It's Not A Crisis

Meet President Dr. William Spruill

PDA's 142nd Annual Session

Meet President Dr. William Spruill
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Dr. Bruce R. Terry (Editor)
85 Old Eagle School Road, Wayne, 19087-2524
(610) 995-0109 • pullpulp@aol.com

Dr. Joseph J. Kohler III (Associate Editor)
219 W. 7th Street, Erie, 16501-1601
(814) 452-4838 • docjjk3@gmail.com

Dr. Brian Mark Schwab (Associate Editor)
1021 Lily Lane, Reading, 19560-9535
(610) 926-1233 • brianmschwab@aol.com

Rob Pugliese (Director of Communications)
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 • FAX (717) 234-2186
rap@padental.org

Dr. Richard Galeone (Editor Emeritus)
3501 North Front Street, Harrisburg, 17110
(717) 234-5941 • FAX (717) 234-2186
rgjdds59@comcast.net

Dr. Judith McFadden (Editor Emerita)
3386 Memphis Street, Philadelphia, 19134
(215) 739-3100

Officers

Dr. William T. Spruill (President) ★
520 South Pitt Street, Carlisle, 17013-3820
(717) 245-0061 • wspruill@comcast.net

Dr. Dennis J. Charlton (President-Elect) ★★
P.O. Box 487 • Sandy Lake, 16145-0487
(724) 376-7161 • djcdmd@windstream.net

Dr. Andrew J. Kwasny (Immediate Past President)
3219 Peach Street • Erie, 16508-2735
(814) 455-2158 • kwas2@live.com

Dr. Gary S. Davis (Vice President) ★
420 East Orange St. • Shippensburg, 17257-2140
(717) 532-4513 • doctord@epix.net

Dr. Peter P. Korch III (Speaker) ★★
4200 Crawford Ave., NorCam Bldg. 3
P.O. Box 1388, Northern Cambria, 15714-1388
(814) 948-9650 • soth.pda@gmail.com

Dr. Jeffrey B. Sameroff (Secretary) ★★★
800 Heritage Dr., Ste 811 • Pottstown, 19464-9220
(610) 326-3610 • jeff.sameroff@gmail.com

Dr. R. Donald Hoffman (Treasurer) ★★★
105 Penhurst Drive, Pittsburgh, 15235
(412) 648-1915 • rdh2@pitt.edu

Trustees By District

1st...Dr. Thomas P. Nordone... 2013 ★
207 N. Broad Street, Philadelphia, 19107-1500
(215) 557-0557 • drtpn@aol.com

2nd...Dr. Bernard P. Dishler... 2011 ★
Yorktowne Dental Group Ltd.
8118 Old York Road Ste A, Elkins Park, 19027-1499
(215) 635-6900 • dishyork@aol.com

3rd...Dr. D. Scott Aldinger... 2012 ★★★
8555 Interchange Road, Lehighton, 18235-5611
(610) 681-6262 • dist3bot@ptd.net

4th...Dr. Michael S. Shuman... 2013 ★
1052 Park Road, Blandon, 19510-9563
(610) 916-1233 • mshuman@epix.net

5th...Dr. David R. Larson... 2013 ★
1305 Middletown Rd. Ste 2
Hummelstown, 17036-8825
(717) 566-9797 • PDATrustee5th@hotmail.com

6th...Dr. John P. Grove... 2011
PO Box 508, Jersey Shore, 17740-0508
(570) 398-2270 • jdgrove@uplink.net

7th...Dr. Wade I. Newman... 2014
Bellefonte Family Dentistry
115 S. School St., Bellefonte, 16823-2322
(814) 455-1587 • win_dds@hotmail.com

8th...Dr. William J. Weaver... 2011 ★
Brookville Dental, 123 Main Street
Brookville, 15825-1212
(814) 849-2652 • wjweaver@gmail.com

9th...Dr. Joseph J. Kohler III... 2012
219 W 7th Street, Erie, 16501-1601
(814) 452-4838
docjjk3@gmail.com

10th...Dr. Donald A. Stoner... 2011 ★★★
Oakmont Dental Associates
154 Allegheny River Blvd., Oakmont, 15139-1801
(412) 828-7750 • oakmontdental@msn.com

ADA Third District Trustee

Dr. Charles R. Weber
606 East Marshall Street, Ste 103
West Chester, PA 19380-4485
(610) 436-5161 • crweberdmd@comcast.net

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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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It's Not A Crisis

The media would have us think that we are in the middle of a health care “crisis.” When I think of the word crisis, I think of disaster or catastrophe. Crisis evokes the meaning of sudden and impending. I must then disagree with the term health care crisis and perhaps redefine our predicament as a health care “enigma.” A crisis indicates that our current situation has fallen on us like a plane falling out of the sky; we didn’t see it coming. But we did, and we are watching it at present as if it were happening in slow motion. An enigma is a riddle or puzzle. Our current health care delivery and cost system is in fact a very complex puzzle. Until we can reconcile ourselves to that notion, I don’t think we can solve our current health care problems.

At a recent dental convention, I was at odds with the products on the exhibit floor and the lectures being presented in the adjoining seminar rooms. The best and brightest from all around the world had convened to share their latest triumphs. Some lectures reported amazing case results using a particular technique or product. The mood was quite collegial, and unlike in past years there was very little product promotion in the seminar rooms, as that is frowned on now more than ever. However, the mood on the exhibit floor was quite the opposite.

How great was it to listen to three hours of an awesome, thought provoking presentation on microsurgery? I guess you have to be a geek like me to enjoy that rather than the sunshine outside that day, but I am what I am. I walked away from that lecture and several others during the three days feeling energized and renewed in spirit and goals. I was going to offer my patients the best dental treatment available in the world.

I returned to my office on Monday and I recounted to my staff the exciting techniques and ideas that I had learned. I infused a certain amount of enthusiasm into them as well. My 3:00 patient was a nice lady. She was referred by her general dentist for pain in tooth #14. She reportedly had root canal treatment performed a few months ago in Florida. The tooth had a permanent crown. I checked her occlusion and she said that it had been already checked. I tested her adjacent teeth, and she said the other dentist had also checked other teeth for a potential problem. As far as I could tell, she had been well managed by her other dentists prior to arriving at my office.

During my examination she asked me a question. She wanted to know if I used a dental laser for root canal treatment. I told her that I didn’t. She said that her dentist in Florida had a new laser for root canal treatment and he offered her two choices: root canal treatment without the laser for one price or treatment with the laser for $250 more. She told me that she had asked him questions about the laser and its success rate. He told her that it was promising to change how root canal treatment is being performed. He did say that if it were him or his family members he would use it without hesitation. She chose to pay the upcharge to have the laser treatment.

Now she was in my office with chronic pain and wanted to know what was wrong. As you can imagine, the list of possible problems is complex. I spoke with her about her treatment options and told her that I could retreat her tooth and look for a fourth canal. This was a likely problem in upper first molars but not a sure answer. I also told her that I could remove the crown and look for a fracture, but that also might not solve her problem.

I mentioned that I had just returned from a dental convention where everyone was talking about 3-D cone beam imaging. I explained what this was and how it might help discover what was wrong. I explained that it was expensive and would expose her to radiation on the order of about two panographic films, but it could tell us if she had a fractured tooth or another canal. She asked what I would suggest if I found a fourth canal, and I replied, “retreatment.” Then she asked what I would recommend if I found a fracture, and I answered, “extraction.” Now I was in the position of having to refer her out for an expensive 3-D image that

(continued on page 6)
would not be covered by insurance, but that could provide a diagnosis that could save a tooth. I was telling her that I would love to do more for her than is currently provided, but it would not be covered by her dental insurance as it is not commonly accepted practice at this time.

Ultimately she decided to try the retreatment without imaging, and sure enough I found a fourth canal and her pain went away. So much for the dental laser!

These days we are being bombarded with new materials and technologies promoting better clinical results. We read case results in throwaway journals that make you feel inadequate if you don’t own a laser, CAD-CAM or Cerac. And now the pressure is on to purchase cone beam imaging machines that see things previously hidden from view. If we buy into the hype we will no doubt spend hundreds of thousands of dollars as providers to improve treatment outcomes. Right? Maybe not. Independent studies suggest that we outspend every country in the world when it comes to medical care, but we are not the healthiest country. We also spend the most per capita on dental care, and again we don’t have the best oral health. So, how do we justify new and improved technology for mediocre results? It’s an enigma, not a crisis.

How are we going to justify the costs to our patients? Tell them that they can have good care with standard techniques for one cost or better and improved service for a greater cost? What does it mean to tell a patient that we can do this two ways, that one is good, the other is better, but better is going to cost you? Is it then malpractice if you don’t purchase hundreds of thousands of dollars worth of cutting edge technology – and then do it again in a few years when something better comes along? Can you imagine the cardiologist in consultation before heart surgery saying that if he does his procedure one way it’s covered by your insurance, but he has a new and better way that will cost you an extra $50,000? Please choose one.

The problem today is that we want the best possible outcome for the least amount of money. It doesn’t matter if it’s going to the dentist or the cardiologist. Health care is not an entitlement, but it is perceived as one.

So, we are not in a health care crisis, we are in a health care enigma. When will someone set the record straight?

My wife says I am oversimplifying the issue.

— BRT
The Pennsylvania General Assembly wrapped up business in early July and has since left town to return to their respective districts for the summer. They’ll return to Harrisburg on September 13, with only a few short weeks left in the legislative session to pass pending legislation. Any bill that does not pass by November 30 will “die” and need to be reintroduced in February for the 2011-2012 legislative session.

Your Advocate at the State Level

More than 85 dentists, spouses and students from Pennsylvania’s three dental schools attended PDA’s annual Day on the Hill on June 8, attracting the attention of state lawmakers before they voted on the budget and adjourned for the summer recess. The issues they brought to lawmakers’ attention included unfair insurance practices, access to quality dental care for vulnerable Pennsylvanians and the need to attract more dental professionals to the state.

SB 1222, prohibiting insurers from capping non-covered services: PDA is working hard to correct an unfair insurance practice that allows insurers to cap those services not covered under their dental plans. We understand that this is an issue of concern to many of you and that it will significantly impact your business operation and patients. SB 1222, introduced on PDA’s behalf by Sen. Kim Ward (R-Westmoreland), was of primary focus for attendees during Day on the Hill.

HB 1049, insurance coverage for general anesthesia when needed for dental treatment for children seven years of age and younger and special needs patients: HB 1049 would allow dentists to use their clinical judgment whether certain children need general anesthesia so they can provide quality dental care. The bill also would extend coverage to any special needs patient of any age. While it is difficult to pass insurance mandates, we are encouraged that this bill appears to have the momentum to pass the House of Representatives. Having been approved by the House Insurance Committee in October 2009, attendees focused their energy on convincing members of the House Appropriations Committee to consider the bill.

SB 527, increasing funding in Pennsylvania’s student loan forgiveness program to attract more dental school graduates: It’s no secret that many of you will retire in the next 10 to 20 years and that there aren’t enough young dentists to take your place. The future dearth of dental professionals is beginning to attract the attention of state legislators and the Governor’s Administration, so we took this opportunity to lobby for improvements to the state’s student loan forgiveness program. SB 527 would increase funding for individual providers to practice in underserved areas from $64,000 to $75,000 in student loan forgiveness. Given the budgetary shortfalls this year, any increase in funding is a significant achievement. Day on the Hill participants focused their lobbying efforts on Senate members, who are first to vote on SB 527.

Check out the next issue of the Journal to see your colleagues in action at the Capitol, advocating for the profession and patients.

Your Advocate at the Federal Level

Dentists and their spouses from across the nation converged on Washington DC from April 12-14, to meet with Congressional members about issues impacting the dental profession. Pennsylvania was ably represented by a group of dentists who devote time each year to advocate for you, the profession and your patients to members of the Congressional delegation and their staff.

This year, the profession chose three issues, which, if enacted, would allow you to practice dentistry more efficiently by removing administrative barriers, and place the profession on a more level playing field with the insurance industry.

H.R. 3763, exempting small businesses, including dental practices, from the Red Flags regulation: The ADA has lobbied for dentistry’s exemption to the Fair and Accurate Credit Transactions Act of 2003, which requires financial institutions and creditors to develop and implement written identity theft programs. When promulgating regulations, the Federal Trade Commission (FTC) determined that dentists and other health care professionals should be covered under this law. The ADA estimates that the Red Flags Rule could cost dental practices, and dental patients, close to $72 million.

In October 2009, the House of Representatives passed H.R. 2763 by a vote of 400-0, exempting small businesses—including dental practices— with 20 or fewer employees from complying with the Red Flags (continued on page 8)
Government Relations

Rule. Soon after, the FTC announced a delay in enforcement of the rule until January 1, 2011. Meanwhile, the Pennsylvania dentists attending the ADA Leadership Conference worked hard to convince Senators Robert Casey and Arlen Specter to support H.R. 2763 in the Senate.

H.R. 4626, repealing the McCarran-Ferguson Act exemption for insurance companies: Passing H.R. 4626 would help encourage competition in the insurance marketplace by fostering greater antitrust enforcement against the insurance industry by the FTC and the United States Justice Department when state regulators fail to act. When insurance companies are permitted to work jointly, patients are less likely to see as much competition, innovation and variety in the marketplace. In February 2010, the House of Representatives passed H.R. 4626 by a vote of 406-19. During the conference, dentists had frank discussions with their senators about the need to pass H.R. 4626 and eliminate the special treatment granted to insurance companies when the McCarran-Ferguson law passed almost 65 years ago.

H.R. 5000, supporting the Dental Coverage Value and Transparency Act: Passing H.R. 5000 would provide important insurance reforms that ADA and PDA are striving to pass on your behalf. The reforms include prohibiting insurers from dictating fees for procedures that the plan does not cover; providing uniform coordination of benefits when a patient is covered by more than one plan; permitting patients to designate payment of benefits to a non-participating provider; requiring plans to provide the same dollar amount of coverage for a given procedure regardless of whether the provider is in-network; prohibiting insurers from combining distinct dental procedure codes in order to reduce benefits; and, prohibiting insurers from changing a benefit code to a less complete (lower cost) procedure if such action is inconsistent with the CDT code or the terms of the network agreement.

We thank the following members and spouses for taking time away from the practices and families to advocate for all dentists at the ADA Leadership Conference:

Dr. Lisa Deem (1)
Dr. Edmund Effort (10)
Dr. Andrew Kwasny (9)
Dr. Herbert Ray (10)
Dr. John Reitz (4)
Dr. Charles Weber (2)
Dr. and Mrs. Jay Wells (10)

PDA recognizes new dentists and dental students as the future of dentistry in Pennsylvania and wants to foster and encourage their participation in the organized dentistry community.

Please show your support for new dentists, dental students and the future of organized dentistry by agreeing to be a mentor.

Visit www.padental.org/mentoring to register as a mentor.
Cashing in on PDA Membership

By Tori Rineer, Membership Coordinator

In 2009, PDA initiated the Member Value Campaign, which features diverse members highlighting the benefits of PDA membership that they find to be of significant value. The purpose of this campaign is to demonstrate the value of membership to prospective members and share the importance of taking advantage of your membership benefits with colleagues.

Participation in the Member Value Campaign includes completing a membership testimonial questionnaire and posing for a photo or video shoot (optional). The materials collected from the Member Value Campaign are used in prospective member resources and PDA’s new Social Network, and are featured on our website and Facebook page. If you are interested in participating in PDA’s Member Value Campaign, please contact Jessica Forte via e-mail at jsf@padental.org or by calling the PDA Central Office at (800) 223-0016, ext. 134.

Another membership initiative from PDA is “Get a Member Get $100.” This promotion offers current members $100 to help PDA increase market share of dentists in Pennsylvania by sponsoring a new member. To cash in on this incentive, simply encourage the prospective, new member to list your name in the “sponsored by” field when submitting a membership application or call us and request that an application be sent to the prospective member on your behalf. It’s that easy! Your $100 reward may be used at your discretion. A few popular redemption options include:

• Treating yourself for a job well done.
• Applying it to your recruited member’s dues.*
• Applying it to your membership dues.*
• Donating it to the Pennsylvania Dental Foundation.

* All credits will apply to the following year’s dues.

PDA would like to thank the following members for sponsoring a new member in 2010:

Dr. Constance Wilson, Lewisburg  
Dr. Bernie Logan, Paoli  
Dr. Edward Roth, Dallastown  
Dr. David Tecosky, Philadelphia  
Dr. Daniel Shalkey, York  
Dr. Larry Montgomery, Chalfont  
Dr. Eric Shelly, West Chester  
Dr. Cynthia Schuler, Washington

If you aren’t sure how to start the conversation to discuss membership with a non-member, here are a few helpful recruitment tips:

• Be familiar with your membership benefits. For a summary of membership benefits, visit www.padental.org/membership.
• Ask open-ended questions, such as:
  “What kinds of programs or services are you interested in?”
  “What challenges are you facing in your practice?”
  “What’s your professional resource for obtaining Continuing Education credits?”
• Use examples to try to relate as much as you can. Share a personal experience explaining why you find a particular membership benefit to be of great significance or value. Personal experience is especially effective in conveying complex issues, such as insurance reimbursement or reducing overhead cost.
• Acknowledge that the other person has a right to his or her feelings and opinions, no matter the outcome; agree to disagree.
• Don’t be discouraged. Educating potential members can be an ongoing process. For further assistance, contact the PDA membership department at (800) 223-0016 for additional support or suggestions of outreach efforts.

These are just a few examples of how to conduct a membership conversation with a potential member. For a complete guide of conversation tips, please contact Tori Rineer at tar@padental.org or (800) 223-0016, ext. 121.

Because of your membership, PDA is able to represent more than 60 percent of the Pennsylvania dentist population. With your help, we can increase this market share for an even more powerful voice in the state capitol. Thank you for your membership and for the voice you’ve helped to give to organized dentistry.
**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.

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<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Hometown</th>
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<tr>
<td>Dr. Amanda L. Badders</td>
<td>University of Pittsburgh</td>
<td>Erie</td>
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<td>Dr. Jeffrey S. Bell</td>
<td>Temple University</td>
<td>Springville</td>
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<td>Dr. Christopher A. Cappellini</td>
<td>Baltimore College of Dental Surgery</td>
<td>Jefferson Township</td>
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<td>Dr. John C. Chaklos</td>
<td>University of Pittsburgh</td>
<td>Jeannette</td>
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<td>Temple University</td>
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<tr>
<td>Dr. Sung H. Cho</td>
<td>University of Pennsylvania</td>
<td>Philadelphia</td>
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<tr>
<td>Dr. Virginia Farrow-Williams</td>
<td>Meharry Medical College</td>
<td>East Stroudsburg</td>
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<td>Dr. Shawn R. Habakus</td>
<td>University of Pittsburgh</td>
<td>Fleetwood</td>
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<td>Dr. Nancy R. Harris</td>
<td>University of Pennsylvania</td>
<td>Bryn Mawr</td>
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<td>Dr. Emma Jeffrey</td>
<td>University of Pittsburgh</td>
<td>Bridgeville</td>
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<td>Dr. Yu Jiang</td>
<td>University of Pennsylvania</td>
<td>Philadelphia</td>
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<tr>
<td>Dr. Randolph M. Kim</td>
<td>New York College of Dentistry</td>
<td>Lancaster</td>
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<td>Dr. Matthew J. Malone</td>
<td>West Virginia University</td>
<td>Johnstown</td>
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<td>Dr. Samera Mumtaz</td>
<td>Temple University</td>
<td>Upper Darby</td>
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Welcome New Members!

There is Value in Membership
Health Care Reform
By Mark J. Funt DMD, MBA

“Government programs, once launched, never disappear. Actually, a government bureau is the nearest thing to eternal life we’ll ever see on this earth.”
- Ronald Reagan

Well, I can’t take it anymore, and you knew it had to happen. I can no longer keep quiet. I have kept my series of articles non-political because I do not believe this is the forum to get overly political. I still don’t, but because I have the power of the pen, or in this case the power of the word processor, it’s time to let it all hang out. After all, the purpose of “It’s Your Money” is to discuss how to make, accumulate and preserve your money. The new health care reform law will not only affect us as providers but also as consumers of health care as well as investors and tax payers.

Like many Americans these days, on the political spectrum I find myself an Independent. Mostly, I am a capitalist who believes in capitalism, free markets, personal and financial responsibility, sacrifice, hard work and doing well. After all, isn’t that what makes America great? I must confess that I am a Reagan disciple. Like him, I believe that government is not the solution, but rather the problem. Someone, anyone out there, please tell me what government can do better than the private sector. Capitalism is not perfect and runs awry from time to time, and government needs to step in and place regulations on its imperfections. Without a doubt, our present economic situation is an example of this where both political parties are culpable. However, kudos to both the Bush and Obama administrations for intervening and preventing the country from complete financial collapse.

There is no doubt that our health care system is in desperate need of reform and repair, but I have to side with the loyal opposition on this one. Don’t get me wrong, there are lots of things I like about the bill that was passed, and I am no fan of the private health insurers either. As a matter of fact, both profit and non-profit health insurers are way too fat. They have very high administrative costs, they have way too much money in reserves and yes, they do ration health care.

I pulled up HR 3962 on my computer and it was 1,990 pages. I believe I heard the final bill was more than 2,700 pages, so I may have pulled up an older version of the bill. I wasn’t about to read 1,990 pages. Unfortunately, my guess would be that not many of our elected officials who voted for the bill read it either.

The good news about the bill that I perused was that I saw nothing in there about dentistry nor did I see the word dentist, although I did hear one talking head say there was something in there about the government setting up dental and vision offices, but I am not able to verify that. There are things I like about the bill. Insurance companies can no longer deny coverage for pre-existing conditions or deny coverage after you hit a certain amount of expenses. I like the fact that children can stay on their parents’ plan through age 26, although maybe if the economy was better and our graduates could get jobs, that wouldn’t be a problem. But I am probably just being my cynical self. There seem to be lots of goodies for those people on Medicare, and I am not unhappy that 32 or 33 million Americans who do not have health insurance will now be able to get it. As a matter of a fact, not only will they be able to get it, they are forced to get it whether they want it or not or pay a penalty. There is no national health insurance. The public option was eliminated from the bill, but there will be statewide exchanges that will compete with private insurers where individuals and small businesses can shop for health care. The details of those exchanges still need to be determined.

Finally, any business that has less than 50 employees is not required to purchase health insurance for their employees. There will be 16,000 IRS agents hired to enforce the provisions of the bill and there will also be governmental panels established to monitor the bill. They are by no means “death panels,” but does anyone remember that not too long ago a committee or panel came out and said they didn’t feel mammograms were necessary until a female reached 50 years of age? There was such an outcry the committee backed down on their recommendation. I recently had a patient who was diagnosed with breast cancer at 45. Good thing for her, age 50 wasn’t the standard.

The bill is scheduled to cost about $940 billion over the next 10 years and reduce the deficit by $138 billion over that same time period. So, how

(continued on page 12)
will the bill be paid for? For starters, $500 billion will be cut from Medicare over the next 10 years. The Medicare payroll tax will be increased by 0.9 percent to 2.35 percent on earned income and a new 3.8 percent tax will be levied on interest, dividends and capital gains on individuals making more than $200,000 or couples making more than $250,000 a year starting in 2013. Presently, Obama plans to let the Bush tax cuts expire at the end of 2010 and he will increase the present 15 percent tax on dividends and capital gains back to 20 percent. By 2013, that would increase the tax on investments from 15 percent to 23.8 percent, a whopping 63 percent tax increase on investments. There is also talk of taxing investments at one’s income tax rate. There will also be a new tax on high cost insurance plans, a fee on the manufacturers of brand name drugs, an excise tax on certain medical devices and an annual fee on health insurance providers.

There is also a 10 percent tax for you tanners. There was a proposal to tax plastic surgery procedures but that was dropped.

There is nothing in the bill regarding tort reform and the Democrats did not include the so-called “doctor fix” in the bill. The doctor fix is what the government intends to reimburse doctors over the next 10 years for Medicare. If you add the proposed cost of the “doc fix” to the reform bill, there would be a deficit of $59 billion dollars over the next 10 years. There is also a proposed 21 percent decrease in Medicare payments for doctors scheduled to take place unless Congress votes to postpone it. Congress has always voted to postpone any decrease in Medicare reimbursement to physicians for many years.

However, the purpose of this article is not discuss the pros and cons of health care reform but rather to address the economic consequences of this bill and how it affects us financially. As I stated earlier in this article, I have no faith in government’s ability to run anything efficiently. What have we learned from federal institutions like Fannie Mae, Freddie Mac, Medicare, Medicaid (a state run program), Social Security and the Post Office?

Does anyone really believe that this bill will actually reduce the deficit? Considering ObamaCare is based on the model of universal health care in Massachusetts (proposed and signed by a republican governor), didn’t the people of Massachusetts send the country a message in January? Maybe I am just drinking the Kool Aid of health reform critics and maybe, hopefully, I will be proven wrong but I am not optimistic.

The truth of the matter is that this bill does nothing to solve the problem of reducing health care costs and will only add to the skyrocketing deficits this country in generating. These massive deficits can only be reduced by cutting spending, which our government has great difficulty in doing, or raising taxes, with which the present administration seems to have no problem. There is already talk of instituting a Value Added Tax (VAT), an invisible national sales tax, popular in Europe, that is built into the price of the product you buy but you never actually see, unlike the sales tax, which is easily visible. There is talk of raising the age of Social Security or decreasing its benefits. When it comes to health care, the only way you can control costs is to decrease reimbursement to hospitals, doctors and drug companies or ration...
care. Does anyone out there believe that the present bill as passed will not cause health care costs to increase, premiums to rise, access to health care decrease and rationing to increase?

In my next article on Fixed Income Investing, I will go into much greater detail on the economy, deficits and taxes and how they relate to governmental fiscal and monetary policy. As you can see from the health care bill, tax increases are already proposed to offset costs. This decreases the amount of disposable money people will have, discourages investment in many asset classes and encourages people to look for tax advantage and tax-free investments.

Finally, I have saved the best for last and I hope you are sitting down for this one. According to a CBS News article posted on the Internet dated March 23, Benjamin Domenech writes, “it appears that there are loopholes in the bill that may allow senior staff members in the leadership offices and on congressional committees, essentially, exempting those senior Democrat staffers who wrote the bill from being forced to purchase health care plans in the same way as other Americans.”

After reading that, I am reminded of the Russian comedian, Yakov Smirnoff, who shortly after immigrating to America wanted to make wedding plans. He went to a local hotel to make arrangements for his wedding where they asked him if he had a date. Mr. Smirnoff explained, “What a country, I can bring a date to my own wedding!”

ADDENDUM: Because of the lag time between original deadline and publishing of this article, I had the opportunity to give you an update on the health care reform bill. Since its passage, 21 states (including Pennsylvania) have filed suits against the federal government to block the bill from becoming law in their states. The basis for most of the suits is that the health care reform bill exceeds the power of Congress to regulate commerce, violating the 10th Amendment that protects states’ sovereignty. Lawsuits also state that it is unconstitutional to force people to purchase health care insurance.

Numerous articles have also come out in June confirming that there is a good chance that you will not be able to keep your health plan, as had been stated so many times in the past. It appears that many employer based health care plans may not be grandfathered into the new bill as originally believed. In addition, many companies are finding it may be cheaper to pay fines to the government than to insure workers. In either case, if true, all those employees would be forced into purchasing health care from the soon to be established state exchanges.

The Congressional Budget Office (CBO) recently found another $115 billion dollars in additional administrative costs to fund ObamaCare, which was not included in their original projections, and a former CBO director released his own analysis that found ObamaCare will not decrease costs, but instead will add more than $500 billion to the federal deficit over the next 10 years.

As I predicted, the so called “doctor fix,” which was supposed to decrease the deficit by slashing payments by 21 percent to Medicare doctors was once again postponed by Congress until November 30. Congress voted to increase Medicare payments by 2.2 percent to physicians.

Finally, as before the bill was passed, several polls released in June confirmed that the majority of Americans still oppose the bill and want it to be repealed. Stay tuned, because as one senator said before the vote, we will find out what is in the bill after we pass it!

Dr. Mark Funt is a Board Certified Oral and Maxillofacial Oral Surgeon who maintains a full-time practice in Elkins Park. He received his MBA from Temple University in 1994. Since that time, he has lectured and written articles on practice management and investing topics.
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Dental Trauma
By Dr. Bruce R. Terry, Editor

The Research Center for Rare Oral Diseases and the Department of Oral and Maxillofacial Surgery at the University of Copenhagen have developed a website dedicated to improving the general knowledge of dental traumatology in the dental community.

The work on dental traumatology started at the University Hospital 40 years ago, when it was decided that all dental trauma should be treated according to well-defined guidelines, and with follow-up using standardized clinical and radiographic procedures. Since then, 40,000 patients have been treated and among these, 4,000 have been included in long-term studies. These 4,000 patients used in a series of clinical studies, area all related to treatment/outcome after specific types of injuries.

It is well known that six types of luxation injuries exist and nine types of fractures, and that these can be combined, making up to 54 combinations, each with a separate treatment need and specific prognosis. No wonder that trauma treatment around the world is chaotic to such an extent that 12 studies from 8 countries have shown that more than half of all trauma patients get either wrong or unnecessary treatment.

Extrusion
Partial displacement of the tooth out of its socket.

An injury to the tooth characterized by partial or total separation of the periodontal ligament resulting in loosening and displacement of the tooth. The alveolar socket bone is intact in an extrusion injury as opposed to a lateral luxation injury. In addition to axial displacement, the tooth will usually have an element of protrusion or retraction. In severe extrusion injuries the retraction/protrusion element can be very pronounced. In some cases, it can be more pronounced than the extrusive element.

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Fig 1.
Example of Description Page of Extrusion.

Four years ago, the researchers in Denmark gathered more than 70 clinical and 50 experimental trauma studies and united them into an Internet based Dental Trauma Guide, accessible to all dentists around the world free of charge. Via national and international grant support, the work on the first version of the site is now complete and the website is now accessible for all visitors free of charge.

Dr. Jens Andreasen has been the driving force behind the Dental Trauma Guide. Most dentists recognize and associate Dr. Andreasen as the leading expert in dental trauma.

The Dental Trauma Guide is simple to use. Just go to www.dentaltraumaguide.org. On the home page, you can select the category of injury and then read more about the description, etiology, diagnosis, treatment, prognosis and references.

All of the subcategories show graphic and animated examples of how the injury occurs, how to test and how to treat. The prognosis page shows the number of cases and outcomes based on factors such as open or closed apex and type of injury.

Clinicians have been looking for years for a practical interactive program like the Dental Trauma Guide. Now when a patient comes to your office, answers to your treatment questions are just moments away. With evidence based information, you will know if root canal treatment is indicated or not, or if ankylosis is expected or not and many other answers to common questions.
Pennsylvania Dental Association

142nd ANNUAL SESSION

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ASDA Reps and House of Delegates Band Together to Solve Ethical Dilemma

By Dr. Dennis J. Charlton, President-Elect

The Annual Session was rolling along smoothly, which allowed me to attend the Friday night “Halfway to Halloween” party that the Annual Session Committee had organized. In five years as Speaker of the House, this was only the second time I was free to attend the Friday event. So I was traipsing around in my Robin Hood costume when I noticed a group of dental students sitting at a table without any PDA members. I went over to make sure they were having a good time.

Our conversation included the topic of them — the Pennsylvania representatives of the American Student Dental Association (ASDA) — banding together to present a resolution at our Sunday House of Delegates meeting. I explained to them how difficult it was to get a resolution accepted as business of the House in the Sunday session. Our Bylaws require a unanimous vote for any new resolution to be considered when it is brought before the House during the second meeting.

The students’ explanation of the need for a resolution is what led to one of our most important actions of the Annual Session, HD 10-31. (I thought it was interesting that House Directive 10-31 was initiated at a Halloween party, but the date and resolution number correlation eluded my dear wife as I presented that idea to her; she often accuses me of being too into numbers.)

The students described a practice by a for-profit company. The company organizes trips to Third World countries and “assists” in the delivery of dental services to the underserved. What we learned actually happened, according to the students’ accounts, was not merely assisting. The students received minimal supervision, were pressured into performing treatment and required by virtue of their attendance to do restorations and extractions even though they had only completed one year of dental school. None of these students had treated patients in dental school since they were just “rising sophomores,” and they felt ill prepared. The trip quickly became a moral and ethical dilemma for the students and they approached me to help them remedy this ongoing practice.

We informed our district caucuses on Saturday of the students’ desire to bring business to the House of Delegates at the second session. On Sunday, the delegates of the PDA House rose to action and gave these students the help they needed to get this piece of important work on the move. The unanimous vote allowed the resolution to be considered under the new business of the House. The following resolution was adopted:

RESOLVED HD 10-31:

THAT PDA AND ASDA JOINTLY URGE THE ADA TO ADOPT A POLICY THAT ANY DENTAL STUDENT PARTICIPATING IN A DENTAL OUTREACH PROGRAM (E.G., INTERNATIONAL SERVICE TRIPS, DOMESTIC SERVICE TRIPS, VOLUNTEERISM IN UNDERSERVED AREAS, ETC.) SHALL ADHERE TO THE ASDA STUDENT CODE OF ETHICS AND THE ADA PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT. SUCH DENTAL STUDENTS SHALL BE DIRECTLY SUPERVISED BY DENTISTS LICENSED TO PRACTICE OR TEACH IN THE UNITED STATES AND ONLY PERFORM PROCEDURES FOR WHICH THE STUDENT HAS RECEIVED PROPER EDUCATION AND TRAINING AND CAN SAFELY EXECUTE WITH THE STANDARD OF CARE;

AND BE IT FURTHER

RESOLVED THAT THE PDA URGE THE ADA TO WORK WITH NATIONAL AND INTERNATIONAL HEALTH ORGANIZATIONS TO END THE PRACTICE OF UTILIZING PRE-DENTAL STUDENTS AND PRE-CLINICAL DENTAL STUDENTS TO PERFORM IRREVERSIBLE DENTAL PROCEDURES WORLDWIDE;

AND BE IT FURTHER

RESOLVED, THAT THIS POLICY BE TRANSMITTED TO ALL DENTAL SCHOOLS AND PRE-DENTAL PROGRAMS AND ORGANIZATIONS.

I’m proud of the work of the House and the judgment of the delegates for seeing the importance of this issue and allowing the students to gain some momentum for this position. After our action, the ASDA Executive Committee
passed a similar resolution, to accompany the PDA directive, for presentation and consideration at the ADA House of Delegates at Orlando in October 2010. This action demonstrates the PDA’s responsiveness to the students’ needs as well as the ASDA’s stand for ethical practice at home and abroad as we reach out to the less fortunate of our world community.

EDITOR’S NOTE:
Nipa Thakkar represented Temple University School of Dentistry as a delegate in PDA’s 2010 House of Delegates. She was instrumental in the creation and adoption of HD 10-31 at PDA’s House as well as the ASDA resolution to the ADA House, and it was her experiences in Costa Rica and Panama that motivated her to bring this important ethical issue to PDA’s attention during the 142nd Annual Session.

Following is her story.

By Nipa Thakkar, Temple University School of Dentistry, Class of 2012

In my first year of dental school I took basic science and dentistry courses, such as Anatomy, Dental Materials, Biochemistry and Physiology. During the summer semester at the end of my first year, I attended an informational session on an outreach opportunity to Costa Rica and Panama run by a non-school sponsored private organization. The website for this organization stated that we would be assisting with extractions, fillings and other dental procedures. I paid my $1,900 program fee, booked my ticket and hoped I would be a valuable assistant with what I had learned my first year of dental school.

Six colleagues and I boarded a plane to Costa Rica in July, 2009, nervous and excited to be helping to provide dental care to the underserved village populations we would be visiting. Shortly after arriving however, we realized that the website description of the program was not exactly accurate. The seven of us were introduced to undergraduate pre-dental students and each first year dental student was paired up with a pre-dental student. We received approximately five hours of training in Spanish relevant to dentistry and dental anatomy from individuals who could not speak English. The following day, we were taken to a recreation center, which was to be our makeshift clinic. With limited equipment, inadequate lighting and no real training, I realized that there was simply no way any first-year courses could have trained me for what we were about to experience.

The next two weeks changed how I will feel about dental care for the rest of my life. There were two young supervising dentists from Costa Rica, and, as one can imagine, they could not supervise all of us as we treated patients. We performed extractions, gave anesthesia and prepared and filled class I lesions without radiographs, follow-up care, proper training or education.

I will never forget my third day in Costa Rica when a nervous young boy sat down and opened his mouth, trusting us as dentists to relieve him of his pain. Using a flashlight, I saw that he had severe decay throughout his dentition. My pre-dental partner sat beside him and asked me to pass her the “thing that sprays the water” so she could “make ditches in the teeth.” As I watched her attempt a cavity prep with the high speed handpiece, I stood horrified and remember thinking at that moment how glad I was that the boy did not understand English. During that first week, the seven first-year dental students discussed how we all felt about first-year dental students and pre-dental students performing irreversible dental procedures and decided that we should speak with the program administration about our concerns. We confronted our trip coordinators, and were told that all the students on the trip had paid the same amount of money for their experience, and were entitled to perform the same procedures as us.

One year later, I have only now been cleared as a third-year dental school student to enter clinic and start seeing patients at Temple University’s Kornberg School of Dentistry. Dentistry is a highly specialized medical field directed at the treatment of the oral cavity, and it takes a full four years after college to earn a degree to practice in the United States. These patients abroad are human beings like our family members and friends, who we would not allow to receive such dental care. The philosophy that any treatment is better than no treatment is absurd when the procedures are performed by untrained individuals who cannot appreciate the consequences of their actions and may therefore unknowingly cause serious damage. Furthermore, providing dental care in these underserved areas is not simply an experience like ice skating, for which anyone who has paid a fee is entitled. It is a responsibility that should be given only to those who are adequately trained and educated for this purpose.
President Andrew Kwasny’s Address to the House of Delegates

“When one door closes, another opens; but we often look so long and so regretfully upon the closed door that we do not see the one which has opened for us.”

— Alexander Graham Bell

“The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is new, so we must think anew, and act anew.”

— Lincoln’s Second Annual Message to Congress, December 1, 1862.

In 2008, the Pennsylvania Dental Association Board of Trustees began a multi-phase plan to move toward strategic budgeting and organizational restructure. Over the past year, the emphasis has been to evaluate the operation of the entire association with particular attention being made to administrative fees. The evaluation began with a board retreat in July, 2009 to improve the knowledge and awareness of the individual board members with the concept of administrative costs, especially toward those aspects of our operation that had the highest impact on these fees. As you would understand, this list included the participation of the association in the ADA and PDA Annual Sessions, the meetings of the Board of Trustees and the structure of our councils and committees. A separate retreat for the PDA staff entitled, “Eliminating Mediocrity,” was held in June, 2009 with the primary purpose to analyze all aspects of the Central Office’s administration, with the aim of becoming a leaner and more efficient organization, and ultimately, reducing administrative costs.

Administrative costs are defined as costs of business management, record keeping, budgeting, finance and other management and administrative activities. These fees have been increasing over the past several years from 45 percent in 2006 to 66 percent in 2007, and then to 71 percent in 2008. It was obvious to the Board of Trustees that control over these expenses should be the key component in any plans to increase the efficiency of the association.

As part of the 2010 PDA Annual Session, the delegates and alternate delegates will participate in an informational meeting concerning administrative fees to act as a basis for the understanding of the decisions made by the Board of Trustees over this past year and the consideration of resolutions to be presented for their consideration. The final phase of the restructuring of the association will include the completion of an amended strategic plan, the redesign of operations of the PDA councils and committees and to maximize the efficiency of the staff to coordinate and implement these changes.

In the report that follows, every effort will be made to provide a complete synopsis of the activities of the association with specific references to those documents contained on the PDA website. There will be a short review of the findings of each of the subgroups that investigated changes to the association based on decreasing administrative fees and the directives of the 2009 PDA House of Delegates. This will be followed by a series of bullet points from each month since that meeting for each of you to review the activities of the Board of Trustees and the challenges faced by our association.

The individual board members were presented with a constant supply of questions, discussions and forum votes throughout the year. They not only participated in the usual meetings in Harrisburg, but electronic challenges from the President and the Speaker of the House on a regular
basis. There has never been a group of individuals so dedicated to the success of the Pennsylvania Dental Association. During my travels across Pennsylvania this past year, I have always maintained one consistent message. The individuals that compose our current staff are the finest of any dental association in the country. My report to the 2010 House of Delegates would not be complete without that same message being given to each of you.

It has been my distinct pleasure in serving as your President this past year. As opposed to many of my colleagues from around the country that have been fortunate to be elected to this position in their states, I am very sad to see it end and hope that the final review of my effectiveness will justify your trust in my appointment to serve our members. Many of the challenges contained in this report have been met, while others are still to be completed by those Presidents to follow. It is my hope that the introduction of social networking, strategic planning and the constant flow of information within and outside of the leadership of our association become commonplace in the future. When those that follow take a moment to re-examine the history of the PDA, perhaps they will find that this past year brought us a great deal closer to developing “communities of interest.” In each of these communities, each member-dentist may immediately interact with their association and each other on issues of their choosing. With these and other facets of our organization being implemented, the final result will be to make the completion of the PDA membership renewal application by all of the dentists in Pennsylvania a foregone conclusion.

Review of the Board of Trustees Working Subgroups on Organizational Restructuring

The Board of Trustees divided the responsibilities of reducing administrative fees into three categories. The 2010 House of Delegates will receive full written reports, including any recommended changes to the PDA Bylaws, and an oral presentation from each subgroup Chair as part of an informational session on Friday morning of the 2010 Annual Session. There will also be a short presentation to assist the delegates and alternates in their understanding of the concept of administrative fee calculations.

1. Restructuring of the Third District Delegation to the American Dental Association

This was the first of five areas of evaluation for the association based on administrative fees. The directive from the 2009 House of Delegates, the enhanced costs of sending a delegation to Hawaii and our support of candidates for the elected offices of the American Dental Association combined to make this re-evaluation necessary. The costs associated with the composition and travel of the delegation have been reduced through the creation of funded and non-funded alternate delegate positions. The knowledge-base, external and internal communication of the delegation has been increased due to the inclusion of current ADA council and committee members. Each of the trustee districts will still have the ability to elect experienced leaders from their delegation to attend our national meeting. At the January, 2010 Board of Trustees meeting, there was additional discussion that will permit the House of Delegates to consider the deans of our three Pennsylvania dental schools to be included in our future delegations.

Due to the hard work of Dr. Bullock’s reference committee at the 2009 PDA House of Delegates, much of the work toward increasing the effectiveness and efficiency of the Third District Delegation was completed prior to the board retreat in Hershey in July, 2009. For that reason, members originally chosen to serve in that subgroup were reassigned to work on those areas that follow.

2. Administrative Costs and the Board of Trustees

The subgroup of the Board of Trustees has recommend changes to the number of meetings held at the PDA offices in Harrisburg, providing a consistent reimbursement schedule for travel for all volunteers of the association, limitations imposed on the per diem expenses and a continuation of the commitment shown this year toward electronic communications and social networking to reduce administrative costs.

It should also be noted that no conference calls were
necessary this past year due to the efficiency of the board in utilizing electronic communications. The continuation of this policy will be an accepted practice for future board activities and every effort will be made to expand these efforts toward the newly structured PDA committees, task forces and workgroups.

3. PDA Annual Session Expense and Organizational Review Subgroup

The subgroup has made recommendations concerning the overall format of the annual session, altering the formula for computing the composition of the House of Delegates, term limits on service from each trustee district, decreasing staff time by enhancing the efficiency in addressing resolutions through a consent calendar and modifying the dates for selecting trustee delegations.

The subgroup members also made recommendations on the participation of vendors at the annual session to offset PDA’s financial commitment to the event and considered the current contractual obligations and penalties in their decisions related to their proposed changes.

4. Council and Committee Restructuring

Although the 2009 PDA House of Delegates did not accept the recommendations of the Governance Task Force (GTF), it was clear to the Board of Trustees that many of the ideas expressed in that report were valid for the future of our association. The appointment of a subgroup to make recommendations for the changes in governance to the PDA was in direct response to HD-09-17, which instructed the board to continue these efforts until a satisfactory mechanism is adopted.

The subgroup utilized the GTF Report, the activities of the various PDA councils and committees toward those responsibilities described in the bylaws and decreasing membership/volunteerism in investigating the manner of restructuring the association. The costs of travel, surveys that determined member areas of interest, comparisons to other non-profit associations and the effectiveness of PDA’s electronic communities discussions within the board this past year were also used as factors in their discussions.

It became apparent that the final decisions toward changes in the governance structure required a trained consultant to finalize and implement. The rapidly changing ability of our members and leadership in electronic communications along with the challenges to maintain communication and participation among our members of different age groups necessitated the need for this consultant. The consultant was retained after a lengthy discussion at the November, 2009 Board of Trustees meeting. A report from this subgroup and the recommendations of the facilitator will be distributed to the 2010 House of Delegates.

5. Staff Retreat and Analyses

Over the past year, the PDA staff has held numerous discussions on how best to streamline the efficiency of the association with the goal of decreasing administrative costs. These discussions culminated in a retreat held in June, 2009 that was entitled, “Eliminating Mediocrity.” Its primary purpose was to analyze all aspects of the Central Office’s administration, with the aim of becoming a leaner and more efficient organization, and ultimately, reducing administrative costs. Emphasis was placed on eliminating the mediocrity in positions, procedures, and performance.

Many procedures were modified during the analysis of job descriptions, duplicative actions were eliminated and changes were incorporated into the individual descriptions.

The staff performance evaluation process was revamped. The evaluation form was revised to eliminate redundancies and streamline the completion of the evaluation. The SMART goal concept was incorporated into the process to provide a consistent framework within which to craft annual performance goals. The new form was used for 2009 performance evaluations done in July as is customary. The directors will also continue to study internal operating procedures to ensure that all are efficient. Once the restructuring and governance changes detailed by the House of Delegates have been completed, the accompanying modifications to staff will be completed through further discussions.
Summary of Activities of the Board of Trustees (BOT)

The members of our association are directed to utilize the PDA website at www.padental.org to access additional documentation of current legislative events and those activities that are summarized below. Any documents listed in bold print have been provided on the section of the PDA website for the use of the 2010 PDA House of Delegates along with the complete list of activities that are summarized below.

April/May 2009

- Senate Consumer Protection and Professional Licensure Committee approves EFDA legislation (Amends The Dental Law further defining “expanded function dental assistant”; further providing for the State Board of Dentistry (SBOD); and providing for scope of practice of expanded function dental assistant).
- BOT completes “Summary Review” of HOD resolutions and determines activities related to the discussions from reference committees-the opinions expressed on the summary report were distributed to PDA councils and committees to help in their discussions concerning responses to these resolutions.
- BOT seeks to amend the regulatory interpretation of the SBOD to ensure patient protection should Public Health Dental Hygienists (PHDHs) take radiographs at a public health facility.
- Discussions are held concerning compromises associated with legislation on a statewide restorative choices brochure sponsored by Sen. Daylin Leach (SB 407) and HB 1382, community water fluoridation legislation, is introduced by Rep. DePasquale at PDAs request.
- Executive Committee of the Board of Trustees meets with CEO to select agenda for board retreat and composition of subgroups to address admin fee reductions for ADA Third District Delegation, PDA Annual Session, c/c restructuring, BOT meeting expenses.
- HB 1049 (Saylor) - An Act providing mandatory insurance coverage for general anesthesia for dental care for children under five years of age and those with special needs is assigned to the House Insurance Committee.
- A joint letter from PDA and PCDS (Philadelphia County Dental Society), in consultation with the New Era Dental Society is sent to the Philadelphia County Board of Health. Without our intervention, Philadelphia dentists would now face a requirement to display posters in offices about the dangers of “mercury amalgam.” This mandate was removed from a proposed ordinance during negotiations and a compromise was reached that Philadelphia dentists must distribute an information sheet about restorative options to all patients who receive amalgam restorations and have them acknowledge receipt of the information sheet. PDA and PCDS were successful in preventing important patient information being written by politicians, as opposed to the science-trained members of the Board of Health. PDA and PCDS believe that dentistry was ultimately successful in preventing the passage of harmful requirements in the ordinance. (The ordinance was approved on April 30, 2009)
- The BOT reviews the results of the Annual Session Survey completed by the majority of the members of the 2009 HOD for use by the Annual Session subgroup and holds e-Communities discussions on dental school form redesign and HOD resolutions.

June/July 2009

- BOT begins the use of e-Communities forum discussions and votes with the direct oversight of the Speaker of the House.
- PDA sends a letter of support for HB 215 (Barrar), which provides for limitations on the retroactive denial of reimbursement of payments to health care providers by insurers.
• BOT holds a conference call with SBOD Chair Reitz to discuss peer review remediation programs and other goals to improve joint communication.
• The BOT and ACC hold electronic discussions on the request by the SBOD (Committee on Emerging Dental Issues) to produce a timely policy statement on botox injections in dentistry. An approved statement was provided to the SBOD in time for their next meeting and became the statement now used for regulatory interpretation.
• Commitment received from Rep. Thomas Murt to introduce an assignment of benefits legislative effort.
• Work continues in preparing a member area of interest survey to be sent electronically to identify potential volunteers from each district; the final survey will be sent in September to be used by the trustees to interview candidates for positions on PDA councils and committees.
• Subgroup of the board visits PDA Central Office to review potential purchase of social networking software. The board holds an electronic vote and approves the purchase of the software.
• Letter sent to district dental societies concerning continuation of peer review program as per HOD-09-11: This letter confirmed that coverage for component society peer review and patient relations programs will be maintained once each district provides PDA with a contact dentist and documentation of completion of the training program.
• The BOT begins discussions on the issue of insurance companies extending contractual obligations of dental providers to those services outside of the original fee schedule (non-covered services legislation). The comparison of those successful efforts in Rhode Island to defeat this extension of the contractual language and other states efforts to also limit the ability of insurance companies to mandate reimbursements after the patient has reached the maximum coverage limit are reviewed.
• Food and Drug Administration issues their ruling on the reclassification of dental amalgam as a Class II medical device. The ruling is very favorable to the long-held view that this restorative material is safe and effective. The ruling brings into question several of the statements contained in the brochure mandated by the Philadelphia City Council.

August/September 2009

• Discussions begin with SBOD Chair Reitz concerning ownership of a dental practice and mobile dental van policy reviews.
• Board subgroups continue discussions on issues including the GTF Report and the board approves the member area of interest electronic survey for prospective volunteers from each district.
• Electronic discussions by the BOT focus on specific language to be utilized on insurance legislation concerning assignment of benefits and non-covered services together with input from Council on Government Relations (CGR).
• The definitions within HB 1049 are amended by PDA to expand insurance coverage for general anesthesia for children under seven years of age and those with specific developmental and behavioral problems.
• Discussions continue regarding the social networking software and recommendations for specific objectives that will be achieved to increase volunteer participation in the association.
• Formal letter sent from PDA to Deputy Mayor/Health Commissioner Schwartz detailing the recent FDA ruling on dental amalgam and recommendation to revisit the language contained in the amalgam brochure mandated to dentists in Philadelphia.
• Board votes are taken electronically on approval of minutes, nomination for candidates to serve on various PDA councils and committees and discussion items posted on the September BOT meeting agenda with an additional e-Community forum being created for use by the delegates and alternates of the ADA Third District Delegation to Hawaii.
• The lack of progress toward the completion of the 2008 PDAIS audit becomes an area of discussion among the BOT and the BFPC.
• After personal discussions with PAGD President Martell to establish a consensus opinion, a vote was taken by the BOT with unanimous approval to advise Sen. Leach that PDA would now oppose any attempts to pass legislation on a mandatory statewide restorative choices brochure. Sen. Leach responds that he will now attempt passage of legislation that includes the original language that mirrors that mandated by the Philadelphia City Council. A formal letter was sent to Sen. Leach informing him of our opposition.
• Letter from PDA delivered to all members of the House Insurance Committee for an endorsement of their discussions concerning HB 1049 legislation concerning insurance coverage for dental anesthesia for children under seven years of age and those with special needs undergoing dental procedures.
October/November 2009

- PDA is contacted by Dr. Amid Ismail, the Dean of the Kornberg School of Dentistry to ask for support to amend Act 160 to remove unnecessary restrictions placed on foreign trained dentists who have specialty or post graduate training. The letter describing these changes is considered by the board and a position is taken endorsing the proposed changes along with a listing of additional concerns that contribute to the difficulty in hiring faculty members in dental schools in Pennsylvania.

- Board of Trustees begins electronic discussions on restructuring of administrative fees charged to PADPAC. Staff provides information on calculation of these fees, possible alternative assessment levels and possible inclusion within the GR budget.

- PDA staff notifies the Board of Trustees that the beta testing for the social networking software has been scheduled for December 26, 2009. Each of the board members will receive training as to the interactive features of the software to be utilized for board communications in the future.

- The Independent Regulatory and Review Committee (IRRC) meets to review the Dental Hygiene Scope of Practice-Local Anesthesia Regulatory changes proposed by the State Board of Dentistry. PDA has provided testimony and amendments as approved by the House of Delegates on several occasions.

- The subgroup of the board that is considering changes to the current council and committee structure posts its draft report on the duties and responsibilities, formatting and proposed bylaws changes for discussion on e-communities.

- PDA receives the 2008 PDAIS audit and management letter from Maher Duessel, Certified Public Accountants. As the letter describes certain internal management deficiencies, the chief executive officer of PDAIS is asked to address them at the November meeting.

- ADA Trustee, Dr. Charlie Weber, investigates the apparent elimination of the funding for the ADA block grant (student outreach) program. This investigation discovers that the funding was not actually eliminated and there will be no need for PDA to endure the entire cost of continuing these programs at the three Pennsylvania dental schools.

- The board approves the contract with consultant, Bob Gleason, to provide facilitation of the restructuring of PDA councils and committees, revision of the strategic plan and integration of the social networking software into the communication within the PDA and to its membership.

- PDA receives word that on Nov. 24, 2009, the American Dental Association (ADA) has signed an agreement with Temple University to train new dental team members as part of a pilot program to improve the oral health in underserved communities. The Community Dental Health Coordinator (CDHC) is a member of the dental health team who works in communities where residents have limited access to dental care to improve their oral health.

December 2009/January 2010

- PDA representatives meet with the Insurance Commissioner to discuss our various legislative initiatives that are under the purview of that office.

- The board is presented with a listing of 15 directed actions by the Fifth District Trustee for consideration. Due to the number, specifics of these actions and effect on administrative fees for staff time to address them, the board opts to consider them within electronic discussion forums and voting. Over the course of the next two months, the list is reviewed and those actions that are approved are directed to councils/committees and will be placed in the board report for final consideration by the 2010 House of Delegates.

- The board is presented with documents reviewing the current responses to each of the resolutions from the 2009 House of Delegates. The president also provides an electronic report on the ADA meeting in Hawaii and the complete review of the responses to the directed actions proposed by the Fifth District trustee.

- The board considers three possible formats for the recording of minutes for each of its meetings. A consensus is reached to utilize the format reflecting an executive summary to begin with the January meeting. This will have a future impact on administrative expenses for staff to prepare, process and forward the recording of activities from each board meeting to legal counsel. It is also believed that this decision will result in a more timely posting of the executive summary on the PDA website.

- PDA was informed that the Board of Health of the Philadelphia Department of Public Health had scheduled its annual scientific review of amalgam as part of its February 11, 2009 meeting. The Philadelphia County
Dental Society, PDA, New Era Dental Society, lobbyists and public relations representatives prepared an information sheet to accompany verbal testimony at this meeting. There will also be a review of the findings of the Food and Drug Administration's ruling on dental amalgam from July, 2009 and a complete review of dental amalgam using an evidence-based dentistry approach. There will also be verbal testimony related to reports received from those in the dental community that have experienced limitations on the access to dental care caused by confusion related to the amalgam brochure mandated by the Philadelphia City Council.

- Dr. Denis Kinane, the new dean of the dental program at the University of Pennsylvania becomes an official member of the PDA joining Dr. Braun of Pittsburgh and Dr. Ismail of the Kornberg School. This became valuable information in the decision made by the board at its January meeting to include an invitation to the three Pennsylvania dental school deans to be non-funded alternate delegates to our ADA Third District delegation.

- The board continues electronic discussions related to restructuring of the PDA councils and committees based on information from its hired facilitator. Plans are made to have written reports provided from each of the three subgroups of the board that deal with various aspects of the reduction of administrative fees along with a verbal report at an information hearing during the 2010 PDA Annual Session. A draft presentation from the facilitator/consultant was received and distributed to the board in time for its January, 2010 meeting.

- The trustees reported the successful use of the electronic member area of interest survey for the selection of potential volunteers to serve on PDA councils and committees.

- After a demonstration on the specific features associated with the new social networking software, the individual board members begin to utilize these features in discussing issues presented for consideration.

Through February 10, 2010

- HB 1222, the non-covered services legislation, is formally introduced with twelve sponsors and bi-partisan support.

- Preparations are completed for the submission of written and oral testimony before the Philadelphia Board of Health concerning possible amendments to the mandated amalgam brochure. The severity of the winter weather throughout the East Coast makes the dedication of the service of the volunteers at the February 11, 2010 meeting to represent the interests of the dentists in Philadelphia and Pennsylvania truly outstanding.
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Dr. Judith McFadden Receives PDA Distinguished Service Award

Dr. Thomas Nordone presented the PDA Distinguished Service Award to Dr. Judith A. McFadden on April 23 during the Luncheon for Delegates and Alternates.

When I was an oral surgery resident, Penn students rotated through our department for their externship. I was off service, on a rotation; and when I returned, my chief resident (who was a starting fullback at Penn State) told me about the student who had just finished. The student was intelligent, respectful, had class, good hands, responsible, humble, mature and worked well with the patients. My chief resident, no nonsense, he looked at me and said, “You would do well to be like her.” (Yes, that was Judy.)

Everyone in this room, by virtue of being here, has shown a commitment to their profession and a commitment to their patients. We all care - otherwise we would not be here. We wouldn't volunteer our weekend to try and make our profession better, which ultimately relates to making things better for our patients. I know and respect many of you here. You are my colleagues, and I know your commitment is unquestioned. But here is where I get to cheat. I get to see some of your patients by referral. I get to hear what your patients say about you. Oh, they may say things like he or she is a good dentist, or you are kind and considerate, or you are very gentle, or sometimes I hear the bad things (things like I can’t talk to them, or they are so busy they don’t really listen to what I’m saying). I am again fortunate enough to see referrals from Judy. Every single patient I see has nothing but high praise and accolade after accolade about Judy. Or they may relay a story about how she cares about them as people not just patients.

So, here we have a colleague who is respected and admired and (yes) loved by her patients, and a colleague who is respected AND trusted by her peers. Someone who listens to what everyone has to say. Who never pre-judges. Whose integrity is unquestioned.

As much as I am not a fan of Oprah Winfrey, she occasionally has some very profound comments. Here is one which I think is appropriate: “Real integrity is doing the right thing, knowing that nobody’s going to know whether you did it or not.” This is Judy.

Judy has never sought out the limelight. Never looks for the accolades. Never toots her own horn. Constantly seeks to give credit to others, where clearly she is the driving force.

Socrates said: “Regard your good name as the richest jewel you can possibly be possessed of – for credit is like fire; when once you have kindled it you may easily preserve it, but if you once extinguish it, you will find it an arduous task to rekindle it again. The way to gain a good reputation is to endeavor to be what you desire to appear.”

So I want to end this with something I learned from our mentors. I asked Judy who she listened to and who took the time to talk to her as she has progressed through her career. These were also my mentors. Names like: Gus Lavalla, John Bomba, Steve Kondis, John Lathrop, Alex McKecknie and others. They taught me there is no greater honor in life than to be honored by one’s peers. I am proud, honored and humbled to be able to stand up here and speak for my colleague, my fellow delegate, but most importantly my friend, Dr. Judy McFadden.

Dr. McFadden’s Remarks:

I would like to thank the Annual Awards Committee for this great honor. Although I have not read the criteria for this award, I understand that the most applicable definition of “service” is: “the performance of work or duties for the benefit of the public or an organization without regard to direct profit or personal gain.”

This would, of course, apply to all of us seated here in this room who are giving up practice time, family time and
a lovely (we hope) spring weekend to listen to debate, to struggle over resolution wording and come to a consensus on the issues that affect our patients, our practices and our profession. We all know and accept the work and the time involved – the service – but occasionally we break to enjoy the little Hershey candy bar treats along the side of the room, and, as is the service in the House of Delegates accompanied by its little treats, so is the service to the profession – with the good friendships, great memories and collegial fine times that have been the rewards for the work, the time, the efforts – the service. So “service,” I have learned, even though it means sacrifice, gives back in immeasurable ways to those who serve.

For this award, I must thank those many PDA doctors who taught me “the ropes” of service, and I also must thank the staff of PDA, some of whom are no longer with the organization, but many of whom are here today (and you know who you are) whose devoted service has made my service look all the more distinguished.

Thank you all. This recognition will be greatly cherished.

Past Recipients of PDA Distinguished Service Award*

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<thead>
<tr>
<th>Year</th>
<th>Name</th>
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<tbody>
<tr>
<td>1946</td>
<td>Dr. George T. Gregg</td>
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<td>1947</td>
<td>Dr. John J. Stetzer, Sr.</td>
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<td>1948</td>
<td>Dr. R. Hamill D. Swing</td>
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<td>1949</td>
<td>Dr. Milon P. Eaton</td>
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<td>1950</td>
<td>Dr. Cris S. Van Horn</td>
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<td>1952</td>
<td>Dr. George S. Schlegel</td>
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<td>1953</td>
<td>Dr. Joseph D. Whiteman</td>
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<td>1954</td>
<td>Dr. W. Earle Craig</td>
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<td>1955</td>
<td>Dr. Zachary Jackaway</td>
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<td>1956</td>
<td>Dr. Cloyd S. Harkins</td>
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<td>1957</td>
<td>Dr. Albert R. Pechan</td>
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<td>1958</td>
<td>Dr. Leroy M. Ennis</td>
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<td>1959</td>
<td>Dr. Herbert K. Cooper</td>
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<td>1960</td>
<td>Dr. William F. Swanson</td>
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<td>Dr. Charles H. Patton</td>
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<td>Dr. Gerald D. Timmons</td>
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<td>Dr. George A. Coleman</td>
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<td>Dr. Harry K. Willits</td>
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<td>Dr. Clarence Hagan</td>
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<td>Dr. Thomas P. Fox</td>
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<td>1968</td>
<td>Dr. Albert Goho</td>
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<td>1969</td>
<td>Dr. R. E. V. Miller, Sr.</td>
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<td>Dr. W. Harry Archer</td>
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<td>1971</td>
<td>Dr. Homer D. Butts, Jr.</td>
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<td>1972</td>
<td>Dr. Albert R. Borish</td>
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<td>Dr. Victor H. Frank</td>
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<td>1974</td>
<td>Dr. Isaac Sissman</td>
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<td>Dr. Lester W. Burkett</td>
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<td>1976</td>
<td>Dr. Jay H. Eshleman</td>
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<td>1977</td>
<td>Dr. Charles F. McDermott</td>
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<tr>
<td>1978</td>
<td>Dr. Laurence L. Lathrop</td>
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1979 | Dr. Bernard Shair
1980 | Dr. Dale F. Roeck
1981 | Dr. W. Arthur George
1982 | Dr. Edward J. Forrest
1983 | Dr. John L. Bomba
1984 | Dr. George P. Boucek
1985 | Dr. Alex J. McKechnie, Jr.
1986 | Dr. Waldo G. Gamba
1987 | Dr. William A. Booth
1988 | Dr. Eugene E. Katz
1989 | Dr. James W. Smudski
1990 | Dr. William B. Trice
1991 | Dr. Nicholas D. Saccone
1992 | Dr. Lester L. Levin
1993 | Dr. Marvin Sniderman
1994 | Dr. Frank J. Sammartino
1995 | Dr. Simon A. Horkowitz
1996 | Dr. George W. Brett
1997 | Dr. Marlin A. Miller
1998 | Dr. Kay F. Thompson
1999 | Dr. Herman M. Aqua
2000 | Dr. Jack H. Neff
2001 | Dr. John D. Lathrop
2002 | Dr. Stephen L. Kondis
2003 | Dr. John W. Staubach
2004 | Dr. Eli Stavisky
2005 | Dr. Augustine J. Chialastri
2006 | Dr. Ronald B. Gross
2007 | Dr. Ronald D. Bushick
2008 | Dr. George A. Kirchner
2009 | Dr. William G. Glecos

*Formerly known as the PDA Annual Award; renamed in 2008
Dr. Philip Siegel Receives PDA Public Service Award

Dr. Pete Carroll presented the PDA Public Service Award to Dr. Philip T. Siegel during the Delegate and Alternate Luncheon April 23 at the Hotel Hershey.

Any of you who know Phil Siegel know he is one smart guy.

He is one of 35 dentists nationwide who are certified in both orthodontics and pediatric dentistry.

But Phil has not used his God given intellect for just personal gain. He has leveraged his knowledge and wisdom to be an advocate for both his profession and the public he serves.

While serving as the Chief of Pediatric Dentistry in the U.S. Army at Fort Devens, he designed the original EFDA program.

As chair of PDA's Council on Government Relations, he spearheaded important initiatives such as sedation anesthesia and dental manpower shortages.

He has served on the ADA Council for Access Prevention and Intraprofessional Relations Affairs and was a member of the ADA Task Force on Access to Care.

Phil created and chaired the first pediatric dental residency program at Episcopal Hospital.

He co-founded Special Smiles LTD, which is a health center dedicated to improving the oral health of children and adults with special needs.

Phil currently serves on the Pennsylvania State Board of Dentistry and the Board of Directors for the Boys Latin of Philadelphia Charter School.

He also likes to ride a really big motorcycle.

Phil never wanted the spotlight but he truly deserves this award.

Please welcome the PDA's 2010 Public Service Award Recipient, Dr. Phil T. Siegel.

Dr. Siegel's Remarks:

I've been given a few moments to speak, so I will attempt to use them wisely. I remember coming to these very same House meetings, watching the award presentations and thinking to myself, what can this person possibly have to say that would interest me? Will I ever be that old? Health care has been so volatile that two of the places that my bio mentions have closed down since I updated my CV. The third only recently restarted its Pediatric Dentistry residency.

When I started out in 1970, I thought it would be great to be a solo practitioner with maybe a partner or two. It worked fine for a while until things started to occur within our field that threatened to alter the way we provide care. In addition, I had to learn accounting, insurance negotiations, government regulations, human resource legalities, OSHA standards: leasing options, marketing, political nuances and the art of getting to "yes." I'd love to tell you how learned I am about all of this, but it is still a work in progress.

Rather, I would like to believe that I found people that could help implement all of these things. People in the PDA who gave me a free reign and held their collective breaths when I had temper tantrums in legislators' offices because they didn't attach the same importance to dental care as we did; people at Philly County who let me run with the health care ball when things didn't always look bright in our city; legislators and their staffers on the Hill who actually gave a damn about the delivery of care to kids and those with special needs; people on my office staff who refused to sit back and not be a part of what we were doing; my wife and family who knew I wouldn't be happy unless I affected the outcome of issues that were important to dentistry's well-being; and the Governor of Pennsylvania who gave me the opportunity to be on the State Board of Dentistry where good things can happen if you abide by an agenda for the Commonwealth and not just for the individual.
What I have discovered about public service or volunteerism is that it is very time consuming. It can be thankless and frustrating. It can make you wonder why you are the only sane person on the planet. But, at its most difficult times, it is nothing like the sense of accomplishment you receive when you achieve your goals for the many who need it. In that process, I traveled through Pennsylvania, meeting other dentists. I learned to appreciate what their regions required as opposed to just Philadelphia. It was a very important tool in order to be able to communicate and establish similar goals. So, I would ask that you actively talk to your colleagues that, at the very least, when they are asked to come out for one single day per year to PDA’s Day on the Hill, they volunteer. Let them join those of you who do this religiously. Let them join those of you who take time from your offices and families to come here to make dentistry more accessible while advocating for the best in our profession.

Thank you for this recognition. It is greatly appreciated.

Past Recipients of PDA Public Service Award

1976  Mrs. Ann Bixler
1977  Mr. Stearl Sponaugle
1977  The Honorable Anita Kelly
1977  The Honorable Marvin Miller Jr.
1989  Dr. Maurice K. Goddard
1991  *Dr. Eugene Czarnecki
1995  Pennsylvania Dental Association Dental Identification Team Members
1996  Dr. Eli Stavisky
1998  Dr. Edwin Weaver
2001  Dr. Julius Eingorn
2002  Dr. Joseph J. Kohler III
2002  Dr. David Shapter
2002  Mr. William Sesler, Esq.
2005  Dr. John M. Bush
2006  Dr. Joseph R. Greenberg
2007  Dr. Craig S. Pate
2008  Dr. Martin F. Tansy
2009  Dental Society of Chester County & Delaware County

*Posthumously
It is early February as I write this report for the 2010 PDA Annual Session workbook to briefly share my observations and hopes for the monumental decision-making that can happen at the 2010 PDA House of Delegates (HOD). We have just celebrated Lunar New Year, Valentine's Day and Mardi Gras. These events bring expectation; love, honor, respect; and like New Orleans celebrants we will have many accomplishments to celebrate this April.

We have been blessed with leadership this year. President Kwasny has done a fabulous job. He has been a change agent and his thumbprint on the process is the reason for our success as a board this year. We all owe President Kwasny and your Board of Trustees (BOT) our heartfelt thanks for what will prove to be a most outstanding year. Andy's visionary leadership and hundreds of personal hours consistently guided the group as they tackled a wide variety of extremely important issues, whose resolution is vital to PDAs future. Thank you, Andy.

Thank you Camille who has led the board through two reorganization retreats, and whose wisdom and skill has helped guide us this far.

Thank you to Gary Davis, our amazing secretary, who finishes his term at this House.

Thank you to Speaker Denny Charlton who continues as President-elect. I am grateful for his deep parliamentary and bylaws knowledge. It will prove to be a real gift of consistency with our restructuring and a refined strategic plan.

Thank you to Don Hoffman whose much needed sharp pencil and steady hand will remain on our fiscal tiller in the year ahead.

Your PDA Bylaws committee, chaired by Speaker Denny Charlton, is finishing a five-year process to examine the PDA Policy Manual. The committee pored over two hundred plus pages of positions, policies and directed actions and answered the question: Is this policy accurate, relevant and useful? Several policies are from 1967. Imagine that, 1967! That's before Woodstock; I was a high school sophomore. That was more than 20 years before cell phones. Thank you, Denny for your dogged dedication to this effort to achieve a useful, practical document. The House will be presented with several decision packages to make these revisions reality. Additionally, so that we never have to do this again, last September your BOT passed a five-year sunset provision. Each year the HOD will receive a package of positions to review, edit or rescind.

With that in mind, I am asking district delegations to bring two or three ideas/issues to our annual gathering. Please let us not spend our precious time together editing an irrelevant, 1967 policy statement. Rather, let us focus on what matters most today and what will matter most to our members until we meet again. Going forward let us champion the causes of today and tomorrow; not re-invent yesterday's wheel.

One of the obligations of leadership is also followership, which comes from our connectedness. I have a real concern about how we behave as a connected group. Yes, we have differences but it is what we share that makes us strong, because our differences are far, far out-weighed by what we have in common. I am sure that as each of you have grown professionally, at every level you have shared a new understanding of your responsibilities. As a private practitioner in your early practice days, you were consumed with your care for the best interests of your patients, the business interests of your growing practice and nurturing your growing families. The contributions of our younger colleagues are highly valued because this is where they are now.

When we stepped up to involvement at our local, we demonstrated the widely shared value of commitment by taking “your turn at the helm.” As our involvement in our local grew, as a committee chair and/or then as local president, we extended that same care-quotient to the broader group of your colleagues.

An epiphany occurred when you held your first statewide office on a PDA council or committee, or as a PDA delegate. You reached the point in leadership where it becomes clear that your position is greater than you are as an individual. For your trustees, they are the trustee to the Pennsylvania Dental Association from your district and not the trustee from your district to the PDA. For the first time you and they wear a global hat that is larger than your local or district. Your fiduciary responsibility grows
to include the entire association. When you are chosen to be a delegate to the ADA Annual session that same understanding, that same responsibility, applies on a national level. Nonetheless, that same bundle of energy, that same care umbrella is applied to the tasks you have taken on.

Organizations like ours (local, district, state and national) have been paralyzed in the past by parochial, protectionist thinking that pits the interests of one district, local or region against another. This is a plea for unity in the days ahead. There is a greater good. Organizationally, we must pursue it. The Jeffersonian principle* is part of our operational core value.

A famous attorney that you all know once told our board, “You dentists love to pick at each other. I never understood that.” Which begs the question why are we so tough on each other? There is also ancient wisdom that says, “Do not muzzle the oxen when they are treading out the grain.” When your colleagues are laboring in the vineyard on your behalf they need your support and our unity. Sometimes the honest response to our members is we did the best we could under the circumstances with the resources available. That is not an apology but you should know that today’s efforts are the foundations of tomorrow’s success and that all of your board members are committed to the long term goal of making the PDA the best, most effective vehicle to preserve the profession and protect the interests of our members and the public that we are privileged to serve.

Accountability is the glue that holds us, the tripartite, together. We are now and have always been an open organization. If you have a concern, just ask. Please use your trustee first as that resource. Once you understand an issue I hope you will also come to know we are where we are for very sound reasons.

So, my friends, how do we as a group discern that which is vital and important and then pursue it without being distracted? What are you going to do next? What will we do today to make for a better tomorrow?

As your President-elect, I am confident and sure of one thing. We are the pioneers. How many of us began our careers with our bare hands? Literally, before gloves were worn all the time. Remember what it was like the first time you held an endo file in your gloved hand or fumbled to put a bur in a handpiece? But you learned; all of us learned; and you made it work everyday! As we reorganize our association, we are the successful experiment. We will un-learn and re-learn and make it work and work well, everyday. Of that I am confident.

No one of us is as smart as all of us together. We have challenged ourselves and will continue to do so. We have sought outside counsel. The consensus we achieve at this year’s Annual Session will guide our future. And the journey is part of the gift. Thank you for your part.

Gung Hey Fat Choy! It is the year of the Tiger, the symbol of courage and action. Blessings. Peace. And I wish you all Health and Prosperity in the New Year.

*Jeffersonian principle: After consensus is achieved, the majority position is pursued and supported by all parties as if unanimous. Consensus is not necessarily agreement. It is achieved after good debate where all parties are heard and understood.
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Meet Your President — Dr. William T. Spruill

By Rob Pugliese, Director of Communications

For someone who lives such a fruitful life — where multitasking is pretty much akin to breathing — and comes across as so refined and savvy, it would probably surprise you to know that the mountain of responsibilities that Dr. William Spruill has encountered as PDA president can knock him off stride and occasionally leave him with a feeling of chaos.

“I have to remind myself sometimes that I volunteered for this job,” Dr. Spruill said, while still maintaining his usual sunny outlook after another frenzied week in June.

Sworn in as PDA’s 142nd president on April 25, Dr. Spruill’s resolute approach to solving every problem and steadfast optimism about the eventual outcomes are immediately apparent to anyone who has the good fortune of engaging him in a lively discussion or vigorous debate.

He’s a balanced blend of inspired leader by example combined with get out of your seat motivational speaker. It’s all genuine, certainly not an image, though he is quick to tell you, “Believe me, I’ve got my warts.”

There is no denying the bottom line: he works very hard at everything he does.

Dr. Spruill’s philosophy on all things is grounded in a deep understanding of both facts and all relevant factors. His perspective is shaped by the past, yet he is never one to cling to old ways and understands that the times we live in require us to keep pushing forward.

“Don’t look back. We’re not going that way!” he said. “Experience driven knowledge should be our guidepost.”

He has been an effective advocate for PDA in the legislative arena, championing key initiatives to improve access to care for all Pennsylvanians, and stressing the importance of supporting one’s community and helping it grow. In this case, the community at-large is our entire Commonwealth.
“Going forward let us champion the causes of today and tomorrow; not re-invent yesterday’s wheel.”

“Dentists have tremendous compassion and a natural inclination towards giving,” he said. “We’re not giving back so much as giving forward towards the ideals reflected in our core values.”

Being an ideas guy, in his address to the 2010 House of Delegates, Dr. Spruill asked every district to bring two or three ideas or issues to the table every year rather than dwelling on the minutiae of revising ancient policy statements.

“Going forward let us champion the causes of today and tomorrow; not re-invent yesterday’s wheel,” he told the delegates.

His understanding of communications and technology — and the importance of maximizing these tools — led to him being the first PDA president to have an Internet blog. From his first day on the job, Dr. Spruill has chronicled his journeys around the state and provided a larger window into his thoughts, blogging about all sorts of topics.

If you haven’t checked out any of “Dr. Bill’s Blog” entries on PDA’s new Social Network, you can find them at community.padental.org.

He hopes that the blog might help, in some small way, to foster a greater connection among members. That’s one of the overall missions of the Social Network, giving opportunities for discussion on forums and bringing together members who share common interests.

“I think it’s important to let our members know that we, their leaders, and our fine PDA staff are working for them everyday,” Dr. Spruill said. “One of the great tragedies that I’ve seen over the years is how few dentists are connected. We have members who drop after some years of membership. If we can become a better connected community we can accomplish much more.”

And, he pledges, “We’ll keep working at it!”

Discussing both his personal and professional life, he says, “The bottom line is, the important things that you work at only get sweeter as time goes by.”
“The bottom line is, the important things that you work at only get sweeter as time goes by.”

Dr. Spruill and Dr. Lillian Wong have been married nearly 34 years.

After graduating from the University of Maryland with a degree in Sociology, Dr. Spruill earned his DDS from the University of Maryland School of Dentistry, Baltimore College of Dental Surgery, where he met and married the love of his life. He and Dr. Wong graduated in 1977, then joined the United States Army Dental Corps. In 1980 they opened their general dental practice in Carlisle.

Their lives have been enriched by daughters Kathryn Suzanne Spruill Roman, Laurel Marie Spruill and Melissa May Spruill (“Our joy for 15 years”), who passed away on December 17, 2003. The sorrow of losing his youngest child at such an early age only strengthened Dr. Spruill’s faith and his appreciation for the things he values most.

“Truly the greatest blessings in life are my wife, who’s my partner in all things, and my children,” he said.

His involvement in organized dentistry heated up in the late 80s, when he began representing his district as a delegate at PDA’s Annual Session. He has touched a wide breadth of areas in his service, including communications and public relations, National Children’s Dental Health Month, special committees and commissions and a plethora of government relations and grassroots organizing ventures.

He has been president of the Harrisburg Area Dental Society, Fifth District Dental Society and the Pennsylvania Academy of General Dentistry. Both he and Dr. Wong have achieved their Fellowship and Mastership from the Academy of General Dentistry, and most recently, the Lifelong Learning and Service Recognition, an achievement held by fewer than 150 dentists nationwide. Together, these earned awards represent hundreds of hours of continuing education, “hands on” participation courses and community service.

At the national level, Dr. Spruill has been a longtime delegate to the ADA and the AGD, has served on several councils and committees and has been an ADA Grassroots Dentist for the past 13 years.

None of his impressive accomplishments have diminished his desire to do more for his profession. Dr Spruill said his adult children once reminded him, “a CV is great but what have you done lately?”

On July 8, Dr. Spruill, Dr. Wong and Dr. David Tecosky (left in bottom photo) took part in the AGD Foundation’s Volunteer Dentistry day at Louisiana State University.

As shown in the above photo, Dr. Spruill spent the day in triage, assisted by an LSU undergraduate aspiring to be a dentist, as he saw a lot of patients from New Orleans.
He is a dedicated community volunteer who has taken part in mission trips and charitable projects both locally and in numerous foreign countries over the last 20 years.

Another of Dr. Spruill’s passions is biking. On June 26, he rode in his 10th MS Bike Tour in Gettysburg. When he began riding in this event back in 1999, he knew little of multiple sclerosis, other than what he had in dental school physiology courses. Now it is one of his favorite causes. “The only MS Tour I missed since 1999 was our 30th wedding anniversary year when we celebrated on a Baltic cruise to St. Pete, Helsinki, Stockholm, Copenhagen and Berlin,” he said.

After getting involved in the event, Dr. Spruill started meeting people with MS and learning the depths of this crippling condition. He honors these people each year by writing their names on the number he wears during the bike MS event.

“We ride for those who can’t,” he said. “I usually try to do 30 miles a couple of times a week to get ready. I haven’t had as much time to train this year but the ride went well.

“Every name on my number is a story of courage, of struggle, and of families banding together to make the activities of daily living all that they can be; for today may be your greatest opportunity — because tomorrow is uncertain.”

“If we can become a better connected community we can accomplish much more.”
2010 House of Delegates
Adopted Resolutions

RESOLVED HD 10-01:
THAT THE PENNSYLVANIA DENTAL ASSOCIATION HOUSE
OF DELEGATES, ON APRIL 22, 2010, IN HERSHEY,
Pennsylvania, recognizes and appreciates the
many contributions to the profession and our
association made by Dr. Herman M. Aqua, and be it
further
RESOLVED THAT THE MEMBERS OF THIS HOUSE OF
DELEGATES EXPRESS THEIR PROFOUND CONDOLENCES
AND SINCERE SYMPATHIES TO HIS ENTIRE FAMILY,
INCLUDING HIS DEDICATED WIFE RUTH, AND CHILDREN,
Harold, Karen, Marlene and Ellen, and be it
further
RESOLVED THAT A COPY OF THIS RESOLUTION BE
PRESENTED TO HIS WIFE IN RECOGNITION OF OUR
HIGHEST RESPECT FOR DR. HERMAN M. AQUA AND HIS
DEDICATION TO OUR PROFESSION.

RESOLVED HD 10-02:
THAT THE PENNSYLVANIA DENTAL ASSOCIATION HOUSE
RECOGNIZES AND APPRECIATES THE MANY
CONTRIBUTIONS TO THE PROFESSION AND OUR
ASSOCIATION MADE BY DR. GEORGE W. BRETT, MENTOR
AND FRIEND, AND BE IT FURTHER
RESOLVED THAT THE MEMBERS OF THE HOUSE OF
DELEGATES EXPRESS THEIR PROFOUND CONDOLENCES
AND SINCERE SYMPATHY TO HIS ENTIRE FAMILY.

RESOLVED HD 10-03:
THAT THE PENNSYLVANIA DENTAL ASSOCIATION
EXTENDS ITS MOST SINCERE CONGRATULATIONS AND
APPRECIATION TO DR. GARY S. DAVIS UPON THE
COMPLETION OF HIS TERM AS SECRETARY OF PDA.

RESOLVED HD 10-04:
THAT THE NINTH DISTRICT DENTAL SOCIETY AND THE
MERCER COUNTY DENTAL ASSOCIATION WOULD LIKE
TO EXPRESS OUR SINCERE THANKS TO DR. DENNIS J.
CHARLTON FOR RUNNING AN EFFICIENT AND ORDERLY
PDA HOUSE OF DELEGATES FOR THE PAST FIVE YEARS.
CONGRATULATIONS TO DENNY, AN EXTRAORDINARY
PARLIAMENTARIAN.

RESOLVED HD 10-05:
THAT THE NINTH DISTRICT DENTAL SOCIETY AND THE
ERIE COUNTY DENTAL ASSOCIATION SINCERELY THANK
DR. ANDREW J. KWASNY FOR HIS TIME, DILLIGENCE
AND DEDICATION DURING HIS TERM AS PRESIDENT OF
THE PENNSYLVANIA DENTAL ASSOCIATION.

RESOLVED HD 10-06:
THAT THE FOLLOWING PDA POLICIES BE TRANSMITTED
TO THE PDA HOUSE OF DELEGATES WITH THE
RECOMMENDATION TO RESCIND: HD 91-6, HD 84-23, HD
91-13, HD 85-57 AND HD 89-32.

RESOLVED HD 10-07:
THAT RESOLUTIONS HD 67-15 AND HD 95-26 BE
RESCINDED FROM THE PDA POLICY MANUAL.

RESOLVED HD 10-08:
THAT PDA POLICIES HD 77-6 AND HD 70-5 BE RESCINDED
FROM THE PDA POLICY MANUAL.

RESOLVED HD 10-09:
THAT BEGINNING IN 2011 ALL PDA POLICIES AND
POSTIONS OVER 5 YEARS OLD BE SUBJECT TO A SUNSET
REVIEW.

RESOLVED HD 10-10:
THAT THE ADA BYLAWS CHAPTER V, HOUSE OF
DELEGATES, SECTION 10. COMPOSITION, BE AS AMENDED
AS FOLLOWS BE FORWARD TO THE 2010 ADA HOUSE
OF DELEGATES:
A. VOTING MEMBERS. The House of Delegates shall be limited to four hundred sixty (460) voting members for the two years 2004 to 2005 inclusive. Thereafter, the number of voting members shall be determined by the methodologies set forth in Section 10C of this Chapter. It shall be composed of the officially certified delegates of the constituent dental societies, who shall be active, life or retired members, two (2) officially certified delegates from each of the five (5) federal dental services, who shall be active, life or retired members, and five (5) student members of the American Student Dental Association who are officially certified delegates from the American Student Dental Association.

RESOLVED HD 10-11:
THAT THE FOLLOWING PENNSYLVANIA DENTAL ASSOCIATION POLICIES BE RESCINDED: HD 87-43 AND HD 90-42.

RESOLVED HD 10-12:
THAT THE NUMBER OF DELEGATES AWARDED TO EACH DISTRICT FOR THE SUBSEQUENT HOUSE OF DELEGATES BE ANNOUNCED ANNUALLY AT THE LAST SESSION OF THE HOUSE USING THE MEMBERSHIP NUMBERSRecorded on December 31st of the Previous Year.

RESOLVED HD 10-13:
THAT PDA BYLAWS ARTICLE 2.0, ANNUAL DUES AND SPECIAL ASSESSMENTS BE AMENDED TO INCLUDE 2.9.1 THE BOARD OF TRUSTEES MAY AUTHORIZE LIMITED DUES REDUCTION, UP TO FIFTY PERCENT (50%) OF ACTIVE MEMBER DUES AND ANY SPECIAL ASSESSMENTS FOR THE PURPOSE OF PROMOTING ACTIVE MEMBERSHIP IN PENNSYLVANIA THROUGH MARKETING CAMPAIGNS RECOMMENDED BY THE COUNCIL ON MEMBERSHIP. THIS REDUCTION OF ACTIVE MEMBER DUES AND ANY SPECIAL ASSESSMENTS SHALL BE ON A ONE-TIME ONLY BASIS.

RESOLVED HD 10-14:
THAT THE COUNCIL ON MEMBERSHIP INVESTIGATE THE FEASIBILITY OF AUTOMATICALLY ENROLLING ALL NEWLY LICENSED DENTISTS PRACTICING IN PENNSYLVANIA AND ALL DENTISTS ENROLLED IN PENNSYLVANIA POST GRADUATE YEAR ONE PROGRAMS, AS MEMBERS OF THE PDA AND REPORT BACK TO THE 2011 HOUSE OF DELEGATES.

RESOLVED HD 10-15:
THE BYLAWS SUBCOMMITTEE OF THE PDA BOARD OF TRUSTEES (BOT) SHALL REVIEW THE CURRENT PROCESS BY WHICH MEMBERS ARE CREDENTIALED AS DELEGATES AND ALTERNATE DELEGATES TO THE PDA HOUSE OF DELEGATES (HOD) WITH SPECIFIC ATTENTION TO THE TIME FRAME REQUIREMENT AND THE PROCEDURES AVAILABLE TO REPLACE ANY ALTERNATE DELEGATES WHO CAN NO LONGER ATTEND THE PDA HOD TO DETERMINE WHAT IS THE SHORTEST PERIOD OF TIME BEFORE ANNUAL SESSION THAT AN ALTERNATE DELEGATE CAN BE PROPERLY CREDENTIALED. THE BOT SHALL MAKE ANY APPROPRIATE RECOMMENDATIONS REGARDING PDA BYLAWS CHANGES TO THE 2011 PDA HOD FOR CONSIDERATION. (FISCAL IMPLICATION: $0)

RESOLVED HD 10-16:
THAT SECTION 4.3.14 BE INSERTED INTO THE PDA BYLAWS TO READ:

4.3.14 Delegates or alternates shall be subject to a limit of five consecutive one year terms beginning with the 2012 House of Delegates. After serving five consecutive years as a delegate or alternate delegate, a member must assume a non-voting non-delegate and non-alternate status for one year. All members are eligible for an additional five one year terms immediately following the year of non-voting delegate status.

RESOLVED HD 10-17:
THAT PDA BYLAWS ARTICLE 9 BE AMENDED TO READ AS FOLLOWS:

ARTICLE 9.0 COUNCILS AND COMMITTEES
9.1 GENERAL RULES
9.1.1 The purpose of the committee structure is to carry out the policies established by the House of Delegates, to perform the duties as provided in these bylaws, and to advance the strategic plan of the PDA under the direction of the Board of Trustees.
9.1.2 No member may serve on more than one council or committee except as otherwise specified in the Bylaws.

Seventh District trustee Dr. Peter Korch speaks during Thursday night’s First Meeting of the House.
9.1.12 All members of councils and committees, except as provided for elsewhere in the Bylaws, shall be nominated by the trustees and selected based on experience and interest. Committee members shall be appointed by the president after approval by the Board.

9.1.3 All councils and committees, except as specially provided for, shall meet prior to July 1st of each year.

9.1.4 Committee chairs shall be elected by majority vote at the last meeting of each year for the following year except as otherwise provided in these Bylaws. The term of the council or committee chair, as chair, shall be one year; the chair may be reelected for a maximum of three consecutive one-year terms. Years of service as chair are included in the term limitation. In the event that the chair can no longer serve, the council or committee will elect a chair.

9.1.6 Committees shall outline their annual agenda and submit it to the Board of Trustees within sixty (60) days of the completion of the PDA Annual Session. Annual agendas shall be reviewed and/or amended by the Board in order to ensure the activities of committees are in concert with HOD directives and the strategic plan. Committees shall report their activities annually to the House whenever requested to do so.

9.1.7 Committees shall plan electronic and physical meetings to achieve their stated purpose.

9.1.8 Exceptions to 9.1.1 through 9.1.6 may be made by a two-thirds (2/3) vote of the Board.

9.1.8 A majority of the members of a council or committee shall constitute a quorum. A council or committee may continue to do business notwithstanding the withdrawal of enough members to leave less than a quorum in attendance. A majority vote of the members in attendance shall constitute the acts of the council or committee.

9.1.9 A council or committee member may be removed by the Board.

9.1.10 The council or committee may conduct its business by meeting in person, telephonically, by mail, or through any form of electronic communication. All actions will require majority vote unless otherwise specified in the Bylaws.

9.1.11 In the event that a council or committee member is unable to attend a scheduled meeting, the trustee of that member’s trustee district may appoint a substitute who will serve as a full voting member of the council or committee until final adjournment of that meeting.

9.1.12 Councils and committees shall report their activities annually to the House and whenever requested to do so.

9.2 COUNCIL ON COMMUNICATIONS AND PUBLIC RELATIONS COMMITTEE

9.2.1 This council committee shall be composed of up to ten members: ten (10) members, representing each district if possible, preferably not more than one from each district six (6) but not less than four (4) members.

9.2.2 DUTIES

9.2.2.1 To increase the public’s awareness of factors which assure the public of optimal dental health.

9.2.2.2 To promote quality dental health care for the public in accord with the policies of PDA.

9.2.2.3 To develop, implement and evaluate public relations initiatives as developed by PDA and ADA.
9.2.2.4 To develop materials on specific subjects to assist members in responding to local media inquiries.

9.2.2.5 To recommend to the Board methods of communications with the members.

9.2.2.6 To monitor the media and public opinion as it applies to dentistry and recommend appropriate courses of action to the Board.

9.2.2.7 To maintain a library of patient and professional information to provide educational support for members.

9.2.2.8 To consider the reports and recommendations of Pennsylvania Dental Journal staff and to make recommendations to the Board regarding business activities or editorial policy.

9.2.2.9 To promote quality oral care in the Commonwealth of Pennsylvania through member and public communication initiatives.

9.2.2.10 To perform such other functions as the House and the Board may assign.

9.3 COUNCIL ON DENTAL PRACTICE DENTAL BENEFITS COMMITTEE

9.3.1 This council committee shall be composed of up to ten members, representing each district if possible, preferably not more than one from each district, six (6) but not less than four (4) members. Additional members shall be added as necessary to fulfill the duties specified in the bylaws.

9.3.2 DUTIES

9.3.2.1 To study and evaluate information related to the planning, administration and financing of dental benefit plans and to recommend related policies.

9.3.2.2 To assist component societies and other agencies in developing programs for the planning, administration and financing of dental benefit plans.

9.3.2.3 To encourage the inclusion of dental benefits in health benefit plans and to promote dental benefit plans in accordance with PDA policy.

9.3.2.4 Upon request, to facilitate communication between parties in a dental benefit plan.

9.3.2.5 To monitor the dental care activity of regional health planning organizations.

9.3.2.6 To advise health care agencies regarding dental care in Pennsylvania.

9.3.2.7 To administer a peer review program as directed by the House.

9.3.2.8 To administer a patient relations program as directed by the House.
9.3.2.9 To maintain and strengthen relations among the dental, medical and allied professional and dental trade organizations.
9.3.2.10 To consider matters relative to hospital, institutional and special needs dental services.
9.3.2.11 To formulate and recommend policies and develop educational and other programs relating to dental practice management.
9.3.2.12 To sponsor continuing education courses, especially in areas where the members’ educational needs are not being met.
9.3.2.13 To approve clinicians for continuing education programs.
9.3.2.14 To monitor the curriculum and recommend changes as necessary for dental schools, dental hygiene and dental assisting programs in Pennsylvania.
9.3.2.15 To advance the standards of professionalism and ethics in dentistry.
9.3.2.16 To advise component societies on questions regarding the ADA Principles of Ethics and Code of Professional Conduct.
9.3.2.17 To perform such other functions as the House and the Board may assign.
9.3.2.1 To act as the liaison between the PDA and/or its individual members and the insurance companies administering dental insurance plans in the Commonwealth of Pennsylvania. Each committee member shall act as a liaison to an insurance carrier as deemed appropriate by the committee chair.
9.3.2.2 To advocate for the PDA on health care related legislative efforts.
9.4.2.5 To maintain a direct working relationship with PDA’s contract lobbyist regarding legislative issues affecting the practice of dentistry.
9.4.2.6 To recommend policies that will ensure access to quality dental care for eligible beneficiaries of state operated dental programs.
9.4.2.7 To recommend policies that promote efficient and effective dental programs within appropriate state departments and agencies.
9.4.2.8 To consult with the State Board of Dentistry regarding revisions to dental regulations, violations of the dental law and any other matters related to the practice of dentistry.
9.4.2.9 To perform such other functions as the House and the Board may assign.
9.4.2.4 To maintain a working relationship with PADPAC, ADPAC and the State Board of Dentistry.
9.5 COUNCIL ON MEMBERSHIP COMMITTEE
9.5.1 This council shall be composed of eleven (11) members, one (1) from each district and one (1) member from the New Dentist Committee.
9.5.2 DUTIES
9.5.2.1 To be responsible for develop and implement initiatives for membership recruitment and retention.
9.5.2.2 To improve and communicate membership benefits to members and non-members and make recommendations to the Board and the House.
9.5.2.3 To communicate membership benefits and services to component societies.

9.4 COUNCIL ON GOVERNMENT RELATIONS COMMITTEE
9.4.1 This council committee shall be composed of up to twelve (12) ten (10) members. Ten (10) members shall represent each district, if possible, preferably not more than one (1) from each district. The PDA representative to the Medical Assistance Advisory Committee of the Department of Public Welfare and the chair of Pennsylvania Dental Political Action Committee (PADPAC) shall serve as non-voting members six (6) but not less than four members.
9.4.2 DUTIES
9.4.2.1 To encourage the improvement of the health of the citizens of Pennsylvania and to promote the art and science of dentistry through appropriate legislative or regulatory activities.
9.4.2.2 To review legislative proposals, regulatory issues and government agency programs and to recommend actions to the Board.
9.4.2.3 To assist individual members, component societies and the PDA lobbyist with issues that concern dental law and regulation. Individual members in contacting legislators and regulators.
9.4.2.4 To serve as liaison with PADPAC and the American Dental Political Action Committee (ADPAC).

Annual Session general chair Dr. Steve Radack
9.5.2.4  To develop the recruitment and retention of diversity membership.

9.5.2.5  To acquire and disseminate information concerning dental manpower distribution in Pennsylvania.

9.5.2.6  To maintain, monitor and promote a placement service for PDA.

9.5.2.7  To support the activities of the American Student Dental Association chapters in Pennsylvania dental schools.

9.5.2.8  To give the preceding year’s necrology report to the House annually.

9.5.2.9  To perform such other functions as the House and the Board may assign.

9.6 ANNUAL AWARDS COMMITTEE

9.6.1  This committee shall be composed of the five (5) living immediate past presidents with the senior in service acting as the chair.

9.6.2  The duty of this committee shall be to select the recipients of the PDA Annual Award, the PDA Recognition Award and the PDA Public Service Award.

9.7 CONCERNED COLLEAGUE COMMITTEE

9.7.1  This council committee shall be composed of up to ten (10) members, but not less than four (4) members, who are trained and experienced in forensic odontology. Members shall be appointed annually by the PDA president upon recommendation of the committee chair. There shall be no term limits.

9.7.2 DUTIES

9.7.2.1  To disseminate information, after review and approval by the Board, to dental professionals, component societies and dental students concerning impairment after review and approval by the Board.

9.7.2.2  To offer assistance to impaired members of the dental team and to encourage them to seek professional help and to cooperate in a structured treatment plan.

9.7.2.3  To utilize a Health and Well-Being Program to provide monitoring, support and education as dental professionals re-enter practice and continue to recover from impairments.

9.7.2.4  To provide education and support to dental professionals with impairments other than chemical abuse and dependency.

9.7.2.5  To participate in peer assistance training.

9.7.2.6  To maintain relationships with dental peer assistance programs in other states and those of other professions in Pennsylvania.

9.7.2.7  To maintain relationships with the Bureau of Professional and Occupational Affairs, the State Board of Dentistry, the Drug Enforcement Agency and all licensing and regulatory bodies impacting upon impaired dental professionals.

9.7.2.8  To maintain relationships with national, state and local drug and alcohol treatment facilities.

9.7.2.9  To recommend to dental schools curricula regarding chemical abuse and dependency.

9.7.2.10  To perform such other functions as the House and the Board may assign.

9.8 FORENSIC ODONTOLOGY COMMITTEE

9.8.1  This committee shall be composed of up to ten (10) members, but not less than four (4) members, who are trained and experienced in forensic odontology. Members shall be appointed annually by the PDA president upon recommendation of the committee chair. There shall be no term limits.

9.8.2 DUTIES

9.8.2.1  To train and maintain a state of readiness for Pennsylvania Dental Association Dental Identification Team (PADIT) members.

9.8.2.2  To review and edit the PADIT operations manual.

9.8.2.3  To develop continuing education programs on topics related to forensic science.

9.8.2.4  To cooperate with law enforcement agencies, coroners, the Pennsylvania Emergency Management Agency (PEMA), and other local, state, and national emergency management agencies.

9.8.2.5  To promote awareness of child abuse and the dental team’s responsibility for recognition and reporting.

9.8.2.6  To support the Pennsylvania Prevent Abuse and Neglect through Dental Awareness (PANDA) coalition.

9.8.2.7  To review, monitor and recommend actions to the Board related to forensic odontology.

9.8.2.8  To perform such other functions as the House and the Board may assign.

Former PDA president Dr. William Trice says the Pledge of Allegiance at the start of Sunday’s House meeting.
9.9 NEW DENTIST COMMITTEE

9.9.1 This committee shall be composed of up to ten (10) members, each representing a different district if possible, who meet the requirements of a “New Dentist” as defined by ADA.

9.9.2 DUTIES

9.9.2.1 To recruit and retain new dentists as members.

9.9.2.2 To identify the needs and concerns of new dentists and make recommendations to the House of Delegates or the Board of Trustees to address those needs and concerns.

9.9.2.3 To provide information to assist new dentists in establishing a practice.

9.9.2.4 To support the activities of the American Student Dental Association chapters in Pennsylvania dental schools.

9.9.2.5 To perform other such functions as the House and Board may assign.

9.10 ENVIRONMENTAL ISSUES COMMITTEE

9.10.1 This committee shall be composed of up to ten (10) members who have expressed interest and demonstrated expertise in environmental issues. Members shall be appointed annually by the PDA president upon the recommendation of the committee chair. There shall be no term limits; six (6) but not less than four members.

9.10.2 DUTIES

9.10.2.1 To monitor environmental legislation and regulation at all levels and make recommendations to the Board disseminate information to PDA members and component societies.

9.10.2.2 To maintain an open dialogue between ADA and PDA on national environmental initiatives that may impact dentistry in Pennsylvania.

9.10.2.3 To disseminate environmental information to dental professionals and component societies.

9.10.2.4 To build and maintain relationships with the Pennsylvania Department of Environmental Protection and other regulatory agencies involved in environmental issues.

9.10.2.5 To perform other such functions as the House and Board may assign.

9.11 ACCESS TO CARE COMMITTEE

9.11.1 This committee shall be composed of up to seven (7) members and an ASDA representative from one of the three Pennsylvania dental schools. Members shall be appointed annually by the PDA president but not less than four members.

9.11.2 DUTIES

9.11.2.1 To identify barriers to accessing dental care in Pennsylvania.
9.11.2.2 To offer recommendations to the PDA Board of Trustees and the House of Delegates on how PDA may effectively address access to care issues in Pennsylvania.

9.11.2.3 To monitor all access to care-related projects as deemed appropriate by the PDA Board of Trustees and the House of Delegates.

9.11.2.4 To perform other such functions as the Board of Trustees and the House of Delegates may assign.

9.12 SPECIAL COMMITTEES
Special committees or task forces may be created at any session of the House, or when the House is not in session, by the Board, for the purpose of performing duties not otherwise assigned by these Bylaws. Such special committees or task forces shall serve until final adjournment of the next annual session unless otherwise specified. The authority for appointing the members of a special committee or task force and its financial implication shall be set forth in the resolution.

9.13 CONSULTANTS AND ADVISERS
9.13.1 Each council and committee may nominate consultants and advisers for Board approval.

9.13.2 Consultants and advisers shall comply with PDA rules, regulations and policies.

RESOLVED HD 10-18:
THAT HD 09-07 BE AMENDED AS FOLLOWS:
EFFECTIVE 2010, THAT UP TO TEN OF THE ALL ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION ANNUAL SESSION WILL RECEIVE 100% OF “BASIC EXPENSE” AS DETERMINED BY THE REIMBURSEMENT FORMULA FOR TRAVEL AND HOUSING. ALTERNATE DELEGATES RECEIVING “BASIC EXPENSE” REIMBURSEMENT SHALL BE DETERMINED BY THE ORDER LISTED IN BYLAWS 5.1.2 ANY DELEGATE/ALTERNATE RECEIVING TRAVEL/HOUSING FUNDS FROM OTHER SOURCES SHALL HAVE THEIR PDA ALLOWANCE REDUCED BY THE AMOUNT RECEIVED FROM OTHER SOURCES. (FISCAL IMPLICATION-$18,800)

RESOLVED HD 10-19:

RESOLVED HD 10-20:
THAT SECTION III. A. OF THE HOUSE OF DELEGATES MANUAL BE AMENDED TO READ AS FOLLOWS:
III. COMPOSITION (OF THE HOUSE OF DELEGATES)
A. DELEGATES:
The delegate members of the House of Delegates are chosen by the district societies according to the following formula: 1 delegate for 1 through 25 dentists classified as members of this Association and 1 additional delegate for each additional 50 member dentists or fraction thereof. All delegate members must have paid their dues in full by the close of the last business day of January of the same year in which they will serve as a delegate, or be current participants in the electronic dues payment program. A written notification of the names of those delegates who have not paid shall be sent to the district trustee by January 15. The House of Delegates shall be composed of the officially certified delegates of each district society, plus three officially certified delegates from the American Student Dental Association who shall have one collective vote.

RESOLVED HD 10-21:
THAT PDA BYLAWS BE AMENDED TO READ AS FOLLOWS:
This representation shall be proportionate according to the “Total” PDA membership of each trustee district society on December 31 of the year previous to PDA Annual Meeting. “Total” membership shall be defined as the sum of each trustee district’s Active, Life and Retired members in good standing. The following formula shall be used to determine delegate representation: one (1) delegate for one (1) through twenty-five (25) aforementioned “Total” members plus one (1) additional delegate for each additional seventy five (75) fifty (50) members or any fraction thereof.
RESOLVED HD 10-22:
THAT SECTION II OF THE HOUSE OF DELEGATES MANUAL BE AMENDED AS FOLLOWS:

II. POWERS AND DUTIES OF HOUSE OF DELEGATES AND BOARD OF TRUSTEES

The House of Delegates serves as the supreme authoritative body of the Association, while the Board of Trustees serves as the managing body. The duties of both are defined in the bylaws.

A. HOUSE OF DELEGATES:

The powers and duties of the House of Delegates, as defined in the bylaws, are to:

a. enact legislation;
b. determine policies;
c. enact, amend and repeal the Constitution and Bylaws and the Principles of Ethics;
d. elect honorary members;
e. create special councils/committees;
f. approve memorials in the name of the Association;
g. elect the President-Elect, Speaker of the House of Delegates, the Vice President, the Secretary, the Treasurer, the ADA Trustee (when necessary), the Board of Censors, the Association’s nominees to the State Board of Dentistry and certain Delegates and Alternate Delegates to the American Dental Association;
h. approve the annual budget;
i. determine the amount of dues;
j. serve as the final court of appeal in judicial procedures and
k. acting as the shareholder, elect the Board of Directors of all PDA subsidiary companies;
l. actively and visibly carry out its democratic role in the best interest of the PDA in a manner that meets standards of ethical behavior.

RESOLVED HD 10-23:
THAT ARTICLE 12.0 OF THE BYLAWS OF THE PENNSYLVANIA DENTAL ASSOCIATION BE AMENDED AS FOLLOWS:

Article 12.0 MEMBER AND LEADERSHIP DISCIPLINARY PROCEDURE

12.1 DEFINITIONS

12.1.1 Leadership: For purposes of these Bylaws, leadership shall include elective officers, appointive officers, trustees, delegates and alternate delegates to the PDA House and to the ADA House of Delegates, the trustee from PDA to ADA and any member of a PDA council, committee or task force.

12.1.2 Disciplinary Review Board: Annually, at the first Board meeting following the end of the Annual Session, the president shall appoint three (3) trustees to serve as the Disciplinary Review Board. It shall be the responsibility of the Disciplinary Review Board to make the initial determination of what disciplinary action, if any, will be taken against a member.

12.1.3 Disciplinary Appeal Board: The seven (7) trustees not appointed to the Disciplinary Review Board shall serve as the Disciplinary Appeal Board. It shall be the responsibility of the Disciplinary Appeal Board to entertain a timely request for review of a decision of the Disciplinary Review Board.

12.2 OFFENSES: A member of PDA or of a component or local society shall be subject to discipline by censure, probation, suspension, expulsion, removal from a position of Leadership or prevented from holding such a position, upon determination of commission of any of the following:

12.2.1 Final conviction of a felony in any court of law.
12.2.2 Final determination of any violation of any Dental Practice Act to which the member is subject.
12.2.3 Violation of the Principles of Ethics adopted by PDA or by a component or local society of which the accused is a member.
12.2.4 Ethical violation of the powers and duties of a delegate as defined in the PDA House of Delegates Manual.
12.2.5 Violation of the Constitution or Bylaws adopted by ADA, PDA or by a component or local society of which the accused is a member.
12.2.6 A violation of any conflict of interest provision or policy adopted by PDA. This subsection shall only be applicable to elective officers, appointive Board of Trustees electronic votes will be reported to the BOT and HOD via the mechanism that was developed for this meeting, officers, trustees and members of any PDA committee or council.
RESOLVED HD 10-24:
THAT RESOLUTION 2090 #1 BE REFERRED TO THE BOARD OF TRUSTEES WITH THE DIRECTIVE TO ESTABLISH A TASKFORCE TO STUDY THE PROPOSED “IMPROVED ACCESS TO DENTAL EDUCATION INITIATIVE” THROUGH ELECTRONIC ONLINE DISCUSSION. THE BOARD OF TRUSTEE SHALL REPORT RESULTS TO THE 2011 HOUSE OF DELEGATES.

Resolved 2090 #1
THAT THE HOUSE OF DELEGATES SUPPORTS A “NO ADDITIONAL FUNDING” APPROACH FOR IMPROVED ACCESS TO DENTAL EDUCATION, THE IMPROVED ACCESS TO DENTAL EDUCATION INITIATIVE, ACTION WOULD BE TAKEN BY THE DENTAL SCHOOLS, EITHER A) VOLUNTARILY OR B) IN COMPLIANCE WITH NEW STATE LEGISLATIVE ACTION IMPROVED ACCESS TO DENTAL EDUCATION LAW WHICH WOULD:

1) REQUIRE THE TWO STATE-RELATED DENTAL SCHOOLS (THE UNIVERSITY OF PITTSBURG SCHOOL OF DENTAL MEDICINE AND THE KORNBerg SCHOOL DENTISTRY, TEMPLE UNIVERSITY) TO COMPROMISE ON PLANNED ENROLLMENT. AN INCREASE IN-STATE ENROLLMENT 5% (FROM 45% TO 50%) IS NEEDED AND IS CRITICAL. THIS WOULD BE ACCOMPLISHED WITHOUT FEDERAL OR STATE FUNDING. PITT AND TEMPLE SCHOOL REVENUE WOULD BE MAINTAINED BY AN APPROXIMATELY 3% INCREASE IN OUT-OF-STATE TUITION. IN-STATE TUITION WOULD REMAIN UNCHANGED (SEE ATTACHED WHITE PAPER FOR DETAILS).

2) REQUIRE THE ONE PRIVATE SCHOOL (THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE) TO COMPROMISE AND INCREASE IN-STATE ENROLLMENT 10% (FROM 15% TO 25%) AS A NEEDED AND CRITICAL ACTION. AS PENN’S TUITION DOES NOT VARY BY IN-STATE OR OUT-OF-STATE ENROLLMENT, THEIR REVENUE WOULD NOT BE AFFECTED.

3) FOR ALL THREE DENTAL SCHOOLS, THE ADDITIONAL IN-STATE PERCENTAGE INCREASE WOULD BE GIVEN TO APPLICANTS FROM UNDERSERVED AREAS OF THE STATE, IF FEASIBLE.

4) FOR ALL THREE SCHOOLS, A COMPROMISE IS NEEDED REGARDING THE REPORTING OF GRADE POINT AVERAGE (GPA) AND DENTAL APTITUDE TEST (DAT) APPLICANT ENTRANCE DATA. IN ORDER TO BE RECIPROCALLY FAIR, THE PDA AND THE COMMONWEALTH ARE TO SUPPORT THE SCHOOLS IN THIS REGARD. THOSE STUDENTS ACCEPTED UNDER THE PDA APPROVED, STATE MANDATED IMPROVED ACCESS TO DENTAL EDUCATION INITIATIVE WOULD NOT HAVE TO HAVE THEIR GPA AND DAT STATISTICS REPORTED. BECAUSE OF THE SCHOOLS AFOREMENTIONED GENEROUS COMPROMISES, AND THEIR ACCEPTANCE OF THIS EMERGENCY PLAN (AND HOPEFULLY TEMPORARY PLAN) TO SAVE PENNSYLVANIA’S CITIZENS FROM FURTHER HARDSHIP, SPECIAL DISPENSATION IN THIS REGARD IS APPROPRIATE.

5) THE OFFICERS OF THE PDA AND ADMINISTRATION OF THE THREE DENTAL SCHOOLS ARE TO MEET ANNUALLY TO EVALUATE THE SUCCESS OF THE ABOVE ACTIONS.
TAKEN RELATED REGARDING THE IMPROVED ACCESS TO DENTAL EDUCATION INITIATIVE. IT IS HOPED THAT THE DISCUSSIONS WILL LEAD TO FURTHER ACTIONS THAT WILL BENEFIT THE CITIZENS OF THE COMMONWEALTH, DENTISTS AND THE DENTAL SCHOOLS.

6) THE PDA SHOULD CONTINUE TO PROMOTE THE APPLICATION OF STUDENTS FROM PENNSYLVANIA TO DENTAL SCHOOLS, ESPECIALLY FOR THOSE STUDENTS FROM UNDERSERVED AREAS OF THE STATE. ARTICLES IN THE PDA JOURNAL CAN CONTINUE TO HIGHLIGHT ADVANTAGES OF HEALTH CARE/DENTAL EDUCATION. MORE VOLUNTEER DENTISTS, ESPECIALLY FROM UNDERSERVED AREAS, SHOULD BE TAPPED, AS DETERMINED BY THEIR LOCAL DENTAL SOCIETIES, TO SPEAK TO HIGH SCHOOL STUDENTS (FRESHMEN THROUGH SENIORS) REGARDING SCIENCE, CHEMISTRY AND BIOLOGY CURRICULUMS AS A PRELUDE TO HEALTH CARE PROFESSIONS AND POSSIBLY DENTISTRY IN THE FUTURE. WITH THE AVAILABILITY OF THE INTERNET, STUDENTS COULD BE DIRECTED TO ON-LINE INFORMATION REGARDING HEALTH CARE PROFESSIONS. AS THESE ACTIONS WOULD BE VOLUNTEER EFFORTS, THERE SHOULD BE NO REQUIRED FUNDING. THE COHERENCY OF THE MESSAGE TO THE STUDENTS NEEDS TO BE CO-COORDINATED BY THE PDA.

RESOLVED HD 10-25:
THAT PDA ADVOCATE FOR THE PASSAGE OF ASSIGNMENT-OF-BENEFITS LEGISLATION IN THE PENNSYLVANIA GENERAL ASSEMBLY.

RESOLVED HD 10-26:
THAT PDA ADVOCATE FOR THE PASSAGE OF LEGISLATION IN THE PENNSYLVANIA GENERAL ASSEMBLY THAT PROHIBITS INSURERS FROM CAPPING NON-COVERED SERVICES PROVIDED BY PARTICIPATING PROVIDERS.

RESOLVED HD 10-27:
THAT PDA IS AUTHORIZED TO SELL INSURANCE PRODUCTS TO NON-MEMBERS NON-PDA MEMBER DENTISTS AND THE PUBLIC AT LARGE.

RESOLVED HD 10-28:
THAT THE 2010 OPERATING BUDGET IN THE AMOUNT OF $3,295,515 $3,314,315 BE APPROVED.

RESOLVED HD 10-29:
THAT THE 2010 CAPITAL BUDGET IN THE AMOUNT OF $78,594 BE APPROVED.

RESOLVED HD 10-30:
THAT THE 2011 PDA MEMBERSHIP DUES IN THE AMOUNT OF $579 BE APPROVED.

RESOLVED HD 10-31:
THAT PDA AND ASDA JOINTLY URGE THE ADA TO ADOPT A POLICY THAT ANY DENTAL STUDENT PARTICIPATING IN A DENTAL OUTREACH PROGRAM (E.G., INTERNATIONAL SERVICE TRIPS, DOMESTIC SERVICE TRIPS, VOLUNTEERISM IN UNDERSERVED AREAS, ETC.) SHALL ADHERE TO THE ASDA STUDENT CODE OF ETHICS AND THE ADA PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT. SUCH DENTAL STUDENTS SHALL BE DIRECTLY SUPERVISED BY DENTISTS LICENSED TO PRACTICE OR TEACH IN THE UNITED STATES AND ONLY PERFORM PROCEDURES FOR WHICH THE STUDENT HAS RECEIVED PROPER EDUCATION AND TRAINING AND CAN SAFELY EXECUTE WITH THE STANDARD OF CARE; AND BE IT FURTHER

RESOLVED THAT THE PDA URGE THE ADA TO WORK WITH NATIONAL AND INTERNATIONAL HEALTH ORGANIZATIONS TO END THE PRACTICE OF UTILIZING PRE-DENTAL STUDENTS AND PRE-CLINICAL DENTAL STUDENTS TO PERFORM IRREVERSIBLE DENTAL PROCEDURES WORLD-WIDE; AND BE IT FURTHER

RESOLVED, THAT THIS POLICY BE TRANSMITTED TO ALL DENTAL SCHOOLS AND PRE-DENTAL PROGRAMS AND ORGANIZATIONS.

Dr. Jay Wells Receives Pierre Fauchard Award

Dr. Jay R. Wells III received the Pierre Fauchard Award from presenter Dr. Elaine Stefanowicz at the Delegate and Alternate Luncheon April 23 at the Hotel Hershey.
142nd ANNUAL SESSION IN PICTURES
Alliance Holds 60th Annual Session

By Stephanie Test, APDA Co-President and Convention Chair

“Look at the legs... let it fall onto your tongue... sip and savor, now tell me your thoughts.” These were the words of our wine guide, Brian Confair, at our 60th Annual Session for the Alliance of the Pennsylvania Dental Association (APDA). The energetic Mr. Confair, one of the beverage managers at the Hotel Hershey, was our wine host for our wine and chocolate pairing party. That fun and educational event, along with our past presidents “bridal shower” and a liquid chocolate tasting, were the highlights of our weekend at Hershey in April.

The weather was nearly perfect for most of the weekend and we were lucky enough to appreciate and experience the recent expansion of the hotel, including the new outdoor facilities.

We were fortunate to have Carol Reitz (Berks), president of the Alliance of the American Dental Association (AADA) in our company. She shared with us the actions and future vision of AADA and their strategic force areas, and unveiled the much-anticipated new AADA logo. If you’re interested, check it out for yourself at www.allianceada.org.

APDA would like to recognize the Second and Fourth Districts and the Lehigh Valley Dental Society for their financial support. With their support, we have been able to maintain our dental education and legislative efforts, as well as keep our membership aware of our actions through our newsletter, By Word of Mouth.

For more information about Alliance membership, please contact Stephanie Test at (610) 462-1109 or e-mail at helgahitsit@aol.com.

Thank you!

Enjoying the wine and chocolate pairing from left to right are Mildred Trice, Margaret Phillips, Debbie Auchter, Stephanie Test, Jenny Zehner and Judith Worsley.

2010-2011 APDA Officers

President/Vice President/Convention Chair
Stephanie Test (Mrs. Timothy)
Danielsville

President/Dental Health Education Chair/
By Word of Mouth Coordinator
Jenny Zehner (Mrs. Eric)
Reinholds

President
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Mt. Gretna

Past President Chair
Maureen Szish (Mrs. Ronald)
Reading

Legislative Chair
Judith Worsley (Mrs. John)
Bethlehem
**FIRST DISTRICT**
- Carroll, P. X X
- Goldberg, J. X X
- Koshetar, N. X X
- Lindemeyer, R X X
- Markiewicz, S. X X
- McFadden, J. X X
- Miller, S. X X
- Mramor, A. X X
- Nordone, T. X X
- Stefanowicz, E. X X
- Tecosky, D. X X
- Toplan, S. X X

**SECOND DISTRICT**
- Axler, J. X X
- Bergman, R. X X
- Brady, T. X X
- Brian, K. X X
- Bullock, G. X X
- Bushick, R. X X
- Cherry, W. X X
- Clark, R. X X
- Filidore, D. X X
- Freedman, I. X X
- *Singer, R. X X
- Gordon, D. X X
- Gregory, C. X X
- Gross, R. X X
- Heier, R. X X
- Heleniak, S. X X
- Himmelberger, L. X X
- Incalcaterra, C. X X
- Landes, C. X X
- Limberakis, C. X X
- Logan, B. X X
- Maser, E. X X
- McGuire, E. X
- *Staiveckl, J. X
- McBurk, E. X X
- Meci, J. X X
- Montgomery, L. X X
- Pagliew, J. X X
- Pelligreno, J. X
- *Staiveckl, J. X
- Rosenthal, N. X X
- Sameroff, J. X X
- Shelly, E. X X
- Sierakowski, S. X
- Singer, B. X X
- Straka, J. X X
- Terry, B. X X
- Wozar, G. X X

**THIRD DISTRICT**
- Bergey, D. X X
- Brady, J. X
- Di Noia, F. X X
- Donahue, T. X X
- Grossman, R. X X
- Kilareski, T. X
- Miller, K. X
- *Aldinger, D. X X
- Uttard, R. X X
- Zale, M. X X

**FOURTH DISTRICT**
- Auchter, D. X X
- Johnson, F. X X
- Schwartz, D. X X
- Shuman, M. X X
- Tacelosky, M. X X
- Zehner, E. X X

**FIFTH DISTRICT**
- Barclay, J. X X
- Berstecher, R. X
- Boyle, J. X X
- Clougherty, M. X X
- *Hengst, D. X X
- Eckhart, M. X X
- Foer, C. X X
- Grater, S. X X
- Greenberg, J. X X
- Grimes, J. X X
- Kiessling, J. X X
- Kline, R. X X
- Pate, C. X
- Phillips, J. X X
- Selcher, S. X X
- Weierbach, J. X X
- Weiss, E. X X
- Zeger, K. X X

**SIXTH DISTRICT**
- Betlony, A. X X
- *Wilson, C. X X
- Coole, J. X X
- Jenkins, C. X X
- Linn, R. X X
- Oberheim, M. X X

**SEVENTH DISTRICT**
- Christian, B. X X
- Kibelbek, A. X X
- Newman, W. X X
- Reed, M X X
- Schimmel, D. X X
- Wells, D. X X

**EIGHTH DISTRICT**
- Myers, D. X X
- Petratis, T. X X

**NINTH DISTRICT**
- Charton, D. X X
- Kohler, III, J. X X
- Matta, A. X X
- *Helinski, R. X X
- Oliver, J. X X
- *Veindeffer, W X X
- Radack, III, S. X X
- Robb, J. X X
- Wolford, M. X X

**TENTH DISTRICT**
- Anderson, D. X X
- Bitar, H. X X
- Cadwallader, D. X X
- Chorazy, C. X X
- Davis, M. X X
- Doyle, J. X X
- Gans, M. X X
- Juriga, R. X X
- Kautz, J. X X
- *Dash, M. X X
- Kondis, S. X X
- *Rosella, M. X X
- Kuniak, S. X X
- Pawlowicz, J. X X
- Ray, H. X X
- Rose, L. X X
- Runzo, R. X X
- Schuler, C X X
- *George, M. X X
- Stoner, D. X X
- Tripodi, P. X X
- Wells, III, J. X X
- Zabelsky, D. X X

**ASDA**
- Martin, J. X X
- Peterman, R. X X
- Thakkar, N. X X

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July/August 2010 • Pennsylvania Dental Journal
## Necrology

It is with deep regret that we report the following deaths since the 2009 Annual Session:

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<th>FULL NAME</th>
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<td>SUNY Buffalo</td>
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LET A TOP 401(k) RETIREMENT PLAN PROVIDER ENHANCE YOUR RETIREMENT PLAN!

As a PDA member, you are eligible to participate in the Pennsylvania Dental Association Insurance Services, Inc. (“PDAIS”) 401(k) Retirement Plan. We encourage you to compare your current plan to the plan we can offer to you and your employees through Transamerica Retirement Services (“Transamerica”).

PDAIS has developed an alliance with Transamerica to offer you and your employees access to an affordable, simple way to save for retirement.

Features you may want to consider when evaluating our 401(k) retirement plan services are:

- Fiduciary and ERISA Support
- Sophisticated Plan Design Opportunities
- Due Diligence Services
- Economies of Scale
- Full Range of Participant Services
- Enrollment and Ongoing Education Services
- Outsourced Administration
- Competitive Pricing

For More Information,
Call (877) 680-5519
and ask for:
Corey L. Basehore, CFP®, ChFC®, CLU®,
or
Brent R. George, CFP®, ChFC®

Securities, investment advisory and financial planning services offered through qualified registered representatives of MML Investors Services, Inc., member SIPC. www.sipc.com. 100 Corporate Center Drive #201, Camp Hill, PA 17011. (717) 763-7365. Transamerica Retirement Services and PDAIS are not affiliates of MML Investors Services, Inc.

Transamerica Retirement Services received 43 "Best in Class" cups for sponsor and participant services in PLANSPONSOR® Magazine's annual Defined Contribution Survey of retirement plans. The 43 "Best in Class" designations—23 in the micro (<$5 million) and 20 in the small ($5 million to $50 million) markets—rank Transamerica Retirement Services among the top cup recipients of the 46 providers evaluated in the micro- and small-plan markets. The results of the Defined Contribution Survey were announced in the November 2009 issue of PLANSPONSOR® Magazine. The survey polled 5,635 clients of 48 defined contribution plan providers. "Best in Class" cups are awarded to plan providers who score in the top quartile of a specific category. See the November 2009 issue of PLANSPONSOR® Magazine for complete results. Transamerica Retirement Services (“Transamerica”), a marketing unit of Transamerica Financial Life Insurance Company (“TFLIC”), 4 Manhattanville Road, Purchase, New York 10577, and Transamerica Life Insurance Company (“TLIC”), 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499, and other TFLIC and TLIC affiliates, specializes in the promotion of retirement plan products and services. TFLIC is not authorized and does not do business in the following jurisdictions: Guam, Puerto Rico, and the U.S. Virgin Islands. TLIC is not authorized in New York and does not do business in New York.
Thank You

The Pennsylvania Dental Association is deeply grateful to the following supporters of the 142nd Annual Session

**Leader’s Circle ($25,000 and above)**
- Pennsylvania Dental Association
- Insurance Services, Inc. (PDAIS)

**President’s Circle ($4,000 - $24,999)**
- The Dentists Insurance Company (TDIC)
- Pennsylvania Society of Oral and Maxillofacial Surgeons
- Erie County Dental Association
- Ninth District Dental Society

**Trustee’s Circle ($2,000 - $3,999)**
- United Concordia Dental
- Thayer Dental Laboratory, Inc.

**Delegate’s Circle ($1,000 - $1,999)**
- Pennsylvania Association of Orthodontists
- Bank of America
- The Guardian Life Insurance Company of America
- Capital BlueCross
- Goldberg Katzman P.C.
- Eastern Dentists Insurance Company (EDIC)
- 3M UNITEK

**Member’s Circle ($500 - $999)**
- Elavon
- Metro Bank
- The Second District Valley Forge Dental Association
- Eastern Alliance Insurance Group
- Williams Dental Laboratory, Inc.
- CareCredit LLC
A PARTNERSHIP OF TRUST
We build on it everyday.

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PADIT Members Combine Efforts for Successful Identification

Pennsylvanians forensic odontologists continue to have a great national reputation for their quality work, whether at the site of a large disaster or the numerous times when they assist coroners and local officials in their own communities. They also have effectively built working relationships with state agencies, an asset that has proven valuable on numerous occasions.

When Dr. John Hosage, a forensic odontologist from Mountain Top, was contacted by the Luzerne County Coroner's Office on April 2 for assistance in identifying a human skull, he was able to rely on skills honed through his Pennsylvania Dental Association Dental Identification Team (PADIT) training.

The partial skull recovered in Hunlock Township had no mandible and was missing nine teeth. The investigating agency suspected that the remains belonged to one of three girls missing from the area since 2001 and provided Dr. Hosage with a National Crime Information Center (NCIC) number for one of the missing girls.

Because it was Good Friday, and a holiday weekend for many people, the Pennsylvania State Police office that investigated the missing girl's disappearance was having difficulty finding who had the original radiographs. However, Dr. Hosage was able to access the dental records on file at the FBI, the records having been previously entered by Dr. Jeff Aronsohn, a fellow PADIT member from Tunkhannock.

Dr. Aronsohn, who chairs PDA's Forensic Odontology Committee, had attended the FBI's NCIC Dental Coding Workshop in Clarksburg, West Virginia in the fall of 2008, learning how to code the dental records for entry into the NCIC system, and submit them to the FBI's National Dental Image Repository (NDIR) located on Law Enforcement Online (LEO).

The NDIR is a place for law enforcement agencies to house dental images related to their missing and unidentified person records in a secure web-accessible environment available 24 hours a day. It also allows for the review of the coding by trained forensic volunteers.

Following his NCIC 2000 training in 2008, Dr. Aronsohn voluntarily re-coded the missing person record, digitized the information for the agency and submitted the digitized information to the NDIR. Re-coded, that is, to the new standards of NCIC 2000, for he had coded the dental information for the PSP many years before, using the cumbersome coding criteria then available.

Dr. Hosage accessed the NDIR on LEO, and within 10 minutes, he had downloaded the dental images for the missing girl. Dr. Hosage said that the images were clear and actually better than having the original radiograph in hand, as he was able to zoom in on several small detailed oddities, in order to make the positive identification. For him, the fact that the detailed information was digital made the process of reviewing it that much easier and the identification much quicker.

Thanks to Dr. Hosage and Dr. Aronsohn's work, along with the Pennsylvania State Police and the Luzerne County Coroner's Office, a positive identification of Jennifer Lee Barziloski, an 18-year-old who had been missing from the Luzerne County area since June 23, 2001, was made, and her family finally had closure.

Forensic dentistry is an interesting specialty for many dentists. Many of our members do this part-time, and have found the experience both emotional and fulfilling. For more information, or to get involved in forensic dentistry contact Dr. Jeff Aronsohn at endlesssmiles@epix.net or Dr. William Yeomans, PADIT Co-Director, at wpyeomans@gmail.com.
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<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Institution</th>
<th>Year</th>
<th>Birth Date</th>
<th>Death Date</th>
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<tr>
<td>Dr. Paul J. Langan</td>
<td>Clarks Summit</td>
<td>University of Pittsburgh (1958)</td>
<td></td>
<td>11/21/29</td>
<td>4/23/10</td>
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<td>Dr. Edwin R. McDevitt Jr.</td>
<td>Jenkintown</td>
<td>University of Pennsylvania (1953)</td>
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<td>9/8/28</td>
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<td>Dr. Thomas Hollenbeck</td>
<td>Lansdale</td>
<td>University of Pennsylvania (1980)</td>
<td></td>
<td>1/17/51</td>
<td>5/5/10</td>
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<td>Dr. Monroe S. Myers</td>
<td>Northumberland</td>
<td>University of Buffalo (1947)</td>
<td></td>
<td>3/21/18</td>
<td>5/8/10</td>
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<tr>
<td>Dr. Stephen M. Kukucka</td>
<td>Ebensburg</td>
<td>Baltimore College of Dental Surgery (1948)</td>
<td></td>
<td>8/6/23</td>
<td>5/9/10</td>
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<td>Dr. Steven Gould</td>
<td>Easton</td>
<td>Fairleigh Dickinson (1973)</td>
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<td>Dr. Robert B. Levin</td>
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<td>University of Pennsylvania (1958)</td>
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<tr>
<td>Dr. John A. Ruffini</td>
<td>Newtown Square</td>
<td>University of Pennsylvania (1946)</td>
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<td>6/14/10</td>
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<tr>
<td>Dr. Millard J. Coper</td>
<td>Philadelphia</td>
<td>Temple University (1914)</td>
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<td>7/2/21</td>
<td>6/26/10</td>
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</table>
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Wednesday, November 3rd
Dental Ethics & Jurisprudence in NYS
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Harold Edelman, DDS
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Thursday, November 4th
Great Cases with New Faces and
The Jewels & Gems of Oral Pathology
John A. Swirsky, DDS, MEd

Robert J. Genco Distinguished Speaker Series
Management of the Medically
Complex Dental Patient
Dean Michael Glick, DMD

Michael A. Meenagh Implant Symposium
Strategies for Restorative Success in the
Esthetic Zone
Jean-Francois Bedard, DMD

Teamwork Makes Your Dream Work and
Science of Increasing Your Profitability &
Practice Value
Kerry Straine, BS

Dental Economics: Excellence in Practice
Financing, Financial Planning and Tax
Savings
Jazmin Notta, Chad Widensky, Brian Laird

From My Side of the Chair
Shannon L. Pace Brinker, CDA, CDD

Aesthetic Dilemmas & How to Solve Them
Marvin A. Fier, DDS, FASDA, ABAD

Identifying Methamphetamine Abuse &
Developing a Treatment Protocol
and Serving Underserved Populations
Noel Brandon-Kelsch, RDH

Understanding Conventional & Adhesive
Dental Cements
Carlos A. Munoz-Viveros, DDS

Fundamental Concepts in Laser Dentistry
Jeffrey M. Dolgos, DDS ’96
Alumni Speaker Series

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Gregor Connell

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Restorative Materials Update 2010
Jeff J. Brucia, DDS

Tips for Treating a Patient with Autism
and Dental Hypersensitivity & Erosion:
A Perfect Storm
Karen A. Raposa, RDH, MBA

6th Annual
Alan J. Drinan Memorial Symposium
Diagnosis & Management of Oral Cancer
Lynn W. Solomon, DDS ’95
Maureen A. Sullivan, DDS ’87
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Records, Regulations and Ethics
Chester J. Gary, DDS ’78 JD
Alumni Speaker Series

General Dentist as Orthodontists:
Early Orthodontic Treatment
Gary P. Swistak, DDS ’75
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Predictable Endodontics for the
General Practitioner
John C. Flucke, DDS

More Than Just a Pair of Hands
Carrie McCrum, CDA, PDA

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Hygiene Practice
Lou Graham, DDS

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Pinhas Adar, MDT, CDT

Risk Management
John Asaro, DDS ’73 Alumni Speaker Series
Kevin Ricotta, JD
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A Summer's Morning
By Dr. Richard J. Galeone

It sounds like the Montagues and the Capulets are having a knife fight out in the hall, but the reality is that it's my first patient, Little Joey Jenkins, and his father making their way to operatory number one. Stripped, shaved and dried, little Joey weighs a svelt three hundred and eleven pounds. A good portion of that weight is concentrated in his neck. A neck that did not want to be here. Little Joey apparently had other plans.

Little Joey is here for his semiannual cleaning and rodeo competition. There is the sound of an expensive thud in the operatory and Mercedes, my dauntless dental assistant, calls down the hall to let me know I can no longer hide in my office. Gathering up all of my courage, I scurry to the operatory, am greeted by the saucer-size eyes of Big Joe Jenkins who weighs one hundred and thirty-four and a half pounds clothed, wet and unshaven, and has long ago given up many desires. He is sitting side-saddle on Little Joey's knees trying to keep him in the chair. Big Joe is wearing a sports cup.

Little Joey's head and neck could sit atop a buffalo. He tosses me back and forth as I try to examine his teeth. I remember again that my father wanted me to be a lawyer. A judge. Even a senator. That's right. Senator Galeone. I'm only 67. It's not too late. Look at Strom Thurmond. Or Robert Byrd. At long last I get him in a headlock. Position the prophylaxis cup over the buccal surface of the upper right second molar and step down on the rheostat. But nothing happens. It's one of those cheapo prophylaxis angles.

I have to let his head go and change it. I recall seeing this episode on Wild Kingdom. It's the one where they shoot a hippo with a sedative dart. When Marlin Perkins (not the pancake guy) approaches, the hippo suddenly jumps up and tries to bite his face off. I hope I'm, at least, burning off some time in Purgatory. My fourth lumbar vertebra is on fire. "Ah," says Big Joe, "It's the old crap-in-your-pants defense." I quickly finish up and gimp back to my office.

Bolts of lightning shoot down my left leg. Sparks issue from out of my big toe. You could light a cigar. I am looking up law schools in the Yellow Pages but God won't throw me a bone. I see on the monitor that my next patient has arrived. Do you know what a Goth is?

Brice (he has legally expunged his family name) skulks into operatory number two. I say hi. He looks at me like I'm a stool specimen. He has black nail polish and cyanotic lipstick. How many piercings does he have? His uvula is pierced. So guess. And so that I can't figure it out, he has tattooed, backwards and mirror imaged, on the inside of his lower lip the words "Charles Manson." It gives me pause.

Let me try to explain Brice's reaction to the mint-flavored topical anesthetic. Years ago, I was greatly delayed at London's Heathrow Airport. My wife can live for biblical periods without nourishment. I cannot. In my delirium, I spotted a red vending machine. Red, you know, is nature's danger sign. One item on display was kidney pie seductively formed into the shape of a French Apple Tastykake, a shape I associate with splendor and happiness. I spent close to a pound on this morsel. The sensation upon biting into it was startling. From what animal hell this kidney came from I do not know, but it immediately decomposed on the dorsum of my tongue and I wretched it off. Brice suffered greater distaste. At first I thought he was stricken by a grand mal seizure, anaphylaxis, or perhaps I had impaled him with the business end of the Q-tip. But no. It was his considered critique of our flavor choice. It took over an hour to do an occlusal restoration on the lower left first molar. The attendant windfall went right into my pension plan.

Is the circus in town? My next patient is nine-year-old Horst Henkl. Mrs. Henkl always accompanies Horst into the operatory because, she says, Horst needs the moral support. But I know she doesn't trust me.

Horst is dressed like Woodrow Wilson. He climbs up into the chair (continued on page 62)
and onto his mother’s lap. They make me vaguely uncomfortable and Mrs. Henkl informs me that since his last appointment little Horst has been diagnosed with a hiatal hernia.

I commiserate. Try to think of any dental implications. Come up dry.

“I had one when I was his age,” she says. “It’s a genital problem. Runs in the family.”

“It sounds painful,” I sympathize. “Oh it is.”

As I prepare the syringe to anesthetize Horst’s tooth, Mrs. Henkl suddenly bursts forth with a rendition of “Soldier Boy.” Mercedes catches my eye and runs quickly from the room. Horst sits up and straightens his bow tie.

“…. be my little soldier booooyy...”

Horst and I both break sweats and Mrs. Henkl is really getting into it.

Mercedes returns and apologizes, claiming dire rear troubles. I do not doubt it. My own is feeling dire but I fight the urge to flee. After a medley of show tunes, I finish the restoration on Horst’s tooth. I thank Mrs. Henkl for her help and call my friend Gertrude down at the suicide prevention hot line.

It’s not quite noon on this grim summer’s morning. I notice that the sore spot under my mother-in-law’s denture has returned and they’ve squeezed her in first thing in the afternoon. Oh joy.

— RJG
Spatafore Named President of AAE

Dr. Clara Spatafore of Sewickley was named president of the American Association of Endodontists (AAE) during the association’s Annual Session in San Diego, Calif., April 14-17.

Dr. Spatafore is a full-time private practitioner in Sewickley, and also serves as an assistant professor of endodontics at Drexel University’s School of Medicine. A member of the AAE since 1987, she has held a variety of leadership roles with the organization’s board, including president-elect, vice president and secretary of its Executive Committee.

The AAE represents more than 7,200 members worldwide, including approximately 95 percent of all eligible endodontists in the United States.

“I am honored and humbled to serve as president of the AAE, an organization that has given me so many opportunities to learn and grow,” said Dr. Spatafore. “My theme of ‘Bridging the Gap’ calls for endodontists to work more closely with general dentists, other specialists and dental students to provide patients with optimal care.”

In addition to her membership in PDA and AAE, she is also a member of the American College of Dentists.

Dr. Spatafore earned her DDS, MS and Certificate in Endodontics from West Virginia University Dental School. She and her husband, Philip Bartling, reside in Sewickley with their four children.

(continued on page 64)
University of Pittsburgh Presents Scholarship Award

In May, University of Pittsburgh School of Dental Medicine Dean Thomas W. Braun presented the Pierre Fauchard Academy Foundation Dental Student Scholarship Award to third-year predoctoral student Melissa Fogel. The $1,500 award is presented to dental students who have demonstrated the greatest potential for development into outstanding leaders in the profession.

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On-Campus Programs

September 18
Dental Radiography: DANB Exam Prep Course
Judith Gallagher, RDH
Marie George, RDH

September 24
Dental Photoshop: Shooting Digital
Dr. Ali Seyedain

September 25
How to Optimize the Results with Photoshop
Dr. Heiko Spallek

September 25
Digital Radiography – Hands On
Dr. Greg Schneider
Dr. Anitha Potluri

October 2-3
Local Anesthetics for the Dental Hygienist — Part 1
Dr. Paul Moore

October 15
OSHA Bloodborne Pathogen Update
Dr. W. H. Milligan

October 16
Why Should You be Using an Articulator in Your Practice?
Dr. David Donatelli
Dr. John Ference

October 29
The Role of Nutrition in Longevity and the Prevention of Diseases
Dr. Nasir Bashirelahi

November 5
Potpourri – Topics Include:
Immediate Implant Placement in Extraction Sockets
Dr. Andrew Baumhammers
Cone Beam Computed Tomography and Its Applications in Dentomaxillofacial Imaging
Dr. Anitha Potluri
Attachments
Dr. David Donatelli
Oral Ulcerative Diseases
Dr. Joanne Prasad

November 6-7
Local Anesthetics for the Dental Hygienist
Dr. Paul Moore

November 12
Endodontics Series #1
Speaker to be determined

November 13
Tylenol and Liver Disease
Dr. James Guggenheimer

November 20
Evidence-Based Dentistry
Dr. Robert Weyant

December 3
From the Heart
Dr. James Lichon

December 4
Non-Surgical Elongation
Dr. Pouran Famili
Dr. Ali Seyedain

December 10
Oral Health Promotion for At-Risk Populations
Dr. Dennis Ranalli
Dr. Deborah Studen-Pavlovich
Dr. Adriana Modesto Vieira

December 11
An Update on Local Anesthesia Therapeutics and Complications
Dr. Paul Moore

December 11
CPR
John Brewer, NREMT-P

January 15, 2011
Public Health Challenges for the Delivery of Dental Care
Dr. Robert Weyant

January 22, 2011
Anesthesia Review
Dr. Paul Moore
Dr. Joseph Giovannitti
Dr. Michael Cuddy

February 5, 2011
Conscious Sedation/Med Emergencies
Dr. Paul Moore
Dr. Joseph Giovannitti
Dr. Michael Cuddy

February 19, 2011
Advanced Anesthesia
Dr. Paul Moore
Dr. Joseph Giovannitti
Dr. Michael Cuddy

March 5, 2011
CPR
John Brewer

Off-Campus Programs

Bradford

September 23
Immediate Load Implant Retained Overdentures Utilizing Mini and Small Diameter Implants
Dr. Joseph P. Buttacavoli

(continued on page 66)
October 14
Pediatric Dentistry Made Easy for the General Practitioner
Dr. R. Glenn Rosivack

Johnstown

October 13
Updates in Pediatric Dentistry: Treating Tiny Tots to Teens
Dr. Lance Kisby

November 18
The Restorative Edge
Dr. James Braun

Reading

September 10
Porcelain Veneers: The Prep vs. No-Prep Controversy... The Whole Story!
Dr. Steven Weinberg

October 15
Miracles and Myths of Direct Composite Restorations
Dr. Mark Latta

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(215) 707-7107 (Fax)
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September 15
Ultrasonics: Evidence Based Approach to Non-Surgical Periodontal Therapy
Assessing Aesthetic Options for Non-Surgical Periodontal Therapy
Gail Malone, RDH, BS

September 24
The Million Dollar PLUS Blue Collar Practice
Craig Callen, DDS

October 22
Update in Restorative Dentistry
Lou Graham, DDS

November 5
Exquisite Complete and Implant Retained Over-Dentures Calibrated for the General Practitioner
Joseph Massad, DDS

November 19
Empowering the Dental Team to Deliver “Quality” Periodontal Care in Restorative Practice
Samuel B. Low, DDS, MS, Med

December 3
The Art and Science of CAMBRA: A Team Approach Using Chemical Treatments and Minimally Invasive Dentistry
Douglas Young, DDS, MS, MBA

Wellsboro
Pennsylvania College of Technology
Contact: Rebecca Von Nieda, PDA
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September 24
Overviews of Contemporary Management of Facial Trauma, Obstructive Sleep Apnea and Snoring
David C. Stanton, DMD, MD, FACS

October 29
It's About Time!...Early Oral Cancer Detection
Jonathan Bregman, DDS

Danville
Geisinger Medical Center
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September 22
Ethics in Dentistry—Ethical Principles and Code of Professional Conduct
Lillian Obucina, DDS, JD

October 27
An Overview of Oral Pathology
Bobby M. Collins, II, DDS, MS

November 17
Evidence-Based Dentistry (EBD) in a Clinical Context
Richard Niederman, DMD

December 15
Hormones, Heart, Health and Hygiene: Exploring How Oral Health Affects Women's Systemic Well-Being
Betsy Reynolds, MS, RDH

Chambersburg
The Orchards Restaurant
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September 10
Medical Emergencies in the Dental Office
R. John Brewer, NREMT-P

October 22
Rational and Stress-Free Endodontics
Barry Lee Musikant, DMD

November 19
Loading of Implants with the Teeth in a Day® and Computerized Guided Teeth in an Hour™ Protocols
Glenn J. Wolfinger, DMD, FACP

PDA and PDAIS
Stroudsburg
Stroudsmoor Country Inn
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October 28
It's About Time!...Early Oral Cancer Detection™
Jonathan A. Bregman, DDS

Monroeville
Doubletree Hotel Pittsburgh/ Monroeville Convention Center
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November 19
Esthetics & Implants—Controversies & Innovations
Dennis P. Tarnow, DDS
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West Virginia, near major university. Great place to live. College sports, educational and cultural activities. Stable economy, growing population. Annual collections $558,000 on reduced schedule. Contact George D. Stollings and Associates, Inc. at (304) 486-5714 or george@gdstollingsassoc.com.

**PRACTICE OPPORTUNITY — NEAR ERIE**
General Dentistry. Owner seeks associate that would then purchase the practice within 2 to 3 years. No Medicaid. No PPO’s. Laser, digital x-ray, computer charting, intraoral, camera and more. Contact George D, Stollings and Associates, Inc. at (304) 486-5714 or george@gdstollingsassoc.com.

**York**
Busy dental practice in York for immediate sale. Owner semi-retiring and relocating. Will stay on 20 hours max a week to assimilate new owner. Five operators with three hygienists. Please respond to BACbac123@aol.com.

**North of Pittsburgh**
IMMEDIATE SALE: Active general practice a few miles north of Pittsburgh. Well-established, busy, excellent staff, facility, patient base, equipment, OPPORTUNITY. stanpoll@aol.com.

**Wilkes-Barre/Hazelton Area**
IMMEDIATE SALE: Active general practice in Wilkes-Barre/Hazelton area. Well-established, busy, two-office practice. EXCELLENT gross and net revenues. OUTSTANDING OPPORTUNITIY. stanpoll@aol.com.

**Halifax**

**NEW PRACTICES FOR SALE**
We have six excellent new listings! Central – Grosses $400K. Great location. 6 ops. FFS.
Near Pittsburgh – Practice and building for less than $295K. Motivated seller.
Scranton – Practice and building available. This practice grosses $600K.
Berks County – Great place to raise a family. This practice collects over $900K.
Near Chambersburg and Bedford – Practice and building for sale. Great practice.
Near Philly – Seeking an associate to buy-in and buy-out. $1.4 million in revenue in this modern highly profitable practice just 30 minutes from Philadelphia.
Please see John McDonnell’s article in the November issue of the Dental Economics magazine, page 94 titled “Why Not Sell Now?” Contact THE MCNOR GROUP AT (888) 273-1014 ex. 103 or johnfm@adstransitions.com for more information on these and other opportunities in the area. www.mcnorgroup.com.

**Northeast Pennsylvania**
Well-established general practice for sale in Wayne County/Pocono Mountain area. Owner looking to retire. Completely renovated 1,300 sq. ft. modern office with room for expansion. Real estate also available. Please contact aes631@gmail.com or (570) 862-4921.
PRACTICE BUYERS WANTED
For great practices in the Pennsylvania area. We have many practices available for sale. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com.

Practice Sales
Please call Nancy Schoyer at (888) 237-4237 or e-mail to nschoyer@comcast.net and ask about our 19 listings in PA. We have practices for sale near Harrisburg, four in York County, the Pittsburgh and Philadelphia areas, Linesville, Williamsport, Berks County and Hanover. Call The MCNOR GROUP AT (888) 273-1014, ext. 103 or e-mail johnfm@adstransitions.com.

Maine
Disgusted w/ High Taxes and Traffic? Thinking about vacation or relocating? Then come to coastal Maine and see this dream come true. Exquisite 3,500 s/f home in quaint village offered @ $459,900. A MUST see, please call for details. (207) 751-7777.

For Sale
Small-town dental practice and real estate in Lancaster County. First floor with three operatories. Employee parking in rear. Second floor, private one bedroom apartment. Average collections are over $265,000 on two days/week. Priced to sell. Call (717) 665-1587 or edhaas@dejazzd.com.

(continued on page 70)
**Classified Advertisements**

**Lancaster County**  
Established family practice for sale in Lancaster County. Dentist willing to transition with buy-out. Spacious office with seven ops. and high tech equipment. Pleasant suburban setting. $800,000 gross/yr. Please call (717) 725-0032.

**For Sale**  

**ERIE**  
Established general practice. Sold as practice only enhancing your practice and profit margin OR as a turnkey operation, including equipment and real estate. Respond to PDA Box J/A 2 Dental Practice Sale

**Dental Practice Sale**  

**Practice for Sale**  
Delaware County - Perfect Area! 2,700 s/f general practice. 7 ops, building for sale also. Panorex, Imaging system. Rev. $964K. Contact Donna at (800) 988-5674.

**Practice w/ Real Estate for Sale!**  
South Central PA. General - family, 4 ops, freestanding building. Rev $650K. 2,000 active pts. Contact Donna at (800) 988-5674.

**Camden County, NJ Home Office For Sale**  
Beautiful corner property, office - 1,300 s/f, home - 2,400 s/f, 4 lrg ops - 2,000 active pts. All endo referred. Rev. $324K. Contact Donna at (800) 988-5674.

**Dental Practice Sale**  
Cumberland County. 4 ops in 2,200 S/F (r/e also available) free standing building. Over 3,000 active pts. 4 days/wk. Strong hyg. Rev. $527K 6 yr. young practice. Contact Donna at (800) 988-5674.

**PRACTICE FOR SALE**  
DUTCHESS County, NY. Wonderful, 4 ops, digital, general practice with 2,000 active patients. Rev $825K. Contact Donna at (800) 988-5674.

**Dental Practice Sale**  
Northampton County. General, freestanding building w/1,600 s/f, 4 new Adec ops + add’l ops, 2,000 active pts. Rev. $1.2M. Contact Donna at (800) 988-5674.

**Wayne County**  
General practice with great reputation. Consistently collects over $800,000 per year on 4 days per week. 1,500 active patients, 5 treatment suites (3 equipped, 2 plumbed, ready for equipment). Very warm, comfortable facility. High profit margin with purchaser income of $315,000 after debt service. Contact smuench@paragon.us.com.

**Berks/Schuylkill County Area**  
Over 2,000 active patients, 40 new patients per month and growing. Five treatment rooms and very modern and bright office. Collections in excess of $900,000 with excellent cashflow. Contact smuench@paragon.us.com.

**Harrisburg West Shore**  
A tremendous opportunity to purchase a small practice with 1,250 active patients and turn it into a very high producing practice. Great cash flow, tax benefits and return on investment. Excellent facility and equipment. All the right ingredients for success. Real estate available also. Contact smuench@paragon.us.com.

**Chester County**  
Group practice opportunity. Excellent community reputation. Group has over 9,000 active patients and provides mix of general dentistry. Very attractive cashflow and compensation rate. Contact smuench@paragon.us.com.

**Ortho Practice**  
Greater Berks County area, 2009 collections exceed $1 million. Pre-tax cash flow of $460,000, after debt service. Excellent location and new patient flow. Seller willing to stay on as desired by purchaser. Excellent opportunity. Real estate also available. Contact smuench@paragon.us.com.

**North Central Pennsylvania**  
2,100 active patients, 6 fully equipped treatment rooms, collections of $400,000. Two busy full-time hygienists. Excellent growth potential and tremendous value. College town. Contact smuench@paragon.us.com.

**Ortho Practice**  
Harrisburg area, computerized, 2009 collections exceed $1 million. Seller willing to stay on as desired by purchaser. Excellent possibilities for this transition whether you are a seasoned provider or new out of residency. Real estate available. Contact smuench@paragon.us.com.

**Central Dauphin County**  
Hershey area (15 minute drive), great location, all phases of dentistry. 1,200 active patients, mostly FFS. Great pre-tax cash flow and tax benefits. Real estate available. Contact smuench@paragon.us.com.

**Harrisburg**  
Busy, long standing city practice with high traffic location and visibility. 2,800 active patients and tremendous potential to boost revenues. Excellent cash flow and return on investment. Real estate also available. Contact smuench@paragon.us.com.
Dental Office for Sale
Relocate your dental office here!
Recently priced, in a prime location outside the city of Reading. Great location, plenty of exposure. $2,000/month, some electric included. Contact Century 21. Call first, (800) 921-9099

LANCASTER
Strictly fee for service general practice. 5 operatories. Strong, soft tissue management and crown and bridge practice. Real estate included. Dentist will stay for transition. Phone (717) 394-3945.

Practice for Sale — Chester County
Exceptional solo general practice. Well-established in growing area. 5 ops + 1 plumbed, 2750 s.f. 2320 active patients. Rev. 700K on 32 hr/wk. Schick digital Panorex, intra-oral cameras, award winning Downingtown schools. (R/E also available). Call (610) 269-9099 or qsilvermd@comcast.net.

Practice for Sale — Distress Sale — Harrisburg – Orthodontic (Adult and Children) - 6 operatories with newly renovated build-outs, 1,950 square feet, on the corner of two major highways with great signage, private parking is ample, also on-street parking, blended insurance. GREAT OPPORTUNITY. Practice Sales & Transitions, (877) 539-8800, check listings at www.dentalsales.org.

Lancaster County
Very established practice for sale. Newly redecorated, equipment is approximately 3+ years old. Dentrix software – limited insurances. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

Western Pennsylvania/Greater Pittsburgh Area/Eastern PA
Several practices available with collections ranging from $200,000 to $1,000,000
PA (s are collections)
Allison Park $340,000
Grove City $450,000
Mercer County $660,000
Clearfield County $1,000,000
North Huntingdon $550,000
Clearfield $300,000
Clearfield County $500,000
South Westmoreland County/ Greensburg area $210,000
South Hills Pediatric Practice $500,000
Mid Mon Valley $250,000
Canonsburg $385,000
Tri-State Periodontist $750,000
Mid Mon Valley $350,000
Latrebe $400,000
Forest Hills $320,000
Venango County $360,000
Delaware County $260,000
Altoona $280,000
OH - Numerous.
We also have several other dental practices and dental labs available in Michigan, Massachusetts, and Southern California. Please contact Bob Septak at (724) 869-0533 ext 102 or e-mail bob@udba.biz. WWW.UDBA.BIZ.
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We are the only transition consulting company in the area that has a Certified Valuation Analyst (CVA) as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April ’07 issue of Dental Economics on this subject or call or email us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

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