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PENNSYLVANIA DENTAL JOURNAL

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*Day on
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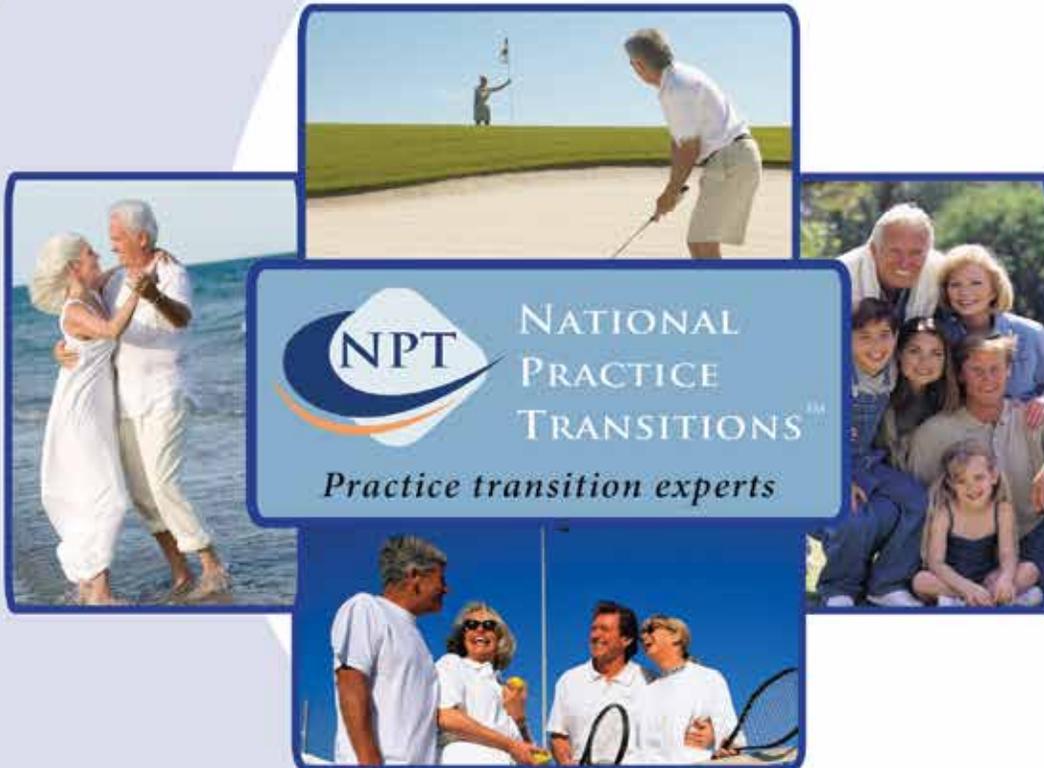
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The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.

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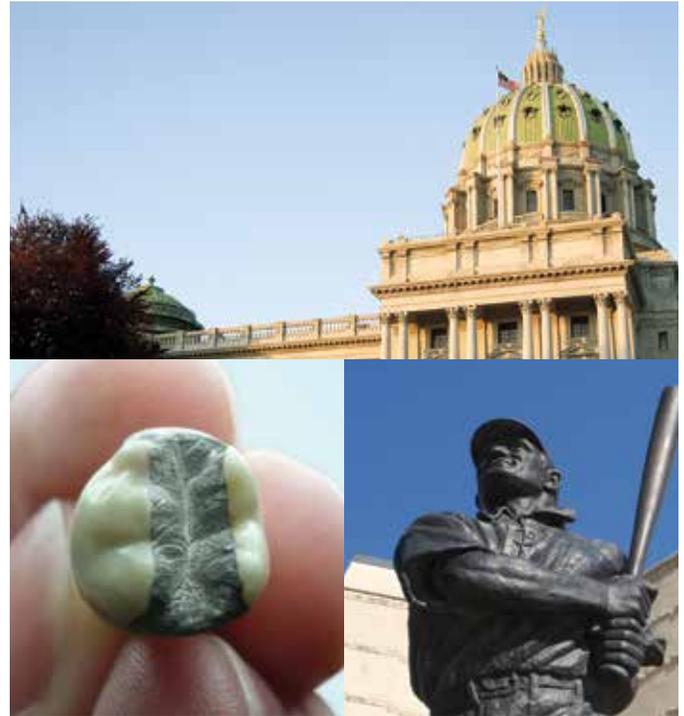
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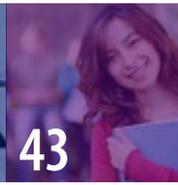
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PENNSYLVANIA DENTAL JOURNAL (ISSN 0031-4439), owned and published by the Pennsylvania Dental Association, 3501 North Front Street, Harrisburg, 17110, is published bi-monthly: Jan/Feb, Mar/Apr, May/June, July/Aug, Sept/Oct, Nov/Dec. Address advertising and subscription queries to 3501 North Front Street, P.O. Box 3341, Harrisburg, 17105. Domestic subscriptions are available to persons not eligible for membership at \$36/year; International subscriptions available at \$75/year. Single copies \$10. Periodical postage paid at Harrisburg, PA. "The Pennsylvania Dental Association, although formally accepting and publishing reports of the various standing committees and essays read before the Association (and its components), holds itself not responsible for opinions, theories, and criticisms therein contained, except when adopted or sanctioned by special resolutions." The Association assumes no responsibility for any program content of lectures in continuing education programs advertised in this magazine. The Association reserves the right to refuse any advertisement for any reason. Copyright ©2015, Pennsylvania Dental Association.

POSTMASTER: Send address changes to Pennsylvania Dental Association, P.O. Box 3341, Harrisburg, PA 17105.

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IMPRESSIONS



*By Dr. Bruce R. Terry
Editor*

Life Is About Connections

I am lucky enough to be able to teach at Temple University Kornberg School of Dentistry one day per week. I am something of a relic at that school. I started there as a dental student in 1982 and finished (on time) in 1986. Immediately upon graduation I entered the Graduate Endodontic Program and continued full time for another two years and graduated in 1988.

I spent my first year as an endodontist working in six different office locations. By the fall of 1989, one year later, I had consolidated to only four locations and I returned to Temple to teach a half day per week. Within another year I was down to only two locations plus Temple. As life went on I was able to increase my involvement at the dental school. Teaching graduate students near my own age was intimidating at first. As the years went by and my confidence grew, I found myself working all day on Wednesdays and looking forward to that day each week. That has continued to this day.

But that schedule did not come without sacrifice. For several years I would spend many hours hitting the streets to visit referring doctors and attending dental meetings to be part of my dental community. In those early years I didn't wear scrubs to the office - it was pre OSHA. I wore khakis, like the State Farm guy, and always kept a blue blazer in the car for quick visits to dental offices or to a dental meeting after work. My blue blazer

got a heavy workout during the early years and was the brunt of lots of jokes when I would show up at a colleague's office to say hi.

"Here comes the blue blazer" became my walk-on song.

It actually never occurred to me while at dental school that I wouldn't join the ADA and local dental society. We all wanted to join. The first local meeting for me was at the Holiday Inn Fort Washington. There were more than 100 in attendance and you could feel the vibe. It was exciting to be a part of that group. It was at these meetings that I forged lifetime friendships and realized that my problems were the same as others' and we could laugh about what happened in the office that day, share stories about cases gone well and others not so good.

Today when I and others explain the benefits of being an ADA member dentist we focus on the money saving benefits like life or disability insurance or car rental and web hosting services, to name just a few. As I write this editorial, the ADA has announced that it has partnered with Darien Rowayton Bank, known as DRB, to help recent graduates consolidate their student loans. This could be one of the greatest benefits yet for a member. It shows that the ADA has been listening to what matters to members most.

While I couldn't agree more with the need to create and offer this incredible benefit to new dentists, I can't help but remember what the real value of membership was for me in the beginning and to this day. It was the relationships with colleagues. I can't stress that enough. I never joined for the swag. The swag is good, but it's secondary. For me life is about connections, but it wasn't always that way. I was also swayed in the past by the offer of stuff. I remember my wife and

I going to a timeshare meeting at the Jersey shore 30 years ago just to get a hibachi grill set.

So circling back to my point. What was my point? Oh yeah, I was writing about how I have never really left dental school since I got there as a freshman. I have seen many changes over the years. Student demographics changing, tuition rising, more information to learn and smarter students, just to name a few. What hasn't changed, you may ask? The bonds you form in dental school. We all survived the pressure that was dental school whether it was in the 1970s or 2010s. We all lived through it with our classmates as support. It's those bonds we never forget. The late nights studying and the goofing off after a big exam. The excitement and fear of seeing our first patients and the joy and sadness when it was time to leave. The current students experience the same emotions that we shared decades ago. It's these connections that matter most to me.

So even today when new students graduate I know that they want to feel like they are part of something, but they just don't know it. They are much busier than we must have been because they launch into an associate position and quickly forget about organized dentistry. While the ADA is great at showing everyone what it has to offer it forgets about the simple thing that many are looking for. A connection.

I fear that we are losing that connection in our frantic pace and need to succeed and survive. We have pushed aside time for collegiality because we just have too many other things to do. But I know when I see someone at a dental CE meeting, we say hello and we ask about each other's families and very quickly we are talking about the one thing we have most in common, dentistry. It may be about clinical

care or insurance or staff management, but it always goes to dentistry. That's what we have in common and we need to vent and we need advice and we need to help. It's what we should be doing.

My hat's off to the ADA for securing lower interest loan financing for new dentists. They would have to be nuts not to take advantage of a fantastic program like that. By some estimates they could be saving more than \$100,000 over the life of their loans. But, if they stay as members not only will they save money, but they may make hundreds of friends along the way as I did, and how cool would that be?

—BRT

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GOVERNMENT RELATIONS

Harkening back to the days of former Governor Ed Rendell, the General Assembly and Governor Tom Wolf are haggling over the state budget long after it was to have passed by the constitutionally-mandated deadline of June 30. While legislators were in Harrisburg most of the summer and conducted some business, PDA's issues stagnated along with everyone else's, a casualty of contentious budget negotiations.

We will spend the remainder of the fall session fighting for our assignment of benefits legislation, more funding for the primary care loan forgiveness program and limits on insurers' ability to retroactively review claims. We will also continue to monitor and respond to a number of other bills introduced this session that impact dentistry in some way.

Legislative News

We need your help to pass PDA's Top Four Advocacy Goals for the 2015-2016 Legislative Session!

PDA is the premier dental organization at the forefront of legislative initiatives to improve the dental practice environment in Pennsylvania for both dentists and patients. We are halfway through the legislative session, which commenced in January. For the remainder of 2015 and on into 2016, PDA's lobbyist, staff and volunteer leaders will work on members' behalf to pass these important insurance reforms, and scope of practice and access to care initiatives:

- Assignment of benefits for all providers.
- Health practitioner student loan forgiveness and tangential loan mitigation issues.
- Limiting timeframe insurers may retroactively review and deny claims.
- Restoration of funding in the adult Medical Assistance program for dental providers.

You play an essential role in this process, too! By contacting your state representative and senator to discuss our issues, you'll help us compel House and Senate leadership to move our legislation and to achieve the number of votes needed to pass them in the General Assembly before bills officially "die" at the end of 2016.

We make it easy for you to communicate with your lawmakers. Here is background information and talking points on all four of our advocacy goals. Simply pick up the phone or draft a letter to your lawmakers using these talking points. As session resumes in September, look for emails from us using Engage, PDA's new action alert system, that will provide real-time information about our bills and the information you'll need to communicate with your lawmakers.

Thank you for doing your part to protect your profession, your patients and your livelihood!



HB 973 and SB 843: Assignment of Benefits — Requiring Insurers To Directly Pay Non-Participating Dentists Upon Patients' Request

THE ISSUE

Rep. Stan Saylor (R-York) and Sen. John Eichelberger (R-Blair) introduced companion (identical) assignment of benefits legislation in the House and Senate. HB 973 and SB 843 would require insurers to honor patients' requests to directly assign benefits to dentists, regardless of whether the dentist participates with the insurer. Requiring assignment of benefits would reduce administrative and financial burdens for both patients and dentist.

In Pennsylvania, some patients cannot see their dentist of choice because some insurance companies do not directly pay the non-participating provider and they cannot afford to pay for services upfront. Dentists who do not require advanced payment may never be paid for services rendered. This insurance practice unfairly inhibits patients from seeking care from their dentist of choice, even though they are paying for a benefit that should be applied to any provider, regardless of whether or not the provider participates with the patient's insurance plan.

By enacting assignment of benefits legislation, Pennsylvania would join 22 other states in ensuring that benefit plans are treated as purchased products belonging to the patient. This would help alleviate problems some patients face based on remote geography and situations such as divorce or separation. By requiring insurers to directly pay dental providers for patients' treatment, patients—not the carrier—will have the right to decide where to direct their benefits.

TAKE ACTION

- Look to see if your representative cosponsored HB 973 and thank them for their support. Cosponsors include: Adolph, Barrar, Benninghoff, Boback, Briggs, V. Brown, Cohen, Cox, Driscoll, Frankel, Gibbons, Goodman, Harper, Heffley, Phillips-Hill, James, Kauffman, M.K. Keller, Knowles, Lawrence, Millard, Murt, Pickett, Rapp, Snyder, Sonney Staats and Watson.
- Look to see if your senator cosponsored SB 843 and thank them for their support. Cosponsors include: Argall, Alloway, Blake, Boscola, Brooks, Dinniman, Greenleaf, Rafferty, Tartaglione, Teplitz, Vulakovich and Ward.
- Look to see if your representative and senator are members of the House Insurance Committee and Senate Banking and Insurance Committee. Make a special effort to educate them on HB 973 and SB 843, as these committees have first consideration

of the bill. Ask your representative to contact the Committee chair and request a vote on HB 973. Ask your senator to contact the Committee chair and request a vote on SB 843. PDA supports both and we will lobby for whichever one gains traction in their respective chamber.

- Look to see if your senator and representative are in leadership positions (Senate and House officers, committee chairs and Appropriation chairs). Make a special effort to educate them on this bill, as they will decide whether to schedule a full House or Senate vote for passage.
- Talk to all representatives and senators about the need for assignment of benefits legislation. Personalize your story, talk about how this has or could impact your business. More importantly, focus on this issue as being consumer-friendly and give personal accounts on how assignment of benefits will help your patients.

TALKING POINTS ON ASSIGNMENT OF BENEFITS

- Passage of this legislation would ensure a more equitable system for patients and make dental care more affordable and accessible. Twenty-two other states have enacted assignment of benefits laws.
- Patients should have the right to decide where to direct payment for dental care. Some patients cannot see their preferred dentist because some insurance companies do not directly pay the non-participating provider and they cannot afford to pay for services upfront. Dentists who do not require advanced payment may never be paid for services rendered. This insurance practice unfairly inhibits patients from seeking care from their dentist of choice, even though they are paying for a benefit that should be applied to any provider, regardless of whether or not the provider participates with the patient's insurance plan.
- Absence of assignment of benefits legislation forces patients to pay upfront for treatment they may not be able to afford. This is particularly difficult for divorced or separated parents, single mothers and low-income families. It would be much easier for a patient to have the ability to assign the dental benefit directly to the provider.
- Parents who are divorced or separated may experience the problem where one parent has custody of a child while the other parent carries the insurance. The latter may never send the insurance check to the custodial parent, who had to pay for services upfront. Faced with this situation, many custodial parents postpone or avoid care altogether. This could also impact the dentist, who sympathize with the parent and see the child without requiring advanced payment. Often these dentists are never paid.
- Patients residing in rural areas are placed at a disadvantage as there may only be a handful of dentists who are in-network. Patients may have to incur more traveling time and expense to seek treatment from an in-network provider, rather than being

treated by a non-participating dentist who practices in closer proximity.

- Insurance companies oppose assignment of benefits laws because they want more dentists to join their networks. Studies have proven that network participation did not decline in states with assignment of benefits laws. After passing assignment of benefits legislation, Florida conducted a study and found provider networks remained the same. When asked, representatives from insurance companies were not able to provide data from any of the other 21 states proving that there was a decline in network participation.
- Insurers that do not assign benefits to non-participating dentists are Delta Dental and United Concordia (United Concordia assigned benefits in all other 49 states and U.S. territories). UPMC and United Healthcare for Kids do not consistently assign benefits to patients.
- Assignment of benefits laws will drive down health care costs by simplifying the payment and reimbursement process.



Adequate Funding in The State's Primary Health Care Practitioner Loan Repayment Program For Dentists Practicing In Health Professional Shortage Areas

THE ISSUE

At PDA's request, Rep. Karen Boback will soon introduce legislation which increases the amount of funding available for dentists who enroll in the state's primary health care practitioner loan repayment program in exchange for practicing in designated health professional shortage areas. This legislation:

- Increases the amount of loan repayment from up to \$100,000 to up to \$200,000 for a full-time two-year commitment.
- Allows dental specialists to apply for the program.

Currently, the Department of Health's primary health care practitioner loan forgiveness program reimburses dentists a maximum of \$100,000 for up to a two-year, full-time commitment to practice in a designated health professional shortage area. The program is only open to general dentists and hygienists (who are reimbursed \$60,000 for a full-time, two-year commitment).

Pennsylvania has a total of 85 designated health professional shortage areas (DHPSAs broken out as follows: 56 population DHPSAs (population group within a defined geographic area); 25 facility DHPSAs (specific public or non-profit facility, such as a prison); four geographic DHPSAs (distinct geographic areas such as a county or grouping of census tracts, townships or boroughs). Only nine dentists are now accepted into the program. They practice in Blair, Lancaster, Montgomery, Philadelphia, Schuylkill, Venango and York counties.

TAKE ACTION

- Look to see if your representative and senator are members of the House Health Committee and Senate Public Welfare and Consumer Protection Committee. Make a special effort to educate them on this bill, as these committees have first consideration of the bill. Ask your representative to contact the committee chair and request a vote on Rep. Boback's legislation.
- Look to see if your representative and senator are in leadership positions (Senate and House officers, committee chairs and Appropriation chairs). Make a special effort to educate them on this bill, as they will decide whether to schedule a full House or Senate vote for passage.
- Talk to all representatives and senators about the need to increase funding in the Department of Health's primary care loan forgiveness program, which has proven successful in bringing health care providers to underserved areas.

TALKING POINTS

- More than 90 percent of dental students graduate with some school debt. The debt amount varies greatly depending on whether students attend a public or private school. According to the American Dental Education Association (ADEA), the cost of student loan debt has grown over 100 percent in the last 10 years and the average debt for dental school graduates is now more than \$247,000. More than 75 percent of students graduate with more than \$100,000 in student loans.
- Educational debt impacts postgraduate career planning. It affects whether dental school graduates pursue specialty training, enter private practice, work in underserved communities, enter public service, teach or research.
- There are two overriding concerns related to the cost of dental education. One is that the rising educational costs and indebtedness may make a dental career appear unaffordable and unattractive to prospective students. The second is that an increase in student debt will prevent new graduates from treating low-income patients because they cannot accept such low reimbursement rates.
- The state's health care practitioner loan forgiveness program provides loan repayment up to \$100,000 for a two-year, full-time commitment from the dentist to service in a shortage area. This amount is inadequate given the amount of debt most dental students accumulate.
- PDA supports Rep. Boback's legislation to increase funding for dentists in the state's program and to award more slots to dentists applying for loan forgiveness in exchange for practicing in a shortage area. PDA also supports opening the program up to dental specialists such as endodontists and oral surgeons. Some counties, particularly rural counties, only have one or a few specialists.
- Increasing funds in the state's primary care loan repayment program improves access to dental care by influencing the location of some dental practices. The majority of dentists are small business owners. The price of starting or purchasing a

practice can reach hundreds of thousands of dollars. New dentists with enormous debt will take advantage of financial incentives such as an increase in student loan repayment.

- Increasing funds in the health practitioner loan forgiveness program will help new dental graduates who want to practice in underserved areas but feel they must practice in more affluent areas of the state in order to establish a solid patient base and to more quickly pay off their loans.
- Loan repayment has proven successful in strengthening a community's overall economy. It encourages dental school graduates to practice in underserved areas, increasing the workforce by employing hygienists and assistants and others who have difficulty finding employment.



SB 554 and HB 1178: Limiting Retroactive Review and Denial By Insurance Companies

THE ISSUE

PDA supports SB 554 and HB 1178, legislation to place a 12-month limit on insurers retroactively reviewing and denying claims submitted by health providers, except in cases of obvious fraud, coding errors and duplicate claims. Current Pennsylvania law allows insurance companies an indefinite number of years to retroactively review and deny claims. PDA joined a coalition of other health care providers in support of SB 554 and HB 1178.

TAKE ACTION

- Thank Sen. Argall and Rep. Barrar, the primary sponsors of SB 554 and HB 1178.
- Look to see if your senator cosponsored SB 554 and HB 1178 and thank them for their support. Senate cosponsors include: Alloway, Aument, Blake, Gordner, McGarrigle, McIlhinney, Mensch, Rafferty, Schwank, Tartaglione, Ward and Wozniak. House cosponsors include Cohen, D. Costa, Kauffman, Millard, Murt, Readshaw, Rozzi, Saylor Truitt and Zimmerman.
- Look to see if your representative and senator are members of the Senate Banking and Insurance Committee and House Insurance Committee. Make a special effort to educate them on SB 554 and HB 1178, as these committees have first consideration of the bill. Ask your senator to contact the committee chair and request a vote on SB 554 and HB 1178.
- Look to see if your senator and representative are in leadership positions (Senate and House officers, committee chairs and Appropriation chairs). Make a special effort to educate them on this bill, as they will decide whether to schedule a full House or Senate vote for passage.
- Talk to all representatives and senators about the need to limit the timeframe in which insurers retroactively review and deny dental claims. Personalize your story, talk about how this has or could impact your business.

TALKING POINTS FOR RETROACTIVE REVIEW LEGISLATION

- Due to advanced technology, insurers should not have any difficulty reviewing claims within a 12-month timeframe. The proposed 12-month limit does not include cases of fraud, coding errors and duplicate claims where additional management and review may be required. PDA supports these exceptions.
- PDA is opposed to amendments to extend the timeframe to 24 months and to allow for "tolling," if it is interpreted to allow insurance companies to continuously delay the review period by requesting additional documents from providers.
- SB 554 and HB 1178 would make dental offices more efficient and help dentists focus on providing patients with quality and timely care. It will make Pennsylvania a more friendly state in which to practice dentistry, ultimately attracting more dentists to this state and improving access to care.
- As small business owners, dentists cannot afford the substantial administrative costs that are incurred with an extended review period for retroactive denial. The administrative time involved in cases of retroactive review substantially impact the time that office staff and dentists can devote to providing dental care for their patients.

■ Retroactively reviewing and denying payment for treatment thought covered by patients and providers can financially jeopardize dental practices. Some providers and facilities report having to repay insurers thousands, even millions of dollars for services that had been initially approved by the insurer. Patients who can ill afford the cost of dental care of the associated costs to provide such care, such as needing anesthesia, are now being told they owe hundreds or thousands of dollars for care rendered years prior.



Improving the State's Medical Assistance Program: Funding and Administrative Reforms

THE ISSUE

The PA Department of Human Services has set up a timetable for the transition away from former Governor Tom Corbett's HealthyPA to a full Medical Assistance (MA) expansion. The process was divided into two phases, first from April to June 2015 and the second from July to September 2015. Phase 1, which started in April and concluded by June 1, transferred those who

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enrolled in the General Assistance and Select Plan from the private coverage option (PCO) to the new Adult benefit package. Also, all new applicants will be enrolled in HealthChoices adult benefit package instead of the PCO. In Phase 2, which started in July and was scheduled to conclude by September 30, all remaining enrollees in PCO's will transition to HealthChoices.

In addition to individuals who qualified previously, Pennsylvanians ages 19 to 64 with incomes up to 138 percent of the Federal Poverty Level (FPL) may be eligible for coverage under Medicaid expansion.

TAKE ACTION

■ In light of the expansion of MA eligibility, impress upon your senator and representative the need for immediate action to reform the system in order to attract more providers. Talk to them about the need to pass meaningful reforms to the state's MA program. Encourage them to work with PDA to introduce legislation to correct existing barriers to provider participation, including reimbursement and administrative hassles. Ask them to reach out to Administration officials and communicate their support for PDA's recommendations on reforming the system.

■ If you are an MA provider, give personal experiences and any difficult situations you've faced.

TALKING POINTS

■ PDA is committed to improving access to care for patients enrolled in the Medical Assistance (MA) program. But increasing overhead costs, inadequate reimbursement rates and administrative hurdles make it difficult for dentists to become MA providers.

■ The state should conduct an annual review and increase provider reimbursement rates to reflect fair market value, in order to improve participation in the MA program. Most dentists are small business owners with high overhead costs, and they can't afford to treat MA patients at fees that are sometimes as low as 25 percent of the actual cost.

■ PDA urges the state to fully fund the adult MA program. The recent decision to limit most essential services for adults will result in increased cost to taxpayers when adults do not get the services they need and eventually seek treatment in hospital emergency rooms. PDA requests that the state reverse its decision to:

- Limit an examination and cleaning to one every 180 days.
- Eliminate coverage for crowns.
- Eliminate coverage for endodontics.
- Eliminate coverage for periodontal services.
- Allow one denture per lifetime, regardless of procedure code used.

■ These cuts apply to MA patients who are 21 years of age and older. There is a benefit exception process available to some patients who meet certain criteria. Adults who reside in nursing facilities or intermediate care facilities are exempt.

■ According to a recent study from the American Dental Association, dental-related emergency room visits amount to \$2.7 billion nationwide over a three-year period. Over 40 percent of these visits were by uninsured patients and 30 percent were visits by adults enrolled in the Medical Assistance program.

■ From 2000 to 2010, utilization of dental services in emergency rooms rose for young adults ages 21-24. In 2010, it was estimated that costs for treating dental problems in emergency rooms cost up to \$2.1 billion.

■ Low-income adults suffer a disproportionate share of dental disease and are about 50 percent less likely to have visited the dentist in the past 12 months, as opposed to those with higher incomes. Forty-two percent of low-income adults age 20 to 64 have untreated tooth decay. More than a third of individuals 65 and older have lost all of their teeth.

■ Adults who suffer from poor oral health have elevated risk for chronic diseases and have reduced chances to gain employment.

■ The legislature should require centralized credentialing of providers to avoid duplication and delays. Requiring the Administration to establish a centralized system for dental managed care organizations will allow providers to enroll on a timely basis. PDA has heard from members who have waited more than six months to be credentialed. This delay is costly to some who were waiting to be hired by a clinic or as an associate in a practice treating MA patients. A simplified credentialing process in which providers may simultaneously credential with several companies will alleviate providers' frustrations and ensure continuity of care for patients. It will also reduce administrative costs for both the carriers and providers.

Pennsylvania State Board of Dentistry Working on New Regulations for Dentists

This fall the Pennsylvania State Board of Dentistry (SBOD) is working to finalize a number of regulatory proposals, many of which will impact how you run your office. The SBOD approved the latest drafts of several regulatory packages over the summer, and the next steps for the regulations is review by the Governor's Policy Office and publication as proposed rulemaking in the *Pennsylvania Bulletin*. Upon publication, stakeholders, the House Professional Licensure Committee and the Independent Regulatory Review Commission will have an opportunity to submit comments and amend proposed rulemaking before they become effective and enforceable.

Here are new regulations you can expect to take effect sometime in the near future:

Anesthesia permit holders: Proposed regulations will update the standards for administering general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide/oxygen analgesia. There will be new regulations pertaining to the issue of administering oral sedatives and "stacking" medications.

Child abuse reporting requirements: Proposed regulations will update the SBOD's existing regulations relating to mandatory reporting of suspected child abuse under the Child Protective Services Law (CPSL). This rulemaking addresses recent changes made to the CPSL and recommendations from the Taskforce on Child Protection. The new regulations will include requirements for applicants and licensees to obtain the required amount of training and continuing education in child abuse recognition and reporting.

General revisions of 49 Pa. Code: The SBOD reviewed existing regulations with the goal of updating regulations and updating outdated and obsolete provisions. The proposed rulemaking would generally amend, update and clarify regulations relating to fictitious names, biennial renewal, inactive status, reactivation, licensure by criteria approval, acceptable proof of professional liability insurance, use of titles, advertising, unprofessional conduct, multi-disciplinary professional corporations, exclusion of auxiliary personnel from performing radiological procedures and continuing dental education. **There will be a brand-new requirement for dentists to install an AED in their offices.**

Schedule of civil penalties: The SBOD is participating in the Act 48 citation program and has not increased the amounts in the schedule of civil penalties for lapsed license/certificate violations since 2001. The SBOD believes that it is necessary to increase the civil penalties to deter prospective violators. The proposed rulemaking will also add a schedule of civil penalties for continuing education violations.

Restricted faculty licenses: Act 89 of 2014 amended the Dental Law to provide for restricted dental school faculty licenses. A restricted faculty license is granted to individuals for the limited purpose of teaching in a dental school or advanced dental education program as a faculty member of an accredited dental school. The proposed rulemaking mirrors the provisions found in Act 89.

Temporary volunteer dental licenses: Act 7 of 2014 established the procedures in which to apply for a temporary volunteer dental license. The purpose of Act 7 of 2014 is to allow for out-of-state dentists to volunteer their services in Pennsylvania at charitable events sponsored by PDA or other organizations. The proposed rulemaking mirrors the provisions found in Act 7.

What's on the horizon? Stay tuned as the SBOD explores whether to promulgate regulations pertaining to issues such as sleep apnea, botox injections, teeth whitening services, corporate dentistry and mobile dentistry. PDA will continue to monitor all SBOD activities, submit comments and keep members informed of new regulations that take effect.

Want to find out more about what goes on at SBOD meetings? Check out the Advocacy section on PDA's website for comprehensive meeting summaries: http://www.padental.org/Online/Advocacy/SBOD_Regulatory_Issues/SBOD_Regulatory_Issues.aspx



NEW MEMBERS

Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Samara Al Jumaili, DMD
University of Pennsylvania '15
Philadelphia

Fatbardha Aliaj, DMD
University of Pennsylvania '15
Huntingdon Valley

Drew A. Barder, DMD
Temple University '15
Millersburg

Alice W. Bassani, DMD
University of Pennsylvania '15
Havertown

Matthew R. Brezinski, DMD
University of Pittsburgh '15
Washington

Megan E. Buhler, DMD
University of Pittsburgh '15
Pittsburgh

Matthew S. Campbell, DMD
Temple University '15
Coatsville

Matthew Cassera, DMD
University of Pennsylvania '15
Philadelphia

Katrina Chen, DMD
Midwestern University
College of Dental Medicine '15
Camp Hill

Isaac D. Chung, DMD
University of Pennsylvania '15
Philadelphia

Miriam M. Ciner, DMD
University of Pennsylvania '15
Bala Cynwyd

Anthony S. Colangelo, DMD
University of Pittsburgh '15
Waynesboro

Elizabeth E. Cole, DMD
University of Pittsburgh '10
Sugar Grove

Richard Craven, DMD
University of Pittsburgh '15
Pittsburgh

Victoria A. Crow, DMD
Temple University '15
Glenolden

Dr. Joseph William D'Alesio, DDS
West Virginia University 1999
North Huntingdon, PA

Carolina A. Devers Reyes, DMD
University of Pennsylvania '15
Philadelphia

Paul A. Diamond, DMD
University of Pittsburgh '15
Mesa, AZ

Gabriel T. DiCostanzo, DMD
University of Pittsburgh '15
Pittsburgh

Jake M. Dorfman, DMD
Temple University '15
Philadelphia

Andrew Dormeshian, DMD
Temple University '05
Bala Cynwyd

Komal V. Dudhat, DMD
Temple University '15
North Wales

Evan R. Eisler, DMD
University of Pennsylvania '15
Philadelphia

Yvonne A. Felli, DMD, BDS
University of Pennsylvania '15
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Stefanie A. Feters, DMD
Temple University '15
Sharon Hill

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Wyomissing

Ariel M. Goldberg, DMD
University of Pittsburgh '15
Pittsburgh

Karen S. Guo, DMD
Tufts University '15
Wayne

Diana Marie Haerr, DDS
University of Colorado
Medical Center '04
Pittsburgh

Nathan Haerr, DDS
University of Colorado
Medical Center '02
Pittsburgh

George M. Hankewycz, DMD
University of Pittsburgh '15
North Huntingdon

Hana Hasson, DDS, MS
Dalhousie University
Faculty of Dentistry 1979
Oreland

Braxton M. Henderson, DMD
University of Pittsburgh '15
Pittsburgh

Maetal Henig, DMD
University of Pennsylvania '15
Philadelphia

Allison J. Hensler, DMD
University of Pennsylvania '15
Bethel Park

Colin P. Horan, DMD
Temple University '15
Philadelphia

Joseph J. Iuliano, DMD
University of Pennsylvania 1984
Langhorne

David A. Klass, DMD
Temple University '15
Philadelphia

Lindsay V. Knight, DMD
University of Pennsylvania '03
Furlong

Zachary M. Kulp, DMD
Temple University '15
Red Hill

Jennifer Kusner, DMD
Tufts University '13
Newtown

Harjeet Singh Mangat, DMD
Temple University '14
Schuylkill

Mara E. Mangini, DMD
University of Pittsburgh '11
Pittsburgh

Christa Marano, DMD
University of Pittsburgh '15
Waterford Works

Caitlin McCarthy, DMD
University of Pennsylvania '15
Scranton

Ryan James McCloy, DMD
University of Pittsburgh '15
Mt. Pleasant

Joshua P. McMillen, DMD
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Quakertown

Allison Hoose Moala, DMD
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Jaimie Marie Mong, DMD
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Thu Hong Nguyen, DMD
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Lancaster

Ross Sinclair Norian, DMD
Temple University '15
Paoli

Matthew B. O'Brien, DMD
University of Pittsburgh '15
Virginville

Mohamed D. Omar, DMD
University of Pennsylvania '15
Philadelphia

James Heeyoung Park, DMD
Temple University '15
Wynnewood

Medha K. Patel, DDS, BDS
New York University
College of Dentistry '15
Lansdale

Sita Patel, DMD
Temple University '15
Wyoming

Justina Marie Pope, DMD
University of Pittsburgh '15
Belle Vernon

Rakhee Porecha, DMD
University of Pennsylvania '15
Philadelphia

Lisa Marie Price, DMD
Temple University '15
Royersfor

Erin K. Reedy, DDS
University of Maryland '05
Lemoyne

Keith S. Richmond, DMD
University of Pittsburgh 1996
Lancaster

Katherine A. Romelfanger, DMD
University of Pennsylvania '15
Pittsburgh

Dustin Richard Root, DMD
Temple University '15
Philadelphia

Feng Ruoxue, DMD
University of Pennsylvania '15
Philadelphia

Adil Salik, DMD
University of Pennsylvania '15
Jenkintown

Samantha Evans Sarnicke, DMD
University of Pittsburgh '15
McMurray

William F. Seefried, Jr., DMD
Temple University '15
Philadelphia

Vikram Shad, DMD, BDS
University of Pennsylvania '15
Allentown

Nidhi Shah, DMD
Temple University '15
Philadelphia

Mandana M. Shaya, DMD
University of Pittsburgh '15
Pittsburgh

Jonida Sinani, DMD
Temple University '15
Philadelphia

Kathleen Skubak, DMD
University of Pittsburgh '15
Pittsburgh

Steven I. Smiga, DMD
University of Pittsburgh '1973
Pittsburgh

John S. Snee, DMD
University of Pittsburgh '15
Washington

Veronika Sokolovski, DMD
University of Pennsylvania '15
Philadelphia

Matthew Philip Stepler, DMD
Temple University '15
Chambersburg

Lauren E. Susek, DMD
Temple University '15
Plains

David R. Teitelbaum, DMD
University of Pittsburgh '15
West Nyack, NY

Danielle S. Teitelman, DMD
University of Pittsburgh '15
Warrington

Jeremy C. Toscano, DMD
Temple University '15
Philadelphia

Erica Mae Toth, DMD
Temple University '15
Philadelphia

Ryan F. Trembl, DMD
Temple University '15
Philadelphia

Abby Trenaman, DMD
University of Pennsylvania '15
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Richard James Vargo, DMD
University of Pittsburgh '15
Pittsburgh

Deepak K. Wararh, BDS, DDS
Virginia Commonwealth Univ. '15
Wilmington, DE

John C. Warren, DMD
Temple University '15
New Castle

Jared S. Weiner, DMD
Temple University '11
Holland

Christopher Wollenschlaeger, DMD
University of Pittsburgh '15
Pittsburgh

Brianna Youjin Yang, DMD
University of Pennsylvania '15
Philadelphia

Jason Yang, DMD
University of Pittsburgh '15
Pittsburgh

Betty Yip, DMD
University of Pennsylvania '15
Philadelphia

Kashlan M. Zacharia, DMD
University of Pittsburgh '15
Pittsburgh

Irina Zagorodny, DMD
University of Pennsylvania '15
Huntingdon Valley

Ali Nassir Zeni, DMD
University of Pennsylvania '15
Philadelphia

Caroline C. Zielinski, DMD
Temple University '15
Harveys Lake

Mohammad Zohaib, DDS
Virginia Commonwealth Univ. '15
Springfield, VA

CORRECTION

In our May/June and July/August issues, in the promotion for Pennsylvania's Dental Meeting, Dr. Alan Atlas's credentials were incorrect. Dr. Atlas is Clinical Professor, Director of Implant Dentistry in the Department of Preventive and Restorative Sciences at the University of Pennsylvania School of Dental Medicine and maintains a private practice dedicated to Esthetic and Comprehensive Restorative Dentistry in Center City Philadelphia.

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- **Dr. Mark Latta**, Dean and Professor of General Dentistry at Creighton University School of Dentistry.
- **Dr. John Burgess**, Assistant Dean for Clinical Research at the University of Alabama at Birmingham School of Dentistry.
- **Dr. Rick Walter**, Clinical Associate Professor in the Operative Dentistry Department at the UNC School of Dentistry.
- **Dr. Steven Jefferies**, Professor in the Department of Restorative Dentistry at Temple University Kornberg School of Dentistry.
- **Dr. Alan Atlas**, Clinical Professor, Director of Implant Dentistry in the Department of Preventive and Restorative Sciences at the University of Pennsylvania School of Dental Medicine.

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- **Dr. Sam Kratchman**, Clinical Associate Professor of Endodontics at the University of Pennsylvania School of Dental Medicine.
- **Dr. Frank Setzer**, Assistant Professor of Endodontics and Director of Predoctoral Endodontics at the University of Pennsylvania School of Dental Medicine.

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DHS is anticipating a high volume of applications and in order to ensure that your application is processed timely, **please submit your revalidation application as soon as possible.** This will prevent any interruption in your participation with DHS or our partnered managed care plans.

The following links on the DHS website provide helpful information:

<http://www.dhs.state.pa.us/provider/providerenrollmentandscreeningrequirementssoftheaffordablecareact/index.htm>

<http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/index.htm>

Please don't hesitate to reach out to your DHS Program Office (<http://www.dhs.state.pa.us/foradults/helpfultelephonenumber/contactinformationhelpformaproviders/index.htm>) with any questions or concerns.

You may have already revalidated and DHS encourages providers to check the MA Enrolled Provider Portal Lookup Function (<https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>) to determine your revalidation date. All provider letters and portal login screens contain your next revalidation due date. Look for changes on the provider portal for each 13-digit logon to check your service location(s).

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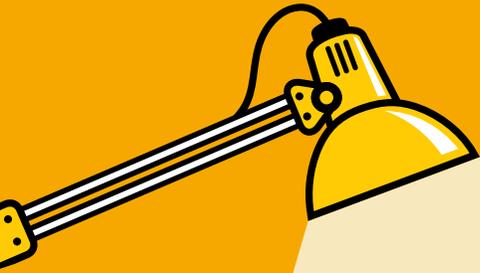
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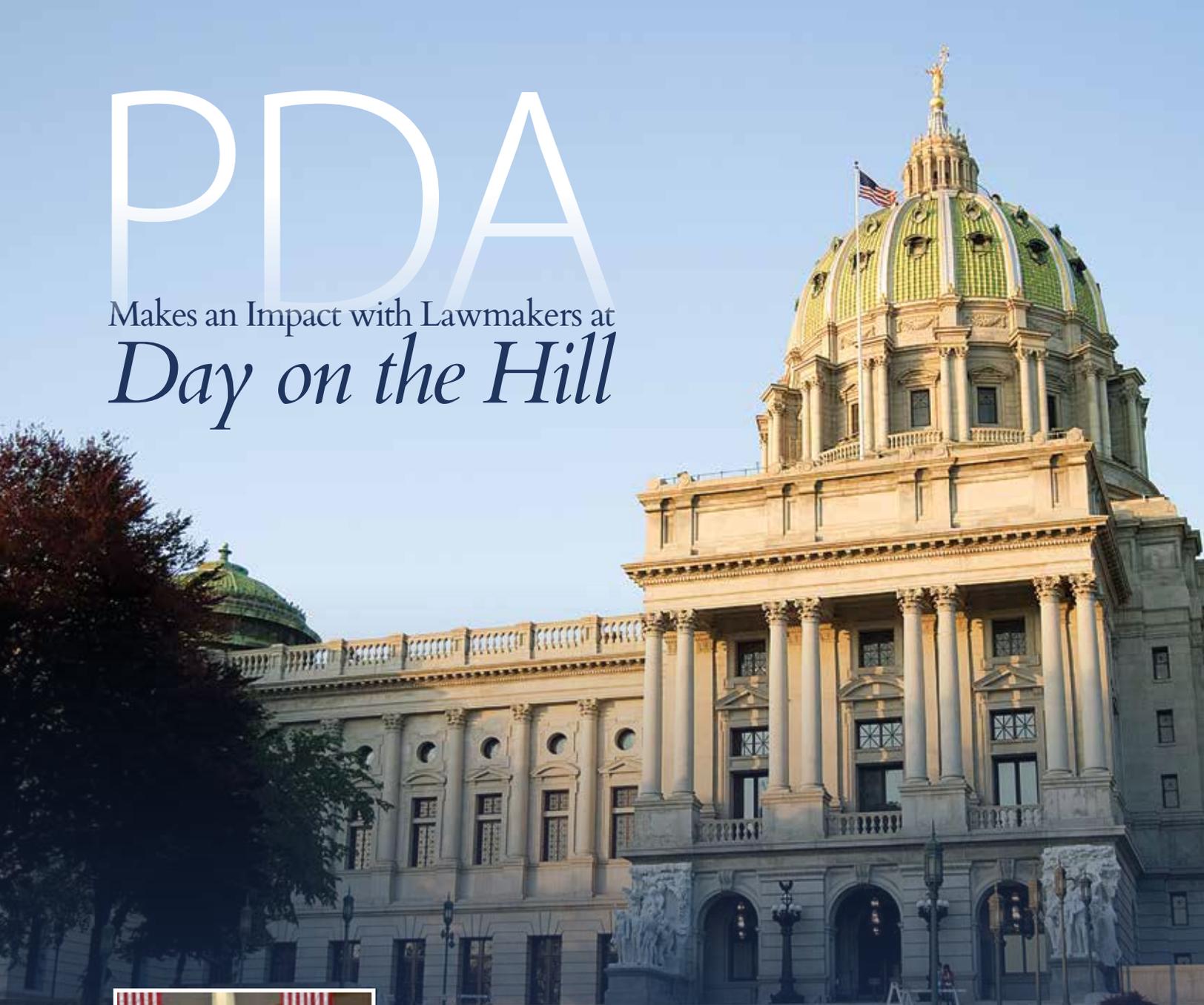
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PDA

Makes an Impact with Lawmakers at
Day on the Hill



On June 2, more than 75 members, spouses and students from Pennsylvania's dental schools participated in PDA's annual Day on the Hill at the state Capitol. Following the event at the Capitol, PDA held its second Dental Career Expo, as a way for students to network and to learn more about the career options available to them.

The day began with breakfast and an issues briefing by PDA's lobbyists before participants boarded buses for the short trip to the Capitol building. Attendees broke off into teams to meet with key legislators and staff to talk about our four issues. The event ended with a rally, during which Dr. Wade Newman, PDA president, presented the Kay Thompson Outstanding Legislator Award to Sen. Jake Corman and Rep. Bill Adolph, for their continued commitment to passing a state budget that includes funding for Dental Lifeline Network's Donated Dental Services program and more funding for the Primary Care Practitioner Loan Forgiveness Program.

We need more of *you* to attend Day on the Hill in 2016! Save the date for April 19, and register today online at www.padental.org/DayontheHill.

PDA Makes an Impact with Lawmakers at
Day on the Hill



ISSUE **Assignment of Benefits**
(SB 973 and HB 843)

#1

Primary Sponsors:

Rep. Stan Saylor (R-York) and Sen. John Eichelberger (R-Blair, Cumberland, Franklin, Fulton, Huntingdon).

Last Action:

Referred to the Senate Banking and Insurance and House Insurance Committees.

Committee Chairs:

Sen. Donald White (R-Indiana, Armstrong, Butler, Westmoreland) and Rep. Tina Pickett (R-Bradford, Susquehanna, Sullivan).

Opponents:

Insurance companies, particularly Delta Dental, United Concordia and the Insurance Federation.

Supporters:

This is a dental-specific bill, but other healthcare provider groups support assignment of benefits, particularly the group representing ambulatory services. PDA wants to keep the bill dental specific so that it does not “die” in committee.

ISSUE **Primary Care Practitioner Loan Forgiveness Program**
(bill number unassigned)

#2

Primary Sponsor:

Rep. Karen Boback (R-Lackawanna, Luzerne, Wyoming).

Last Action:

Will be introduced, assigned a number and referred to the House Health Committee.

Committee Chair:

Rep. Matthew Baker (R-Bradford, Tioga, Potter)

Opponents:

No vocal opponents but there are various health care provider groups vying for the same pot of money.

Supporters:

This is a dental-specific bill that would require the Department of Health to increase student loan forgiveness up to \$200,000 and allow specialists to apply to the program. PDA wants to keep the bill dental specific so that it does not “die” in committee.



ISSUE
#3

Limiting Timeframe Insurers May Retroactively Review and Deny Claims (SB 554 and HB 1178)

Primary Sponsors:

Sen. Dave Argall (R-Berks, Schuylkill) and Rep. Steven Barrar (R-Chester, Delaware).

Last Action:

Referred to the Senate Banking and Insurance and the House Insurance Committees. The House Insurance Committee held a public hearing on HB 1178 in June, at which PDA and the PA Society of Oral and Maxillofacial Surgeons testified.

Committee Chairs:

Sen. Donald White (R-Indiana, Armstrong, Butler, Westmoreland) and Rep. Tina Pickett (R-Bradford, Susquehanna, Sullivan).

Opponents:

Individual insurance companies and the Insurance Federation.

Supporters:

PDA joined a coalition of other health care provider groups to advocate for this legislation.

ISSUE
#4

Medical Assistance Funding (appropriations issue without a specific bill)

Primary Sponsors:

PDA is lobbying all lawmakers to support a state budget that includes a restoration in funding in the dental adult Medical Assistance (MA) program to 2010 funding levels.

Last Action:

Once the state budget passes it is up to the Department of Human Services to appropriate the funding for medical, dental and behavioral health services.

Key Administration Officials:

The Secretary of Human Services and Deputies in charge of administering the MA program.

Opponents:

No vocal opponents but there are various health care providers vying for limited funding.

Supporters:

The Pennsylvania Coalition for Oral Health, whose members represent public health, philanthropic organizations, businesses, dental organizations, health insurance firms, advocacy organizations, state agencies and other champions of oral health.



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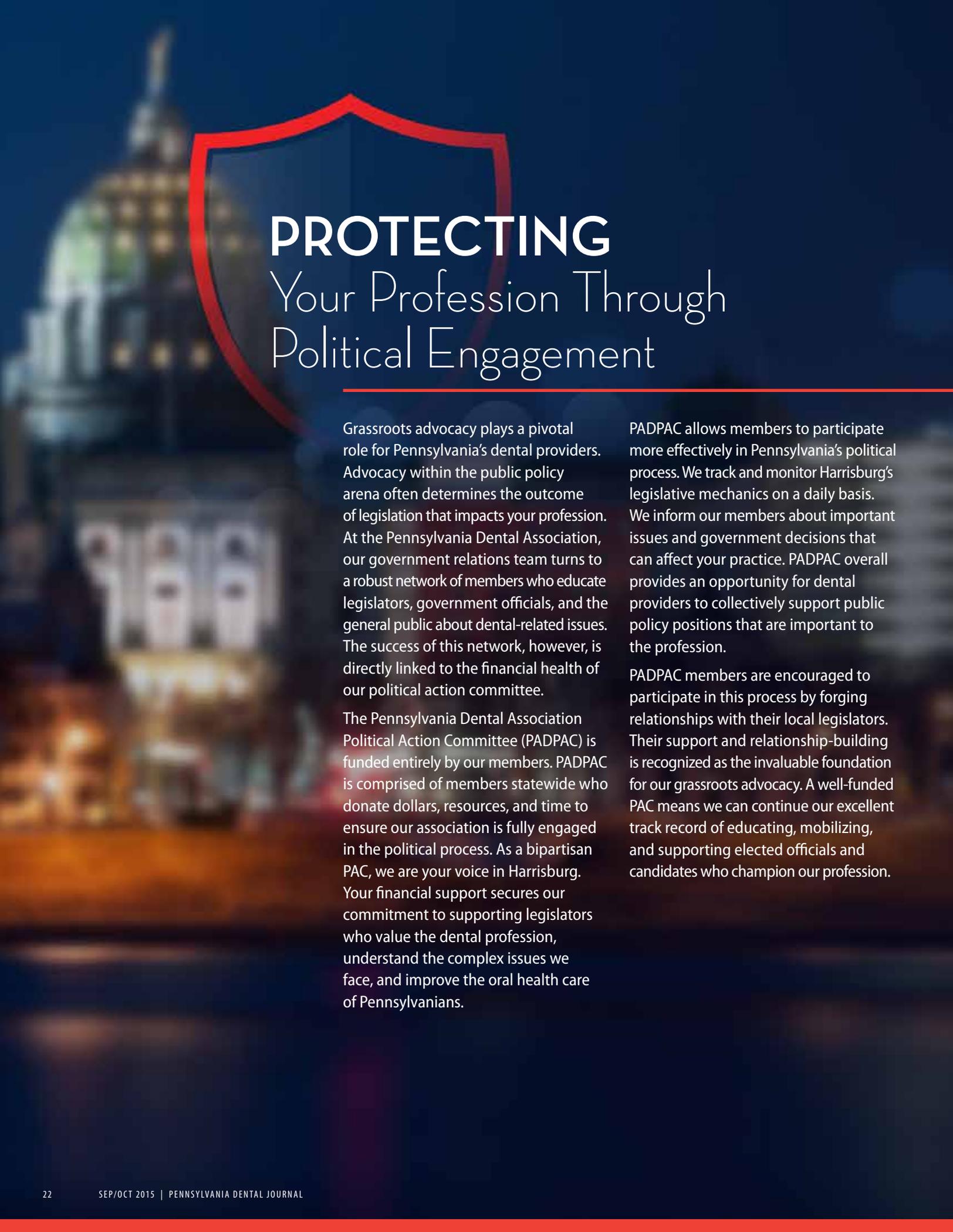
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PROTECTING Your Profession Through Political Engagement

Grassroots advocacy plays a pivotal role for Pennsylvania's dental providers. Advocacy within the public policy arena often determines the outcome of legislation that impacts your profession. At the Pennsylvania Dental Association, our government relations team turns to a robust network of members who educate legislators, government officials, and the general public about dental-related issues. The success of this network, however, is directly linked to the financial health of our political action committee.

The Pennsylvania Dental Association Political Action Committee (PADPAC) is funded entirely by our members. PADPAC is comprised of members statewide who donate dollars, resources, and time to ensure our association is fully engaged in the political process. As a bipartisan PAC, we are your voice in Harrisburg. Your financial support secures our commitment to supporting legislators who value the dental profession, understand the complex issues we face, and improve the oral health care of Pennsylvanians.

PADPAC allows members to participate more effectively in Pennsylvania's political process. We track and monitor Harrisburg's legislative mechanics on a daily basis. We inform our members about important issues and government decisions that can affect your practice. PADPAC overall provides an opportunity for dental providers to collectively support public policy positions that are important to the profession.

PADPAC members are encouraged to participate in this process by forging relationships with their local legislators. Their support and relationship-building is recognized as the invaluable foundation for our grassroots advocacy. A well-funded PAC means we can continue our excellent track record of educating, mobilizing, and supporting elected officials and candidates who champion our profession.

The success of this network, however, is directly linked to the financial health of our political action committee.

By becoming a PADPAC member, you join dentists, their spouses and others who understand that the resources needed for effective advocacy cannot be achieved through dues payments alone. PADPAC members distinguish themselves by making voluntary contributions, sending a message to the Capitol that their voices can impact the legislative process.

PADPAC operates under strict, transparent state and federal rules and regulations. We also constantly monitor the legislative records of every General Assembly member. At the national level, PADPAC works with the American Dental Political Action Committee (ADPAC) through its advocacy of federal candidates who support dentistry.

Candidates from all parties garner the backing of our PAC based on their legislative record and positions on oral health issues. The PADPAC board, in consultation with PDA's lobbyists and staff, determines which candidates receive PADPAC contributions. They are primarily given to leaders in the House and Senate, members of key committees, and other legislators with close ties to PDA members.

PADPAC members are eligible to attend legislative fundraisers supported or sponsored by PADPAC. They also receive bi-weekly electronic newsletters, which provide an inside track on the latest legislative and political developments.

Our donors are also recognized at special receptions and events throughout the year. It is through these activities and initiatives that PADPAC members demonstrate a unique understanding of our political advocacy issues.

We are proud that so many members of PDA are also members of PADPAC. We are one of the most influential political action committees in Harrisburg, but this reputation cannot continue unless we meet membership and fundraising goals. Our success is the result of dentists' support throughout Pennsylvania.

Are you a member? Join today!

Our dues cycle runs in tandem with membership dues (Nov. 1, 2015 – Oct. 31, 2016). Any contribution you make in November and December will count as PADPAC membership for 2016. Please consider including a contribution to PADPAC in your annual membership dues. You can also contribute online by visiting padental.org/padpac.

If you have any questions about contributing to PADPAC, please contact Charles McElwee at cfm@padental.org or (800) 223-0016, ext. 108.

Due to state and federal laws, PDA has categorized PADPAC funding into two categories. When deciding how to appropriate PADPAC contributions, PDA must distinguish how donors make their contributions:

Hard Dollars:

Hard dollars are contributions made with a personal check or credit card. Only hard dollars may be used for political campaign contributions.

Soft Dollars:

Soft dollars are contributions made with a corporate check or credit card. Only soft dollars may be used for administrative purposes, such as assisting district or local dental societies with a fundraising event.

PADPAC Membership Categories:

Century Club	\$120-\$169
Century Club Partners	\$170-\$200
Keystone Club	\$200-\$499
Capitol Club	\$500-\$999
Liberty Club	\$1000+
President's Club	\$2,500+

As of August 21, 2015, PDA districts raised the following for PADPAC this year:

First District	\$3,595
Second District	\$19,115
Third District	\$8,125
Fourth District	\$3,865
Fifth District	\$10,455
Sixth District	\$2,745
Seventh District	\$5,030
Eighth District	\$1,740
Ninth District	\$4,805
Tenth District	\$9,586

The following chart reports the percentage of all PDA members (active and retired) who contributed to PADPAC in each district (as of August 21, 2015):

District 1	5%
District 2	8%
District 3	15%
District 4	13%
District 5	10%
District 6	13%
District 7	13%
District 8	18%
District 9	13%
District 10	8%

PADPAC FUNDRAISERS IN 2015

An advantage of becoming a PADPAC member is meeting with legislators who shape your profession. Throughout the year, PADPAC is represented at political fundraisers throughout the state. These fundraisers serve as opportunities to discuss our concerns about dentistry in Pennsylvania.

PADPAC Annual Meeting Reception

PADPAC held its annual reception at the Hotel Hershey on Friday, April 24. The event was held in the Mountain Laurel Meeting Cottage, where PADPAC members had the opportunity to meet with legislators, including Rep. Steve Mentzer (R – Lancaster), Rep. Ron Marisco (R – Dauphin; Chair of Judiciary Committee), and Rep. Mike Regan (R – York/Cumberland).

High Donor Reception held in Pittsburgh

PADPAC enjoyed a tremendous turnout for its high donor reception in Pittsburgh. PADPAC members who contributed \$500 or more were invited to this event, which was an opportunity to meet with legislators and staff. The reception was held in a PNC Park suite during the Pittsburgh Pirates game on Thursday, July 23.

The event sold out, with over 55 people in attendance. Among attendees were Sen. John Eichelberger (R – Blair), Rep. Marc Gergely (D – Allegheny), Rep. Nick Kotik (D – Allegheny), and Rep. Joe Markosek (D – Allegheny), Sen. Pat Stefano (R – Fayette), and Sen. Kim Ward (R – Westmoreland).

The 2016 High Donor Reception will be held in Philadelphia during a weeknight Phillies game. Stay tuned for details!

District-Level PADPAC Baseball Nights

Between July and September, PADPAC held three district-level baseball receptions. Legislators, staff, PADPAC donors and their families attended these special recognition events. The 7th District baseball night was held during an Altoona Curves game on July 10th. The 2nd/3rd District baseball night was held during a Scranton Railriders game on August 27th. The 4th/5th District baseball night was held during a Lancaster Barnstormers game on September 16th.

PADPAC Student Reception

PADPAC recruited over 30 student members during a happy hour reception held for Temple and Penn dental students in March. Students had the opportunity to mingle with current PADPAC members and discuss their professional goals.



DISTRICT-LEVEL PADPAC BASEBALL NIGHTS



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Staff Liaison

2015 PADPAC CONTRIBUTORS

The PADPAC board extends its appreciation to the following members and spouses who contributed to PADPAC in 2015.

Your ongoing support will ensure that PDA and PADPAC continue to be the voice of organized dentistry and remain the leading oral health advocate in Pennsylvania.

***This list contains contributors to PADPAC as of August 21, 2015.** PADPAC contributions received after August 21, but before the next dues billing cycle, November 1, 2015, were not included due to publishing deadlines for the *Journal*.

If you have any questions about this list or anything related to PADPAC, please contact Charles McElwee at (800) 223-0016, extension 108, or cfm@padental.org

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- ◆ President's Club: \$2,500+
- ❖ Liberty Club: \$1,000-\$2,499
- ♥ Capitol Club: \$500-\$999
- ♣ Keystone Club: \$200-\$499
- Century Club: \$120-\$199

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Pennsylvania Coalition for Oral Health

MAKES STRIDES

in Improving Oral Health Care for All



The Pennsylvania Coalition for Oral Health (PCOH) is comprised of a diverse group of leaders from across the state from schools of public health, philanthropic organizations, businesses, dental organizations, health insurance plans, advocacy organizations, state agencies and other champions. PDA is a founding member of PCOH and Dr. Bernie Dishler, a former PDA president, currently serves as the chair of its steering committee. Dr. Alicia Risner-Bauman, chair of PDA's Access to Oral Health Care Advisory Group, serves as PDA's representative.

PCOH advances policies and practices that increase access to oral health services, education, and prevention especially for our most vulnerable Pennsylvanians. Its mission is to "actively promote evidence-based preventive services and research; promote and fund strategies that will increase the oral health workforce capacity and effectiveness; and, fund oral health infrastructure in the Pennsylvania Department of Health.

PCOH adopted a number of recommendations for how to achieve its overall mission:

◆ Promote evidence-based preventive services and research

- Expand data collection for dental-related emergency room visits through the Pennsylvania Health Care Cost Containment Council.
- Fund a study to evaluate access to oral health care for the elderly.
- Increase the number of school sealant programs.
- Recommend that all children have a dental home by age one.
- Fund oral health preventive education for parents and children.
- Promote community water fluoridation.

◆ Promote and fund strategies that will increase the oral health workforce capacity and effectiveness

- Increase Medical Assistance dental reimbursement rates.
- Streamline enrollment and credentialing processes to entice more dentists to participate in Medical Assistance
- Provide reimbursement opportunities for public health dental hygiene practitioners working in public health settings.

◆ Fund oral health infrastructure in the Pennsylvania Department of Health

- Update, revise and fund the Pennsylvania Oral Health Plan.
- Collect descriptive data to support the Pennsylvania Oral Health Plan.
- Develop and fund a robust surveillance system to include statewide oral health statistics that will inform oral health policy and programming within the Department of Health.

◆ Highlights of 2015 activities include:

- PCOH continues to advocate and build awareness of oral health issues to the public, policymakers and potential stakeholders.
- PCOH began to disseminate the policy brief to legislators, state agencies and the governor's office.
- Members continue to network and build new partnerships to address the oral health issues outlined in the policy brief.
- PCOH is developing a public relations strategy to magnify the coalition's collective voice.
- PCOH will help shape Pennsylvania's new oral health plan. It is currently contracted to partner with the Department of Health on the HRSA workforce grant. PCOH recently welcomed Jan Mille, the new state oral health coordinator, as a new member
- Pennsylvania received a collaborative DentaQuest grant to eradicate children's dental disease. This collaborative grant is a partnership between PCOH, PA Chapter of the American Academy of Pediatrics, the PA Head Start Association and the PA Association of Community Health Centers. PCOH's role in the grant includes planning a workforce summit, increasing legislative activities, developing a media campaign, and supporting community water fluoridation.
- PCOH identified the Benefit Limit Exceptions (BLE) process as one of the primary frustrations for Medical Assistance (MA) providers and whether they are able to provide timely care to patients. PCOH is contacting government officials to request a restoration of funding in the adult MA program and changes to the BLE process.

Have an interest in joining the coalition as an individual or as representative of your place of employment?

Contact Lisa Schildhorn, PCOH's executive director, at (610) 247-3360 or

paoralhealth@gmail.com, for more information and to sign on as a member.



National Recovery Month

September is National Recovery Month.

In order to increase public awareness and hopefully prevent unnecessary fatalities, September was established as National Recovery Month more than two decades ago in order to recognize the benefits of treatment, recovery and prevention for people suffering from a substance abuse issue or mental health disorder. Recovery Month also pays tribute to the achievements of those in recovery and the contributions of treatment providers. Recovery Month emphasizes that treatment does work and that people can and do recover.

According to the Centers for Disease Control (CDC), 113 people suffer a fatal overdose every day in the United States. Over the past decade, addiction to prescription painkillers has reached epidemic levels, with the World Health Organization (WHO) estimating that 69,000 people die from an opioid overdose each year. WHO also reports that the harmful use of alcohol results in 3.3 million deaths each year.

A professional degree and the granting of a license to practice do not offer immunity from impairment. ADA has reported that 10 to 15 percent of dentists will develop a substance use problem as some point in their lives, which is about the same prevalence of addiction and mood disorders as the general population. While dentists are no more, or less, likely to suffer from impairment than the general public, some aspects of dental practice, such as access to controlled substances, a DEA number, the knowledge about how drugs work and an office in which to use, may create an environment that can actually aid the development of a problem.

Dentists in private practices often work in an environment free from interaction and the scrutiny of peers that is often experienced in a hospital or clinic setting. In solo practice,

coworkers are subordinates and the dentist holds authority, which makes it extremely difficult for staff to intervene in a problematic situation. So it can happen that good dentists become impaired in their practices.

Possible warning signs of addiction can include: extreme mood swings, isolation, excessive use of alcohol or pain medications and DUI violations.

There are those who would argue that no licensed health professional should be allowed to continue to practice after having become impaired. However, there are excellent recovery rates for professionals who have been adequately treated for addictive illness and who are diligent about their participation in monitoring programs and ongoing treatment recommendations. These individuals will often report striking qualitative differences in their practices, as their experiences with personal illness and recovery have made them more empathic, more compassionate and better able to deal with stress on many levels.

PDA offers a Health and Well-Being Program, administered by the Physician's Health Program, which offers a comprehensive assistance program that responds to referrals statewide, and offers a structured, monitored and long-term recovery program. The program responds in a compassionate and confidential manner to dental professionals with substance abuse disorders.

If you are suffering from dependency, or you are aware of somebody in the dental community who may be exhibiting signs of chemical dependency, please consider contacting PDA toll free at (800) 223-0016. Education, identification and intervention are the first steps towards rehabilitation.

Did You Know?

Research indicates that 10 to 15 percent of dental team members are likely to develop a substance use disorder at some point in their lives. While dental team members are no more, or no less, likely to develop a chemical abuse issue or dependency than the general population, what is different for healthcare professionals is the public trust that goes along with the privilege of practice. Left untreated, not only can the dental team member's life and family stability be threatened, but there is an immense danger posed to patients and the practice itself.

PDA's Concerned Colleague Advisory Group is a group of dental professionals who believe in peer-to-peer assistance in order to help all dental professionals who may be in trouble to get the care they need. The group oversees PDA's Health and Well-Being Program, administered by the Physician's Health Program, a comprehensive assistance program that responds to referrals statewide, and offers a structured, monitored and long-term recovery program. The program responds in a compassionate and confidential manner to dental professionals with substance abuse disorders.

If you suffer from dependency, or you are aware of somebody in the dental community who may be exhibiting signs of chemical dependency, including extreme mood swings, isolation, excessive use of alcohol or pain medications, DUI violations, etc., please consider contacting PDA toll free at (800) 223-0016. Education, identification and intervention are the first steps towards rehabilitation.

EPA Amalgam Separator Update



The Environmental Protection Agency (EPA) has announced a proposed amalgam separator standard for dental offices and expects to finalize a rule in summer 2016.

The proposed rule was submitted for publication in the Federal Register in September 2014. A public hearing on the proposal was held on November 10, 2014, which was followed by a 60-day public comment period. Both the American Dental Association (ADA) and the Pennsylvania Dental Association (PDA) submitted comments on the proposed rule.

EPA initially intended to finalize a rule in September of this year, however decided to postpone finalizing the rule to allow EPA time to address the comments submitted on the proposal, as well as to give the agency time to address the regulatory burden the rule would create.

ADA has consulted with EPA over the past several years as the agency developed the rule and supports a reasonable national pretreatment standard, as long as the rule is not unduly burdensome on dental offices.

The proposed rule is based largely on ADA's best management practices, which were updated in 2007 to include the use of amalgam separators. In 2010, the ADA House of Delegates passed a resolution supporting the promulgation of a Clean Water Act pretreatment rule governing applicable dental offices.

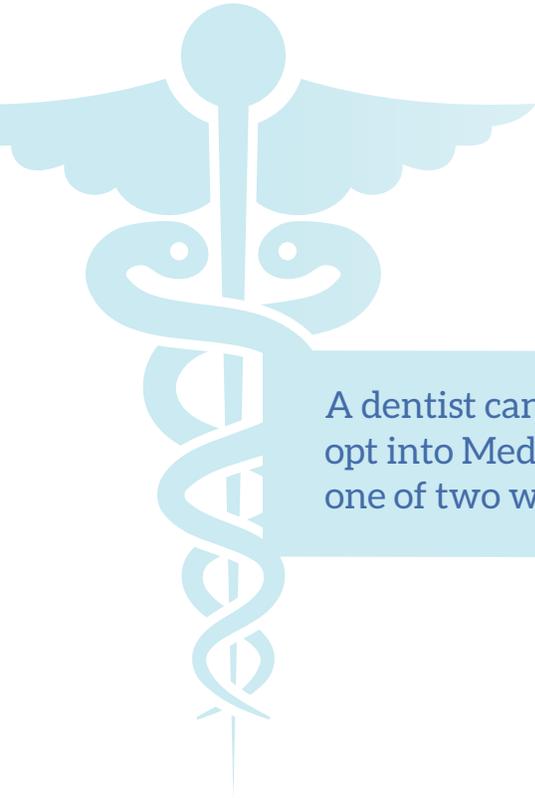
ADA supports a pretreatment rule that requires amalgam separators consistent with nine common sense principles:

- 1 Any regulation should require covered dental offices to comply with best management practices patterned on the ADA's best management practices, including the installation of ISO compliant amalgam separators or separators of equal effectiveness.
- 2 Any regulation should defer to existing state or local law or regulation requiring separators so that the regulation would not require replacement of existing separators compliant with existing applicable law.
- 3 Any regulation should exempt dental practices that place or remove no or only de minimis amounts of amalgam.
- 4 Any regulation should include an effective date or phase-in period of sufficient length to permit affected dentists a reasonable opportunity to comply.
- 5 Any regulation should provide for a reasonable opportunity for covered dentists to repair or replace defective separators, without being deemed in violation of the regulation.
- 6 Any regulation should minimize the administrative burden on covered dental offices by primarily relying upon self-certification (subject to verification or random inspection) and not requiring dental-office-specific permits.
- 7 Any regulation should not include a local numerical limit set by the local publicly owned treatment works.
- 8 Any regulation should not require wastewater monitoring at the dental office, although periodic monitoring of the separators to assure proper operation may be required.
- 9 Any regulation should provide that compliance with it shall satisfy the Clean Water Act unless a more stringent local requirement is needed.

The use of separators allows for greater recycling and reduces the amount of amalgam entering wastewater treatment plants. Less than 1 percent of the mercury released into the environment comes from dentistry. Dental amalgam is a safe, affordable and durable material with an established record of safety and effectiveness.

Twelve states have implemented mandatory programs to reduce dental mercury discharges and New Mexico has a similar program, scheduled to go into effect this year. Additionally, at least 19 localities similarly have "mandatory dental reduction pretreatment programs."

Medicare OPT IN/OUT Update



The Centers for Medicare and Medicaid Services (CMS) recently announced that the **effective date for changes to the Medicare Prescription Drug program has been delayed until June 1, 2016.** As of June 1, 2016, in order to have prescriptions they have written covered under Medicare Part D, eligible providers must either 1) be enrolled in Medicare under an approved status or 2) have a valid opt out affidavit on file.

If a provider chooses to take no action, starting June 1, 2016, any prescriptions they write for patients that are covered under Medicare Part D will be denied.

A dentist can opt into Medicare one of two ways:

1. Complete form CMS 855i which will enroll the dentist into Medicare for ALL eligible Medicare Services

2. Complete form CMS 855o which will allow eligible prescriptions for Medicare patients to be processed.

Forms may be obtained by using the following:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>.

Medicare generally does not cover routine dental services; however a narrow exception permits coverage of certain dental services that are necessary to the provision of certain Medicare covered medical services. Medicare may also cover certain medical procedures that dentists are licensed to perform, such as biopsies for oral cancer. For more information on the services Medicare covers, please see CMS's website, "Medicare Dental Coverage."

Dentists can opt out of Medicare by completing an affidavit, which must be updated every two years, and sending it to the Medicare carrier. By opting out of Medicare, eligible prescriptions written for Medicare patients will be processed. HOWEVER, providers will not be eligible to receive any reimbursements from Medicare for a two-year period. Dentists who are considering opting out should also understand that by opting out, dentists will be precluded from participating in Medicare Advantage programs, which offer Medicare benefits through private insurance, and offer benefits not covered by traditional Medicare.

Dentists should notify Novitas Solutions, Inc., the Medicare carrier for Pennsylvania, of their decision to opt in or opt out by January 1, 2016, in order to allow time to process enrollments.

By January 1, 2016, the appropriate form should be sent to:

Novitas Solutions, Inc
Provider Enrollment Services
PO Box 3157
Mechanicsburg, PA 17055-1836

More information about Medicare opt in/opt out, and which decision may be best for your practice, can be found on ADA's Center for Professional Success's website at <https://success.ada.org>.

For questions concerning Medicare opt in/opt out, please contact the PDA Central Office at (800) 223-0016, and ask to speak with the Government Relations Department.

Pennsylvania Dental Foundation



\$10,000
GRANT TO
KIDS SMILES

PA Dental Foundation grant encourages “First Smiles”

The Pennsylvania Dental Foundation recently awarded a \$10,000 grant to Kids Smiles to support the group’s “First Smiles” program. This early childhood dental care and prevention program provides oral health care to underserved children between birth and three years of age, and education to patients, dentists and general practitioners. Currently the program is offered in Philadelphia and southeastern Delaware County, but expects to expand in the future. Kids Smiles intends to create and distribute an instructional video and materials on the importance of Year One exams, promote First Smiles through community outreach and help close the gap on uncovered services for preschool children.

Since 2001 more than 65,000 children received care in Kids Smiles dental centers and more than 35,000 children have received dental screenings in schools, Head Start programs, and day care centers.

Dr. Anand Rao and Dr. Charles Incalcaterra, PDA trustees representing the First and Second Districts respectively, recently visited a Kids Smile office in Philadelphia to see the group’s work in action. Here Akeema Brown watches as her two-year-old daughter Salena Lollis undergoes an examination.



Foundation Continues Support of MOM-n-PA Mission

The Pennsylvania Dental Foundation provided a \$20,000 grant to the Mom-n-PA dental mission \$20,000 to support this year’s free clinic in June at the Farm Show Complex in Harrisburg. MOM-n-PA is grateful for the support of the Foundation.



\$20,000
Grant to
Mom-n-PA
Dental Mission





Ten Pennsylvania member dentists traveling to D.C. for ADA 2015

We are proud to announce that 10 PDA member dentists will be speakers or are involved with the planning of ADA 2015 in November at the Walter E. Washington Convention Center in Washington, D.C. Dr. Barry Cohen is the CE Chair and has arranged for several quality speakers from our state of Pennsylvania to fill the meeting rooms at the annual session.



Barry Cohen, DMD

Dr. Barry Cohen is the Continuing Education Chair for ADA 2015. A 1980 graduate of the University of Pennsylvania School of Dental Medicine, Dr. Cohen has a private practice in Drexel Hill. He is a member of the Council on ADA Sessions (2011-present) and Dental Director for the AIDS Care Group in Sharon Hill.



Nipa Thakkar, DMD

Dr. Nipa Thakkar is a 2012 graduate of Temple University Kornberg School of Dentistry and completed a General Practice Residency from the St. Joseph Medical Center in 2013. She currently practices as an associate in Wellsboro. Dr. Thakkar served as the ASDA District 3 Trustee in 2011-2012 and currently serves as the 3rd District Representative to the ADA New Dentist Committee and is the chair of the Pennsylvania Dental Association's New Dentist Committee.



Frank Serio, DMD

Dr. Francis G. Serio has been in dental education and clinical practice for over 34 years. He is a 1980 graduate of the University of Pennsylvania and founder of the Dominican Dental Mission Project. Over a span of 33 years, this project has provided in excess of \$18 million of services to 60,000 of the rural poor of the Dominican Republic. He is the 2015 recipient of the American Dental Association Humanitarian Award.

PRESENTATION:

Sunday Nov. 8 - Go Global: Reigniting Your Compassion for Dentistry



Steven L. Rasner, DMD

Dr. Rasner's private practice, Institute of Advanced Learning, is located in Bala Cynwyd, Pennsylvania. Dr. Rasner graduated from the University of Pennsylvania in 1980. He is a member of the ADA, Academy of Periodontology, Academy of General Dentistry, American College of Implantology, International Congress of Oral Implantologists, and International Academy for Facial Esthetics.

PRESENTATION:

Friday Nov. 6 - Hands-On Blueprint Guide for Implant Success



John L. Alonge, MS, DDS

Dr. Alonge is a diplomate of the American Board of Oral and Maxillofacial Surgery and has a private practice in Erie. He earned his master's and dental degrees from the University of Maryland and completed his GPR and OMS residency training in the U.S. Air Force.

PRESENTATION:

Saturday Nov. 7 - Exodontia Techniques Workshop



Jane A. Soxman, DDS

Dr. Soxman is in private practice and general practice residency in Allison Park. She is a diplomate of the American Board of Pediatric Dentistry, a seminar instructor for general practice residencies, and editor of the Handbook of Clinical Techniques in Pediatric Dentistry. Her lectures combine a review of the dental literature and over 30 years of private practice experiences.

PRESENTATIONS:

Friday Nov. 6 - Restoration of Primary Maxillary Incisors

Friday Nov. 6 - Simplified Technique for Primary Molar Vital Pulp Therapy and Crowns

Saturday Nov. 7 - Pedo Pearls



Joseph Greenberg, DMD

Dr. Greenberg is Clinical Professor of Restorative Dentistry at Temple's Kornberg School of Dentistry and Clinical Professor of Periodontics at the University of Pennsylvania School of Dental Medicine, where he completed his DMD (1972) and post-graduate training in Periodontics ('75) and Periodontal Prosthesis ('76). He is the Founder of Kids Smiles and maintains a private practice in Villanova.

PRESENTATIONS:

Friday Nov. 6 - Dental Esthetics: Macro and Micro Perspective Fundamentals

Friday Nov. 6 - Macroscopic and Microscopic Adventures in Esthetic Dentistry

Sunday Nov. 8 - Hands-on Workshop: Three Essential Tools of Esthetic Dentistry



Tara Sexton, DMD

Dr. Sexton is the owner at Main Line Smiles in Bala Cynwyd and Assistant Professor University of Pennsylvania School of Dental Medicine.

PRESENTATION:

Thursday Nov. 5 - Eating Disorders: An Update for the Dental Professional



Arnold Weisgold, DDS

Dr. Weisgold received his dental degree from Temple University School of Dentistry in 1961. He is currently an Adjunct Professor of Periodontics at the University of Pennsylvania. He has presented many lectures and is an author in the areas of Periodontal Prosthesis, Restorative Dentistry, Esthetics Implants and Occlusion.

PRESENTATIONS:

Friday Nov. 6 - Dental Esthetics: Macro and Micro Perspective Fundamentals

Friday Nov. 6 - Macroscopic and Microscopic Adventures in Esthetic Dentistry

Sunday Nov. 8 - Hands-on Workshop: Three Essential Tools of Esthetic Dentistry



Leonard Tau, DMD

Dr. Tau maintains a full-time private practice in Philadelphia focusing on general, cosmetic, reconstructive and implant dentistry. He received his dental degree from Tufts University School of Dental Medicine and lectures nationally to fellow dentists on Internet marketing and social media.

PRESENTATIONS:

Friday Nov. 6 - Facebook and Beyond: Social Media for Your Dental Practice

Saturday Nov. 7 - Reputation Management, SEO and Marketing – The Why, What and How

Saturday Nov. 7 - Help on Yelp: Ways to Market Your Practice in the Internet Age



Barbara Steinberg, DDS

Dr. Steinberg is clinical professor of surgery at Drexel University College of Medicine, adjunct associate professor of oral medicine at the University of Pennsylvania School of Dental Medicine, Diplomate of the American Board of Oral Medicine, an internationally invited speaker and author in the areas of medically complex patients and women's health.

PRESENTATIONS:

Thursday Nov. 5 - Juggling Life's Demands and Coming Out on Top

Friday Nov. 6 - Forever Young: Taking Care of #1

Saturday Nov. 7 - The 4 S's of Optimal Aging: Sex, Sleep, Stress and Social Networks



Martin Trope, DMD

Endodontist/Speaker, Next Level Endodontics, Philadelphia, Pennsylvania

Dr. Martin Trope is Clinical Professor, Department of Endodontics, at the University of Pennsylvania School of Dental Medicine. He is actively involved in development, design and promotion of technological advancements in endodontics. He is in private practice in Philadelphia and is founder and director of Next Level Endodontics, continuing dental education company.

PRESENTATIONS:

Thursday Nov. 5 - Biological Endodontics With the Final Restoration in Mind

Thursday Nov. 5 - Modern Endodontics: Biological to Conservative

Friday Nov. 6 - Root Canal Treatment: 3-D Instrumentation and Bioceramic Obturation

Registration for these and other courses at ADA 2015 is open online at ADA.org/meeting. For a list of courses planned, visit eventscribe.com/2015/ADA/.

CLINICOPATHOLOGIC REVIEW:

Periapical Radiolucencies & Routine Diagnostic Considerations

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G-132, 3501 Terrace Street, Pittsburgh, PA 15261

CLINICAL HISTORY

A 27-year old female presented for a routine dental examination. She was fully dentate with numerous existing restorations, porcelain fused to metal crowns, and endodontically treated teeth. Upon initial examination, a full mouth series of radiographs was prescribed to assess the quality of her restorations. The periapical radiographs demonstrated a large, well-defined, corticated, unilocular, radiolucency between the roots of teeth #8 and 9 (Figure 1A). Cortication appeared thick and the radiolucency extended inferiorly and superiorly from the apical one-third portion of the roots of the involved teeth to the nasal fossa floor area. The involved teeth were heavily restored, with multiple porcelain fused to metal crowns on the anterior teeth. No external root resorption or displacement of the involved teeth was noted. The patient was asymptomatic at the time and her medical history was noncontributory.

The patient was referred for endodontic treatment of tooth #8 in the past, followed by a full surface porcelain fused to metal crown. The radiolucency was still present on subsequent radiographs. Later, an apicoectomy was performed on the root of tooth #8, without bone fill and resolution of the radiolucency.

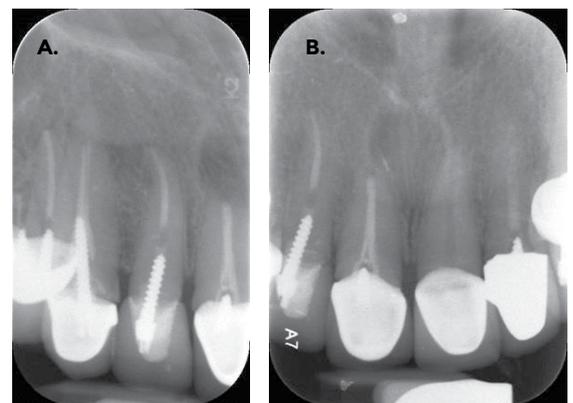


Figure 1.

- A.** A periapical radiograph shows a unilocular radiolucency, which is only partially visible in the canine view.
- B.** A second view is taken which shows a well-corticated radiolucency.



What is the diagnosis?

- A. Periapical granuloma
- B. Periapical cyst
- C. Normal anatomy
- D. Keratocystic odontogenic tumor

INTRODUCTION

Often diagnosing and differentiating pathological radiolucencies with normal anatomical structures on radiographs is very challenging due to the patient positioning and shifting anatomy. Multiple normal anatomical structures, such as the maxillary sinus floor, nasal fossa floor, and nasopalatine foramen, are seen in that periapical views in the maxilla.

We present a case of a patient who presented for a routine dental examination and was prescribed full mouth series of radiographs to assess the restorations. The right lateral canine view partially captured tooth #8, which showed a well-defined radiolucency with a partially corticated border at the apex (Figure 1A). This mimicked a possible periapical cyst. Tooth #8 had been previously endodontically treated, followed with an apicoectomy. When an additional central incisor view was taken, the view clearly demonstrated the nasopalatine foramen overlapping the root apices of the #8 and #9 (Figure 1B).

Another example includes a maxillary sinus floor view, which when taken with high vertical angulation, can overlap the apices of premolars. This can appear as a corticated border of the lesion surrounding the sinus air, and can be confused with a radiolucency due to a lesion (Figure 2). The lining of a cyst can be very similar in density to the sinus floor (Figure 3). Another example of normal anatomy is the nasal fossa floor in the anterior maxilla. It can overlap with the apices of the lateral incisor canine area creating a similar diagnostic dilemma. Additional views or techniques, like the SLOB (Same, Lingual; Opposite, Buccal) rule or buccal object rule, can be used to determine whether radiolucency present in a radiograph is a lesion or just normal anatomy. If a true lesion exists, it will move along with the SLOB rule (Figure 4). If the area in question is part of normal anatomy, it will show the continuity of the normal anatomy clearly. With the advent of cone beam computed tomography (CBCT), the detection of smaller periapical cysts radiographically has become more accurate. It can also be used for easy differentiation of a lesion from normal anatomy. The use of CBCT can produce three dimensional views of lesions to determine the extent of destruction prior to surgical intervention.¹ Utilization of CBCT provides accuracy of the expansion, extent, and presence of these lesions which in some cases were hard to diagnose and estimate from traditional 2-dimensional imaging.²



Figure 2.
A periapical radiograph in the canine view can show the nasal fossa floor and sinus floor, which can look like a periapical lesion.



Figure 3.
A periapical radiolucency is present around the root of #11. This view shows a well-corticated radiolucency with a density that is similar to the floor of the maxillary sinus, which could be mistaken for normal anatomy. This lesion is a periapical lesion.

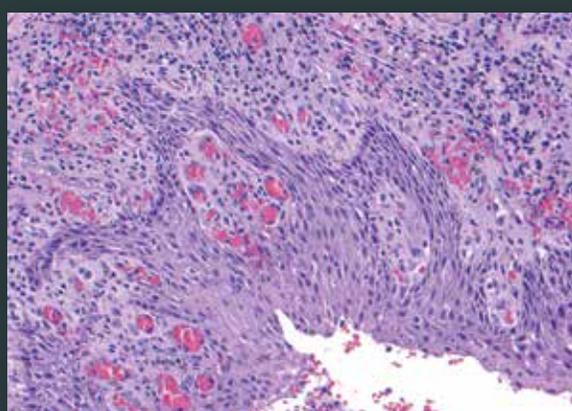


Figure 4.
A H&E stain showing stratified squamous epithelium with adjacent chronic inflammation, criteria for the diagnosis of a periapical cyst 200x.

C. Normal Anatomy

DISCUSSION

Periapical cysts are considered the most-common odontogenic cysts, caused by an inflammatory reactive process to a nonvital tooth. Bacterial infection is often the etiology of a necrotic tooth, through means of traumatic or carious involvement of the pulp or periodontal infection. This leads to a reactive process which attempts to remove the toxic substances from the dying or necrotic pulp, causing a lesion to form around the apex (usually) of the offending tooth. The body's reaction to the infection leads to bony destruction and an inflammatory response, creating granulation tissue as an attempt to isolate the infection. Often, in longer standing chronic apical lesions, a periapical granuloma is followed by a periapical cyst.¹ During the symptomatic phase of a periapical infection, prostaglandins are released from the neutrophils. They activate osteoclasts and also can cause the symptoms associated with symptomatic apical periodontitis.³ As osteoclasts resorb the surrounding bone in an attempt to seclude the infection, it leads to a periapical radiolucency around the nonvital tooth. In review of the inflammatory process, neutrophils are first responders to any site of infection, often forming an abscess. After the initial stages in the infection, a chronic, inflammatory infiltrate of lymphocytes, plasma cells, and eosinophils soon enter and replace the neutrophils as the predominant cell type in the lesion and attempt to remove the toxic necrosis products.¹ If left untreated, a periapical granuloma can stimulate the rests of Malassez, which are epithelial rests found in the periodontal ligament, transforming it into a periapical cyst.³ The cyst is lined by stratified, squamous epithelium and the wall contains fibrous tissue with a mixed inflammatory infiltrate (**Figure 4**). When there is a corticated outline, a most-likely periapical cyst diagnosis can be made radiographically (**Figure 5**). A periapical cyst or granuloma can continue to cause extensive bone destruction through expansion if left untreated. A true periapical lesion would resolve with bone-fill following a successful root canal treatment. Once the infection has cleared, the radiolucency should appear more dense in subsequent radiographs.

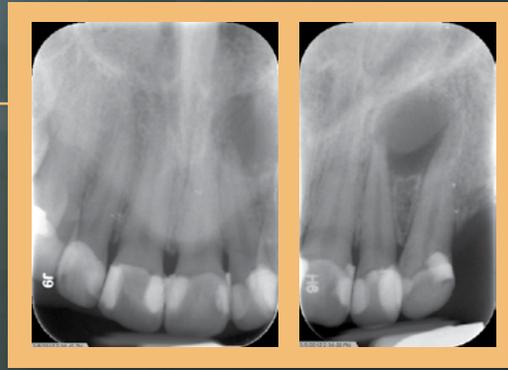


Figure 5.

A pair of periapical radiographs showing a well-corticated, unilocular radiolucency that follows the SLOB (Same, Lingual; Opposite, Buccal) rule. It moved mesially as the cylinder of the x-ray tube head was moved mesially, indicating the lesion is not part of normal anatomy.

Keratocystic odontogenic tumor (KCOT) is an intraosseous lesion of odontogenic origin. This lesion can present anywhere from the first to the ninth decades of life. It is locally-aggressive and destructive. It has a predilection for the mandible in about 65-83 percent of the lesions, especially the angle of the mandible.¹ Clinically, the lesion can present asymptotically, or with pain, swelling and discharge. Radiographically, the lesion can range from small, round, unilocular lesions to large lesions, with multilocular appearance, scalloping margins, and antero-posterior expansion.⁴ The margins can be sclerotic and are usually well-defined. The lesion may cause tooth displacement. Histologically, the lesion consists of fibrous soft tissue with a parakeratinized, five to eight cells thick cystic lining, in a corrugated pattern. Inflammation may or may not be present. The lining is usually friable and corrugated in appearance. This lesion has a recurrence rate that ranges from 5-62 percent and complete removal is often difficult due to the friable nature of the cyst lining.¹ Treatment involves a peripheral osteotomy of the bony cavity or application of Carnoy's solution for chemical cauterization.⁵ Complete excision will result in increased density radiographically in the area of the lesion, as bone begins to fill in the area. This should be noted in follow-up radiographs. A diagnosis of KCOT should warrant close clinical and radiographic monitoring for at least 5 years,⁵ due to the propensity for recurrences.

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IN MEMORIAM

Dr. Howard M. Cyr, Jr.
Palmerton
University of Pennsylvania (1955)
Born: 1930
Died: 6/16/2015

Dr. Laurence E. Dietz
Cranberry Twp
University of Pittsburgh (1955)
Born: 1929
Died: 7/25/2015

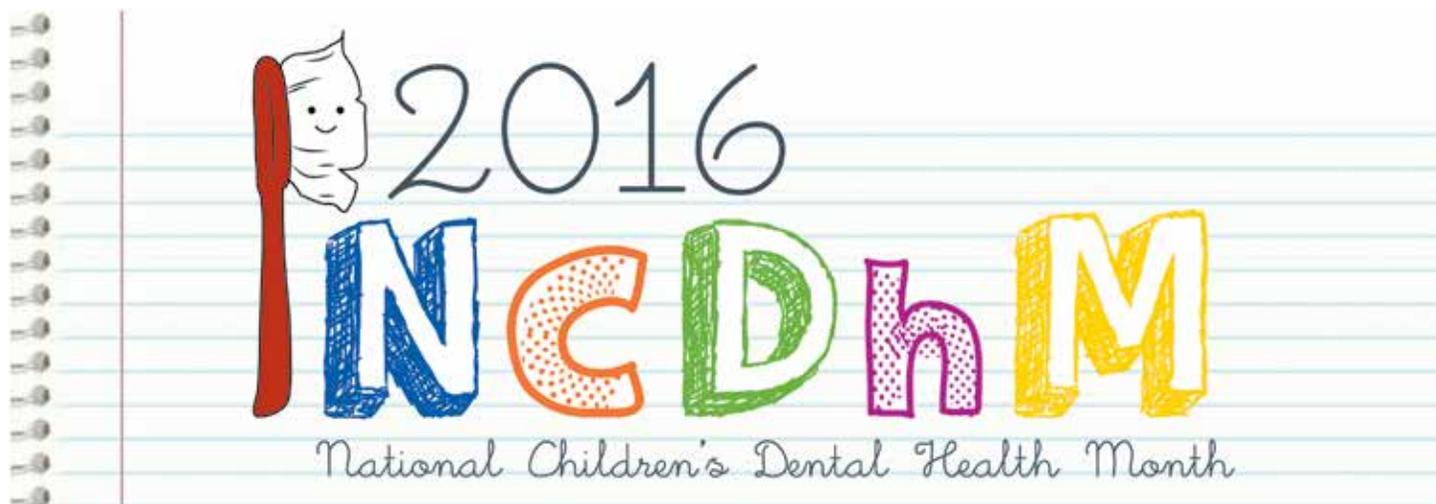
Dr. James R. Bonanni
Sharpsville
University of Pittsburgh (1981)
Born: 1955
Died: 7/2/2015

Dr. Joseph P. Hanuscin
Moorestown
Temple University (1966)
Born: 1938
Died: 10/23/2012

Dr. Stanley L. Pollock
McKeesport
University of Pittsburgh (1950)
Born: 1928
Died: 7/31/2015

Dr. Joseph G. Kirkpatrick
Fayetteville
University of Pittsburgh (1964)
Born: 1937
Died: 6/27/2015

Dr. George C. Shoenberger, Sr.
Allentown
Temple University (1957)
Born: 1929
Died: 7/23/2015



NCDHM Materials

Preparations for the 2016 National Children's Dental Health Month's (NCDHM) promotion are underway. Once again, materials will be made readily available online.

The 2016 lesson plan, activities and statewide poster contest information will be available through PDA's website.

To download materials and order promotional posters, please visit www.padental.org/ncdhm. A postage fee may be assessed for the posters depending on the quantity.

Get Involved

Help judge the student posters!

An online NCDHM volunteer group on PDA's Social Network is open to all interested members who would like to participate. PDA staff also will be a part of the NCDHM volunteer group. This volunteer group will play an integral role in the statewide poster contest and is responsible for judging the entries.

In order to have a successful campaign, PDA needs your help. Please visit www.padental.org/ncdhmgroup or complete the form below to sign up for NCDHM's volunteer group by **December 31, 2015**.

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2015/2016

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 AND DELAWARE COUNTY, PA**

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Friday, November 20, 2015

John Alonge MS. DDS – Erie, PA – “Differential Diagnosis of Oral Lesions: An Interactive Lecture” Development of a working differential diagnosis is one of the most difficult tasks in the diagnostic sequence. You can build your confidence with the diagnosis of oral lesions by spending a day with Dr. John Alonge, a talented surgeon and teacher with over 30 years of experience. Clinical case presentations focusing on a variety of pathological conditions and the use of an audience response polling system will help engage you in the decision making process. Biopsy techniques, treatment and prognosis of various lesions will also be reviewed. You will leave this program with a fresh perspective of oral pathology and the information needed to identify and diagnose oral lesions encountered in daily practice. Through your participation in this course, you will be better prepared to: recognize the diagnostic process required to formulate a differential diagnosis on soft tissue and radiographic lesions; utilize a practical classification scheme to refine your clinical diagnosis; recognize the etiology and management of various oral pathological conditions; and determine when to biopsy and when to refer for treatment. Dr. Alonge, is a Diplomate of the American Board of Oral and Maxillofacial Surgery and a Diplomate of the National Dental Board of Anesthesiology. He is currently in private group practice in Erie, Pennsylvania. Dr. Alonge has extensive experience in all subspecialty areas such as dentoalveolar surgery, dental implants, corrective jaw and facial surgery. This course is supported by educational grants from Dodd Dental Lab, and Hayes Handpiece.

Friday, December 11, 2015

Jane Soxman DDS – Pittsburgh, PA – “Know When to Hold ‘Em , When to Fold ‘Em, and When to Do ‘Em” The transformation of the pediatric patient's dentition and oral structures through the primary, mixed and early permanent dentition may result in various problematic presentations. Identification and timely intervention will assure not only the child's developmental well being but may also minimize future treatment costs. This course begins with findings during the clinical examination including anomalies, pathology and various soft tissue presentations including upper airway obstruction, specific treatment recommendations for eruption disturbances, mandibular incisor crowding, space maintainers, and parafunctional habits. Dentists, assistants and hygienists will derive strongly enhanced diagnostic and treatment skills for their youngest patients. This is a nuts and bolts course in pediatric procedures that includes interim therapeutic restorations, indirect pulp therapy for young permanent molars and pulp therapy for primary molars. Full coverage stainless steel and esthetic crowns for primary molars, extraction of primary dentition and local anesthesia techniques are also presented. Course Objectives: Perform vital pulp therapy in primary molars with appropriate indications and medications and full coverage restorations for primary molars; Insure optimal clinical skills for administering local anesthesia for the pediatric patient; Improve technique for extraction of primary teeth; Recommendations and management for pathology and anomalies in the developing dentition; Identification and management of upper airway obstruction; and appropriate use of space maintainers and intervention for parafunctional habits. Dr. Soxman is a diplomate of the American Board of Pediatric Dentistry, a seminar instructor for general practice residencies, and editor of the *Handbook of Clinical Techniques in Pediatric Dentistry*. She maintains a private practice in Pittsburgh PA This course is supported by educational grants from Dodd Dental Lab, and PNC Bank.

Wednesday, February 3, 2016

David Weber – Marietta, GA – “The Winner In You: Raising the Bar on Patient Care and Customer Service” In a crazy economy, what truly separates one practice from another may very well be the attitude, professionalism and the level of service being provided to patients! We live in such a frenzied pace, that it's easy to forget the impact that actions, reactions, and behaviors can have on the perceptions others have of an office. This fast, fun, and highly interactive seminar zeroes in on the critical issues needed to meet and exceed patient expectations – and gets everyone in an office recharged to do the “right things”. Learning outcomes: 1) Learn the top 14 characteristics of professionals; 2) Develop a greater understanding of the impact of attitude and communication; 3) Understand what ‘best in class’ patient service looks like and feels like. Dave Weber CEO/President, Weber Associates is an internationally recognized speaker, author, and trainer in helping people make progress on purpose. In addition to presenting on the motivational speaking circuit, Dave is the author of *Sticks and Stones Exposed: The Power of Our Words*. This course is a must for the entire staff and spouses. This course is supported by educational grants from Dodd Dental Lab.

Thursday, April 14, 2016

Joseph Kan, DDS, MS – Loma Linda, CA – “Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection” Achieving anterior implant esthetics is a challenging and demanding procedure. To create implant restorations with harmonious gingival contour that emulate nature is a science and art. Understanding the biologic and physiologic limitations of the soft and hard tissue will facilitate predictability in simple to complex esthetic situations. This course is designed for the Restorative Dentist, Periodontists, and Oral Surgeons focusing on current implant treatment philosophies and methodologies for replacing currently missing teeth and the management of patients who will be losing a tooth or teeth in the esthetic zone. Emphasis will be placed on evidence based diagnosis and treatment planning, and surgical and prosthetic management of soft and hard tissue for optimal anterior implant esthetics. You will learn: Prognostic keys for predictable esthetic implant treatment; Immediate vs. Delayed vs. Early placements; Indications, Contraindications; Management of the implant socket gap; Bone grafting & Soft tissue grafting concepts; Papilla management for implant vs. natural teeth; Management of inter-implant papilla; Management of surgical and prosthetic complications; and Provisionalization (contour for optimal gingival esthetics). Dr. Kan completed Prosthodontics and Implant Surgical training from Loma Linda University School of Dentistry where he is a Professor of restorative dentistry and maintains a private practice limited to implant surgery and prosthodontics. He lectures worldwide. This course is supported by educational grants from Dodd Dental Lab, Hayes Handpiece and PNC Bank.

Thursday, May 5, 2016

Gordon J. Christensen DDS, MSD, PhD – Provo UT – “THE CHRISTENSEN BOTTOM LINE-2016” This fast moving “bottom line” course includes the areas of dentistry with the most activity and change in any given year. It is easily understood and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation, and questions and answers and is presented in an enjoyable and humorous manner. The hottest aspects in the following topics will be included: Endo, implants, technology, fixed pros, lasers, operative, esthetics, equipment, radiology, and periodontics. On the completion of this course attendees should be able to: List the most important and useful new techniques in these topics; List the most important and useful materials discussed in these topics; List the most important and useful new concepts discussed in this course; and Implement those aspects of the course most applicable to your practice. Gordon J. Christensen is Founder and Director of Practical Clinical Courses (PCC), Chief Executive Officer of Clinicians Report Foundation (CR), and a Practicing Prosthodontist in Provo, Utah. Since 1976, he and his wife Rella have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called *CLINICIANS REPORT*. This course is supported by educational grants from Dodd Dental Lab, Hayes Handpiece, PNC Bank and VOCCO.

Those taking the full DKU Series will receive a Bonus Course

Wednesday, October 21, 2015

**BONUS: Barbara Steinberg, DDS; “Medical Update for the entire Dental Team”
 at the Valley Forge Casino & Convention Center (Lower Level)**

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Course. Registration for all courses 8:15 AM. Lecture 9:00 AM – 4:15 PM. Continental breakfast and lunch included for all DKU courses.

FEES
 Delco and Chesco Society Members - Entire Series plus bonus Course - \$645, Individual Courses - \$195, 3 Courses - \$530, 4 Courses - \$615
 Other ADA Members - Entire Series plus bonus Course - \$695 Individual Courses - \$210, 3 Courses - \$570, 4 Courses - \$665
 Non-ADA Members - Entire Series plus bonus Course - \$765, Individual Courses - \$225, 3 Courses - \$605, 4 Courses - \$715
 Staff members accompanied by a doctor will be \$95 per course per person with reservation at least one week in advance, \$110 per course per person at door.
Cancellations and Refund Policy - No refunds will be made without notice of at least one week prior to course date. (A \$25 administrative fee will be deducted.)
 For information please contact: DKU • c/o Barry Cohen, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com

AWARDS AND ACHIEVEMENTS

Dr. Joseph Cole Receives Humanitarian Award

Joseph C. Cole, DMD, an orthodontist who practices and resides in Ridgway, recently received the 2015 American Association of Orthodontists (AAO) Humanitarian Award at its 115th Annual Session in San Francisco. The AAO Humanitarian Award recognizes individuals who have made significant contributions to improve the quality of human life that extend beyond the usual scope of private orthodontic practice, academic functions or organized dentistry.

Dr. Cole was recognized for his more than 35 years of humanitarian work. Beginning in 1976 while still in dental school, Dr. Cole volunteered for his first of many annual dental mission trips to Haiti through Ministries in Action, and eventually served on the group's Board of Directors for four years. Having developed a passion for helping Haitians in need, Dr. Cole later donated his time and expertise as an active volunteer with Hearts for Haiti and now with Meeting God in Mission where he currently helps the underserved in the Dominican Republic.

Dr. Cole serves his community through work in many local organizations. He actively participates in a jail ministry for the Elk County Jail, and coordinates support of released inmates through local churches. His volunteerism also extends to the YMCA and Habitat for Humanity. Dr. Cole has served in multiple leadership roles in the Ridgway Presbyterian Church and the Ridgway Alliance Church. He is a long-standing volunteer youth soccer coach and has coached the Elk County Catholic High School girls' soccer team for 17 years. He is a past member, treasurer, and president of the Ridgway Lions Club.



Berkowitz Honored

Dr. Elaine H. Berkowitz, a PDA member from Pittsburgh, was awarded the Doctor Honoris Causa from the University of Prizren, Kosova, on April 22 in appreciation for all she has done for the dental, medical and civilian communities in Kosova.

Berkowitz lectured in the dental school at the University of Prishtina, taught in private dental offices, lectured to physicians and to elementary school children around the Balkan country. Former British Prime Minister Tony Blair and President Bill Clinton were previous recipients of this prestigious award.

Dr. Berkowitz is a 1986 graduate of the University of Pittsburgh School of Dental Medicine.

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2016 VFDC SPEAKERS

WEDNESDAY, MARCH 2, 2016:

- Dr. John C. ComisiFull Day – Hot New Materials/Products/Techniques
- Dr. Samuel B. LowAM – Lasers in Periodontal Treatment
PM – Periodontal Management
- Dr. R. John BrewerAM – ACLS Re-certification*
PM – PALS Re-certification*
- Ms. Nancy McNuttAM – Office Collections
PM – Marketing 101
- Ms. Rita BauerAM & PM – Dental Patient Photography Made Easy
- Dr. Ann E. SpolarichAM – Women & Medications
PM – Geriatric Pharmacology

THURSDAY, MARCH 3, 2016:

- Dr. John C. CranhamFull Day – Restorative Dentistry
- Dr. Theresa S. Gonzales ..AM – Oral Pathology
PM – Women's Health
- Dr. R. John BrewerAM – ACLS Re-certification*
PM – PALS Re-certification*
- Ms. Amy Kirsh.....AM – Teamwork Communication
PM – Scheduling for Success

*There will be a registration fee for re-certification to cover the costs of cards and EFC Handbook.

COURSE LOCATIONS WILL INCLUDE THE VALLEY FORGE EVENT CENTER (CASINO RESORT) AND THE RADISSON HOTEL BALLROOMS.



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YOUR
PRACTICE**

FRIDAY, MARCH 4, 2016:

- Dr. Dennis P. TarnowFull Day – Implant Dentistry
- Mr. Brandon S. Collier.....AM – Personal Financial Management
PM – Practice Transitions
- Dr. R. John BrewerAM – Office Emergencies For Restricted
Anesthesia Permit Providers
PM – Office Emergencies for Unrestricted
Anesthesia Permit Providers
- Dr. John A. MolinariFull Day – Infection Control
- Ms. Karen DavisAM – America's Sweet Tooth Obsession
PM – Nonsurgical Periodontal Treatment

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CONTINUING EDUCATION

University of Pittsburgh	Temple University	University of Pennsylvania	Dental Society of Chester County and Delaware County
<p>Contact: Lori Burkette Administrative Secretary (412) 648-8370</p> <p>November 13 A Review of Radiologic Procedures for the Dental Professional: DEP Recommendations <i>Jill Beach, RDH, MS</i> <i>Marie George, RDH, MS</i></p> <p>November 20 An Introduction to Rotary Endodontics: A Hands-On Simulation Experience (Limited to 7 participants) <i>Marin Mandradjiev, DMD, MEd</i> <i>Herbert Ray, DMD</i></p> <p>December 4 Introduction to Digital Dentistry – Hands On/Limited Attendance <i>Thomas Kunkel, DMD</i></p> <p>December 11 Why Partials Fail and What to Do about It <i>Michael P. Waliszewski, DDS, MsD</i></p> <p>December 12 Let's Talk About Infection Control and OSHA <i>John A. Molinari, PhD</i></p> <p>March 4, 2016 Cultivating a Symbiotic Relationship Between the General Dentist and the Orthodontist for Improved Patient Outcomes <i>Dr. Robert Mortimer</i></p> <p>March 18, 2016 The Dentist's Role in the Identification, Diagnosis and Treatment of Sleep-Related Breathing Disorders <i>Michael F. Hnat, DMD, D,ABDSM</i></p> <p>April 8, 2016 The Attachment Dentistry Ultimate Course: All You Wanted to Know about Attachment Dentistry, but Were Afraid to Ask! <i>Dr. George Bambara</i></p> <p>April 9, 2016 22nd Annual Bowser Memorial Lecture Innovative Periodontics: Creating Success in Today's Dental Practice <i>Sam Low, DDS, MS, MEd</i></p>	<p>Contact: Nicole Carreno (215) 707-7541 (215) 707-7107 (Fax) ncarreno@temple.edu Register at dentistry.temple.edu/continuing-ed</p> <p>November 6 The Team Approach to Managing Implant Complications <i>Dr. Donald Clem</i></p> <p>November 11 Telescopic Retainers – Universal Solution for the Restoration of Deteriorated Dentition <i>Dr. Joseph Breitman</i></p> <p>December 3 Dr. Leonard Abrams Lecture Evolution of Implant Prosthodontic Therapies <i>Dr. John Sorensen</i></p>	<p>Contact: Pamela Rice Administrative Secretary (215) 573-6841 pamrice@dental.upenn.edu</p> <p>November 14 TMJ A to Z Initial Management Strategies, Approaches and End-Stage Disease Course Director: <i>Eric Granquist, DMD, MD</i> www.dental.upenn.edu/TMJ2015</p> <p>November 20-21 Nitrous Oxide/Oxygen Analgesia Certification</p>	<p>DKU Continuing Dental Education Springfield Country Club, Delaware County Contact: Dr. Barry Cohen (610) 449-7002 DKUdental@aol.com</p> <p>November 20 Differential Diagnosis of Oral Lesions: An Interactive Lecture <i>John Alonge, MS, DDS</i></p> <p>December 11 Know When to Hold 'Em, When to Fold 'Em, and When to Do 'Em <i>Jane Soxman, DDS</i></p> <p>February 3, 2016 The Winner in You: Raising the Bar on Patient Care and Customer Service <i>David Weber</i></p> <p>April 14, 2016 Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection <i>Joseph Kan, DDS, MS</i></p>
Beaver Valley Dental Society			
	<p>Contact: Dr. David Spokane (724) 846-9666</p> <p>November 19 Practical Laser Assisted Dentistry <i>Dr. Bruce L. Cassis</i></p> <p>December 17 The Human Papilloma Virus (HPV) <i>Dr. Susan Calderbank</i></p> <p>January 14, 2016 Craniofacial Surgery: The Art and the State of the Art <i>Dr. Joseph Losee</i> <i>Dr. Jesse Goldstein</i></p> <p>February 11, 2016 Neuromuscular Dentistry <i>Dr. John Pawlowicz</i></p> <p>March 16, 2016 Evaluation, Surgical Procedures and Outcomes in TMJ Surgery <i>Dr. Wayne Rocca</i></p>	<p>April 21, 2016 A Dentist's Guide to Office Based Anesthesia Modalities <i>Dr. Jeff Borandi</i></p> <p>April 22, 2016 Annual Dental Hygienist Seminar The Secret to Power, Precision and Prevention: Advanced Reinforced Periodontal Scaling techniques <i>Diane Millar, RDH, MA</i></p> <p>May 19, 2016 Socket Preservation and Bone Grafting <i>Dr. Kimberly C. Bentjen</i></p> <p>June 22, 2016 Annual Golf Outing and OSHA and Infection Control CE Event <i>Dr. Joel Slessinger</i></p>	<p>May 5, 2016 The Christensen Bottom Line – 2016 <i>Gordon J. Christensen, DDS, MSD, PhD</i></p> <p>(Those taking the full DKU series will receive a bonus course: October 21, Medical Update for the Entire Dental Team, Barbara Steinberg, DDS)</p>
			Danville
			<p>Geisinger Medical Center, Hemelright Auditorium Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</p> <p>November 11 Practical, Predictable Prosthodontics <i>Nels Ewoldsen, DDS, MSD</i></p> <p>December 9 Problem Solving with Composite—Unique Solutions for Everyday Practice <i>Robert N. Obradovich, DMD</i></p>

Lehigh Valley Health Network	The Institute For Facial Esthetics
<p>Allentown Contact: Charles Kosteva, DDS (610) 969-4839</p> <p>November 13 Technology in Your Dental Practice - A Review of Your Current Products and a Look into the Future <i>Dr. Paul Feuerstein</i></p> <p>January 13, 2016 Prevention <i>Ms. Casey Hein</i></p> <p>February 5, 2016 Oral Pathology <i>Dr. John Svirsky</i></p> <p>April 15, 2016 Communication <i>Ms. Joy Mills</i></p> <p>May 4, 2016 The Christensen Bottom Line - 2016 <i>Dr. Gordon Christensen</i></p>	<p>Fort Washington Contact: Linda Maroney, CE Coordinator (215) 643-5881 On-Line Registration: www.iffenet.com/registration</p> <p>November 9 Advanced Guided Surgery with Zygoma <i>Thomas J. Balshi, DDS, PhD, FACP</i> <i>Glenn J. Wolfinger, DMD, FACP</i> <i>Stephen F. Balshi, MBE</i></p> <p>November 14 Dental Assisting in the Implant Practice <i>James R. Bowers, DDS</i> <i>Hillier Swinehart, EFDA</i></p> <p>December 7 Severely Atrophic Maxilla <i>Thomas J. Balshi, DDS, PhD, FACP</i> <i>Glenn J. Wolfinger, DMD, FACP</i> <i>Stephen F. Balshi, MBE</i></p>

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The Dental Health Clinic in Berwick seeking general dentist to join a community dental clinic, full time. A nonprofit practice treating patients on Medical Assistance and offering a sliding fee scale. We are located in Central Pennsylvania in Columbia County. Loan repayment program available. We offer generous salary, along with competitive benefit package, including medical and dental, continuing education benefits, malpractice insurance coverage, and vacation days. Please email your resume and references to Dr. William Padner at drpadner@sunlink.net or Fax to (570) 759-6372.

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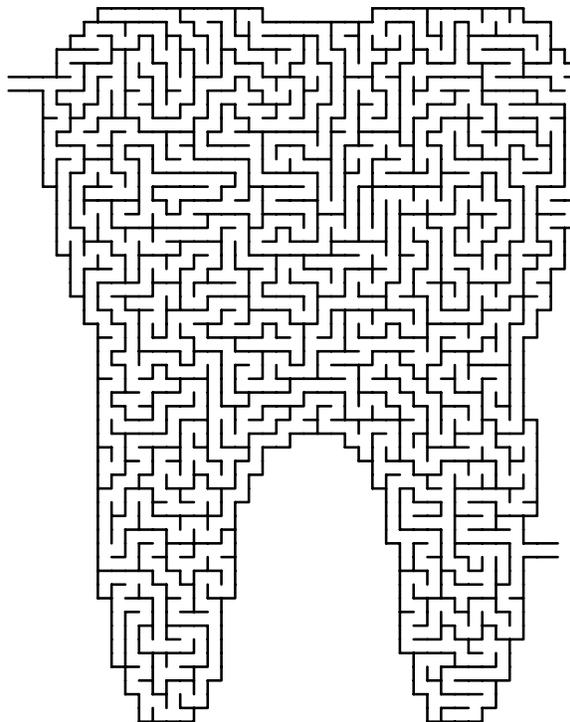
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