancer worldwide.**

The International College of Dentists (ICD) offers an online video course "Antibiotic Resistance: What You Don't Know Can Hurt You". It provides one hour of RIDA CERP approved continuing education at no cost, following submission of the 10 question Knowledge Quiz. The presentation delivers important information about Antibiotic Resistance from the CDC Antibiotic Awareness Program and the World Health Organization, in addition to educating dentists about what they can do to address this escalating problem.

Dentists in the United States write approximately 10% of outpatient antibiotic prescriptions, and it is imperative dentists use due diligence to write them appropriately and according to current guidelines. This is a huge part of Antibiotic Stewardship.

All dentists need to educate staff, patients, family, and friends about how important this critical problem is worldwide and promote how everyone shares in the responsible use of antibiotics. We are approaching what is being referred to as the "Post-Antibiotic Era or Apocalypse", where antibiotics are not effective.

**Act Now and visit the International College of Dentists' webpage**

**[www.icd.org/antibiotics-video/](http://www.icd.org/antibiotics-video/) for additional information.**



## Vermont DENTAL CONFERENCE

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Quality Entertainment  
Networking Opportunities  
DoubleTree by Hilton Venue  
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# MEMBER NEWS

## Dr. Nicholas D. Barone Installed as President of The American Board of Orthodontics

The American Board of Orthodontics (ABO) installed Nicholas D. Barone, D.D.S., M.S., of Lincoln, R.I., as 2019-2020 president. This installation ceremony was held at the ABO President's Dinner on May 7 during the 2019 Annual Session of the American Association of Orthodontists (AAO) in Los Angeles, Calif. The other 2019-2020 officers of the ABO are Valmy V. Kulbersh, D.D.S., M.S., of Bloomfield Hills, Mich., president-elect; David G. Sabott, D.D.S., M.S., of Erie, Colo., secretary/treasurer; and Larry P. Tadlock, D.D.S., M.S., of Colleyville, Texas, immediate past president.



Dr. Barone received his doctorate in dentistry from the Georgetown University School of Dentistry in 1975 and earned his certificate in orthodontics from the Medical College of Virginia at the Virginia Commonwealth University in 1977. Dr. Barone practices with his son, Nicholas P. Barone, DMD, in North Providence and Smithfield, R.I.

Active in numerous dental and orthodontic organizations, Dr. Barone is a past president of the AAO Foundation, NESO, the Rhode Island Dental Association, the Rhode Island Association of Orthodontists, and the Providence District Dental Society. Dr. Barone served on the Rhode Island Senate Oral Health Commission from 2000 to 2004. He is also a member of the Angle East, a component of the Edward H. Angle Society of Orthodontists, and the Pierre Fauchard Academy. He is a fellow of the International College of Dentists and has been board certified since 1990.

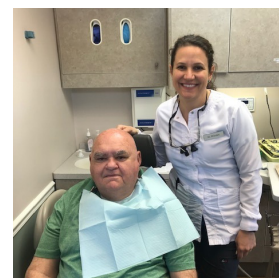
Dr. Barone has also been involved in numerous philanthropic activities, including the Edward H. Angle Heritage Campaign, the Rhode Island Foundation of Dentistry for the Handicapped, the Pierre Fauchard Foundation, and the Rhode Island Dental Association Foundation.

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## DENTAL LIFELINE NETWORK- LOCAL SPOTLIGHT

### Dr. Rochelle Rhodes

Michael is a previously homeless veteran who had lost his dentures while staying in a Massachusetts shelter. He moved to Rhode Island with his son, applied to the Donated Dental Services (DDS) program and is very appreciative of the kindness Dr. Rochelle Rhodes and her team at Dental Arts Group in Johnston have provided. Thanks to their help, he now has a new set of dentures. This was Dr. Rhodes's first case- thank you to her and her team for helping those in need.



### Dr. Bryan May

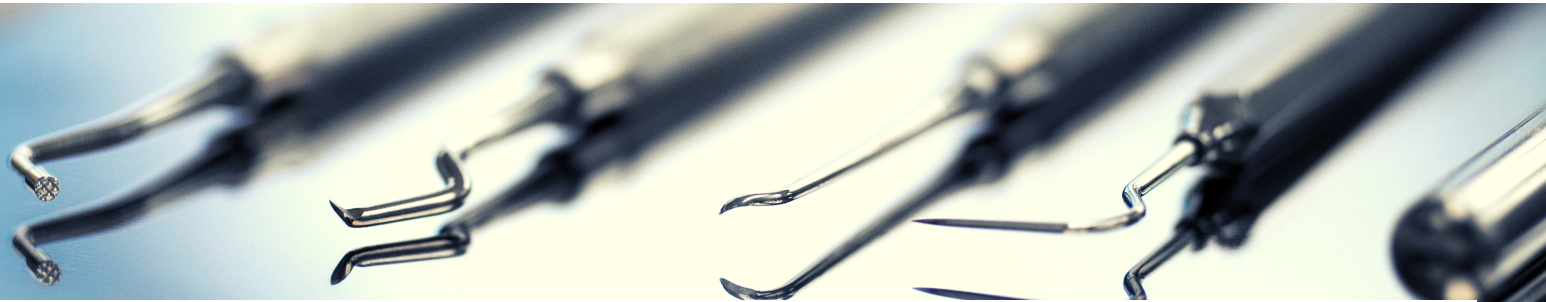
Lisa was so pleased to receive the donated treatment offered by the DDS program and our volunteers. Her teeth were in really bad shape and she did not want to smile. Dr. Bryan May put together a treatment plan which included several extractions donated by oral surgeon Dr. Joanne Castaneda. A denture was also donated by Dickerman Dental Prosthetics of Sharon, Mass. Thanks to Dr. Bryan May and his team, Lisa can now smile again!



### Will You See One?

Join the 198 dentists and 27 labs in DLN • Rhode Island's Donated Dental Services (DDS) program. Since its inception in 1989, Rhode Island DDS volunteers have helped 3,042 patients, providing over \$6.8 million in comprehensive dentistry. To learn more and sign up to volunteer, visit [willyouseeone.org](http://willyouseeone.org) or contact Rhode Island coordinator Tonya Smith at 401.821.8656 or at [tsmith@dental lifeline.org](mailto:tsmith@dental lifeline.org)





SEPTEMBER 18, 2019  
9:00AM-4:00PM | 6 CEUS

Dr. Susan McMahon: "Just Do It...Better! Solutions for Better restorations, better workflow and better well being for dentists and teams using today's technology, materials, techniques, and equipment". Solutions to daily challenges will be provided by going step by step through clinical cases. Using scanners, lasers, diagnostic cameras, handpieces, new restorative materials, new finishing techniques and simple tricks, your everyday procedures will be better.

Dr. McMahon is a graduate of the University of Pittsburg, School of Dental Medicine, and enjoys a thriving dental practice in Western Pennsylvania focusing on esthetics and oral health.



NOVEMBER 13, 2019  
9:00AM-4:00PM | 6 CEUS

Dr. Lou Graham: "Geriatric Dentistry: The Fastest Growing Demographic in Dentistry". With patients entering their 8th and 9th decades of life and even more, our role as health care providers continues to face new challenges in treating this population. As these patients walk into our offices, they present challenges that are often unique and require customized approaches to their care.

Dr. Graham the founder of Catapult Education. A graduate of Emory Dental School, he is an internationally recognized lecturer extensively involved in continuing education for dental professionals. His lectures focus on incorporating current clinical advancements through "conservative dentistry."



FEBRUARY 12, 2020  
9:00AM-4:00PM | 6 CEUS

Dr. Thomas Dudney: "Be Aware of Wear: A Systematic Approach to Diagnosing, Treatment Planning, and Restoring the Worn Dentition" and "What's a Dentist to Do?: Diagnosis, Treatment Options, and Rehabilitation of Difficult and Unusual Cases". "Be Aware of Wear" will illustrate the different types of tooth wear with clinical examples, and demonstrate a systematic approach to diagnosis and treatment. "What's a Dentist to Do?" will examine clinical situations for the restorative dentist that are out of the ordinary and can be difficult to treatment plan.

Dr. Dudney graduated from the University of Alabama at Birmingham School of Dentistry. He lectures at dental meetings around the country.



APRIL 15, 2020  
9:00AM-12:00PM | 3 CEUS

Dr. Shannon Mills will be covering 1.5 hours of OSHA, including Bloodborne Pathogens and current hot topics like dental waterlines and measles. He will continue with 1.5 hours of opioid risks and alternatives and antibiotic stewardship.

Dr. Mills graduated from the Baylor College of Dentistry and was commissioned in the United States Air Force (USAF) Dental Corps. While at the USAF Dental Investigation Service at Brooks Air Force Base Texas, he served the Consultant to the Air Force Surgeon General on Dental Infection Control. He has authored or co-authored numerous scientific papers on infection control with an emphasis on dental waterline biofilms.

Register Now

[www.ridental.org/educate/ce/reg](http://www.ridental.org/educate/ce/reg)



# IN THE SPOTLIGHT

Boston Globe - May 3, 2019

by Thomas Farragher

EAST GREENWICH, R.I. – Among the many exceptional things about Joe Box – father, student, a master of medicine, and Renaissance man – is the prayer he sends toward the heavens religiously each night before he goes to bed.

“I actually pray that I can do something,” he told me on a sun-splashed springtime afternoon here the other day. “If there is a need, I want to do it. I pray that every night. If there is a need that I can fulfill, I’m going to do it.”

That prayer, in all its poignancy and humility, is remarkable by itself.

Here’s what’s even more remarkable: Joe Box’s prayers have been answered.

He is still treating his dental patients. As he

approaches life’s century mark, he’s got the energy most younger men would covet. The spring in his step remains strong during house calls that, for him, have never fallen out of fashion.

“I’ve learned a lot from Joe about how to live a life,” said Rick Benjamin, Box’s one-time patient and Rhode Island’s former poet laureate. “He loves well. He loves deeply. He’s just a magnificent human being. And I get to be around him.”

I have a small idea of what Rick Benjamin is talking about. I got to be around him, too. And he’s a force of nature.

He’s 95 now. His hearing isn’t what it used to be. But his story is a panoramic one - cinematic in its breadth, and remarkable in its longevity.

**AT 95, DR. JOE BOX DISPENSES COMFORT AND GRACE**

There’s a magnetism about Joe Box. And over the course of an extraordinary life, nothing has dulled his centrifugal force.

“I have a young woman in my class who has had a tough life managing single motherhood,” said Darra Mulderry, Providence College’s associate director of the Center for Engaged Learning, who is Joe Box’s history professor this term.

“On the very first day of class, Joe mentioned that he had served in the Pacific and the student said, ‘Oh, my goodness. I’m



sitting next to you for the rest of the semester! I want to hear everything you want to tell me.'"

There's a lot to tell. Nearly a century's worth.

He's got ribbons and citations. He's led professional societies. He's collected awards from politicians. The leadership of the Rhode Island Dental Association has named its award centered on ethics and dedication in his honor.

But his story stretches back more than a century to the foot of an extinct volcano in southern Italy, where parents – the children of sharecroppers – were born.

Joe Box was raised in a home across the street from Providence College. His father dug up corpses and then reburied them to make way for major state transportation projects.

His father was a righteous, quiet man. His mother – one of the two central women in his life – was larger than life. "The single biggest influence in my life," he once wrote of the woman who taught him that the color of skin or ethnicity did not matter.

Integrity did. And so did hard work. She believed that. And lived it. So he picked blueberries, delivered milk, and moved over to make room for the Providence College students his parents took in as boarders to help raise their four boys.

As a young student, Joe Box did not excel. He was bored. He daydreamed. He ditched classes to go bowling – until his teacher showed up on his parents' doorstep inquiring about his student's health.

"He said, 'Would you come back to school?' And I never missed a day after that," Box recalled of a life-changing lesson that would

alter the arc of his life and set him on a path that led circuitously to dental school in St. Louis.

A marriage lay upon the horizon, but first there was a world war.

The destroyer tender that would carry him to the Pacific Theater had a dental clinic aboard. It was near the commander's office "He kept on telling me, 'You ought to go to dental school.' And I kept on saying, 'Yeah, who's got the money for that?' "But the professional pieces of his life were slipping into place. And, in the early 1950s, so was the most important personal one.

It was the beginning of their 61-year love affair.

"Our first date was at the drive-in theater on [Route] 146," he said. "Don't ask me what the movie was."

They were married in 1953. Joe set up his dental practice in Pawtucket and for 55 years, starting at 6:30 in the morning, he saw his patients. And then their children. And then their grandchildren.

"We played with the kids," he told me.

"The X-ray machine was Dino Dinosaur. When the chair went up and down, I would press their noses and raise the chair."

The kids loved it. And so did Joe Box.

When Joe and his wife read a piece in the Providence Journal about treating patients in the mountains of Guatemala, Joe Box raised his hand. I want to help, he told Dr. Steve McCloy. And that's what he did.

**"He would work all day and he wouldn't turn anybody away"**



For four weeks each year for nearly two decades.

"He would work all day and he wouldn't turn anybody away," said McCloy, who worked alongside Box in Central America. "We were there with our pills and our potions but he was there really making a difference. I was in awe of that from day one. He's one of the most generous and most soulful men I've ever met."

Dr. Cheryl Brodsky, an obstetrics and gynecology specialist who has witnessed Box's work in Central America, said she expected her 90-something colleague to be somewhat frail. Not up before dawn. Not performing yoga. Not walking everywhere.

"You just saw him powering from patient to patient, chatting with them, telling them jokes," Brodsky said. "He was tireless."

Tireless. It's the word you hear frequently when Joe Box is in the conversation.

The kid who played tenor saxophone on Block Island. The soldier who fought in the

Pacific. The student who tells his young classmates about the end of World War II because he was there when it happened. The husband who held his beloved wife's hand until her dying breath.

"My dad is extremely kind," Suzy Box, Joe's youngest child, told me. "Extremely present. He's dedicated. A fantastic dad."

And with that, Joe Box, the man who has surely earned those words, flashed a small and satisfied smile.

Then he stood up. It was time to go to work at the life care center next door, where he would perform more dental exams, his life's work.

Most people would call the patients who awaited him elderly. Not Joe Box.

To him, they're just kids, the patients he's cared for all his life.



Our philanthropic arm; the Rhode Island Dental Foundation, is accepting grant proposals for 2020. Grant requests for will be considered for various oral health related causes. They include education and research programs designed to improve the art and science of dentistry in the State of Rhode Island, dental public service projects in Rhode Island, programs geared towards improving accessibility and availability of dental care for underserved citizens within our state, oral health education for the public, Rhode Island based charitable or educational projects related to oral health, and Rhode Island based free dental clinics.

Grant request forms are now available via the RIDA website.



## Be a part of something extraordinary.

Register to attend the **ADA FDI World Dental Congress** September 4-8 in San Francisco. Basic Registration is FREE for all ADA member dentists and North American attendees. New package options and flexible pricing make it easy to maximize your meeting experience.

Register today at [ADA.org/meeting](http://ADA.org/meeting).





THE  
UNIVERSITY  
OF RHODE ISLAND



# Dentists and Dental Hygienists Have Important Roles in Promoting Safe Opioid Use

The Rhode Island Department of Health (RIDOH), The University of Rhode Island and the Rhode Island Dental Association are partnering to bring continuing education to dental health providers.



**In 2018, 314 Rhode Islanders lost their lives to drug overdose.** This public health epidemic impacts us all, regardless of gender, age, race, or ethnicity. A significant number of people continue to use opioid prescription pain medications long-term or develop opioid use disorder after being prescribed opioids after a medical or dental procedure compared to those who have never received opioids. Oral health professionals play an important role in reversing this opioid crisis.

## What Oral Health Professionals Can Do



- **Have a conversation** with patients about the likelihood of experiencing some discomfort after a dental procedure.
- **Recommend non-opioid pain relievers** like Tylenol®, Advil®, or Motrin® as first-line options for treating acute pain.
- **Counsel all patients** about the serious risks of opioids, including the potential for developing dependence or addiction.
- **Learn** from the patient if there is a personal history of opioid use disorder or overdose.
- **Educate** patients and staff about safe storage and disposal of opioids.
- **Check** the Rhode Island Prescription Drug Monitoring Program (PDMP) before prescribing an opioid.
  - Are there any other opioids currently being prescribed to the patient?
  - Are there any benzodiazepine(s) or sedating medications currently being prescribed to the patient?
  - Do you need to co-prescribe naloxone?
- **Prescribe safely.** If you must prescribe an opioid, include an expiration date that does not exceed the expected duration of postoperative pain. (Rhode Island's updated acute pain management regulations require that all initial opioid prescriptions for acute pain for an opioid-naïve individual cannot exceed 30 oral morphine milligram equivalents (MMEs) per day and for a maximum of 20 doses.
- **Share** patient educational materials about opioid risks and how to respond to an overdose with naloxone (Narcan®). Place these resources in visible office locations such as waiting rooms and operatories as well as on websites and social media.

## Helpful Resources for You and Your Patients



- Quick Reference Guide to Rhode Island's Updated Pain Management Regulations: <http://health.ri.gov/publications/quickreferenceguides/QuickReferenceToRIUpdatedPainManagementRegulations.pdf> (Includes links to resources, MME calculator)
- Safe opioid prescribing for dental pain: [https://www.opioidprescribing.com/dental\\_landing](https://www.opioidprescribing.com/dental_landing)
- Rhode Island's 24/7 crisis hotline, BH Link: **401-414-LINK (5465)**
- Rhode Island safe-drug disposal sites: <https://preventoverdoseri.org/get-rid-of-medicines/>
- Free onsite, credit eligible continuing education (CE) and support with opportunity for one hour of credit: [jefbratberg@uri.edu](mailto:jefbratberg@uri.edu)
- Rhode Island's overdose website and data dashboard: [PreventOverdoseRI.org](http://PreventOverdoseRI.org)

# COMMUNITY WATER FLUORIDATION IN RHODE ISLAND: HISTORY AND CURRENT STATUS

by Samuel Zwetchkenbaum, DDS, MPH



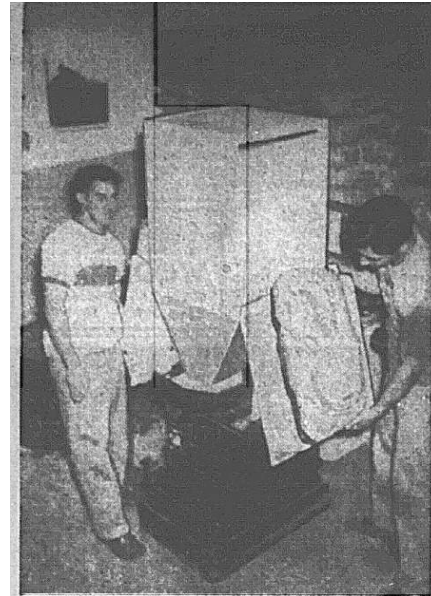
## Introduction

The Rhode Island dental community should be proud of the state's strong history of community water fluoridation. Today, more than 3/4 million people living in 25 communities in our state have the health and economic benefits of community water fluoridation. At 84%, our state is ranked 20th among the states in percentage of population on community water systems receiving fluoridated water. Nationally, more than 210 million Americans, about 74.6 percent of the U.S. population on a community water supply, live in fluoridated communities. This article will review the history of fluoridation in our state, current recommended levels, opportunities to increase availability of this important preventive service, and strategies for public education.

## Rhode Island History

The first recognition of the benefits and safety of fluoride in the state was in 1950, when it was reported that the water in the Glendale New Village section of Burrillville naturally contained levels of 1.5 parts per million (ppm)(1). Fluoride is a natural element found in water, and a significant number of private wells in the western part of the state have been found to have levels that are in the beneficial range or higher. A Providence Journal article reported that Glendale residents had low levels of tooth decay and were pleased with their water. This awareness had significant impact on public perception as two years later, on May 5, 1952, Bristol County Water Company became the first system in the state to adjust the fluoride to cavity fighting levels (Fig. 1)(2). This was also seven years after Grand Rapids, MI, began adding fluoride, the first in the nation(3). Three months later most of the state on public water systems began receiving fluoride as the Providence, Pawtucket, and Newport water systems initiated fluoride adjustment. Those systems served or sold their water to other communities, such as North Providence, Cranston, Johnston, Smithfield and Warwick. Woonsocket began

fluoridating in 1957 and East Providence followed in 1960. The most populous areas of four of the state's five counties are fluoridated (Fig. 2).



**First fluoride** to go into a community water system used by Rhode Islanders is poured into the Bristol County Water Co. supply by Albert Pascale (right) on May 5, 1952. At left is Joseph Gosselin, chief maintenance mechanic of the water company.

Figure 1. From a December 25, 1960 article in the Providence Journal about the history of Fluoridation in RI

Providence Water, praised often for its taste and purity and recognized for its state-of-the-art treatment plant, was led by Chief Water Engineer Philip Holton. Holton's knowledge and support for fluoridation was likely fostered by his son, Philip Holton, Jr., who had just graduated from Georgetown dental school the year Providence began adding fluoride.

No community in South County has ever provided community water fluoridation, but this is not because of lack of effort. In the past, dentists and other citizens of Westerly have fought for this measure to improve the oral health of their community(4). In 1966 in South Kingstown, a Fluoridation Study Board was established, and a Fluoridation Forum was held with lively debate at Town Hall. Letters appeared in the Narragansett Times from supporters from the medical field and detractors with statements lacking scientific validity. Ultimately what was lacking was support from parents of children along with other community members who would most stand to gain from the health and financial benefit(5).

Several Rhode Island dentists conducted public education and outcomes evaluation around fluoridation. Dr. Joseph Box of



Pawtucket spent many years providing guidance and serving on the board of his local water system. Dr. Angelo Parente, state public health dentist and Dr. Joseph Yacavone, State Dental Director, performed significant work around public education and collecting data to show the impact of fluoridation on children's health. Their 1974 article in this journal found that the prevalence of caries as determined by the number of decayed, missing, and filled permanent teeth in lifelong residents of Providence between the ages of 5 and 17 was reduced by 68 percent from 1952 to 1972 (Fig. 3)(6).

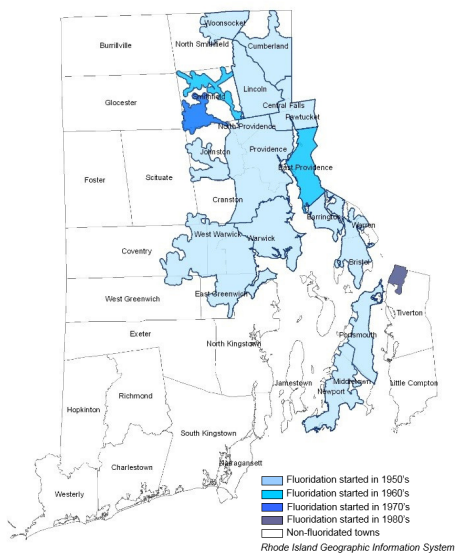


Figure 2. Fluoridated water systems in Rhode Island, 2012.

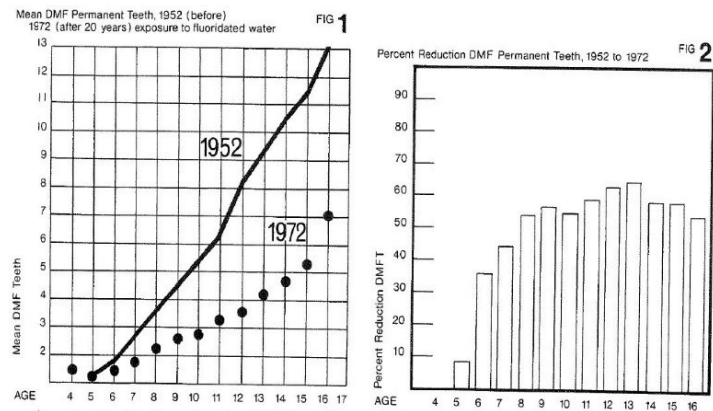


Figure 3 Data from Parente and Yacavone comparing caries prevalence 1952 to 1972, from RIDA Journal in 1974

### Fluoridation Concentration Levels

There is often confusion around what concentration level of fluoride is beneficial and what level has potential for concern. Water systems monitor levels hourly, and daily levels are reported to the Rhode Island Department of Health monthly. This information is made available to the public on the water system's website. Additionally, the Oral Health Program uploads data to management tool for state water fluoridation program officials

and this is available for the public on the CDC's My Water's Fluoride website(7). Fluoride levels are monitored to assure the benefits are reaching the community and not becoming excessive to the point of causing concerns about safety or waste. The success of fluoridation as a key public health measure is a credit to the significant work of epidemiologists in assuring that accurate data is available to support the benefits and safety(8).

The most current 2015 fluoride concentration range recommendation for dental health from the United States Public Health Service (USPHS) is 0.7 ppm(9). Research from University of Michigan found the level of 0.7 ppm resulted in significant decline in caries, yet above 0.7 ppm there was little additional preventive benefit and increased risk of fluorosis(10). Water systems determine daily what is the natural level of fluoride in the water, whether from the ground or a reservoir, and calculate the amount of additive needed to achieve the recommended concentration. Practitioners seeing patients with private wells should instruct them on how to assess natural fluoride levels and where they can find guidance on fluoride supplementation (if necessary) from the American Academy of Pediatric Dentistry(11).

Federal Guidance of upper limits of fluoridation levels was transferred from the USPHS to the Environmental Protection Agency (EPA) with the Safe Drinking Water Act of 1974. The EPA determines toxicological threshold for adverse effects of elements in water, including fluoride. The term used, Maximum Contaminant Level (MCL), is unfortunate due to negative connotations of the word "contaminant" and indicates the level at which research has found a small risk of adverse human changes. For fluoride, this level has been set at 4 ppm and has been based on literature reviews done by the EPA on risk of dental and skeletal fluorosis(12). A closer look at this research reveals skeletal fluorosis is difficult to diagnose and perform dose-response modelling as relates to fluoride. Two studies out of 14 were considered acceptable with one study from China finding that long-term chronic exposure to levels above 4.32 ppm increased risk of bone fracture from 3.2% for individuals in a community with 0.7 ppm to 4.8% for those living in a village at 4.32 ppm(13).

Water systems must issue a Public Notice when they have reached both the MCL and must issue a separate Public Notice when they reach the secondary MCL, or 2 ppm. A public notice can be in the form of a letter in the water bill or a notation in the water system's annual report. On May 5, 2019, the Newport Water System reached levels of 2.1 ppm for 2 ½ hours and based on Rhode Island regulation, issued the notice with required language from the EPA(14). While the language mandated by the EPA to include in the notice is a potential for concern among the public, the issuing of the notice shows the public that close monitoring of their water takes place, and

even levels which have no potential for harm are reported for transparency. Dental providers receiving inquiries from the public should be confident in responding that this event is totally inconsequential in terms of fluorosis impact due to the very short period. Just as the benefit of water fluoridation requires long term exposure, it is the same for development of even minor fluorosis.

Such an overfeed is extremely rare in our state and is a testimony to the high-quality work done by our partners at the water systems. The Oral Health Program closely monitors monthly levels of each system and has the honor of presenting awards to those who are consistently in range. Last year an award from the American Dental Association, Center for Disease Control (CDC), and Association of State and Territorial Dental Directors was awarded to several water systems in recognition of this work, including Cumberland and Pawtucket. This type of recognition, along with education water system operators through the CDC's online education program, FLO, is important to assure successful partnership.

### **Opportunities to Improve**

One of the goals of Healthy People 2020—the U.S. National Health Objectives to increase the quality and years of healthy life and to eliminate health disparities—is to have 79.6 percent of the U.S. population living in fluoridated communities by the year 2020. While Rhode Island at 84% has achieved this goal, we can do better. A significant number of Rhode Island adults and children still receive their water from systems who do not fluoridate, and a large portion of these Rhode Islanders live in South County. Some concerns have been expressed in the past about the purity of the water and the cost of fluoridation in that area. For example, in the past Westerly did not want any additives to the water. As time went on and natural contaminants were found in Westerly's water, measures needed to be taken to make the water safe to drink, including the addition of additives. An understanding of the importance and reality of additives now has perhaps opened the door to fluoridation in that community(4).

The cost of fluoridation includes capital equipment, annual supplies, and monitoring. Research continues to show that fluoridation is cost effective when considering all of these expenses based on the reduction of caries and anticipated costs of lifetime dental treatment. However, traditionally the savings are greater for large cities such as Boston, New York, and Providence compared to small communities because of the initial up-front equipment cost. Recently, the CDC has worked closely with KC Industries, a private company to develop a fluoridation tablet system which requires less equipment and storage and is suitable for smaller systems, such as those found in South County. The Rhode Island Department of Health is planning to work with the University of Rhode Island Civil Engineering program to determine how this may be effectively deployed in our state.

### **Strategies for Public Education**

Although most Rhode Islanders have been receiving community water fluoridation for over 65 years, it is still being challenged nationally and regionally. In neighboring Massachusetts, challenges to community water fluoridation occur periodically. A strategy of community education and support from numerous organization both inside and outside of dentistry have resulted in no discontinuations. In Rhode Island, fluoridation has been questioned in communities and the Oral Health Program has worked effectively with the local dental community to educate key municipal leaders about the safety and benefits of fluoridation.

Millions of American are being misinformed on the internet and through social media on a daily basis(15). Anti-fluoridationists use tactics based on select studies to scare the public. As an example, they cite an analysis of Chinese data performed by a graduate student at Harvard, frequently called the "Harvard IQ study". The accuracy of this study has been invalidated because of numerous research flaws, yet it continues to be quoted(16).

All members of the dental team can play a role. For example, when a patient has a successful, cavity-free exam, share with them that much can be attributed to their living in a fluoridated area. The public is not aware of the benefits of fluoridation, and the only way to change this is if each dentist, dental hygienist, or dental assistant takes the time to educate their patients to drink tap water. Tap water is safe, avoids the negative environmental impact of bottled water, and has a neutral pH. Actions such as placing a reception area sign sharing the office's support of fluoridation can initiate an important conversation. Consistently and constantly communicating the safety and benefit of fluoride is necessary to counteract the misinformation in the internet and social media.

Education is also needed for those who may have misconceptions of the safety of tap water based on their country of origin not having safe drinking water. There are many opportunities to engage with the public at health fairs and including the message about the safety of Rhode Island's water, environmental benefit, and impact on dental health is vital.

### **Conclusions**

Maintaining and enhancing fluoridation as a preventive measure in our state requires diligence and communication. Dental providers are a key force to help continue sharing the story of safety and benefits of fluoridation. There are great resources available (see box on next page) to learn more about water fluoridation and many of the resources have materials for your patients as well.



Rhode Island has a history of taking progressive steps to ensure all citizens are healthy and safe. As one of the top public health discoveries of the last century, Rhode Island continues leading the way with the high coverage of safe and effective community water fluoridation. The Rhode Island Department of Health (Oral Health Program and Drinking Water Quality Program) and the public water systems are working together to monitor the fluoridation levels across the state and hope to include more

cities and towns in the coming years. With the help of dental providers across Rhode Island, we can educate the public on the safety and efficacy of water fluoridation to maximize the impact of this evidence-based preventive measure.

Thank you to Myron Allukian Jr., DDS, MPH and Sadie DeCourcy, JD, for their contributions to this report.

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Table 1: The 25 Rhode Island cities and towns receiving community water fluoridation  
 Census RI DLT 2017 Estimates <http://www.dlt.ri.gov/lmi/census/pop/townest.htm>

City/Town	Year of Start-Up	2017 Census	City/Town	Year of Start-Up	2010 Census
Barrington	1952	16,176	North Providence	1952	32,511
Bristol	1952	22,290	North Smithfield*	1952	12,438
Central Falls	1952	19,359	Pawtucket	1952	72,001
Coventry*	1952	34,933	Portsmouth	1952	17,510
Cranston*	1952	81,202	Providence	1952	180,393
Cumberland*	1952	34,927	Smithfield	1952	21,767
East Greenwich*	1952	13,099	Tiverton	1952	15,874
East Providence	1961	47,600	Warren	1952	10,446
Johnston	1952	29,332	Warwick	1952	80,871
Lincoln	1952	21,863	West Greenwich*	1952	6,231
Middletown	1952	16,081	West Warwick	1952	28,626
Newport	1952	24,942	Woonsocket	1957	41,759

Table 2. U.S. Population Living in Fluoridated Communities, 1945–2010

Year	Number of People	Percent of U.S. Population
1945	231,930	0.2%
1950	1,578,578	1.0%
1955	26,278,820	15.8%
1965	58,839,355	30.3%
1975	94,627,294	43.8%
1985	120,100,100	50.5%
2010	204,283,554	66.0%

Adapted from Allukian M. and Wong C, Fluoridation Update, 2014. Journal of the Massachusetts Dental Society, Summer 2014, pp 24-32.

**Want to learn more? Check out these great resources!**

- Fluoridation Learning Online- available to all who want to learn more about fluoridation. <https://www.cdc.gov/fluoridation/engineering/training.htm>
- American Fluoridation Society <https://americanfluoridationsociety.org/>
- American Dental Association <https://www.ada.org/en/public-programs/action-for-dental-health/prevention-and-education>
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/fluoridation/index.html>
- Oral Health Program-Rhode Island Department of Health <http://health.ri.gov/oralhealth/about/fluoridation/>
- American Academy of Pediatrics <https://iilikemyteeth.org/>

# HAVE YOU WRITTEN YOUR REFERRAL CORRECTLY?

Debra Udey, Risk Manager  
Eastern Dentists Insurance Company

"You have to fix this!"

"What?"

"You're a risk manager. You have to fix this!"

"Fix what?"

That's how a conversation started the other day with a friend of long standing, an oral surgeon. He called in frustration because he had just seen a referred patient for the extraction of #'s 5, 16 and 17. There was a very clear referral form outlining the teeth to be extracted that included a specific note that #5 was a root tip. When the oral surgeon physically examined the patient, the exam did not seem to jibe with the referral. Knowing it was better to be safe than sorry, he took films. His Panorex showed that #5 was an intact tooth - the root tip had actually been in the #3 space. The patient said that #5 was asymptomatic and "the root that was in the empty space worked its way out."

A second example involved a patient who was referred on 7/25/17 for the extraction of #3. The dentist sent a PA that was taken 3/27/17. The patient said that her tooth broke and was painful. A PA was taken by the oral surgeon; it and an exam showed #4 was split mesially distally. The Oral Surgeon spoke to the referring dentist to ask about the discrepancy. The dentist said he had not examined the patient and had not seen her since March or April. The dentist assumed the pain was from #3 since it had recurrent caries when she was previously seen.

The oral surgeon was clearly frustrated – as evidenced by his call to me. I asked how often this happened.

"About once a week."

"Really? That often?"

"Yes. I see it on a regular basis. You have to fix this."

To tell the truth, I was flattered that he thought I could fix this situation. In reality, I can't get into the brain of every dentist who makes a referral to encourage him or her to write them correctly. But I can remind every dentist who reads this to do exactly that. Yes, I know it's easy to write this and expect that every dentist will automatically check every single referral and the problem will go away. However, it isn't that easy to accomplish.

Real life often gets in the way. Distractions abound, such as:

- The emergency telephone call from a patient who has had an accident needing your immediate attention
- The patient who presents for treatment on one tooth who now has another, more urgent problem on another tooth
- The patient who needs treatment but refuses it

- Needing to put out a fire
- Rearranging the schedule

The list goes on.

So how do you prevent distractions from sabotaging your careful patient care? How do you guarantee that a previous patient's history, or even old fashioned forgetfulness, don't result in noting the wrong tooth on a referral slip? Is it worth the extra couple of seconds it would take to ensure you are referring a patient for the correct tooth? Or taking several more seconds to look at a patient's chart when they call with pain to ensure you are not just guessing that the problem is the tooth you suspect and/or may have previously treated?

It is definitely worth the extra time. Wrong tooth extraction is a major cause of claims and lawsuits. Whether you are the referring or referral practitioner, if the referral is incorrect, it may result in a claim against you both. A claim can be made against the referrer for giving incorrect information, and against the referral for the wrong treatment.

In the examples noted in this article, the oral surgeon caught both incorrect referrals and treated the right tooth or teeth. A practitioner can't rely on the referral to make that correction. Yes, the people to whom you refer also want to treat each patient correctly, and will take the necessary steps to investigate the situation if they suspect an incorrect referral. But the responsibility lies on everyone, referrer and referral alike, to do the best job they can to ensure that errors don't occur. So take that extra few seconds to be sure that your referral is correct. A few tips for doing this:

1. Check the chart to be sure you have the right films for the right patient
2. Check your films to ensure they are recent enough to be relevant
3. Check the films to ensure that Left and Right are correct
4. Check the chart to make sure you aren't assuming which is the involved tooth
5. Confirm the tooth with the patient

That few extra seconds, especially on a busy day full of distractions, can make all the difference. These precautions can make sure that this oral surgeon and every other practitioner won't receive any more incorrect referrals. That's a win-win for everyone.



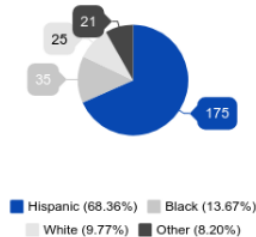
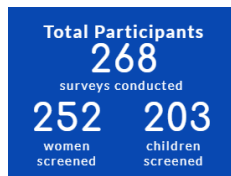
# SNAPSHOT: 2016 ORAL HEALTH WIC SURVEY



## Demographics

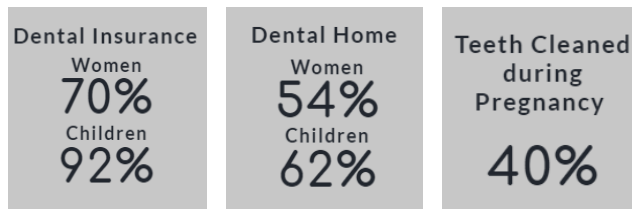
In 2016, the Rhode Island Department of Health's (RIDOH) Oral Health Program conducted a survey to assess the oral health of participants in the WIC Program. WIC, which stands for Women's Infants and Children, is a federal program to help improve nutrition for pregnant women, new mothers, and toddlers who are at or below 185% of the poverty level. The survey included both oral questions and a non-tactile dental exam. The average age of participant was 29 with a diversity of race/ethnicity.

Race/Ethnicity of Participants



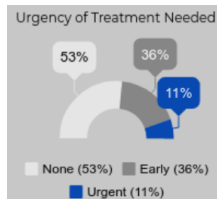
## Access to Care

Having dental insurance and a dental home are key determinants of access to care, but other factors play a role. Despite more than half of women having these key components, less than half of those surveyed had a dental cleaning during pregnancy.

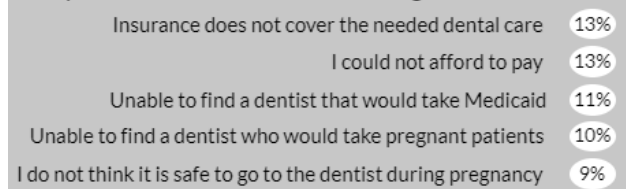


## Women in WIC have dental need, but barriers to care still exist.

Almost half of those examined were found to have dental need. Sixty four percent of women reported needing dental care during pregnancy and not receiving it. Reasons for not seeking care were related to coverage, cost, and ability to find care. The basic non-tactile exams also noted levels of urgency of treatment needed.



## Reported Reasons for Not Seeking Dental Care



## Caries Prevention

Community water fluoridation and fluoride varnish are evidence-based strategies for caries prevention in children. Preventing early childhood caries is critical for early development and overall health. Early childhood caries can result in pain and infection, impact early learning, and require costly care in operating room settings. This report found there is a substantial gap in what is recommended and what is occurring.

Parental supervision of child's teeth brushing is also an important part of establishing good oral health habits. This survey found children whom brushing was not supervised, were twice as likely to have dental caries compared to those who did have supervision.

Children without Fluoride Treatment  
**56%**

Do not Drink Tap Water  
**69%**

## Methodology

In 2016, RIDOH's Oral Health Program conducted an oral health survey of women and young children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to assess participant's oral health status and use of dental services. WIC is a federally-funded preventive program that ensures mothers and children who are at or below 185% of the poverty level (\$37,404 per year for a family of three in 2018) receive nutritious food, nutrition education, breastfeeding support, and referrals to health care and social services. Pregnant women, new mothers (those who had given birth within the past year), and their children were evaluated at 13 WIC sites in Rhode Island.

## Key Findings

- Enabling factors for women seeking dental treatment included having a dental home and insurance coverage.
- Affordability is the greatest barrier to receiving dental care.
- Pregnant women are more likely to need early or urgent oral care than mothers of young children.
- Disparities in dental need among pregnant women are stratified based on race and ethnicity.
- Having both a dental home and dental insurance increased the likelihood of a child having a dental visit.
- Supervision during brushing and greater frequency of brushing both contributed to reduced likelihood of dental caries among children, although not statistically significant due to small numbers.
- Most mothers and children do not drink tap water and consume at least one soda a week.

## Recommendations

WIC nutritionists:

- Inform WIC recipients of Medicaid dental benefits.
- Inform WIC recipients that good oral health can be maintained through diet, good oral hygiene practices, and drinking fluoridated tap water.
- Utilize the Dental Safety Net List to refer pregnant moms and adults without a dental home to dental clinics.
- Utilize the Age One Dental Champion Directory to connect families to dental care for children who are one.
- Utilize bilingual oral health education resources including: the TeethFirst! flipbook, Healthy Teeth for You and Your Baby, and First Dental Visits to stress the importance of the age one dental visit and oral health during pregnancy.

Dental and Medical Providers:

- Build referral networks between local medical and dental providers.
- Inform all patients that good oral health can be maintained through diet, good oral health hygiene practices, and drinking fluoridated tap water.
- Know all national oral health recommendations, including the Age One Dental Recommendation and National Consensus Statement for Oral Health During Pregnancy.
- Provide culturally competent care.
- Emphasize the importance of a dental home to all patients, but especially to pregnant women and young children.
- Provide fluoride varnish application when appropriate.

## Policy Makers:

- Create cross reference between people receiving other aid with Medicaid information.
- Support Medicaid reimbursement rates that ensure access.
- Provide user-friendly Medicaid coverage information.
- Communicate safety and benefits of community water fluoridation effectively.
- Promote the importance of age one dental visit.
- Promote the safety of oral health care during pregnancy.

This report is produced by the Oral Health Program, Rhode Island Department of Health. To see more publications, visit: <http://health.ri.gov/publications/bytopic.php?parm=Oral Health>

For resources listed above, see <https://www.teethfirstri.org/>

### RI Medical Society -

#### Physician Health Program

The Physician Health Program endeavors to promote and support the physical and mental well-being of healthcare professionals, thereby contributing to safe and competent patient care in Rhode Island.

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## THE NY AND NEW ENGLAND GEORGETOWN UNIVERSITY DENTAL STUDY CLUBS ARE SPONSORING A SPECIAL SYMPOSIUM ON SATURDAY, OCTOBER 5TH



"Symposium on Technological Advances in Dentistry:  
Where Are We Now"

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CREDITS!

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(home of the New England Patriots)  
Foxboro, Massachusetts  
8:00am - 5:00pm

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proceeds to go to the Tigani Memorial Scholarship and the NY/NE Study Clubs

questions/concerns? Contact Dr. Dante Gulino at [drdantegulino@gmail.com](mailto:drdantegulino@gmail.com) or  
Lenore Martin at [social@easthudsonoms.com](mailto:social@easthudsonoms.com)



# FROM THE DENTAL DIRECTOR

by Samuel Zwetchkenbaum, DDS, MPH

## Health Professions Experience Woonsocket Pilot

The Oral Health Program, with funding from the Health Resources and Services Administration (HRSA), completed a pilot program called the Health Professions Experience in collaboration with the Woonsocket Area Career and Technical Center (WACTC). The goal of this program is to give the best and brightest students at WACTC who may not have thought of health careers exposure to various professions through shadowing. Students had been fully trained in basics of health, including infection control, HIPAA, and nursing assistant skills. Thirteen students completed five two-week, 4 hours per week, rotations including experiences in nursing, pharmacy, physical therapy, radiology, physician and dental offices and more. Special thanks to the offices of Dr. David Ward and Dr. Joel Picard for volunteering to participate and being so open to exposing students to the dental profession. Students completing dental rotations gave very positive feedback.

## Waterline Safety

All members of the dental profession and dental industry have an obligation to ensure the health and safety of dental patients and staff. The Centers for Disease Control and Safety (CDC) recognizes the potential for dental unit waterlines as a source of systemic infection as reported in a 2016 Morbidity and Mortality Weekly Report (MMWR)(1). Thee Organization for Safety, Asepsis, and Prevention (OSAP)(2) serves as a resource for the dental prevention on infection control. Current guidance on dental unit waterline safety is available in a white paper in the Journal of Dental infection Control and Safety. See <https://osapjdic.scholasticahq.com/article/5075-dental-unit-water-quality-organization-for-safety-asepsis-and-prevention-white-paper-and-recommendations-2018> for more information.

## Use of Thyroid Collars in Dental Radiography is Evidence-Based

A 2018 systematic review and meta-analysis by Han and Kim(3) found diagnostic radiation exposure is associated with increased thyroid cancer risk. As many patients do not know to request a thyroid collar(4), the dental team should plan to use this important preventive tool for all patients whenever possible. It is likely that lead provides greater reduction(5) than lead equivalent. More information on radiation safety is available through the Image Gently Alliance(6). See <https://www.imagegently.org/Roles-What-can-I-do/Parent/Dentist> for more information.

## Well Testing

Families on private wells who do not know their fluoride content can test their water so that dentists can inform them if supplementation is needed. Learning more about the Water quality Program at University of Rhode Island by visiting: <https://web.uri.edu/safewater/private-well-testing-and-protection/where-to-test/> For additional information, see the article on Fluoridation in this month's journal!

## Mobile dentistry conference

Data continues to show that old adults want dental care but many cannot afford it. In a recent survey by AARP(7), More than a third of respondents ages 65 and older (38 percent) had not seen a dentist or dental hygienist in over a year or more, and 1 in 6 (16 percent) had not seen a dentist in over five years. Almost half (45 percent) delayed or did not receive needed oral health care in the past two years. Over a third (36 percent) said they needed a basic dental cleaning.

AARP- report <https://blog.aarp.org/2019/04/12/something-to-chew-on-highlights-of-findings-from-an-aarp-oral-health-survey-of-older-americans/>

CDC Report <https://www.cdc.gov/nchs/data/databriefs/db337-h.pdf>

In the case of older adults in long-term care, mobile dentistry has been found to reduce barriers to access. The National Mobile Dentistry Conference will be held February 28-29, 2020, in Orlando, FL. For more information, contact Melissa Turner, BASDH, RDH at [mturnerrdh@hotmail.com](mailto:mturnerrdh@hotmail.com).

## Centers for Disease Control and Prevention (CDC) Frequently Asked Questions

"Can we give patients their teeth after they have been extracted?"  
The CDC Division of Oral Health provides information to answer a

*continued on next page*

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# ORGANIZED DENTISTRY SUPPORTS RAISING TOBACCO PURCHASING AGE TO 21

Washington – The Organized Dentistry Coalition said June 7 it supports raising the legal age to purchase tobacco products from 18 to 21.

In a letter to Sen. Maj. Leader Mitch McConnell, R-Ky., and Sen. Tim Kaine, D-Va., the coalition praised the lawmakers for introducing S 1541, the Tobacco-Free Youth Act.

"As you know, this legislation would increase the legal age to purchase tobacco products from 18 to 21 years old and is critical in addressing our current youth tobacco epidemic," the organizations wrote. "About 9 out of 10 people who die from oral and pharyngeal cancers use tobacco, and the risk of developing these cancers is related to how much (and how often) they use. On average, 40% of those with the disease will not survive more than 5 years. Tobacco products are also causally associated with higher rates of gum disease, periodontal disease, mucosal lesions, bone damage, tooth loss, jaw bone loss and more.

In the letter, the coalition noted the legislation would help prevent tobacco use among our youth by raising the national age to legally purchase tobacco products from 18 to 21 as well as help reduce the number of young people who begin smoking before age 21, which represents 95% of current adult smokers, according to the 2014 National Survey on Drug Use and Health.

"Moreover, the bill would apply to the more than 3.6 million middle and high school students who are e-cigarette users," the organizations said, citing the 2018 National Youth Tobacco Survey. "Research shows that young people who use e-cigarettes are more likely to transition to smoking cigarettes."

Follow all of the ADA's advocacy efforts on tobacco at [ADA.org/tobacco](http://ADA.org/tobacco).

Garvin J. Organized dentistry supports raising tobacco purchasing age to 21. ADA News. Published online June 10, 2019 at <https://www.ada.org/en/publications/ada-news/2019-archive/june/organized-dentistry-supports-raising-tobacco-purchasing-age-to-21>. Copyright © 2019 American Dental Association. All rights reserved. Reprinted with permission.

*continued from previous page*

variety of frequently asked questions relative to many aspects of dental practice. See:

<https://www.cdc.gov/oralhealth/infectioncontrol/faqs/index.html>

## **Survey on Chronic Disease Screening Practices**

The Oral Health Program, in collaboration with the Diabetes, Heart Disease and Stroke Program, is developing training around screening for diabetes and hypertension. To determine type and level of training that would be beneficial, an anonymous needs assessment survey is being conducted. Dentists, dental hygienists, and dental assistants are eligible to participate and also win a \$100 CVS gift card. To begin the survey, see: <https://www.surveymonkey.com/r/OHPS2019> Any questions or difficulties, email [Samuel.Zwetchkenbaum@health.ri.gov](mailto:Samuel.Zwetchkenbaum@health.ri.gov)

## **Oral Health Inventory Survey**

Over 70% of dental offices completed the first Oral Health Inventory Survey, according to the Office of Primary Care at RIDOH. The office appreciates the significant work that went into it. More importantly, the comments provided on problems with the survey were greatly appreciated. Moving forward the office hopes to obtain input to assure the survey is of value and completable.

Samuel Zwetchkenbaum, DDS, MPH  
Dental Director, Oral Health Program  
Center for Preventive Services  
Division of Community Health & Equity  
Rhode Island Department of Health  
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(1) <https://www.cdc.gov/mmwr/volumes/65/wr/mm6513a5.htm>

(2) <https://www.osap.org>

(3) <https://www.ncbi.nlm.nih.gov/pubmed/29160170>

(4) <https://www.ncbi.nlm.nih.gov/pubmed/28789933>

(5) <https://www.ncbi.nlm.nih.gov/pubmed/29658781>

(6) <https://www.imagegently.org/Roles-What-can-I-do/Parent/Dentist>

(7) [https://blog.aarp.org/thinking-policy/something-to-chew-on-highlights-of-findings-from-an-aarp-oral-health-survey-of-older-americans?utm\\_campaign=2019-05-31+DEN&utm\\_medium=email&utm\\_source=Pew](https://blog.aarp.org/thinking-policy/something-to-chew-on-highlights-of-findings-from-an-aarp-oral-health-survey-of-older-americans?utm_campaign=2019-05-31+DEN&utm_medium=email&utm_source=Pew)





# ADA STATEMENT ON NEW STUDY IN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

The American Dental Association (ADA) is aware of recently published research in The Journal of the American Medical Association (JAMA) that examines opioid prescriptions written by dentists in the U.S. and England in 2016. The ADA continues to be dedicated to raising awareness and taking action on the opioid public health crisis.

Since 2011, the ADA has advocated to keep opioid pain relievers from harming dental patients and their families and worked to raise professional awareness on medication alternatives to opioids. A growing body of research supports ADA policy that dentists should consider prescribing non-steroidal anti-inflammatory drugs (NSAIDs) alone or in combination with acetaminophen over opioids as first-line therapy for acute pain management.

To combat opioid abuse, the ADA has urged all 163,000 member dentists to double down on their efforts to prevent opioids from harming patients and their families.

Dentists have written nearly half a million fewer opioid prescriptions over a five-year period, from 18.5 million in 2012 to 18.1 million in 2017. In March 2018, the ADA adopted policy related to opioid prescribing by dentists for acute pain that supports:

- Mandatory continuing education regarding prescription of opioids and other controlled substances.
- Statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with the Centers for Disease Control and Prevention evidence-based guidelines.
- Dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMPs) to promote the appropriate use of opioids and deter misuse and abuse.

In April 2018, researchers from the ADA Science Institute, Case Western University and the University of Pittsburgh published a scientific review of studies in the Journal of the American Dental Association which concluded that NSAIDs alone or in combination with acetaminophen are generally more effective and are associated with fewer side effects compared to opioids. The findings support the ADA's 2016 policy statement that dentists should "consider NSAIDs as the first-line therapy for acute pain management."

The ADA has also developed patient-friendly resources to inform the public that over-the-counter medication can often effectively relieve short-term dental pain.

Working together with physicians, pharmacies, policymakers and the public, the ADA believes it is possible to end this tragic and preventable public health crisis that has been devastating our families and communities.

Learn more at [ADA.org/opioids](http://ADA.org/opioids) and [MouthHealthy.org/opioids](http://MouthHealthy.org/opioids).

ADA statement on new study in the Journal of the AMA. Published online May 25, 2019 at <https://www.ada.org/en/press-room/news-releases/2019-archives/may/ada-statement-on-new-study-in-the-journal-of-the-american-medical-association>. Copyright © 2019 American Dental Association. All rights reserved. Reprinted with permission.

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# BUSINESS TRAINING AND COUNSELING, FOR FREE OR AT LOW COST!

By: Lana M. Glovach,  
US Small Business Administration

The mission of the U.S. Small Business Administration (SBA)(1) is to help small businesses, throughout their lifecycle, start, grow, expand, and recover. This article focuses on the small business training and counseling services that the SBA and its Resource Partners (more on them in a minute!) provide right here in Rhode Island.

Are you a self-learner? If so, there are numerous free on-line resources available to you 24/7/365! Let's begin with the SBA itself:

- The SBA website is full of information and tools for the entrepreneur and small business owner.
- The SBA Learning Center(2) has 30-minute courses on a variety of topics related to planning, launching, managing, and growing your business – such as how to write a business plan, social media marketing, cybersecurity for small businesses, and strategic planning.
- The RI District Office Resource Guide(3) is available on-line, along with the national Resource Guide in Spanish(4).
- Check out the SBA's YouTube channel(5) and the RI SBA's Twitter page(6) for additional information and resources.

Would you prefer to take an in-person class with an expert presenter and other small business owners, or to have one-on-one counseling? The SBA and its Resource Partners – independent local organizations that the SBA funds – provide **high-quality training (free or at low cost) and one-on-one mentoring (free) tailored to the specific needs of small business owners**. Trainings cover a wide variety of topics – basics such as the steps to starting a business, business plan basics, and record-keeping and accounting, as well as specialized subjects like marketing and brand building, regulatory compliance, technology development, social media, and financing preparation and strategies. Who are the SBA Resource Partners?

- The Center for Women & Enterprise (CWE)(7) (401-277-0800) is the SBA's Women's Business Center here in Rhode Island. It provides counseling and training to new and existing women business owners on a full range of business topics. CWE offers training, mentoring, and one-on-one counseling to help women build their business skills and create a lifetime network of key resources and contacts.
- The Rhode Island Small Business Development Center (SBDC) (8) (401-874-7232) at the University of Rhode Island provides a variety of counseling, workshops, and information services for growing companies and start-ups. Look at the SBDC as a one-stop resource center for assistance in business plan development, market analysis, sources of capital, technology

transfer, inventory assistance, and other managerial and technical support services. The SBDC also offers short videos and readings(9) as well as a blog(10).

- The Rhode Island SCORE Chapter(11) (401-266-0077) is a volunteer, non-profit organization. With more than 40 years of experience helping small businesses succeed, SCORE matches volunteer counselors with clients needing expert advice. SCORE has counselors in nearly every area of business management. Whether you are considering starting a business, have a business that is experiencing challenges, or are ready to expand, SCORE can help. Rhode Island SCORE also has a library(12) of diverse materials in formats ranging from eGuides to blogs to podcasts to templates and checklists.
- The Veterans Business Outreach Center (VBOC)(13) Program (844-404-2171) is designed to provide entrepreneurial development services such as business training, counseling and mentoring, and referrals for eligible veterans owning or considering starting a small business. The VBOC of New England is located in Providence.

As Benjamin Franklin observed, "if you fail to plan, you are planning to fail." Let the SBA help your small business plan for success! Assistance is available in languages other than English, including Spanish, and all SBA programs and services are extended to the public on a non-discriminatory basis.

In the next article we'll offer some suggestions on preparing to apply for a business loan. To learn more about the SBA's programs and services before then, please contact Lana Glovach, SBA Economic Development Specialist, at [lane.glovach@sba.gov](mailto:lane.glovach@sba.gov) or 401-528-4575.

- (1) [www.sba.gov](http://www.sba.gov)
- (2) [www.sba.gov/learning-center](http://www.sba.gov/learning-center)
- (3) [https://www.sba.gov/sites/default/files/files/resourceguide\\_3144.pdf](https://www.sba.gov/sites/default/files/files/resourceguide_3144.pdf)
- (4) [https://www.sba.gov/sites/default/files/files/resourceguide\\_national\\_spanish.pdf](https://www.sba.gov/sites/default/files/files/resourceguide_national_spanish.pdf)
- (5) <https://www.youtube.com/user/sba>
- (6) [https://twitter.com/SBA\\_RhodeIsland](https://twitter.com/SBA_RhodeIsland)
- (7) <http://www.cweonline.org/About-CWE/CWE-Rhode-Island>
- (8) <https://web.uri.edu/risbdc/>
- (9) <https://web.uri.edu/risbdc/resources-page/>
- (10) <https://web.uri.edu/risbdc/blog/>
- (11) <https://ri.score.org/>
- (12) <https://ri.score.org/browse-library-31>
- (13) <http://www.cweonline.org/About-CWE/Veterans-Business-Outreach-Center>



# ADA PRACTICE TRANSITIONS

A few years ago, the ADA board began researching options and ideas for a new business model in an effort to plan ahead to secure the well-being of the Association for the future. After two years of research, two opportunities were identified to provide real and tangible benefits to dentists:

- Build a relationship between established dentists and new dentists
- Boost a dentist's career

The Board of Trustees approved funding to move forward with the design of the program and to implement a pilot project. The two main elements of the pilot are:

- An online platform that facilitates connections between new and established dentists to aid important transitions
- Purchase up to two dental practices in order to place new dentists in these practices with the express intention of selling the practice to those dentists after a target period of time
- 

A for-profit subsidiary and governance team were formed and then the name, logo and trademark were developed. The resulting product is ADAPT (ADA Practice Transitions), an intricate software platform that is unlike any other platform in that a mentoring aspect of the service will work with both parties involved and guide the relationship from start to finish ensuring the best possible outcomes for both.

The pilot phase of this project was launched in May 2019 and is fully available in the states of Wisconsin and Maine. So far, the platform is functioning as expected and has been well received. New features to the platform will be driven by feedback from customers in the pilot states. The feedback received so far has been very positive.

In the pilot states, the software match platform is the element that is currently active. The Governance team for ADAPT made the decision recently to focus on the match and hold off on purchasing any practices for the time being.

The first "matches" between a prospective associate/buyer and a dentist looking for this person will be offered in June 2019. The pilot is scheduled to run through the first quarter of 2020 and at that time, the Board will decide whether to continue to scale the project to other states. If it is considered successful, the project will be released in 5 – 8 additional states in 2020 and will only expand in states that welcome and support the service. Regardless of the decision to continue the project or not, any dentists whose "matches"

are in process will continue to be supported through their transitions.

We realize that some dentists are concerned about the confidentiality of their personal information on the platform. Rest assured that a dentist's information will not be shared with anyone without their consent. When initial matches are presented, the information that is shared at that time is about philosophy of care, not personal information. Only with mutual consent is personal information shared to facilitate a meeting.

The ADA Business Innovation Group Board (a new ADA subsidiary in which ADAPT resides) is fully staffed and working diligently with regular updates to the board of trustees. At this point in the project timeline, every phase has been delivered on time and within the allocated budget, which is a great sign!

This member benefit is a much more detailed and specific process to match prospective parties. Information on one's philosophy of care, lifestyle, clinical care preferences, and a personality assessment are a few of the categories of information collected from each party with the intent to make a successful match. The cost of this service will be approximately half the cost a commercial broker would charge. The rate for members will be less than non-members. Given the detail of this process, there is a higher chance of a successful match than with the traditional process of finding an associate or buyer.

I suggest you visit the website for this new program, [www.adapcticetransitions.com](http://www.adapcticetransitions.com) and view all of the information provided. If you might be interested in this service at some point in the future, scroll down on the home page and there is a link to a form for those that are interested but are not in one of the pilot states. Submitting this form will provide the governance team with an idea of how much interest there is for this service and where the next launch might be.

This is an exciting endeavor for our association and the long-term goal is to help dentists avoid closing their practice without a replacement and to assist the new dentist with finding a secure and successful match.

Please feel free to contact me at any time.

Judi Fisch, DDS  
ADA First District Trustee  
[fischj@ada.org](mailto:fischj@ada.org)

# DENTISTS SHARE STUDENT DEBT STORIES, URGE LAWMAKERS TO REAUTHORIZE HIGHER EDUCATION ACT

Washington – “Can you imagine starting out your career owing more than you might pay for a house?”

Those were the words of Dr. Raymond Jarvis, a dentist from Shreveport, Louisiana, in his statement for the record to the House Committee on Small Business and its June 12 hearing, *The Doctor is Out. Rising Student Loan Debt and the Decline of the Small Medical Practice.*

Dr. Jarvis, who is chair of the ADA’s New Dentist Committee, submitted this testimony on behalf of the ADA about the impact educational debt has on small dental practices. He also discussed the impact that student debt has on new dentists regarding their early career decisions and life choices.

In 2017, 85% of all dental students graduated with an average of \$287,000 in student loans, according to the American Dental Education Association.

“To put this in perspective [in 2019], these same students would have graduated in 1975 owing nearly \$63,000,” Dr. Jarvis wrote, and “1985 graduates would have left school owing more than \$126,000. And 1995 graduates would have been starting their careers owing almost \$179,000, just in student loans.”

Dr. Lauren Wiese, an ADA member and orthodontics resident at the University of Maryland School of Dentistry, testified on behalf of the American Association of Orthodontists. “Dental residencies are unlike medical residencies in that the majority of dental residencies are tuition-based,” Dr. Wiese told the committee, pointing out that orthodontists, on average, graduate with more than \$428,000 in debt, according to an AAO member survey.

Dr. Jarvis said he graduated with more than \$180,000 in debt, less than many of his peers, and that he was fortunate to find a dentist with an established practice that could take him on as a partner.

“I certainly bring home enough income to support my business and student loans, but that has only become comfortably manageable in the past few years,” he said. “Many of my colleagues struggle with paying off their student loans. For many of us, our student loan debt levels hold us back from taking the leap into small practice ownership.”

Dr. Wiese agreed and said her debt continues to impact future decisions – such as where she and her husband will live, when they will begin to start a family, and her husband’s future career plans.

“To consider taking on additional debt to purchase or start a practice is almost inconceivable and I am unsure whether any banks would feel comfortable in lending to someone with so much debt already,” said Dr. Wiese, who added she is “terrified to face paying back” the more than \$411,000 she owes.

In his statement, Dr. Jarvis urged lawmakers to reauthorize the Higher Education Act, and to include in that reauthorization policies that would lower the interest rates on federal student loans and allow dentists and medical residents to defer the accrual of interest on their federal student loans during residencies.

“Reducing a new dentist’s early career debt, even marginally, can be a sound economic investment. One dental practice contributes more than \$1.7 million dollars to the economy, and the profession overall contributes over \$272 billion,” concluded Dr. Jarvis, citing data from the ADA Health Institute. “The faster you can move a practice to the point of needing to hire new workers, the faster the economy will grow. That is why it is so important for Congress to get this financial crisis under control.”

In addition to Dr. Jarvis’ statement, three other current and former New Dentist Committee members shared personal stories on how their student debt affected their career choices: Drs. Brooke Fukuoka, Daniel W. Hall and Lindsey Yates.

In her case, Dr. Fukuoka dreamed about treating patients with special needs. But after graduating with more than \$200,000 in debt, she was unable to find a practice model that would successfully allow her to do that and pay back her loans. She’s currently working at a health center that enables her to treat special needs patients and she is also balancing a part-time practice that allows her treat this population, but she recently became unqualified for loan repayment because she wasn’t working enough hours at the health center.

*continued on next page*

"People who have special needs are the most underserved people in our community," she wrote. "and there are people like me who want to serve them but first we have to climb out from under a mountain of debt."

Dr. Hall graduated with more than \$400,000 in debt and has diligently been working on that debt for the last four years. But he still owes more than \$375,000. As a rural practitioner in South Carolina, his debt will make it difficult for him to improve or update his office for his patients. It's also delayed he and his wife having children.

"I am not asking for anything for free," he said. "I value the American dream and the hard work it takes to improve your station in life. What I and others are asking for is sensible student loan reform that lessens the burden on those who seek to improve themselves and their communities through higher education."

Dr. Yates, a public health dentist and educator, had zero debt from undergrad and graduated with \$170,000 in dental student debt. She spent six years working at a health center in Chicago and teaching part-time at a local hospital. She loved the work but

despite working in public service, didn't meet the requirements for loan forgiveness. Because of her debt, she and her husband put off having children and buying a home. When they did have a child, they delayed having a second. Eventually they chose to relocate to Colorado, which has a lower cost of living, and has allowed her to continue treating underserved populations.

"It only took uprooting my family from a city we loved and moving across the country to make it work. This is the true effect that high tuition costs and high interest rates for student loans have on people's lives," Dr. Yates concluded. "I make the joke, although it is really not funny at all, that I will be done paying back my loans when I turn 55 years old, and then I will finally have money to save for retirement. How is it that a dentist and a business professional, both working full-time, and their one young son, can't make it work financially in an American city? If we can't, who can?"

Garvin J. Dentists share student debt stories, urge lawmakers to reauthorize Higher Education Act. ADA News. Published online June 13, 2019 at <https://www.ada.org/en/publications/ada-news/2019-archive/june/dentists-share-student-debt-stories>. Copyright © 2019 American Dental Association. All rights reserved. Reprinted with permission.

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# A MESSAGE FROM ADA MEMBERSHIP AND CLIENT SERVICES

## **ADA Practice Transitions: Transition Your Practice in Confidence**

In this issue of the Journal of the Rhode Island Dental Association, Dr. Judith Fisch, ADA First District Trustee, provides some insight and background on the new ADA Practice Transitions (ADAPT) pilot program currently being offered to dentists in the states of Maine and Wisconsin.

ADAPT helps dentists who are looking to join or purchase a practice and matches them with owner dentists who are seeking an associate or someone to purchase their practices. An ADA Advisor is assigned to the pair to support them through the process, helping make the transition more predictable and successful.

Dr. Fisch's article on page 22 is a great starting point to find out more information about the program and the historical implications behind its development. The ADAPT website at [ADAPracticeTransitions.com](http://ADAPracticeTransitions.com) is also an excellent resource to gain more insight and understanding, complete with information on how the program is designed to work and a comprehensive list of FAQs.

If you are interested in ADA Practice Transitions coming to your state, complete the form on the ADAPT website for those not currently eligible to participate in the pilot program. The ADAPT team will use the form submissions to help gauge interest from other states as expansion conversations beyond Maine and Wisconsin begin later this year.

One of the more frequently asked questions is: How does ADAPT maintain the confidentiality of dentists that are participating in the program?

The ADAPT team knows that maintaining confidentiality is an important part of any practice transition. If you are a dentist looking to purchase or change positions, you may not be ready to inform your current employer of your plans. ADAPT understands these scenarios and keeps you in charge of what and when you want to share your information.

### **More secure than a classified or online posting**

Dentists will NEVER see a profile card for a dentist who is not recommended as a potential match by the Advisor. The will prevent other dentists from learning that you are looking to make a career change.

## **ADAPT profiles contain photos of dentists and their practices? Why? Who will see them?**

Pictures are truly worth a thousand words, particularly when it comes to describing a practice. Dentists need to be able to visualize living and working within the space. While operatory photos are not mandatory, they can be very helpful. One person may describe their operatories as "state of the art" while someone else considers them dated. High-quality photos can make a big difference in showcasing a practice. Photos will not be shared until two dentists have mutually decided to move into an evaluation process. Rest assured that no one can browse the ADA Practice Transitions platform and view photos.

### **Protecting financial information.**

For dentists who are selling a practice or looking for someone to become a partial owner, ADAPT will require some practice financial information. This helps match a dentist who can afford to purchase that practice. Dentists are encouraged to share this information – but can individually choose the timing.

Another dentist will only see practice financials when the owner of that financial information agrees to share them. Dentists will also have the option to choose the "Advisor Only"

### **As a Rhode Island dentist, how can I sign up?**

Dentists looking to work in Maine or Wisconsin or who own a practice in either state are eligible to participate in the pilot program. Participants who have joined the platform and submitted their profile for approval by the ADA Advisor are now being matched in the ADAPT pilot states.

If you are a dentist interested in ADAPT but not eligible for the pilot, complete the online interest form at [ADAPracticeTransitions.com](http://ADAPracticeTransitions.com) and the ADAPT team will keep you informed on the program's expansion plan in 2020.

As always, I'm here to help answer questions. Please reach out to me directly at 312-440-2808 or [wolfer@ada.org](mailto:wolfer@ada.org) if you have anything you would like to discuss about ADAPT and/or how you might be able to participate.

I hope you enjoy your summer!

Autumn Wolfer  
ADA, Manager, Dental Society Outreach

# ADA ADVOCACY HIGHLIGHTS

Washington – The past year was full of big wins for the Association, including advocating for the Action for Dental Health Act and supporting landmark opioid legislation – both of which were signed into law.

Here follows some of the key advocacy issues the ADA addressed in 2018.

## **For the dental practice**

**Medicare regulations:** The ADA worked with the Centers for Medicare and Medicaid Services to publish a final rule that changes the requirement to enroll in or opt-out of Medicare for the purpose of prescribing medications to Medicare beneficiaries covered under Medicare Part D. The CMS also eliminated a requirement that was not yet implemented that would have required dentists who participate in Medicare Advantage plans (Medicare Part C) to enroll in Medicare. The rule went into effect Jan. 1. For more information, visit [ada.org/medicare](http://ada.org/medicare).

## **For the dental profession**

**Indian Health Service reform:** The Senate Indian Affairs Committee passed S 1250, the Restoring Accountability in the Indian Health Service Act of 2017, and the House Natural Resources Committee passed HR 5874, the companion legislation. Both bills call for a centralized credentialing process for health care providers at IHS facilities. The ADA remains engaged with IHS on how to best implement the centralized credentialing system and continues to advocate for its efficient implementation and management at IHS facilities.

**Appropriations for federal dental programs:** Congress passed the Labor-Health and Human Services and Defense minibus for fiscal year 2019. The spending package includes \$461 million (\$14 million increase) for the National Institute of Dental and Craniofacial Research; \$24 million (\$4 million increase) for Title VII Oral Health Training; \$39 million (\$1 million increase) for Area Health Education Centers (AHEC) that support programs to help patients find treatment outside of hospital emergency rooms; and \$10 million for military dental research. In report language accompanying the AHEC funding, legislators encouraged the Health Resources and Services Administration (HRSA) to work with state dental associations to address patient referral programs, supporting a key initiative in the ADA's Action for Dental Health Program. They also recommended using \$250,000 to develop an oral health awareness and education campaign across all relevant HRSA divisions. The ADA testified before the House Appropriations Labor, Health and Human Services and

Education Subcommittee to advocate for \$44 million in funding for the Centers for Disease Control and Prevention and HRSA oral health programs.

**Tax Reform:** The ADA continues to monitor how the new tax provisions that were part of the 2017 Tax Cuts and Jobs Act will affect dentists. In conference calls to the Internal Revenue Service, the ADA has worked to ensure that dentists can fully take advantage of tax reform. The ADA has also communicated with Congress about the Association's support of making permanent certain tax provisions and also how legislators can continue to reform tax policies to be even more advantageous for dentists and their patients.

**McCarran-Ferguson Reform:** In December, Sen. Steve Daines, R-Mont., introduced the first-ever Senate version of the Competitive Health Insurance Reform Act. This bill would amend the McCarran-Ferguson Act to authorize the Federal Trade Commission and the Justice Department to enforce federal antitrust laws against health insurance companies. In 2017, the U.S. House of Representatives passed the bill, 416-7. The ADA will continue advocating for this in 2019. Find out more at [ADA.org/mcf](http://ADA.org/mcf).

## **For patients and the public**

**Action for Dental Health Bill:** In December 2018, the ADA-championed Action for Dental Health Act – which aims to improve access to oral health care in rural, underserved and Native American communities – became law. The new law will allow organizations to qualify for oral health grants to support activities that improve oral health education and prevent dental disease. It will also enable groups to develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly, blind and disabled. For more information, visit [ada.org/adhlaw](http://ada.org/adhlaw).

**Noncovered Services:** The Dental and Optometric Care Access Act – also called the DOC Access Act – was introduced in the 115th Congress by Rep. Earl "Buddy" Carter, R-Ga. This noncovered services bill prohibits all health plans offering a dental or vision benefit from dictating what a doctor may charge a plan enrollee for items or services not covered by the plan. The bill now has more than 100 bipartisan cosponsors in the House – the most cosponsor support ever garnered for this legislation. The ADA will continue advocating for noncovered services legislation in 2019.

**Children’s Health Insurance Program:** In early 2018, Congress reauthorized this program for 10 years. The program’s authorization expired in on Sept. 30, 2017, and the ADA, along with numerous stakeholders, advocated for its reauthorization. CHIP is a critical safety-net for American children who do not qualify for Medicaid, but whose families would struggle to afford private coverage, particularly dental coverage. The ADA has joined with the Organized Dentistry Coalition and numerous other stakeholder groups in this effort. Find out more at [ADA.org/chip](http://ADA.org/chip).

**Opioid abuse:** In October 2018, President Trump signed bipartisan legislation to address the opioid crisis that covered everything from continuing education and prescription drug monitoring programs to clinical guidelines and safe drug disposal. The ADA-supported bill was consistent with the ADA’s opioid-related policies, including the House of Delegates opioid prescribing policy that was adopted last October. Leading up to the bill’s passage, the ADA provided statements for congressional hearings, responded to requests from individual members of Congress, and commented on a range of federal agency proposals and requests for information about dentistry’s role in preventing opioid abuse. ADA leaders also met with top officials at Health and Human Services, the Food and Drug Administration, National Institutes of Health, and the White House, including the U.S. surgeon general. Opioid prescribing was one of several issues taken up at the 2018 ADA Dentist and Student Lobby Day. Find out more at [ADA.org/opioids](http://ADA.org/opioids).

**Surgeon General report:** ADA President Jeffrey M. Cole and Past President Joseph P. Crowley met with the U.S. surgeon general to discuss how the ADA can play a leading role in updating the surgeon general’s landmark report on oral health. The first report, which is now 20-years-old, addressed determinants for oral health and disease. The forthcoming update – expected in 2020 – will document progress in oral health since 2000 and articulate a vision for the future.

Garvin J. ADA Advocacy highlights from 2018. ADA News. Published online January 15, 2019 at <https://www.ada.org/en/publications/ada-news/2019-archive/january/ada-advocacy-highlights-from-2018>. Copyright © 2019 American Dental Association. All rights reserved. Reprinted with permission.

## Legislative Action Center

The ADA Legislative Action Center is the American Dental Association’s main advocacy tool. The ADA uses the system to send out action alerts, inform dentists on critical public policy issues, and put our members in contact with their legislators. Signing up for our alerts allows your voice to be heard in Washington.

### Why should I use The Action Center?

Every day new regulations and laws are discussed in Congress that can affect oral health, your patients and your practice. Being involved in the political process is essential and the ADA strives to provide you with all the tools possible to make dentists better advocates. The Legislative Action Center is both easy and quick to use, [click here to try it out today!](#)

Sign up today at  
[www.actioncenter.ada.org](http://www.actioncenter.ada.org)



JANUARY 30 - FEBRUARY 1, 2020  
BOSTON CONVENTION & EXHIBITION CENTER

# Advancing the **Vision** 2020







## NEW MEMBERS

**Mia Gooding, DMD**

Medical University of South Carolina, 2018  
Employed: 1422 Warwick Ave., Warwick

**Arya Amol Pathak, DMD**

Boston University, 2018  
Employed: 191 Macarthur Blvd., Coventry

**Sonia Motwani, DDS**

Stony Brook University, 2018  
Graduate: Jersey City Medical Center, 2019  
Employed: 181 W Main St., North Kingstown

**Elizabeth Patrick, DDS**

University at Buffalo, 2019  
Graduate: Samuels Sinclair Dental Center, 2020

**Warren Nogueira, DMD**

Tufts University School of Dental Medicine, 2019  
Graduate: Providence VA Medical Center, 2020

**Andrew Schaneman, DDS**

University of Colorado School of Dental Medicine, 2019  
Graduate: Providence VA Medical Center, 2020

**Jacquelyn McWilliams, DMD**

University of New England, 2019  
Graduate: Samuels Sinclair Dental Center, 2020

**John Power III, DMD**

University of Connecticut, 2019

**Tuyen Nguyen, DMD**

Tufts University School of Dental Medicine, 2018  
Employed: 931 Smith St., Providence

**Nima Behazin, DMD**

University of Connecticut, 2016  
Graduate: Yale New Haven Department of Dentistry, 2017  
Employed: 4959 Tower Hill Rd., Wakefield

**Daniel Pickar, DMD**

Tufts University School of Dental Medicine, 2019  
Graduate: Providence VA Medical Center, 2020

### IN MEMORIAM

Vito D. Buonomano, DDS  
Anthony P. Alessandro, DDS  
John Turchetta, DDS

## RETIRED MEMBERS

**Peter Bourdeau, DDS**

44 Years of membership

**Richard Gordon, DMD**

42 Years of membership

## THANK YOU TO OUR 2018-2019 EVENT SPONSORS!

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# RIDA CALENDAR

## AUGUST

- **August 12**  
Back to School Oral Health Fair  
12:00pm-2:00pm  
Warwick Mall
- **August 27**  
RIDPAC Event  
6:00pm  
Squantum Club, Riverside

## SEPTEMBER

- **September 2**  
Labor Day  
RIDA Executive Office - CLOSED
- **September 4-9**  
ADA Annual Meeting & House of Delegates  
San Francisco, CA
- **September 17**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **September 18**  
"Just Do It...Better!"  
presented by Dr. Susan McMahon  
9:00am-4:00pm  
Quidnessett Country Club, North Kingstown
- **September 20**  
New Dentist Event  
6:30pm  
East Greenwich Yacht Club

## OCTOBER

- **October 15**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm

## NOVEMBER

- **November 1-2**  
NE President/President-elect Conference  
Newport, RI
- **November 11**  
Veterans Day  
RIDA Executive Office - CLOSED
- **November 13**  
"Geriatric Dentistry"  
presented by Dr. Lou Graham  
9:00am-4:00pm  
Quidnessett Country Club, North Kingstown
- **November 19**  
RIDA House of Delegates  
RIDA Executive Office 6:30pm
- **November 28-29**  
Thanksgiving  
RIDA Executive Office - CLOSED

## DECEMBER

- **December 10**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm

\*\* All dates are subject to change. Please check the website for any updates.

## CLASSIFIEDS

**Medicare Strategies:** Professional guidance to help you review and choose the right Medicare plan for you. Consulting for employer groups or individuals.

Compare carriers and plan designs. Call or text (401)965-0270 for a free consultation. Susan Leeming, Independent Consultant & Broker.

**Associate Needed:** A long, long time ago in a friendly, nearby galaxy, a dentist couple bought a practice in Northeast Connecticut. With seven treatment rooms, it was ideal for two dentists and two hygienists. They loved the area: wonderful restaurants, visual and performing arts, beautiful rivers and hiking trails, and local farmers' markets. It was the perfect place to raise a family and a wonderful community to practice in. Twenty five years later, this 5-star practice seeks an associate dentist for two or three days a week, with the opportunity for a practice transition in the future. This is the chance of a lifetime for the right dentist! Contact Walter McGinn, DMD at [wpmcginn@mac.com](mailto:wpmcginn@mac.com).

**Busy General Practice on RI/MA line available for sale Fall 2019.** Collections of \$550K - practice price \$385K - no broker involved.

Beautiful 3 chair state of the art layout with immediate expansion to 5 rooms possible. All staff staying through transition.

Not accepting Medicaid.

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All responses will be kept in strictest confidence.



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The products and services you'll find here can help manage the business-side of your practice, as well as your personal life, more smoothly and efficiently. Make your choice with confidence knowing these resources have been thoroughly researched and endorsed for Members of the American Dental Association.

Visit [adamemberadvantage.com](http://adamemberadvantage.com) for more information

## RIDA ENDORSED PRODUCTS AND SERVICES

