PDA Makes Impact at State Capitol

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Pennsylvania Dental Journal

The Official Publication of the Pennsylvania Dental Association
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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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Dental Conundrum

A Gallup Health Well-Being Index compiled state level data from January 2 through June 30, 2011. Random telephone interviews of adults were performed. This state-level data encompassed more than 177,000 interviews conducted among American adults aged 18 and older. Nationwide, an average of 65 percent of all American adults said they had visited a dentist in the last 12 months during this time period, essentially unchanged from past years.

Pennsylvania ranked in the middle for patients visiting their dentist in the past 12 months. The obvious reasons cited for not visiting the dentist are the same old answers:

• Can't afford to visit the dentist
• No dental coverage
• No dentist nearby takes my insurance or accepts welfare patients
• No known dental problem

These comments are all euphemisms for one central theme: lack of access to care, or more appropriately described, barriers to care. The results are consistent with known factors. States with higher numbers of health insurance covered individuals show more dental visits (72 percent in Massachusetts vs. 56 percent in Mississippi).

In the current environment one would expect to see a decrease in dental visits due to the high number of unemployed individuals who have lost dental benefits, but the data remain unchanged. This might suggest other reasons why 30-40 percent of adults don’t visit the dentist regularly. Dental fear is one reason. As a profession, dentists have a high rate of perceived professional trustworthiness by the public, but most still believe that a dental visit is painful and therefore try to avoid going. Through proper education and public announcements we continue to get the word out that dentistry today is not like dentistry 50 years ago. Often I tell my patients that dentists have known what to do to fix a tooth for over 100 years, but only in the last few decades have we found better ways to deliver that care.

Other patients faced with fear and high costs simply don’t visit the dentist because nothing hurts. The idea that if I can’t see it or feel it, it must not be there must be conquered by our profession. Again, I maintain that dentists and dental organizations must spread the word that not all dental problems hurt. Dental infections, cavities and cracked fillings will all get worse if left unattended. Many of us are now witnessing patients returning after longer than usual absences with more significant problems. Failure to examine and diagnose now will certainly lead to larger problems down the road.

Current economic conditions have strained all facets of society here and around the world. Pennsylvania Medicaid is ceasing to cover adult endodontics beginning October 1, 2011. What will be the result of this action? More patients will seek extractions rather than tooth saving measures. While this will be a cost savings to the state and to taxpayers it will obviously be a barrier to patients.

As patients lose dental benefits through job loss or HR cost cutting, we will eventually see a decrease in patient visits to the dentist. Despite the statistics from the Gallup survey, 50 percent or more of all dental reimbursement is from insurance payment rather than patient out-of-pocket payment. With less insurance payment there will have to be fewer patient visits. This will also be another barrier to the patient.

In Pennsylvania and other states around the country the age of the average dentist is creeping higher. The U.S. Health Resources and Services Administration reported in 2009 that the average age of a dentist was 50 years old and the projected ratio of dentists to the general population will decrease in the next 20 years (58 dentists/1,000 patients to 55 dentists/1,000 patients) due to the retirement of dentists. This despite the addition of new dental schools and greater numbers of dental graduates during the same time period. Another example of a barrier to care.

More important than the ratio of dentists to the population is the number of dentists practicing in urban and

(continued on page 6)
rural areas. Plain and simple, dentists want to practice where the money is. Socioeconomically depressed areas can’t support a dentist who intends to pay student loan debt and practice start-up costs. While dentists seem to be in great numbers in affluent areas, they are nearly absent in rural areas like Alaska and central Pennsylvania. Again, a barrier to care.

Recent actions by large insurance companies have resulted in lowering reimbursements to contract dentists. Dentists in Washington state and Idaho have been notified that benefits from a large carrier will be decreased by as much as 13 percent in order to continue to offer affordable premiums to the employer. This will result in some dentists opting to no longer participate and create another barrier to care.

I know I have said this in previous editorials; the health care system can’t survive if it continually takes benefits from the provider and the patient. The patient will ultimately lose. Dentists are providing charitable services year-round. A simple search on Google will reveal giveaway dental days across the country, but charity alone can’t solve the problem. Advocacy will be dentistry’s best way to help patients with access to care. Everyone is fighting for a piece of the “economic pie.” Dentistry should be right there to fight for the patients. Closing clinics, cancelling programs and decreasing payments to providers will only lead to further barriers to dental care.

The Pennsylvania Dental Association is working at the state level to insure that dentists and patients don’t lose benefits and access. Legislation is pending to ban fee capitation on non-covered services. PDA will be there when large insurance companies come knocking on the providers’ doors asking for givebacks while insurance executives reap huge bonuses for controlling costs. Like any other special interest group we need to step up our involvement. Financial contributions to PADPAC are needed as well as participation in Lobby Day efforts.

Please help dentistry and help patients in Pennsylvania. It’s not selfishness for a provider to expect that people should have access to dental resources. Support PDA and ADA in their efforts to help both dentists and dental patients.

—BRT
The American Dental Association (ADA) and Pennsylvania Dental Association (PDA) House of Delegates recently adopted a new timeframe for eDues, the electronic dues debit payment program. For 2012 and beyond the program will automatically debit membership dues from your designated bank account in 12 equal installments from January through December of the current year. The extended timeframe allows eDues participants to continue to be a member in good standing, receive all membership benefits and pay dues in monthly increments for the current calendar year. Although the program doesn’t change the cost of membership, it does make the investment more manageable. For example, if your annual membership dues total $1,200, your monthly electronic debit is only $100. In addition, members can make voluntary contributions to PADPAC and the Pennsylvania Dental Foundation at their discretion.

For those who wish to enroll in the program, please go to www.padental.org/eDues to complete the secure online enrollment form. Once the form is received, PDA will contact you with your monthly dues debit amount. eDues is a hassle-free, convenient way to maintain your membership. To discontinue eDues participation, cancellation must be made in writing.

For members who do not participate in eDues, other payment options exist so that membership dues aren’t required to be paid in one lump sum. Prepayment coupons are sent in June for the following membership year in denominations of $100 or $200, depending on your membership category (life vs. active, respectively). The objective of the prepayment coupons is to pay the majority of dues before invoices are sent in November, so that a lesser amount is due at year end.

Many members take advantage of the easy and convenient methods offered for dues payment. Contact PDA’s membership department at membership@padental.org or call (800) 223-0016 with questions about dues payment installments or to inquire about other ways to assist with maintaining your membership.
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.

Maria Akmal, DDS  
University of Maryland ’11  
Hagerstown, MD

Brad A. Allegre, DMD  
Temple University ’11  
Washington

Steven J. Barket, DMD  
University of Pittsburgh ’11  
Bellevue

Sofia Barroso, DMD  
University of Pennsylvania ’11  
Wayne

Daniel J. Bowser, DMD  
Case Western Reserve ’07  
Philadelphia

Paul J. Broring, DDS  
Georgetown University ’86  
Pittsburgh

Andrew A. Brown, DMD  
Temple University ’87  
Clarks Green

Gregory Burdo, DMD  
Temple University ’00  
Newtown

Tanner M. Clark, DMD  
Temple University ’11  
Philadelphia

Stacy M. Dean, DDS  
West Virginia University ’04  
Canonsburg

Minard Duka, DMD  
University of Pennsylvania ’10  
Pottstown

Michael L. Fellin, DMD  
Temple University ’11  
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Harry E. Gohn, DMD  
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Horsham

Kristen E. Harvey, DDS  
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Camp Hill

Emma C. Hunter, DDS  
West Virginia University ’11  
Emporium

Daniel J. Keating, DMD  
Temple University ’05  
Coplay

Jared L. Kneib, DMD  
University of Pittsburgh ’11  
Erie

Dana Kogan, DDS  
University of Maryland ’10  
Philadelphia

Cristina M. Lara, DDS  
Indiana University ’11  
Harrisburg

Jack A. Lawrence, DMD  
Temple University ’11  
East Stroudsburg

Jamie R. Long, DMD  
Case Western Reserve ’11  
Home

Saurabh Mannan, DMD  
University of Pennsylvania ’11  
Philadelphia

Lorie R. Marsh, DMD  
Tufts University ’08  
Waterford

Eve M. McCann, DMD  
Temple University ’09  
Hunker

Ryan J. McGuire, DMD  
Temple University ’09  
New York, NY

Lauren P. Namsupak, DDS, MS  
West Virginia University ’08  
Morgantown, WV

Roseanna P. Noordhoek, DDS  
University of Detroit Mercy ’07  
Sayre

Abid E. Paghdiwala, DMD  
University of Medicine & Dentistry of New Jersey ’79  
Bensalem

Neelima Paladugu, DDS  
New York University ’08  
Monmouth Junction, NJ

Chintan I. Patel, DDS  
New York University ’11  
Harrisburg

Steven S. Pesis, DDS  
University of Michigan ’10  
Bala Cynwyd

Peter C. Pham, DDS  
SUNY Buffalo ’05  
Holliadaysburg

Thuy T. Pham, DMD  
Temple University ’11  
Philadelphia

David Andrew Reese, DDS  
University of Maryland ’09  
Mechanicsville

Carolyn Sawicki Lampard, DDS  
University of Toronto ’91  
Holliadaysburg

Paul E. Schneider, DDS, MS  
Indiana University ’68  
Byrn Mawr

Hiren H. Shah, DDS  
New York University ’10  
Williamsport

Ililana Tati, DMD  
University of Pennsylvania ’07  
West Chester

Jennifer A. Vermillion, DMD  
Temple University ’11  
Summit Hill
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<thead>
<tr>
<th>With Membership</th>
<th>Without Membership</th>
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<tr>
<td><strong>PDAIS/Health Insurance</strong>&lt;br&gt;Trained consultants analyze your benefits portfolio; compare costs with all major health insurance providers; share options such as a Health Savings Account to save you money and provide assistance with complying with National Health Care Reform.</td>
<td><em><em>$500</em> consulting fee</em>*&lt;br&gt;15 to 25 percent increased cost on health insurance premiums plus extra time and worry about compliance with Health Care Reform.</td>
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<td><strong>401(k) Retirement Plan</strong>&lt;br&gt;PDAIS/vendor alliance plan offers your dental team a simple way to save for retirement.&lt;br&gt;- Enrollment and ongoing education service.&lt;br&gt;- Outsourced administration.&lt;br&gt;- Fiduciary and ERISA support.</td>
<td><em><em>$1,500/year</em> plus extra time and effort to offer a flexible retirement plan or risk losing valuable staff to your colleague who offers a 401(k) plan.</em>*</td>
</tr>
<tr>
<td><strong>PDAIS/TDIC Malpractice Insurance</strong>&lt;br&gt;- 12 percent multi-line discount.&lt;br&gt;- Policy Dividend — Since 1989 participants have consistently received an annual dividend in the amount of 10 percent* of the annual premium.&lt;br&gt;- Online risk management seminars — attendees receive a five percent discount on Professional Liability premium.&lt;br&gt;- Risk management advice hotline.</td>
<td>Spending extra time and taking unnecessary risk working with an agent who isn’t working exclusively with dentists and informed of dental issues.&lt;br&gt;No discount on insurance premium.&lt;br&gt;Legal services = $300/hr*</td>
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<td><strong>Complimentary online enrollment in PDA’s job placement service.</strong> Directly contacts dentists who have available job opportunities or practices for sale with dentists seeking employment or to purchase a practice.</td>
<td><em><em>$1,500</em> to $2,000</em> to find an associate using an outside dental practice transition service.**</td>
</tr>
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<td><strong>Radiology Continuing Education</strong>&lt;br&gt;PDA’s online program and quiz provides necessary information to fulfill Department of Environmental Protection’s (DEP) Radiology Certification Requirements.</td>
<td><em><em>$365</em> plus travel costs and office down time for you and your staff to attend a similar in person course, if available.</em>*</td>
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<td><strong>Legislative Advocacy</strong> — a voice in protecting the profession and contributing to its future.</td>
<td>Private representation before the legislature — cost prohibitive.</td>
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<td><strong>Assistance with third-party payer and regulatory compliance issues</strong></td>
<td>Telephone assistance on insurance and regulatory compliance issues = $100/hr.*</td>
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<td><strong>Contract Analysis</strong>&lt;br&gt;Have your unsigned dental benefit contracts reviewed before entering into a relationship with a carrier. You’ll be more informed to consider the contract terms.</td>
<td>Minimum $300* per contract</td>
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*Dollar figures are cost approximations based on comparable service and fees available outside PDA.

**Average annual dividend amount per policy holder since 1986.

Did you know that membership in organized dentistry is a wise investment? On average, a dental office annually spends more than $18,030 on advertising and professional expenses. PDA can help you save money on these everyday practice overhead costs. Membership in organized dentistry is all about great savings for you.

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<td><strong>Marketing Your Practice</strong></td>
<td><em><em>$900/year</em> to advertise on a similar online directory</em>*</td>
</tr>
<tr>
<td>With PDA’s online Find a Member Dentist Directory, patients can easily find member dentists. Online member profiles include name, location, phone number, specialty, insurance, link to your website and more. Use library materials to conduct dental hygiene presentations at daycare centers, elementary schools or retirement communities.</td>
<td>Purchase patient education materials = $80* to $100*</td>
</tr>
<tr>
<td><strong>Dental Trends and Demographics</strong></td>
<td><strong>Member vs. Non-member survey purchase difference = $563</strong></td>
</tr>
<tr>
<td>ADA survey center collects and analyzes statistical information affecting dentistry. Recent surveys include: Economic Confidence, Dental Fees and Income, Employment and Characteristics of Private Practice.</td>
<td><em><em>$625</em> plus time to find a vendor experienced in designing dental office websites.</em>*</td>
</tr>
<tr>
<td><strong>Website Design and Internet Marketing</strong></td>
<td>Only members can borrow items from the lending library.</td>
</tr>
<tr>
<td>Members save 25 percent on the endorsed vendor’s standard website setup fee and services for dental professionals.</td>
<td>Purchase these EFDA training manuals = $40* to $112*</td>
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<tr>
<td><strong>Lending Library</strong> - Includes more than 400 informational brochures, manuals, posters, videotapes and slide presentations available to members for a minimal shipping and handling fee.</td>
<td><strong>Classified advertisement in an area newspaper for Sunday placement = $200</strong></td>
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<td>• Reduce professional development costs by borrowing Expanded Function Dental Assistant (EFDA) training manuals including Dentistry for the Restorative Expanded Function Dental Assistant and Delaware Dental Assistant: A Comprehensive Approach.</td>
<td>Employment ads on Monster.com and Careerbuilder.com = $400/ advertisement*</td>
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<td><strong>Advertising</strong></td>
<td><strong>Member vs. Non-member registration difference = $335</strong></td>
</tr>
<tr>
<td>• Classified advertisements in the Pennsylvania Dental Journal - This award-winning publication is distributed to 5,000 dentists statewide. The average cost for a member to place a classified advertisement is $45.</td>
<td>Member vs. Non-member registration difference = $335*</td>
</tr>
<tr>
<td>• Complimentary posting of online classified advertisements at <a href="http://www.padental.org">www.padental.org</a> with every classified advertisement in the Pennsylvania Dental Journal.</td>
<td><strong>Member vs. Non-member survey purchase difference = $563</strong></td>
</tr>
</tbody>
</table>

*Cost figures are cost approximations based on comparable service and fees available outside PDA.

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2011 began with the inauguration of a new governor and a return to a Republican majority in both chambers of the Pennsylvania General Assembly. Governor Corbett began implementing his policy objectives with the underlying premise that he would not impose any new taxes. Almost all executive branch agency budgets took a hit when it came to balancing the budget with no new taxes to bring in the revenue needed to sustain existing programs. But for the first time in more than 40 years, Pennsylvania reduced spending. Most attribute Governor Corbett’s solid approval rating to Americans’ desire to get government spending under control.

The legislature focused on issues like the Marcellus Shale severance tax, school vouchers and public employee benefits and pensions. Many lawmakers admit to not knowing how President Obama’s health care reform act will impact states and there remains a sense of uneasiness among businesses, insurers and providers.

More than 5,000 bills are introduced in the General Assembly each session and dozens of them have the potential to have a positive or negative impact on the dental profession. PDA’s job is to sort out the mire that defines the legislative process to determine which of these bills will gain traction in committee. And while we react to the bills that are introduced, PDA also is proactive introducing bills that will benefit the profession and the delivery of dental care in Pennsylvania. PDA will continue lobbying these issues in 2012; at the end of next year the legislative session ends and all bills “die” and need to be reintroduced the following year.

Here is a recap of all the issues PDA lobbied during the course of 2010. For more information, log on to the Advocacy section of PDA’s website at www.padental.org, or contact Marisa Swarney at (800) 223-0016 or mss@padental.org.

Making Non-Covered Services Legislation a Top Priority - HB 1537 and SB 1144
PDA is lobbying for legislation prohibiting insurers from capping non-covered dental services, believing that insurers have no right to interfere in the financial arrangements made with patients once the insurer’s contractual obligations are met.

Fighting for Insurance Coverage for General Anesthesia for At-Risk Patients - HB 532
Rep. Stan Saylor (R-York) reintroduced legislation requiring insurers to cover the cost of general anesthesia for young children and individuals with special needs when needed for dental care. PDA supports this bill to improve access to timely and quality dental care for those in need.

Lobbying for Assignment of Benefits Legislation - HB 1536
We support legislation that assigns benefits to dentists when they treat patients but do not participate with their insurance plans. This issue is about patient choice and fairer reimbursement policies from insurers.

Monitoring Legislation for Dental Anesthesiologists in Hospital Setting - SB 716
Some dentists who practice as anesthesiologists are having difficulty obtaining hospital privileges or payment for anesthesia services. Though there are very few dental anesthesiologists left in Pennsylvania, they provide a valuable service in hospitals and other settings.

Supporting Proposed Community-Based Health Care Program - SB 5
SB 5 would establish a program to provide grants to community-based health care clinics to expand and improve health care access and services and reduce unnecessary utilization of hospital emergency services.

Monitoring Legislation for Electronic Transfer of Patient Records - HB 863
The federal and state governments are offering grants to eligible health care providers to invest in the technology that will allow them to electronically transfer patient records to each other and other entities such as insurers and hospitals.

Supporting Healthy Beverages and Snacks in Schools - HB 1724
PDA supports HB 1724, legislation introduced by Rep. Michael Gerber (D-Montgomery) to regulate the nutritional quality of food and beverages sold individually outside the USDA meal programs for reimbursable school lunch and breakfast programs.
Requesting Funding for the Donated Dental Service Program
The Donated Dental Services (DDS) program is just one of the charitable organizations dentists volunteer for to provide care for the elderly, disabled and medically compromised. Recent budget cuts threaten the program from staying operational in Pennsylvania. In 2009, the state cut the $150,000 to hire two care workers who worked with patients to find volunteer dentists. PDA is advocating for a restoration of funding in the DDS program to relieve the strain that already exists in the Medical Assistance program.

Monitoring SB 554, Legislation Allowing Dentists to Apply Volunteer Time to Continuing Education Requirements
SB 554 would allow dentists and other health care professionals to apply volunteer hours in a qualified community-based clinic toward the completion of their respective continuing education requirements for licensure.

Support for SB 569, the Volunteer Health Services Act
We support legislative initiatives to increase the availability of primary health care services in shortage areas by incentivizing health care providers who may wish to donate care in dental and medical clinics.

Supporting a Bill to Restrict Time Period in Which Insurers May Retroactively Deny Claims
Our advocacy goal of enacting meaningful insurance reforms includes trying to limit the timeframe in which insurers retroactively deny dental claims. PDA is joining with other health care provider organizations in support of legislation to limit the timeframe to 12 months or less.

PDA Weighs In On Push to Require Liability Insurance - SB 388
We are responding to legislation that would require dentists to carry a specified amount of liability insurance. This legislation was introduced because dentists are one of the few health care providers not required to carry this insurance.

Advocating More Funding in the Health Practitioner Loan Forgiveness - SB 278
PDA policy supports increased funding in the Department of Health’s health-care practitioner loan forgiveness program. Currently, general dentists who serve in shortage areas may apply for loan repayment up to $64,000, depending on years of service.

Testifying at Department of Insurance Hearing on Health Insurance Exchanges
On August 9, PDA president Dr. Dennis Charlton testified before Insurance Commissioner Michael Consedine about the implementation of a health insurance exchange in Pennsylvania and the need for a competitive marketplace for consumers to purchase dental benefits.

Opposing Cuts to the Adult Medical Assistance Program
We met continuously with Department of Public Welfare (DPW) officials and legislators to request that funding remain in the adult Medical Assistance program, and has since requested exemptions for certain facilities and patients once it became evident that some cuts would take effect in the fall of 2011.
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In August, the Pennsylvania Department of Insurance (DOI) held a series of forums across the state to hear from stakeholders about the issue of implementing a health insurance exchange in Pennsylvania. There are still many unknowns that are being decided by both the state and federal government on how health exchanges will operate. If the state decides to offer the exchange it must be federally certified by January 2013, in order to take effect January 2014.

States have to consider whether their exchange will be run by a non-profit, government or quasi-government entity. The exchange should make qualified health plans available and give quality ratings so consumers can compare plans. No one knows if the exchange will negotiate rates or let the market dictate them. The exchange should expedite enrollment by steering consumers to proper health plans and determining their eligibility. The exchange should also offer a consumer assistance function, creating a telephone hotline, website and an electronic calculator that will allow consumers to plug in numbers and better determine cost of health insurance products.

Compounding all the unknowns about these exchanges is the underlying uncertainty of whether the federal health care law will even go into effect, as numerous court challenges from 26 states and counting have put the entire law in doubt. The Supreme Court will hear arguments sometime in 2012, after some federal courts have ruled the individual mandate unconstitutional. In addition, all Republican presidential contenders have made it clear that they would repeal the law immediately if elected next November.

A federal mandate included in the exchange plan is that the essential benefits package must include a pediatric oral health benefit for any child 21 years of age and younger, but it does not require dental coverage for adults. The essential benefits package will be offered under Medical Assistance or CHIP. It is still unclear how the exchange will impact dentistry in the private sector. Most provisions impacting dental insurance will not take effect until 2014 and many of the details have yet to be defined. When details do become public PDA will be sure to inform members.

On August 9, PDA president Dr. Dennis Charlton testified before Insurance Commissioner Michael F. Consedine and other regulatory officials at the forum in Pittsburgh. To recap, Dr. Charlton made the following points:

- Pennsylvania should implement and run its own health insurance exchange, to allow for flexibility and less regulation from the federal government.
- Plans offering pediatric oral health services should be designed to meet patients’ basic needs by facilitating the establishment of a “dental home.”
- Patients should have the option of choosing a plan annually that affords unrestricted choice, with comparable benefits and equal premium dollars.
- PDA believes that the essential health benefits package must include, at the very least, access for preventive health services, such as caries risk assessments, sealants, periodic cleanings and fluoride varnish applications.
- All dental plans offered in the exchange should demonstrate an adequate network of providers to ensure consumers have access to care.

To read Dr. Charlton’s testimony in its entirety log on to the Insurance Resources section of our website at www.padental.org.

On August 23, the DOI held an insurance exchange forum in Harrisburg. There were 28 speakers representing the consumer community, producers, providers, insurers and small businesses. Below is a sampling of the points they made in their testimony:

Insurer Michael Hankinson — Delta Dental

- Children’s dental services need to be an essential benefit.
- Stand-alone dental plans must be incorporated.
- Qualified health plans should offer medical only but offer a bundle plan as well.
- Supplemental benefits should be voluntary options for adults.
- Dental is different than medical because there is a much lower premium. Delta Dental is happy to provide advice on dental appropriate certification requirements and reporting standards. In order to provide Pennsylvania consumers with a true choice and cost

(continued on page 18)
transparency, dental plans in the exchange will need to be priced and offered separately from medical plans. This means health plans in the exchange should be priced separately from medical plans. This would leave consumers free to couple the dental plan that best meets their needs with a medical plan. Consumers will want to choose the dental plan that includes their family dentist, and the exchange should definitely allow this.

**Insurer Patrick Young — Aetna**

- Brokers and agents should continue to provide services within the exchange.
- Large groups should not be allowed in the exchange.
- Carriers should have the option to participate in the exchange.
- Aetna believes people should be insured, and that any time they solicit another service from the government (i.e. getting driver’s license) they should be required to show proof of health insurance.
- Funding for the exchange should come from a broad based contribution area that spans across the industry.
- At all costs, duplications of regulations should be avoided by using the Insurance Department as the governing agency.

The panel asked whether Aetna perceives something attractive about the exchange that will entice insurance companies to join. Mr. Young answered by saying that as long as the exchange consumers are not all high-risk participants than insurance companies would probably join. The exchange should be looked at as a subset of the current market.

**Consumer advocate Laval Miller-Wilson — Pennsylvania Health Law Project**

- The health exchange must provide a broad choice of health plan designs, standardized across carriers so that shoppers can readily compare and select among them.
- The exchange should be a convenient and appealing place for shopping and helping customers understand insurance terms and options. It must be a place that facilitates tasks such as choosing and enrolling in a plan and paying premiums.
- It must act and be perceived as a trusted information source for customers so they feel secure in their selection of the right health plan.
- The exchange would need to be well staffed to provide a high level of customer service. By focusing on what consumers want both in their shopping experience and in the products they demand, the service center model will attract a large and diverse pool of enrollees, which should lower premiums and minimize the costs of operating the exchange. The Pennsylvania marketplace should have the authority to be an active purchaser. It should limit carrier participation based on financial stability, customer satisfaction, network reliability and price.

**Producer and Small Business Representative William Tell — NTI Group**

- NTI Group remains concerned that the Patient Protection and Affordable Care Act does not clearly define the central role of the producer in the exchange.
- The role of the navigator leaves the small group employer without many services the producer has filled. The question remains, “Who will help the consumer with pre-sale and post-sale needs not defined under the current navigator role?”
- Small businesses that are already facing the burden of a soft economy, over-regulation and little human resource expertise must now decide on continuing to offer health insurance to employees. It is the producer’s role to help small business with issues inexperienced human resource departments cannot handle, such as negotiating unpaid claims with carriers and determining the best health plan for a small business.

PDA members can access testimony and view videos from all the exchange forums by going to [www.insurance.pa.gov](http://www.insurance.pa.gov) and clicking the Health Insurance Exchange Forums icon. If you have any questions please contact Ivan Orlovic at (800) 233-0016, ext.105, or iio@padental.org.
A Report from the National Dental Benefits Conference

By Dr. Donald Wells, PD A Dental Benefits Committee

On August 5, I attended the National Dental Benefits Conference, which was sponsored by the American Dental Association’s (ADA) Council on Dental Benefits Programs. Conference attendees came from across the country, representing every facet of the dental family, including vendors, state committee members, dental specialty components and ADA council staff members. There were more than 100 participants in attendance. PDA was represented by Dr. Lauri Passeri, a member of ADA Council on Dental Benefits, and myself, a member of the PDA Committee on Dental Benefits.

This day-long conference was filled with informative speakers on a variety of topics. Dr. Kathleen O’Louglin, the ADA’s executive director and chief operating officer, opened the conference with several sobering statistics. She stated that:

(1) dental practice income has been declining since 2007, prior to the current recession which began in 2009,
(2) patient demand for dental services is flat; and,
(3) newly-graduating dentists have a tremendous debt management problem.

The ADA is aware of these problems and will initiate programs to educate the public on available dental benefits.

The key takeaway point from the conference was, “What is good for the patient is not just what an insurance plan covers.” The ADA, under Dr. O’Louglin’s guidance and direction, is proposing an “Educate the Public Campaign.” The ADA wishes to design this campaign using a recognizable spokesperson similar to “Smokey the Bear” or the “Crash Test Dummy.” Included in this endeavor is the ADA’s desire to launch a consumer advocate website, similar to an already active website called “Sharecare with Expert Health Information” (www.sharecare.com), which has a question and answer forum regarding dental benefits and currently has more than 6 million hits per year.

Another topic discussed was the need for more business training in the dental school curriculum. The current proposal is to initiate inclusion of a “mini MBA” program as part of the curriculum.

Representatives of the military Tricare program provided several interesting statistics. Only one percent of Tricare dental participants utilize their insurance maximum in a year. Higher ranking service members tend to more fully utilize the dental benefit. The issue of utilization of dental benefits plays a significant role in providing needed dental care to the American people. Several of the presentations focused on how to “connect the dots” and get the patient to the dentist for needed treatment. One insurance company was advocating a program where a physician, who first sees children in a medical setting, would apply fluoride varnish to their teeth and make the necessary referral to the dental family, be it a dentist, dental school or dental clinic. Unfortunately there has been a lot of talk about this varnish program, but it has not been shared with most of the practicing dental community. However, in Pennsylvania qualified physicians are reimbursed for applying fluoride varnish on Medical Assistance children six years of age and younger.

Another hot topic is the relationship of dental disease and the human body as a whole. The mouth is part of the body. Saliva-based diagnostics are coming. Advanced periodontitis would be the size of the palm of your hand if displayed in a linear fashion. Needless to say, emphasis needs to be focused toward diagnostics and prevention. Disease management can give a positive return on the dental dollar investment.

Vendors are available to assist the dental office staff in many ways. Worker compensation claims and auto accident claims can be handled by an independent contractor such as Express Dental Care. The use of electronic dental records was discussed at length. Methods of conversion and the use of a cloud for data storage are part of an emerging field.

It is important to note that dental care in America is not fully utilized. The goal of the ADA and its state affiliates, like PDA, is to find ways to provide greater access to more people. This conference provided one vehicle for different groups to discuss and convey their concerns and vision on how to start the process of integrating better oral health care for more individuals.
By Marisa Swarney  
Director of Government Relations

On June 14, more than 100 members, spouses and dental students converged in Harrisburg to talk with lawmakers about insurance reforms and funding for dental programs. For the first time ever, we held a press conference to bring media attention to an important access to care issue. Our continued success with Day on the Hill, political grassroots activities in your local and district societies and deluge of outreach to the public and media makes PDA one of the state’s most credible health care associations. With the growth of PDA’s advocacy and public relations efforts on several fronts, there is little doubt that we are the go-to organization for lawmakers and Administration officials.

Day on the Hill began with a continental breakfast and legislative briefing from the lobbyists. The prearranged teams of members, spouses and dental students met to strategize for their legislative visits. While it seems near impossible to fit more than 100 people in PDA’s meeting space, most would agree the energy and excitement that reverberated in that confined space far surpasses the few minutes of discomfort. Soon enough, we boarded buses and made the short trek to the Capitol.

The day wasn’t without its glitches, though. Due to the unforeseen circumstances of Capitol police blocking our usual entrance into the Capitol, we had to circle a few blocks until police finally let the buses park long enough for us to disembark. Now having to walk an extra block before security checks at the door (which, thankfully, are not as intrusive or time-consuming as airport security), we were a tad late for our own press conference.

But, after scurrying up the steps of the main Rotunda as furtively as possible, behind the podium where PDA President Dr. Dennis Charlton had already begun to address the media and public, it is impossible to deny that PDA made an impression. We filled those steps to near capacity, which is
not an easy feat. The issue we chose to focus on was HB 532, insurance coverage for general anesthesia when needed to treat special needs patients and children seven years of age and younger. This bill has been introduced for the past 10 years. Public support and media attention will help us pass the bill. And it doesn’t hurt that its primary sponsor, Rep. Stan Saylor (R-York), is now in a leadership position in the House.

Rep. Saylor and several co-sponsors were all given the opportunity to speak. And we had other speakers lined up to show broad-based support for HB 532: Nancy Murray from the Greater Arc of Pittsburgh and Achieva, organizations representing individuals with special needs, and Dr. Brian Martin, a pediatric dentist and chief of the dental division at the Children’s Hospital of Pittsburgh. Ms. Murray, a mother of adult special needs children herself, spoke eloquently of her children’s experience in the dental office and how lack of insurance coverage affects them. Dr. Martin gave stark facts about the patients he sees at the hospital and the overwhelming need most have for general anesthesia for dental care.

We did get some media attention, but unfortunately, not as much as we would have liked because the Senate scheduled some last-minute hearings to discuss taxing Marcellus Shale drillers. But, in our case, some press is definitely better than no press, and it’s something we should consider doing every year to garner greater attention for our issues.

After the press conference, 26 teams of dentists, spouses and students broke away to visit with House and Senate
leaders and key committee members. We visited more than 150 legislators that day. That sounds great, but the fact remains we can do better. There are 253 legislators in the General Assembly, so if you do the math you can see that not all of them were visited during Day on the Hill. That’s because we need more of you to attend.

We talked about other issues that day, as well. HB 1537, legislation prohibiting insurers from capping non-covered services, remains a priority for us this session. And since the budget had not passed at that point, we took one last opportunity to advocate for a restoration of funding in the adult Medical Assistance and the Donated Dental Services (DDS) programs. Insurance reforms are never easy given the resources at the insurers’ disposal, but legislators seem to get that this insurance practice is particularly egregious. And with the state’s budget woes, we certainly couldn’t ask for more funding in the MA and DDS programs, so we simply asked that they maintain current funding. Okay, also not an easy sell, but we remain hopeful that they will soon understand that just because the funding is cut, these problems simply won’t go away. In fact, people are more apt to visit the ER and drive up health care costs in other ways.

A few short hours later, we were on the buses and headed back to the PDA Central Office. Organized chaos ensued as some jumped in their cars to head home while others found a seat to engulf the boxed lunch provided by PDA and gave feedback to our lobbyists so they would know which legislators necessitate follow-up.

In less than five hours, PDA as a whole made quite an impact in the legislative and media’s arenas. Five hours. Okay, not counting driving time. But would you consider volunteering five hours if it meant less government intrusion and fairer insurance practices?

Remember those glitches I talked about? Well, add a few attendees whose meetings ran late and were left stranded at the Capitol (we came to their rescue), a bus rented by First and Second districts that broke down (thankfully, before they started the trip home to Philadelphia), a member losing his keys and not being sure in which of the three Capitol buildings he left them, and another member losing his iPad in our parking lot (both found their respective missing items, by the way). But, all glitches aside, ask anyone who attended Day on the Hill whether it was a good day and I think they will all agree that it was not only a worthwhile experience, it was also fun. Even for those members who came on the broken-down bus and had to hitch rides back home.

I know it’s not easy to take a Tuesday off of work or away from your families to come to Harrisburg. You may wonder why we choose Tuesday of all days, to hold this event. The answer is simple: based on the legislative calendar and their schedules, it is the best chance possible that you will meet with legislators themselves. So, while it might not be the most convenient day of the week for you, I hope you will consider adding your voice to the more than 100 members, spouses and students next year. You might be surprised to find yourself having fun, too.

Speaking of the students, how impressive is it that nearly half of the attendees were students from Pennsylvania’s dental schools? I think Day on the Hill is one pretty good opportunity for the students to mingle, network and make connections with members. Heck, even I was able to make a connection, having sat on the bus next to a student who graduated from my alma mater, the University of Scranton. So I imagine many connections were made with the youngest generations of dentists. And as important as these connections are, I truly believe the students are able to form even stronger connections with lawmakers. All the time we are asked why dental students are choosing to practice in other states. Well, on this day, the students were able to answer that question for themselves. And the answers are eye-opening when you consider the debt these students assume in dental school and the fact that they all already know that Pennsylvania isn’t exactly the friendliest to small business owners.

All in all, it was a good day and a good event. Every year, we illustrate to policymakers and others that we care a lot about the profession and their constituents. And, let’s face it: these people are all in the position to make your lives a little bit worse, or a little bit better. Either way, you should want your own seat at their table.

One of the most infamous quotes in politics is that while you might not have a seat at the table, you can bet pretty confidently that you’re on the menu for discussion, maybe even for consumption. After all, there are a lot of unknowns about just how federal health care reforms will impact the profession. By being an engaged constituent you have earned that seat at the table. And by being a PDA member, your seat also represents thousands of your colleagues and the profession itself. Don’t let the opportunity slip by to take that seat. If you don’t, someone else will.

Ever hear of mid-level providers?
All members, spouses and dental students are welcome!

- Concerned about how the federal health care reform laws are going to impact your office and bottom line?

- Worried about the profession if there aren’t enough dentists to replace all the baby boomers who are retiring? You might be if you know about the mid-level providers working in other states...

- Frustrated about unfair insurance practices and the ability of insurance companies to dictate the terms?

You have a voice. USE IT.
Come to Harrisburg on June 5.

Look for the registration form in the January/February issue of the Pennsylvania Dental Journal.

For more information, check out the Day on the Hill page on PDA’s website at www.padental.org.
Or contact Marisa Swarney at (800) 223-0016, or mss@padental.org.

I think PDA made a significant impact today. We were by far the largest group lobbying and advocating today and our presence was definitely strong throughout the capitol building. The whole event was organized very well; the handouts and the information and pairing the small groups with the specific legislators. I think we were able to make a significant impact.

Jordan Bower, Temple University | 2013
Our grassroots efforts are a year-round focus requiring the continuing dedication of many volunteers from around the state, in addition to staff, lobbyists and consultants. Day on the Hill remains one of the most important events every year and becomes even more vital during a time when there are so many pieces of legislation introduced each session that can potentially affect your profession. During this year’s event, staff interviewed many of the participants, both PDA members and dental students, to get their perspective and their experiences visiting Harrisburg and the Capitol.
**Dr. Bernie Dishler** | *Elkins Park | President-Elect*

**Why is it important to build relationships with legislators?**
The legislators have it in their power to regulate our practices and the way we practice dentistry. I think it is important for us to build relationships so they trust us and trust our positions. We can educate them about dental practices is and what we can do.

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**Michael Cerveris** | *Chambersburg | Past President*

**What impact do you feel you individually, and PDA as a whole, will have today at the Capitol?**
It’s been my experience working with legislators over a lot of years, that they have an awful lot of stuff on their plate to try to keep track of. So it’s basically our job to educate them as to why something is particularly important. Many of them are personal friends of mine and they often will call me and ask me questions about the related professions because they really don’t know as much as we think that they do. They really appreciate the fact that someone will stop and explain the situation. Because often a bill goes past them that nobody comments on and they don’t have a clue as to what the merits or battle points are. So I think the best thing that PDA can do, as a group, is to let them know how important things are as far as the dentistry in Pennsylvania, and the business climate, as well so many insurance issues. I think our biggest purpose is to in fact explain to them exactly what’s happening and let them know the right decision.

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**Nathan Ringer** | *Temple University, 2013*

**What made you decide to come to Day on the Hill this year?**
I decided to come because I really feel strongly about the necessity that we have to be involved in the community and be involved in legislation as far as creating a better environment for future dentists and assuring that our patients can receive the best care for an affordable cost and we can spread that opportunity across Pennsylvania.

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**Ben Drane** | *University of Pennsylvania, 2012*

**What made you decide to come to Day on the Hill this year?**
I wanted to be involved with PDA and all things legislative to get an idea of how things run for when I am out in the working world.

I actually came last year as well and I really enjoyed my experience. I wanted to come meet some of the doctors again and get out and talk to the legislators about some of these really important issues that will affect me once I graduate and start working.

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**Daniel Caban** | *Temple University, 2013*

**What would you tell your fellow students and others who hesitate to attend this event?**
The time we have at dental school is a precious opportunity to get involved in organized dentistry. It gives us a chance to network while we aren’t already doctors, while we’re interested in possibly purchasing a practice or seeking a network of people who can help us out after school with treatment planning or any of those types of things.

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**Herbert Ray** | *Pittsburgh | 10th District Trustee*

**How has Day on the Hill evolved since you began coming and where do you think it’s going in the future?**
One of the biggest things I’ve seen has been the involvement of the students over the past couple of years. I think that as we go around and meet with the legislators now, they know when the dentists are up there and they have as many questions for us as we do for them. I think that as an organization we are becoming well known on the Hill. They don’t necessarily look at us as a group up there always just asking for something that’s self serving. From that standpoint, it’s evolved more from us just showing up saying, “do this for us.” It’s more of an equal give and take on both sides of the issues.
Dan Sullivan | Temple University, 2013
(first time at Day on the Hill)

Why is it important to build relationships with legislators?
It’s important to build relationships with legislators because the insurance companies are well represented, they have their lobbyists. As dentists it’s important to come together so we also have representation so that the people making the laws can hear both sides of an argument to make the best informed decision.

What made you decide to come to Day on the Hill this year?
I thought it was important to be here today to learn what the legislative process is and how we can influence that. Dentists, as professionals, for the most part work independently in their own small practices. It’s important to at least a couple times a year get together to discuss issues and see how we can improve both the dental profession and the care we provide to our patients.

Nick Christensen | Temple University, 2013
(first time at Day on the Hill)

What would you tell your fellow students and others who hesitate to attend this event?
I think it’s important to come to Day on the Hill because it helps to get your foot in the door in the political process and it also helps to build relationships with legislators. The more you can build upon that and impress upon them how important it is and how much you believe in issues, the more seriously they are going to take our cause.

Jordan Bower | Temple University, 2013

What sort of feedback were you receiving from legislators and staffers during the day?
I felt like the staff and the legislators received us pretty well today. They seemed attentive to what we had to say and it felt like they were impressed by the organization and the materials we were able to hand them. I think we were received well and at least with the people we could meet with and hand materials to, we planted some seeds at places, that we were able to get our message across pretty effectively.

What impact do you feel you individually, and PDA as a whole, will have today at the Capitol?
I think PDA made a significant impact today. We were by far the largest group that was lobbying and advocating today and our presence was definitely known throughout the Capitol building. The whole event was organized very well; the handouts and the information and pairing the small groups with the specific legislators.

Amanda Ouzer | Temple University, 2013

What sort of feedback were you receiving from legislators and staffers during the day?
We had a lot of feedback. One person actually gave us some advice that he felt we needed to provide only one page of information. He didn’t want more than one page. For the loan reimbursement issue, I tried to give a student perspective. We don’t have fees that are just tuition. We’ve got other fees, such as things that we buy for school, materials, lab stuff that we need, or something as simple as loops. It’s over $1,000 for a pair. There are other fees that we spend, it’s just not in tuition. But it’s still hard to deal with.
A Political Action Committee (PAC) is composed of individuals who join together to support local political candidates who share their basic philosophies and views. By joining the Pennsylvania Dental Association Political Action Committee (PADPAC), your financial contribution helps support candidates who share the views of organized dentistry and who fight for quality dental care in the Commonwealth.

PADPAC is a voluntary, non-profit, unincorporated group of dentists, their spouses and students who care about advancing the goals of organized dentistry. PADPAC, operating under strict state and federal rules and regulations, supports candidates for state office and monitors the legislative records of each Senator and Representative. Together with the American Dental Association Political Action Committee, (ADPAC), PADPAC strives to promote the dental health of our nation and shape the future of the dental profession.

PADPAC is NOT affiliated with any political party. Rather, candidates from all parties garner the backing of our PAC based on their support of organized dentistry and their stance regarding oral health issues. The PADPAC Board determines which candidates receive PADPAC contributions, which are given to leaders in the House and Senate, members of key committees and other legislators with close ties to PDA members.

As a member of PADPAC, your opinion matters. All you have to do is let your voice be heard.
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*2011 PADPAC Contributors*

The PADPAC Board extends its appreciation to the following members, spouses and dental students who contributed to PADPAC in 2011.

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

*This list contains contributors to PADPAC as of September 6, 2011. PADPAC contributions received after September 6, but before the next dues billing cycle, November 1, 2011, were not able to be included due to publishing deadlines for the Journal.*

If you have any questions about this list or anything related to PADPAC, please contact Don Smith at (800) 223-0016, extension 108, or dls@padental.org.
PDA Leaders Weigh In
On the Importance of The Washington Leadership Conference
The 2011 Washington Leadership Conference (WLC) was held May 9-11 at the Hyatt Regency Capitol Hill in Washington D.C. The conference brought together more than 400 dentists from across the country to advocate for issues of importance to the dental profession. The three main issues dentists lobbied for were flexible spending accounts, the repeal of McCarren-Ferguson and the “Breaking Barriers to Oral Health Act of 2011.” Attendees also were privy to a host of issue briefings, grassroots education and political training.

The WLC is open to all members. Whether you are heavily involved in the political process or looking to get started, the WLC is a great place to jumpstart and maintain your political activism.

To truly understand the importance of the conference, what better way than find out from those who attended? The following views and opinions from the WLC attendees stress the importance of making an effort to attend each year.

Dr. Dennis Charlton
PDA President

Dr. Andrew Kwasny
PDA Past President

Dr. Thomas Gamba
PDA Past President

Dr. Charles Weber
ADA Trustee
PDA Past President

Dr. Lisa Deem
Dean of Admissions
Kornberg School of Dentistry
Dr. Dennis Charlton – PDA President

This was my first year and I felt the speakers that I listened to were very motivating and informative. The real meat and potatoes of the entire conference are the visits to the legislators. Just like the visits to our state senators and representatives, the congressmen and women we met with seemed attentive and interested in our issues. It is important to provide input from the dentists who are seeing patients day to day to increase their understanding of our profession. Our visits to them are important so that we ensure we have a true voice in the process of making laws in Washington.

Dr. Andrew Kwasny – PDA Past President

I have attended the WLC seven times and have enjoyed the experience more each time. The WLC is the second largest meeting held by the American Dental Association (ADA). As our members have consistently stated, advocacy is arguably the single most important issue to organized dentistry and the roles played by attendees represent the interests of dentists in the country. The conference provides a personal voice to our federal legislators in Washington within an environment where legislation is proposed and acted upon.

Some would say the same thing may be accomplished by simply scheduling a visit to the home offices of these same legislators. However, the overall effect is greatly enhanced because the WLC presents the ADA with an opportunity to provide an educated and concise statement to Congress by a large group of health care professionals.

The ADA centers on a small number of very important issues and provides the educational materials and personal experiences to those who attend the meeting in order to provide a consistent and united response on Capitol Hill. This message may then be carried back to each constituent dental society, along with the ADA’s Department of Governmental Affairs, to pursue this same advocacy.

Those that give it a try will experience the urgency of the message, the patriotism of being on Capitol Hill and the understanding that they have donated their time to one of the most important aspects of membership in organized dentistry. When you look at the Capitol, the White House and the numerous monuments from our nation’s history, you cannot help but know that attending the WLC will be an experience that you will never forget.

Dr. Thomas Gamba – PDA Past President

This was the fifth time I attended the WLC. I think that this conference is ESSENTIAL for our PDA leaders to attend. We must be fully aware of the issues that will affect the profession nationwide. In addition to learning what the issues are, the WLC provides us with the necessary skills when speaking to legislators. This year we heard from legislators on important legislation, such as the repeal of McCarran-Ferguson Act. We met with Senator Bob Casey and Senator Pat Toomey’s legislative aid on this legislation and legislation that will restore funding for public and private collaboration in dental education. I also met with the staff of my congressman, Bob Brady. We are always well received and the legislators respond well.

For our grassroots volunteers, I strongly encourage you to attend and respond to the ADA and PDA action alerts. Believe me, our legislators take notice when they receive a slew of emails on a particular bill. Each time we survey our members, advocacy is the number one concern. Advocacy in the legislative arena is more important than ever to preserve the autonomy of the dental practice and the patients we serve.

Dr. Charles Weber – ADA Trustee

I have been attending this conference for the past eight years. The WLC is geared toward the political junkie and all dental leaders on every level. The conference is important because it brings together the leaders of our profession and gives them additional time to discuss the laws and regulations that affect our practices. It is important that we safeguard the oral health of the people we treat. It is very important for everyone to learn the process of government and there is no better place to learn this than Washington. You get a true sense as to how and why laws and regulations are made. Hopefully, this will inspire dentists to enter the political arena to truly make a difference. If you want to make a difference, this is where it must start.

Dr. Lisa Deem – Dean of Admissions Kornberg School of Dentistry

I attend the WLC every year. Absorbing the energy of 500+ dentists from across the country in attendance at the conference is worth the trip to Washington. The programming is filled with talks from senators and congressmen and women who give personal insight into the political process that is otherwise unknown to the average citizen. The speakers are intriguing and oftentimes very entertaining. As dentists, we are fortunate to be represented by two of our own in Congress, Paul Gosar, DDS (R-5th AZ) and Mike Simpson, DMD (R-2nd ID), and their participation in the WLC provides a richness to the discussion of national health care issues facing dentists.

Attending the WLC has given me the opportunity to participate in the dental profession at a level that is not thought about by most dentists. The ADA provides the issues and talking points to be discussed with individual members of Congress and the Pennsylvania Dental Association (PDA) schedules appointments in groups.
Regardless of political affiliation, being at a conference table in a private office with a United States senator or representative talking about your profession is an exciting, exhilarating (and slightly intimidating!) experience.

On May 12, 2009, I was present with other PDA representatives in the United State Capitol House Gallery when the 111th Congress proposed House Resolution 204 congratulating the ADA on its 150th Anniversary. I was honored and proud to be a member of our distinguished profession when the United States House of Representatives recognized the ADA.

We are fortunate to have the opportunity to participate in our profession through the political process. I recommend taking a few days to attend the conference and take advantage of this unique opportunity to attempt to affect change, improve health care and have a really great time trying.

So, how do you get involved?

The first step is to sign-up. Become an Action Team Leader (ATL) or sign up to be part of a team. An ATL is a key player within the ADA’s grassroots program. The ATL is the coordinator of an Action Team, which is a group of dentists from each Senatorial and House of Representatives’ district. As an ATL, you are responsible for organizing, motivating and mobilizing the Action Team in your district.

The ATL serves as a link between the ADA, members of the United States Congress and other ATLs. ATLs are responsible for informing their teams of legislative and political alerts from the ADA.

Legislative alerts providing the background information on a particular piece of legislation and the time frame in which to respond are the most frequent communications from the ADA.

To fulfill the role as a planner, organizer and motivator for an action team, an ATL will carry out a number of duties including:

- Learning the background of your senator and representative
- Activating and monitoring responses to action alerts
- Developing and maintaining communication with your senator and representative
- Developing a general understanding of the legislative and political process
- Becoming familiar with key legislative issues and the position of the ADA on these issues
- Recruiting additional dentists and spouses to become ATLs or members
- Encouraging political involvement by action team members
- Providing the American Dental Political Action Committee (ADPAC) with information on candidates
- Communicating all relevant ADA legislative and related information to action team members
- Providing representation at appropriate functions where legislative issues are discussed
- Sharing information about your progress with the ADA and your state ATL coordinator

The ADA will handle the administrative responsibilities and assist you in carrying out your role as an ATL. Each state is assigned an experienced ATL coordinator who is prepared to provide information and help coordinate grassroots efforts. As an ATL, the ADA will even help with your travel expenses for you to attend the Leadership Conference.

Remember, any member can sign up to be part of a team without having to be the leader. Please contact Don Smith at (800) 223-0016, ext. 108 or dls@padental.org if you are interested in becoming an ATL, part of a team or have any questions about the program.

Take advantage of this truly amazing experience by signing up TODAY!
First District PADPAC Reception at the Union League of Philadelphia
August 18, 2011

PADPAC and HADS 5th Annual Casino Night
September 23, 2011
MEMBERS BUILD GRASSROOTS PROGRAM ONE BY ONE

Kudos to Second District for taking the lead with a political grassroots program to build relationships with lawmakers at the local level. Earlier this year, Second District members met with their state representative and senator in their hometown offices, conveying our position on dental-related issues. PDA built on their success by creating Legislative Check-Up Week, which was August 22-26.

All members were asked to carry PDA’s message to lawmakers so that our issues were fresh on their minds when they returned to Harrisburg for the fall session in September. PDA supplied all the talking points and background information needed to make these visits a success. Our advocacy goals were clear: support general anesthesia insurance coverage for young children and special needs patients; support prohibiting insurers from capping non-covered services; and, support a restoration of funding in the adult Medical Assistance and Donated Dental Services Program.

A legislative “check-up” form gave members the chance to assess the “health” of their legislators on our issues. This information is invaluable to PDA’s lobbyists and government relations team as we determine if we have an adequate number of votes to pass our issues. The role you play in building the legislator-constituent relationship and conveying our position on issues is essential to achieving our advocacy goals. PDA thanks all those members who took the time to meet with their lawmakers this year!

Consider the impact dentistry would have if you all schedule at least one meeting a year with your senator and representatives. PDA is here to help. For more information about Legislative Check-Up Week, please check out the Advocacy section of PDA’s website at www.padental.org. Or call Don Smith at (800)-223-0016, or dls@padental.org, for more information.

Interested in serving as a contact dentist on PDA’s behalf? Look for more information on this grassroots program on page 39.
PDA LAUNCHES NEW ADVOCACY CENTER

As 2011-2012 legislative session resumed in September, PDA unveiled its new online Advocacy Center so that members are better able to engage in the political process, become informed and communicate with lawmakers, all in a matter of minutes.

The SoftEdge is a government relations and grassroots advocacy program available to all members, simply by clicking on the Advocacy Center tab on the front page of PDA’s website at www.padental.org. You’ll have instantaneous access to all the latest information about our bills, ways to find out your legislators’ names and how to contact them, and sample talking points from us to make your communication with lawmakers seamless.

In turn, PDA is able to better track members’ communication with lawmakers, legislative voting records, contact dentists’ activities at the local level, participation in legislative fundraisers and personal relationships between members and lawmakers, just to name a few.

PDA also is able to send out action alerts via email when a bill is gaining traction in the General Assembly. The SoftEdge makes it almost too easy to respond to these alerts. Simply use the talking points provided to generate your own letter, submit your home address and your letter will be sent via email to your legislator(s).

You can also view these alerts on PDA’s Facebook page at http://www.facebook.com/padentalassn

If you haven’t received any action alerts, it’s because we don’t have your email on file. Call the Membership Department at (800) 223-0016 to have your email address added to our database.

And don’t forget to check out the Advocacy Center at www.padental.org.
What is a Contact Dentist?

By Don Smith, Government Relations Coordinator

In Pennsylvania, contact dentists play a key role in the legislative process. It is the responsibility of a contact dentist to inform his or her legislator about issues affecting the dental profession. Contact dentists are the liaisons between the Pennsylvania General Assembly and the Pennsylvania Dental Association (PDA).

The measure of a contact dentist is the level of participation he or she takes on. The extent of influence that contact dentists have on their legislators is intertwined with the level on which they are politically involved. Legislators will pay a certain amount of attention to a dentist who writes a letter. However, they will pay even more attention to a dentist who involves his or her colleagues in the political process.

Every Pennsylvania legislator should be matched to a PDA member contact dentist. Responsibilities of a contact dentist include:

• Answer any question a legislator may have regarding an oral health issue.
• Respond to PDA legislative alerts that are sent throughout the year.
• Act as a source of information to other dentists in your district and encourage them to participate.

• Visit, call or email your legislator at least twice per year.
• Attend a fundraiser on PDA’s behalf.

Do’s and Don’ts

As a representative of PDA, it is important to follow these basic Do’s and Don’ts to maximize your contact dentist experience:

**Do…**

Thank legislators for meeting with you and for their support or consideration of the issue at hand. Sometimes, legislators may not adopt a position right away, but will appreciate your understanding and thankfulness.

Be professional, courteous, positive, direct, clear, factual, credible and specific.

Your homework. Study the issues at hand and contact the PDA government relations department for handouts and talking points. Study and master the opposition’s arguments and be able to counter them in your favor.

Always follow up within two weeks with information you promised to provide. If a legislator asks you for more information on an issue, be sure to get back to them with all the information they requested.

Be sensitive to partisan politics, but always try to come across as non-partisan.

Use the correct form of address. If you aren’t sure, contact PDA’s government relations department for examples of thank you letters and other forms of written communication for legislators.

Establish a relationship of mutual trust with your legislator.

Establish a reputation for reliability and credibility. A legislator will often solicit your input on important issues if he or she knows you are a source of reliable and credible information.

Know if your legislator is a sponsor or co-sponsor of PDA legislation. It’s also important to know if your legislator is in leadership or sits on an important committee.

Be very specific about the action you are requesting on an issue. For example, ask your legislator to vote “yes” on HB 532, providing for general anesthesia for at-risk patients.

Contact your legislator before legislative hearings, committee meetings and floor votes to reiterate the importance of the issue at hand.
Be reasonable. Realize that everyone thinks that his or her issue is the most important one under consideration. Present your opinion in terms of how it will help other members of the association and their constituents, particularly dental patients.

Know what other issues or problems your legislator is working on and help him or her as much as you can.

Pass along any compliments that you may have heard about him or her, but don’t overdo it. Get down to business quickly!

Provide feedback. After meeting with your legislator it is essential to provide feedback on the outcome of your meeting. Your feedback will be put on file and tracked. If a legislator changes their position, our lobbyists will remind him or her of their pledge to a constituent.

Ask for a photo-op. We want to highlight your legislative visits and inspire others to want to follow your lead. What better way than to ask for a photo with your legislator!

Send a thank you note after your meeting.

Treat your legislator as you would like to be treated.

Use common sense.

Don’t...

Don’t give PDA’s position on an issue unless you are sure of it or have touched base with PDA’s government relations department and lobbyists.

Don’t give inaccurate information or purposely lie.

Don’t threaten or be rude to a legislator and their staff.

Don’t arrive too early for a meeting. Office space is usually cramped and cannot accommodate early arrivals. Try not to arrive more than five minutes before your scheduled meeting.

Don’t send a form letter without personalizing it and using professional letterhead.

Don’t contact a legislator from another district. Instead, reach out to your own legislator for help with an issue.

Don’t publicly complain about your legislator or a member of his or her staff.

Don’t hold a grudge if the legislator is opposed to an issue. You may need his or her vote on another issue at a later date.

Don’t be argumentative or abrasive.

Don’t interrupt your legislator when he or she is speaking.

Don’t write more than a one page letter.

Don’t cover more than one or two issues during a meeting.

Don’t forget to provide legislators with handouts on the issues when either visiting or writing.

Don’t press for a nod of support on an issue on your first visit. After a few weeks, follow-up with the legislator to refresh them of the issue and then ask for their support.

Don’t be offended if your legislator forgets your name or who you are. Legislators often meet many people during any given week.

Don’t discuss issues when handing your legislator a personal campaign contribution or a PAC check. If you are meeting with a legislator in their office, this is especially important, as it is illegal to discuss fundraising in the Capitol and/or a legislator’s district office.

Please contact Don Smith at dls@padental.org or (800) 223-0016 if you would like to become a contact dentist or have any questions about PDA’s contact dentist program.

You can also visit PDA’s website at www.pidental.org/padpac for more information.
PA Oral Health Coalition Makes Strides

By Marisa Swarney, Director of Government Relations

In 2009, PDA partnered with other organizations to form the Pennsylvania Coalition for Oral Health (PCOH). This coalition morphed out of the Fluoride Now Coalition, which was created with the well-intentioned goal of passing a statewide mandate to provide optimal levels of fluoride in public water supplies. While that remains a noble goal worth pursuing, two things quickly became apparent to the Fluoride Now Coalition: Pennsylvania’s political climate did not lend itself to passing legislation requiring community water fluoridation, and there were plenty of other issues like-minded organizations could pursue to improve Pennsylvanians’ oral health.

With this growing awareness came a desire to form a coalition to address broader oral health issues. PCOH is comprised of organizations that agree Pennsylvania must do better enacting policies and programs that improve oral health and want to do something about it. PCOH has a diverse membership of schools of public health, philanthropic organizations, businesses, dental organizations, health insurance firms, advocacy organizations and other groups. Its goal is “to advance practices and policies that increase access to oral health services and prevention education – especially for our most vulnerable Pennsylvanians.”

Almost immediately, PCOH members identified two areas in which to focus their efforts: initiating existing successful programs in other areas of the state to provide direct access to dental services, and addressing policy at the systemic level to garner enough support from the government to sustain funding for oral health programs and enact necessary policy changes.

Two subcommittees quickly formed: one to educate the public about oral health and enhance the dental delivery system to provide access to more Pennsylvanians, the other to draft policy initiatives that could be endorsed by all PCOH members. The latter was not an easy feat, given the diversity of PCOH’s members.

After months of debate, some compromise and a request for each organization’s endorsement, PCOH agreed to collectively pursue policies that address Medical Assistance reforms, strengthen workforce capacity and adopt an integrated approach to education and prevention. PCOH intends to use this policy paper when conversing with policymakers in the legislature and Governor’s Administration, and hopes that these policy initiatives will attract more organizations to PCOH.

The committee established to address access issues wrote and published a brochure for distribution in dental offices and anywhere where there are parents or children. The brochure provides tips for a healthy smile and information about the importance of fluoride varnish. It reminds parents that some physicians and their staff are now qualified to apply fluoride varnish in the physician’s office. The committee’s next initiative is to develop programs to establish a “dental home” for every Pennsylvanian.

PDA takes a leadership role in the coalition, having representation on both the access and policy committees. Through our participation with the American Dental Association’s State Public Affairs Program and its public relations consultants, we have created PCOH’s website and crafted its messaging to the public. Our public relations team also helped design PCOH’s logo and offered assistance with its branding.

Want to find out more about PCOH? Check out the website at http://www.paoralhealth.org. Encourage your patients to use this as a resource on oral health issues.
The Pennsylvania Coalition for Oral Health

Policy Paper

November 2010

By the time they reach kindergarten, more than 40 percent of American children experience tooth decay. In Pennsylvania, it’s even worse. A 2010 report by the Pew Center on the States that compares oral health care across all 50 states gives Pennsylvania an F.

Painful dental problems affect children’s overall health and ability to focus in the classroom. They also lead to costly emergency room care. Among adults, these same oral health problems become exacerbated, resulting in lost workplace productivity. When problems become severe, they can affect an adult’s ability to get a job. Children and adults with disabilities experience an even greater risk of oral health problems due to limited access to care, which can lead to serious behavioral and medical issues.

The Pennsylvania Coalition for Oral Health (PCOH) is comprised of leaders from across the state who agree that Pennsylvania must do better. Represented by schools of public health, philanthropic organizations, businesses, dental organizations, health insurance firms, advocacy organizations and other champions, PCOH’s goal is to advance practices and policies that increase access to oral health services and prevention education – especially for our most vulnerable Pennsylvanians.

The Pennsylvania Coalition for Oral Health welcomes the opportunity to partner with policymakers to advance these and other policies to achieve an A+ for oral health in Pennsylvania.

We urge the Governor and Members of the General Assembly to examine the following three policy priorities that will increase access to quality oral health care and improve statewide prevention efforts.

1. Reform and Improve the Medicaid Administration and Payment of Oral Health Services
   • Regularly review and maintain provider payment rates, focusing on routine services and good preventive care.
   • Streamline credentialing and billing processes. Reduce the complicated web of interactions that currently exists, allowing providers and patients to navigate the system easily and cost effectively. Require state dental managed care organizations to adopt uniform and reciprocal credentialing processes or centralize the credentialing process.

2. Strengthen the State’s Oral Health Workforce
   • Remove barriers that discourage oral health professionals from practicing in underserved areas and caring for underserved populations. For example, adequately fund the Pennsylvania Primary Care Practitioners Loan Repayment Program and remove administrative barriers, allowing the Department of Health to more readily place providers in needy communities. Provide tax credits or other financial incentives for providers who open practices in health professional shortage areas or agree to serve a certain number of Medical Assistance patients.
   • Increase the ability of oral health professionals to practice in underserved areas. We applaud state legislators for their passage of ACT 51 (2007) that redefines the role of dental hygienists and certified public health dental hygiene practitioners, allowing them to efficiently practice in a wider range of settings. We encourage efforts to ensure reimbursement for the expanded areas of practice.
• Expand the oral health workforce to better meet the needs of underserved populations. Look to other states for successful approaches to expanding and diversifying Pennsylvania’s sector of oral health professionals (e.g., Minnesota’s statewide oral health workforce planning efforts and Iowa’s use of dental hygienists who serve as community health coordinators through an exemplary I-Smile dental home initiative).

3. Adopt an Integrated Approach to Preventive Oral Healthcare

• Actively promote public water fluoridation systems throughout the state. The Centers for Disease Control and Prevention (CDC) estimates that public water fluoridation saves $16 to $19 per person every year. Fluoride is a proven, low cost strategy to prevent disease.

• Continue to support and expand the Department of Public Welfare’s new fluoride varnish program. We applaud the Department for its creation of this critical program, which provides funding through Medical Assistance to reimburse physicians and Certified Registered Nurse Practitioners (CRNP’s) for the application of fluoride varnish to children. Fluoride varnish is proven to prevent cavities and emergency care. Legislators are urged to include this program in future state budgets, expand fluoride varnish services to older children (beyond age 5) and encourage private insurers to adopt similar programs.

• Increase the number of dental sealant programs serving high-risk children and youth. Federal grant opportunities to fund such programs will soon be made available to states through the passage of the 2010 Health Care Reform legislation.

• Promote a statewide Oral Health Education Campaign that builds upon the Nation’s 5-Year Oral Health Campaign, passed by the Patient Protection and Affordable Care Act.

- Promote sensible school nutrition policies that provide children with healthy beverage and snack options and restrict their access to high-sugar foods and drinks during school hours.

- Promote the integration of oral health education in hospitals and other public institutions so that new parents learn about the importance of oral health for their children.

PCOH Members

ACHIEVA
Brandywine Health Foundation
Carlisle Area Health & Wellness Foundation
Central Susquehanna Community Foundation
Delta Dental of Pennsylvania
DENTSPLY International
Family First Health
First Hospital Foundation
Greater Lehigh Valley Oral Health Partnership
Healthy Adams County
Healthy York County Coalition
Highmark Inc.
Jewish Healthcare Foundation
Montgomery County Health Alliance
New Era Dental Society
North Penn Community Health Foundation
Pennsylvania Association of Community Health Centers
Pennsylvania Dental Association
Pennsylvania Dental Hygienists’ Association
Pennsylvania Office of Rural Health
St. Christopher’s Foundation for Children, Community Oral Health Initiatives
St. Joseph Health Ministries
Southeast Region Oral Health Task Force
Two Rivers Health & Wellness Foundation
United Concordia Companies, Inc.
UPB Center for Rural Health Practice
THE ART OF THE POLITICAL CAMPAIGN

Michael Lueck, a student at the University of Pittsburgh School of Dental Medicine, recently attended a 3-day candidate training in Washington, D.C., titled “The Art of Political Campaigning.” Lueck attended the training on behalf of the American Dental Association’s Political Action Committee (ADPAC). The candidate training has attracted people from across the world who want to know more about strategies, techniques and technologies of modern political campaigns from a wide range of experts.

Mr. Lueck was joined by three dentists, four dental students and hundreds of other candidates and campaign professionals who attended panels, workshops, and presentations that covered the full gamut of political campaigning.

Political consultants from around the country lectured on issues ranging from public speaking and persuasive messaging to fundraising and the proper use of social media. Many of the attendees had already held political office or were planning to run in the near future.

ADPAC representatives had the pleasure of meeting with first-term Congressman Paul Gosar (R-1st AZ), a dentist representing Arizona’s 1st congressional district.

“Rep. Gosar described how he managed to still run a successful practice while campaigning in a district nearly the size of Pennsylvania. He discussed the importance of being involved in organized dentistry as well as what his motivations were to seek office”, Lueck said. “Rep. Gosar fielded several questions regarding political issues in dentistry, such as Indian Health Services and DHAT regulation, while also frequently excusing himself to hurry to the House floor to vote. He encouraged the group to get involved with politics at any level and talked about the importance of having a voice on issues that are relevant to our profession.”

On what he learned, Lueck said, “If someone truly wants to create change through the political process, they must first understand the dynamics of getting into office. Overall, this conference can best be described as a unique logistical tool for people truly considering running for political office.”

If you have any questions about campaign school, or how to get involved in the political process, please contact Don Smith at dls@padental.org.

*Michael Lueck is a dental student at the University of Pittsburgh School of Dental Medicine. He graduated cum laude from the University of Pittsburgh with a Bachelor’s degree in biology and exercise physiology with a minor in chemistry. Michael is Vice-President of his 2012 class and is involved in numerous activities inside and outside the classroom.
PDA is at every one of the 10 State Board of Dentistry (SBOD) meetings held throughout the year in Harrisburg. Believe it or not, there are a distinguished group of volunteers who willingly wade through the minutia of regulations and the regulatory process to make heads or tails out of seeming endless words strung together to determine how they will impact the dental profession. Usually tasks like this are reserved for, and enjoyed by, policy wonks like myself. But, you are all fortunate to have a dedicated cadre of volunteers at these meetings to represent the profession. After all, they went to dental school and can understand the true implications of regulations better than most anyone in that room. They can relate to their colleagues on the SBOD on a more personal level.

The SBOD has been busy promulgating regulations that deal with scope of practice for dental staff and dentists, and ownership of dental practices and mobile vans. Efforts have been stymied somewhat by the slow transition to a new Administration and the requisite empty positions that need to be filled. New priorities and directives also can delay the implementation of regulations, some of which must start the process anew. The journey to enacting regulations is unbelievably long and complex (check out the chart on the Independent Regulatory Review Commission’s (IRRC) website at http://www.irrc.state.pa.us. Click on Documents, Downloadable Documents, and The Regulatory Review Process in Pennsylvania).

Here’s an update on activity this past year:

Dental Practice Ownership
The SBOD formed a subcommittee to assess whether there is a need to draft regulations on the ownership of dental practices, particularly mobile dental units operating in Pennsylvania. There is some ambiguity in the current law about whether non-dentists may own dental practices and the common application of the law is that they may. The SBOD is considering regulations to make explicitly clear that only dentists may own dental practices. PDA has asked the SBOD to consider other situations, such as when the spouse assumes control of the practice when the dentist is deceased.

There is a growing concern that there is no oversight of mobile dental units. They are not required to register with the SBOD, nor is it clear who owns the unit and the type of care they are providing to patients. There also is some question as to what happens with patients’ records and if they provide necessary follow-up care.

Medical Assistance providers have complained that mobile dental unit staff will exhaust the benefits for routine examinations, cleanings and X-rays, leaving them in the untenable position of not being able to do examinations or take X-rays themselves when patients visit the dental office.

In addition to the ownership of dental practices, the SBOD may tighten regulations for the ownership of dental records, particularly for those patients who are treated in mobile units. PDA believes that the current regulations for preparing, maintaining and retaining patients’ records should apply to those individuals operating or working for mobile dental units. PDA also believes it is proper that patients be given a complete copy of their records or that they be available to the referral dentist, before the mobile unit leaves an area.

Teeth Whitening
Due to growing concerns about the preponderance of non-dental professionals offering teeth whitening services to the public, the SBOD drafted a policy statement that would effectively regulate teeth whitening services as the practice of dentistry, to be administered...
by dental professionals only.

The SBOD’s draft policy statement states that tooth whitening may be performed by a licensed dentist, or other qualified dental staff (under dentists’ direct supervision). Tooth whitening is defined as any means or methods used to whiten or bleach teeth, or the dispensing of a tooth-whitening agent to another person. There is an exemption for those products that consumers can purchase over-the-counter.

PDA’s position is that teeth whitening procedures, as well as the dispensing of teeth whitening agents, constitute the practice of dentistry and that only dentists are qualified to diagnose and identify potential risks and ramifications of applying teeth whitening agents on existing dental problems. PDA supports oversight of this practice so that only dental professionals are operating teeth whitening kiosks and clinics, or dispensing prescription-grade agents.

Due to a pending lawsuit in North Carolina, the SBOD delayed implementation of its policy statement. This lawsuit, filed by the Federal Trade Commission against the North Carolina Dental Board, contends that the board violated restraint of trade laws by declaring teeth whitening application the sole practice of dentistry and sending letters to businesses ordering them to cease providing such services immediately.

In August, a court found the North Carolina Dental Board in violation of restraint of trade law. However, the SBOD voted in August to proceed with its policy statement based on legal counsel’s advice that the SBOD legally functions differently than the North Carolina Dental Board and does have the authority to enforce its policy statement.

Botox/Dermal Fillers

The SBOD drafted a policy statement in response to inquiries about when dentists are allowed to administer Botox injections and dermal fillers. The proposed regulations allow for dentists to administer botox and dermal fillers as long as:

- The dentist takes a medical history, performs an examination and renders a treatment plan prior to administering Botox or dermal fillers.
- The dentist discusses risks, options and benefits with the patient prior to the procedure.
- The dentist obtains written informed consent from the patient and documents such in his or her record.
- Administering Botox or dermal fillers occurs on structures associated with the human teeth, jaws or associated structures.
- The dentist is properly trained to competently administer Botox and dermal fillers.
- The dentist makes note of any procedures performed in the patient’s record.

Enacting these regulations has been complicated by the administration of Botox and dermal fillers the sole practice of medicine. After several meetings with legal counsel from both boards, it was determined that each profession is governed by their respective boards. If a dentist were to have a complaint filed due to having administered Botox or dermal fillers, the case would come before the SBOD, not the State Board of Medicine.

The SBOD has not yet enacted this policy statement.

EFDA Curriculum Standards

The SBOD and other regulatory agencies are finalizing regulations standardizing the facilities, criteria and curriculum for all of Pennsylvania’s expanded function dental assistant (EFDA) programs. This will ensure that all EFDA’s now graduating from accredited programs receive the same degree of education and training, making it easier for dentists to assess their level of competency.

These draft regulations were stalled momentarily when the General Assembly passed Act 19 in 2009, expanding EFDA scope of practice to include coronal polishing, fluoride applications and taking impressions of teeth for athletic appliances. Legal counsel now needs to incorporate these new duties into the curriculum standards. Several offices within the Governor's Administration are in the process of again reviewing the draft regulations with this inclusion. We expect the SBOD to finalize these regulations in early 2012.
The Congressional Management Foundation
Reports on Legislative Communication

For more than a decade, the Congressional Management Foundation (CMF) has researched and studied the communications between members of Congress and their constituents. What they have found, ironically, is that more messages are being sent to Congress but less actual communication is occurring now than a decade ago. The result is that both the senders (citizens and advocacy organizers) and the receivers (members of Congress and staff) are frustrated. Through reports, multiple surveys, numerous stakeholder meetings and a broad public conference, they have sought to gain consensus on a new model for electronic communications, along with a renewed commitment from all sides to engage in open and meaningful exchanges of viewpoints.

The summaries below highlight key findings from two reports: Perceptions of Citizen Advocacy on Capitol Hill and #SocialCongress: Perceptions and Use of Social Media on Capitol Hill. To view the reports in their entirety, please visit the CMF website at http://www.congressfoundation.org/projects/communicating-with-congress

Perceptions of Citizen Advocacy on Capitol Hill

This report is based on an online survey of 260 congressional staff on their opinions and practices related to constituent communications, including social media. The survey was conducted between October 12 and December 13, 2010.

KEY FINDINGS

1. The Internet, Participation and Accountability. Most staffers (87 percent) thought email and the Internet have made it easier for constituents to become involved in public policy. A majority of staff (57 percent) felt email and the Internet have made senators and representatives more accountable to their constituents. Less than half (41 percent) thought email and the Internet have increased citizens’ understanding of what goes on in Washington.

2. Citizens Have More Power Than They Realize. Most of the staff surveyed said constituent visits to the Capitol office (97 percent) and to the district office (94 percent) have “some” or “a lot” of influence on an undecided legislator, more than any other influence group or strategy. When asked about strategies directed to their offices back home, staffers said questions at town hall meetings (87 percent) and letters to the editor (80 percent) have “some” or “a lot” of influence.

3. It’s Not the Delivery Method – It’s the Content. There is virtually no distinction by the congressional staff that was surveyed between email and postal mail. They view them as equally influential to an undecided legislator. Nearly identical percentages of staffers said postal mail (90 percent) and e-mail (88 percent) would influence an undecided legislator.

4. Grassroots Advocacy Campaigns – Staff are Conflicted. The congressional staffs that were surveyed have conflicting views and attitudes about the value of grassroots advocacy campaigns. More than one-third of congressional staff (35 percent) agreed that advocacy campaigns are good for democracy (25 percent disagreed). Most staff (90 percent) agreed – and more than 60 percent strongly agreed – that responding to constituent communications is a high priority in their offices. But, more than half of the staffers surveyed (53 percent) agreed that most advocacy campaigns of identical form messages are sent without constituents’ knowledge or approval.

5. Social Media Used to Listen and Communicate. Congressional offices are integrating social media tools into their operations, both to gain an understanding of constituents’ opinions and to communicate information about the legislator’s views. Nearly two-thirds of staff surveyed (64 percent) think Facebook is an important way to understand constituents’ views and nearly three quarters (74 percent) think it is important for communicating their legislator’s views.
#Social Congress: Perceptions and Use of Social Media on Capitol Hill

This report represents the first research into congressional staffers’ attitudes about their offices’ use of social media. The findings are based on an online survey of congressional staff on their opinions and practices related to constituent communications, including social media. The findings are based on survey of congressional staff which was conducted between October 12 and December 13, 2010. The survey had 260 respondents.

KEY FINDINGS

1. Congressional offices are using social media to help gauge public opinion, augmenting traditional tools used for that purpose. Nearly two-thirds (64 percent) of the senior managers and social media managers surveyed think Facebook is a somewhat or very important tool for understanding constituents’ views and opinions. 42 percent say Twitter is somewhat or very important, and 34 percent say YouTube is a somewhat or very important tool for understanding constituents’ views and opinions.

2. Congressional offices now include social media among the tools used to communicate senators’ and representatives’ views and activities. Nearly three-quarters (74 percent) of the senior managers and social media managers surveyed think Facebook is somewhat or very important for communicating their legislators’ views. More than half (51 percent) of the staffers surveyed say Twitter is a somewhat or very important vehicle for their legislator’s communications. More than half (67 percent) of the staffers say YouTube is a somewhat or very important tool for understanding constituents’ views and opinions.

3. Congressional staffs feel the benefits of using social media outweigh the risks. A majority of the staffers (55 percent) feel social media offers their offices more benefits than risks. 14 percent disagree and the rest are not sure. A strong majority of staffers (72 percent) believe that social media allows their legislators to reach people with whom they had not previously communicated.

4. Younger staffers see more value in social media than their older colleagues. Two-thirds (66 percent) of the staffers 30 years old and younger feel social media is worth the time their offices spend on it, compared to only about one-third (32 percent) of their colleagues 51 and older who feel the same. Staffers 30 and younger are less likely than their older colleagues to disagree that social media offers more benefits than risks. Only seven percent of staff 30 and younger disagreed, compared to nearly one-quarter (23 percent) of their colleagues 51 and older who did.

5. Staffers from offices that embrace technology are more likely to see media as a benefit to the office and to believe the Internet has improved the dialogue between citizens and Congress. Most (88 percent) of the staffers from early-adopter offices feel that social media is enabling their offices to reach people they were not reaching before, compared to 54 percent of late-adopters who agree with that statement, and 72 percent of early-adopter staffers feel social media is worth the time their offices spend on it.

6. Social media managers have a more positive view of constituent communications than senior managers or staffers who are primarily tasked with answering the mail. More than two-thirds (68 percent) of social media managers feel email and the Internet have made senators and representatives more responsive to their constituents, compared to less than half (46 percent) of the senior managers.

7. Many staffers – especially in Democratic offices – feel their office spends too little time on online communications. More than one-third of the staffers surveyed feel their offices spend too little time on online town hall meetings, posting videos, their official website and their official blog. Democrats were more likely than Republicans to say their offices do not spend enough time on online communications.

Questions? Contact Don Smith at (717) 234-5941, ext. 108 or dls@padental.org

Source: The Congressional Management Foundation

The Congressional Management Foundation (CMF) is a 501(c)(3) nonpartisan non-profit dedicated to helping Congress and its members meet the evolving needs and expectations of an engaged and informed 21st Century citizenry.
In my last article I asked the question, when looking at performance, how much risk was the manager taking in achieving his results?

The first statistic you want to look at is beta. Beta is a measure of risk or volatility used to compare mutual funds with the market in general. Most large cap funds are compared to its benchmark, the S&P 500 index. This index has a beta of one. Any comparable fund that has a beta of 1 means it will move directly in sync with the market. If your fund has a beta of 1.2, your fund has a volatility that is 20 percent greater than the S&P 500 fund. Therefore, if the S&P goes up 10 percent in a year, your fund should go up 12 percent during that same time period. There is an age old question as to whether or not people should invest in index funds or actively managed funds?

Statistically, over the long term only 20 percent of mutual funds beat their index. Let’s think about this for a second. If your fund has an expense ratio of 1.5 percent and the index fund has an expense ratio of 0.2 percent, the actively managed fund has to be up an additional 1.3 percent just to break even with the index fund. If your fund has a high beta but is under performing compared to its beta, it’s not worth the risk to stay with that fund. Either go into an index fund or find a comparable fund that is achieving or beating its beta, at least you are getting your money’s worth. If the S&P goes down 10 percent and your fund has a beta of 1.2 percent, your comparable fund should go down 12 percent. The flip side is where your fund has a beta of 0.8 percent. When the market goes up 10 percent, your fund will only go up 8 percent but if the market goes down 10 percent, your fund will only go down 8 percent. Always compare the beta of your fund to its performance. If your fund has a beta of 1.1 and is returning more than 10 percent as compared to the index fund, you are being compensated for the risk you are taking. For risk adverse investors, lower beta funds are for you.

Alpha is another measure of performance on a risk adjusted basis. It is the excess return of the fund when compared to its expected return after adjusted for risk. For example, if your fund beats its’ benchmark on a risk adjusted basis by 1 percent, it will have a positive alpha of 1. A negative alpha means it under performed by 1 percent. Alpha represents the “value” the manager adds or subtracts from the fund’s performance. You are, after all, paying your manager to add alpha.

Standard deviation is the spread or variability around an average/expected rate of return based on historical averages. A fund that has shown fairly consistent returns over many years will have a low standard deviation where a fund that has bounced all over the place, let’s say from a negative 28 percent to a positive 20 percent will have a much higher standard deviation because it is a much more volatile fund. The greater the standard deviation, the greater the volatility and the greater the risk.

A third risk measure is the Sharpe Ratio. Without going into the derivation of the formula, the Sharpe Ratio utilizes a risk free rate of return and the standard deviation and tells us whether or not the performance of our fund is based on smart investment decisions or too much risk. The higher the Sharpe ratio, the better its risk adjusted performance and the “smarter” the manager. The higher the Sharpe Ratio, the greater the additional return you are getting for the increased volatility you are taking by holding a risky asset over a risk free asset like a treasury bill. Manager Y may have a better overall annual return but if he is taking on too much risk to achieve that return, he will have a lower Sharpe Ratio then manager Z who is taking on less risk even if his performance is lower than manager Y.

R Squared describes the funds association between the funds volatility and the day to day market fluctuations or its correlation with its benchmarks beta. In other words, R-Squared values range from 0-100 with 100 being in complete correlation with the funds beta and 0 meaning no correlation at all with the beta. There are two ways to look at R-Squared. The first is that a higher R-squared tells you that the funds beta can be trusted. On the other hand, a low r-squared tells you there is very little correlation to the market and in many cases you do not want your funds to correlate with the market. After all, you want some funds to zig when the market zags. That is you want funds to do the opposite of the market especially when the market is going down. You are not properly diversified if all your investments perform in...
concert with the market.

The Treynor Ratio is very similar to the Sharpe Ratio in that the numerator of the formula is exactly the same but the denominator uses beta and not standard deviation. This is also known as the reward to volatility ratio. The higher the Treynor Ratio, the better the portfolio.

Turnover ratio-refers to what percentage of the portfolio is “turned over” and replaced with other holdings in a given year. For example, a portfolio with a turnover ratio of 100 percent means that entire portfolio was sold and replaced in one year. Some funds will have turnover ratios of over 100 percent. In taxable accounts, a high turnover is not good. Turnover usually generates a taxable event and the bad thing about mutual funds is that you will pay taxes on any gains the fund had over the year. As a matter of fact, even in very bad years where your fund had a negative return and you lost money, you may still have to pay taxes on that turnover. So look for funds that have a low annual turnover. Index funds are very good for this because they are not actively managed and the only turnover would be if the index replaces one company for another.

Mutual funds offer you instant diversification, professional management, easy automatic purchases and literally thousands of choices of different funds spanning the gamut of investment possibilities. What is the ideal fund? Long term consistent performance as measured against its benchmark and similar funds. Consistent management or a management team as well as low beta, high alpha, low standard deviation, high Sharpe and Treynor ratios, R-squared that meets your goal of either confirming your beta or offering you little correlation with the market and low annual turnover in a taxable account.

Personally, I think researching mutual funds is a lot easier than researching stocks, but regardless of your choice of asset class, always do your due diligence.
In Memoriam

Dr. Robert P. Boran
Minersville
Temple University (1942)
Born: 6/12/1918
Died: 9/13/2011

Dr. Thomas E. Cressley
Punxsutawney
University of Pittsburgh (1951)
Born: 1/1/1922
Died: 9/22/2011

Dr. Charles E. Dimmick
Orange City
University of Pittsburgh (1943)
Born: 1/1/1920
Died: 8/19/2011

Dr. James V. Henninger
Cameron Park
Temple University (1956)
Born: 7/1/1932
Died: 5/2/2010

Dr. Nathan W. Hurtt
Pittsford
University of Pittsburgh (1954)
Born: 3/21/1929
Died: 9/11/2011

Dr. Wadea Kassab, Jr.
Wallingford
University of Pennsylvania (1952)
Born: 10/26/1922
Died: 10/19/2009

Dr. Larry R. Lewis
Reading
University of Pittsburgh (1966)
Born: 7/28/1941
Died: 4/19/2011

Dr. Edward C. McAllonis
Pittsburgh
University of Pittsburgh (1952)
Born: 1/1/1925
Died: 8/18/2011

Dr. Thomas F. Owens
West Grove
Balt. Coll. of Dent. Surgery (1957)
Born: 1/1/1932
Died: 9/1/2011

Dr. Joseph A. Petrone
Pittsburgh
University of Pittsburgh (1954)
Born: 1/1/1921
Died: 9/29/2011

Dr. Michael J. Przywara
Pottsville
Temple University (1989)
Born: 2/20/1964
Died: 8/31/2011

Dr. Donald W. Reineberg
York
Georgetown University (1950)
Born: 8/19/1922
Died: 8/29/2011

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Administrative Secretary
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Diagnostic Considerations and Restorative Management of Difficult Cases
Edward M. Feinberg, DMD

December 3
Surgical Crown Elongation – Hands-On
Pouran Famili, DMD, MDS, MPH, PhD
Ali Seyedain, DMD, MDS

December 9
Forensic Dental Casebook: Techniques and Methods
Michael N. Sobel, DMD, D-ABFO

December 9
Effective Claim Administration – Demystifying the Claim Process
Richard M. Celko, DMD
Radiation Safety and DEP Regulations
Anitha Potluri, BDS, DMD, MDS
Online course – Coming soon
Contact the CDE department for more info – 412/648-8370

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Dr. Richard Lipscomb

January 27, 2012
Treatment of Periodontal Disease
Dr. Frank Scannapieco

January 28, 2012
Nitrous Oxide Certification – Part I
Dr. Michael Cuddy
Dr. Joseph Giovannitti

February 3, 2012
Potpourri Series:
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Dr. Kurt Summersgill
Dental Implants
Dr. Mark Glovis
Periodontal Disease
Dr. Edward Heinrichs
Special Needs Dentistry
Dr. Lynne Taiclet

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Dr. W. H. Milligan III

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Dr. Michael Cuddy
Dr. Joseph Giovannitti

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DEP Recommendations
Marie George, RDH, MS

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Update on Local Anesthesia Therapeutics and Complications
Dr. Paul Moore

March 30, 2012
The Art and Science of CAMBRA
Dr. Doug Young

April 14, 2012
Dental Radiography:
DANB Exam Prep Course
Gayle Ball, RDH
Victoria Green, RDH

April 21, 2012
T. F. Bowser Memorial Lecture:
The New Perio Medicine Hygiene Protocol
Dr. Timothy Donley

April 28, 2012
Surgical Crown Elongation
Dr. Pouran Famili
Dr. Ali Seyedain

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Dr. Frank A. Scannapieco

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Dr. Scott Derossi

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Dr. Mary Beth Dunn

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Dr. Carl F. Driscoll

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Dr. George Freedman

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Dr. Robert N. Obradovich

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Dr. Jan K. Mitchell

October 25, 2012
Complete Denture Fundamentals
Dr. Michael Waliszewski

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Dr. Steven Weinberg

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Dr. Howard Strassler

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Dr. Francis Serio

Erie

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Dr. Eugene A. Pantera

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Dr. Mary Beth Dunn

Greensburg

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Dr. Eugene Pantera

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Dr. Carl F Driscoll

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Dr. James Lichon

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Hygiene Protocol
Timothy Donley, DDS, MSD

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Geisinger Medical Center, Danville
Contact: Rebecca Von Nieda, PDA
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December 14
Mugs and Drugs: A Look at Today’s Counter-Culture Trends and Their Impact on Oral Health
Betsy Reynolds, MS, RDH

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DKU Continuing Dental Education
Springfield Country Club
Delaware County
Contact: Dr. Barry Cohen
(610) 449-7002
DKUdental@aol.com

December 8
Why are Women So Strange and Men So Weird
Bruce Christopher, PhD

January 11, 2012
Essential Anterior Dentistry:
Digital Portrait to Completed Case
Martin B. Goldstein, DMD

April 13, 2012
But Aren’t They Just Baby Teeth
Gregory L. Psaltis, DDS

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The Prosthodontic Sextet for Esthetic Longevity and Success
Fritz Kopp

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Barbara J. Steinberg, DDS

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My Patient Keeps Getting Cavities…
Dr. Brian B. Novy

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December 5
Severely Atrophic Maxilla
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wölfinger, DMD, FACP
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Thursday, November 10, 2011
Arthur "Kit" Weathers, DDS - Grillim, GA - "Pulp Fiction a.k.a. Truth Decay" - Discover the secrets of single visit endo. Forget what you have learned before - multiple visit endo just gives bacteria an opportunity to thrive between visits. Here is just a taste of what you will learn: The one mistake in endodontics that almost every dentist makes - and how to avoid it • How to introduce you will never start a root canal you won't be able to finish • Root canal cleaning and shaping • Utilization of vital rest procedures • Accuracy in your delivery of local anesthesia, infiltrations and blocks • How to avoid breakage of your rotary nicked-titanium files. After completing this seminar, the participant should be able to: Identify the difference between reality and illusion "Pulp Fiction" • Identify out-dated concepts and avoid "Truth Decay" • Identify an endodontic preparation that works, with proper case selection, on virtually every tooth • Be diagnostically competent and know when to refer • Define a technique to simplify emergency treatment for endo cases • Unite a new technique for obturating root canals that will increase efficiency of care for your patient. Dr. "Kit" Weathers is a clinician, author, inventor and international lecturer, recognized as one of the Top Clinicians in Continuing Education by Dentistry Today. Dr. Weathers has lectured worldwide on technologies, products and procedures designed to simplify the practice of endodontics for the general dentist. This course is co-sponsored by educational grants from DenMat, Delta Dental, PIDS, Hayes Repair and Dool Dental Lab.

Thursday, December 8, 2011
Bruce Christopher, PhD - Minnetonka, MN - "Why are Women So Strange and Me So Weird?" - the heart of any practice are relationships between staff, patients, and doctors. It is no doubt communication runs your office! This session takes a very hilarious look at how men and women think, speak, and make decisions differently. You will restabilize performance and morale by applying the strategies outlined in this seminar. You will laugh 'til you cry and learn 'til you find out what makes for opposite sides! Your personnel and your practice will realize the following benefits: Increase communication effectiveness and recapture lost time from the needless communication mis-fires • Increase conflict resolution skills and apply a strategy that really works at work • Reduce the potential for miscommunication • Create a re-energized working environment and a positive practice culture • Build your patients by learning how to speak their language • Increase case acceptance rates • Define potential conflict situations by understanding the underlying gender specific differences which "fuel the fire of lights." He is practicing supervising Clinical Psychologist holding degrees in Professional Psychology and Interpersonal Communications. He speaks over 150 times each year and is one of today's most sought after speakers in the Fortune 500. This course is designed for the entire team and sponsored! This course is co-sponsored with educational grants from DenMat, Hayes Repair and Dool Dental Lab.

Wednesday January 11, 2012
Martin B. Goldstein, DMD - Wilcott, CT - "Essential Anatomy Anterior Dentistry: Digital Portrait to Completed Case" This seminar presents a relaxed but detailed overview of current day anterior dentistry techniques with an emphasis on developing a personalized approach. Attention is paid to a methodology (Templates for Success) that takes the guess work out of delivering anterior dentistry as well as the basic digital photographic methodology needed to participate in the process. Special emphasis will be placed on a unique, laboratory assisted method of delivering direct composite veneers versus the old school of hand sculpting. Comfort Zone: Esthetics is an excellent "re-entry" for the practitioner having drifted away from anterior dentistry or for those desiring greater involvement in one of dentistry's most satisfying endeavors. Participants will learn about: Digital photography • Print by number approach to smile analysis • Tooth preparation, impression taking and temporization • Stress free case delivery methods • The veneer: direct composite veneers. Dr. Martin Goldstein is a fellow of the International Academy of Digital-Facial Esthetics. Recognized as a Dentistry Today Top 100 CE Leader for the last six years, he lectures and writes extensively concerning esthetics and the integration of digital photography into the general practice. A contributing editor for Dentistry Today, he has also authored numerous articles for multiple dental periodicals both in the US and abroad. Bring your entire clinical team! This course is sponsored with a major educational grant from DenMat and cosponsors Delta Dental, Hayes Repair and Dool Dental Lab.

Friday, April 13, 2012
Gregory L. Peatiris, DDS - Olympia, WA - "But Aren't They Just Baby Teeth?" You've heard these words before and can't help thinking to yourself, "Oh no, another ignorant parent." Parents who pose this question (and others) are not really ignorant - they are often working from old beliefs or their own experiences. The ability to answer these common questions assures a greater understanding of the pediatric dental issues at hand and creates a positive relationship through effective communications. Topics included are primary anterior training, "rotten teeth," timing of initial examinations, specific clinical material such as primary anterior and permanent posterior restorations, primary pulp therapy and stainless steel crowns. Practitioners who treat children will benefit from this engaging course. It will incorporate many aspects of both behavior management as well as clinical skills. You will learn procedures that you can apply in your offices the next day. This is a broad-spectrum program that has just enough humor in it to keep you entertained and still focuses on real pediatric issues and valuable clinical techniques. Dr. Peatiris received both his dental degree and his Certificate of Speciality, Pediatric Dentistry, at the University of California, San Francisco. He is a much sought after international speaker and widely published author. He maintains a full time pediatric practice. This course is co-sponsored with educational grants from DenMat, Delta Dental, PIDS and Dool Dental Lab.

Friday, May 4, 2012
Fritz Kopp - Zurich, Switzerland - "The Prosthodontic Sextett for Esthetic Longevity and Success" For esthetic reasons a restoration margin must still be carried subgingivally. Its adverse impact on the periodontium due to factors such as improper margin placement, violation of the biologic width or inadequate emergence profile is well known and has been abundantly discussed in the literature, but has often been insufficiently explained as to how to avoid it during clinical procedures. The motivations performance of the different clinical steps during restorative work such as tooth preparation, provisionalization, impression taking, try-in, and final cementation will be elaborated, leading to more predictability and longevity in esthetics. Perinent clinical details are presented which can be built into your own treatment concepts and added tomorrow. The objectives of this seminar are as follows: Present a refined clini- cal treatment concept for long lasting anterior crowns • Understand the nature and behavior of the collagen fiber bundles • Use the physiologic tooth mobility for precise crown cementation. Dr. Kopp received his dental degree in 1975 from the University of Basal School of Dentistry, Switzerland, where he started his postgraduate training in Operative Dentistry and Periodontics. He also completed postgraduate programs in Fixed and Removable Prosthodontics. Since 1984, he has maintained a private practice for Periodontics in Zurich. Dr. Kopp has given lectures and clinical courses internationally. This course is co-sponsored with educational grants from DenMat, Delta Dental, Hayes Repair and Dool Dental Lab.

Those taking the full DKDU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel
Wed., Oct. 26, 2011 BONUS #1: John Molinari, PhD, "Infection Control for the Dental Office"
Wed., Fri., March 7 - 9, 2012 BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel. Registration for all courses 8:15 AM. Lecture 9:00 AM - 4:30 PM. Continental breakfast and lunch included for all DKDU courses.

FEES

DKDU members - Full Series plus both bonus courses - $655, Individual Courses - $195, 3 Courses - $350, 4 Courses - $455, 5 Courses - $625, 6 Courses - $725
Non-DKDU members - Full Series plus both bonus courses - $995, Individual Courses - $210, 3 Courses - $570, 4 Courses - $695, 5 Courses - $815, 6 Courses - $995

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Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $150,000 to $300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDMD@aol.com.

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Do you aspire to be a partner in a growing group practice? Do you have management abilities? Then you may be the kind of associate we are seeking. Our group is located in the Central Susquehanna Valley near Bucknell and Susquehanna Universities. We are seeking a general dentist capable of a wide range of procedures. No HMOs. Medical Assistance is optional. Want to know more? Call (570) 742-9607, email copdha@sunlink.net or fax your resume to (570) 742-9638.

General Dentist for Associateship
Seeking general dentist for associateship leading to partnership/ownership in a 36-year established FAMILY PRACTICE IN Lower Bucks County. Partner is retiring. Interested parties please respond to PDA Box N/D 3.

Career Opportunity
5 dentist group practice in Chambersburg seeks full-time, outstanding General Dentist to join our practice. Excellent salary w/full benefits. Beautiful modern office facility. Outstanding long-term staff. Come and see what economically thriving Franklin County has to offer you. See our website at www.Chambersburgdentistry.com. Fax resume to (717) 264-0169 or email Chambersburgdental@comcast.net.

Dentist Wanted
Absolute smile Dental Group is looking for PT/FT dentist experienced in root canals, crowns, bridges for busy NE Philadelphia and Delaware County locations. Salary + commissions, partnership opportunities. Call (215) 331-7585 or fax resume to myabsolutesmile@gmail.com.

Dentist Jobs
Aspen Dental offers tremendous earning potential and a practice support model that empowers dentists. We eliminate obstacles for dentists to own their own practice. Call (866) 451-8817 or www.aspendentaljobs.com.

GENERAL DENTIST WANTED
Very current and established office in York seeking associate with current PA license to join professional team. Monday-Friday hours. Successful practice with very appreciative patients. Adding 1,600 square feet and 3 chairs. Quality equipment. Medium size office with staff of 12. Great local reputation. Excellent pay with benefits. Long term staff in place. New grads welcome. Contact Tina at (717) 586-3201 or email resume to 1dental@comcast.net.

(continued on page 60)
Fee for Service Practice
Tired of discounting your fees? This South Central practice is a great opportunity to work less and make more. All digitized, newer equipment, very clean. Contact: David A. Moffa, DMD, MAGD (866) 841-0353 or dmoffa@paragon.us.com to learn more.

PRACTICES FOR SALE

Practice for Sale
Luzerne County - 4 ops, Panorex, 1,000 sq/ft. Well established referring endo, ortho, perio. Sharon Mascetti at Sharon.mascetti@henryschein.com or (484) 788-4071, www.snydergroup.net.

Practice Sale

Practice Sale
Montgomery County - Wonderful practice located in high demand area! 12 ops, digital, Panorex, laser-state of the art! The doctor will stay part time if needed! 135-140 new patients per month. Donna Costa (800) 988-5674, donna.costa@henryschein.com. www.snydergroup.net.

Practice Sale

Practice Sale

Practice for Sale
General, Lancaster County, well established, Dentrix, 3 ops + 1, FFS. Sharon Mascetti at (484) 788-4071, email sharon.mascetti@henryschein.com. www.snydergroup.net.

Practice Sale

Practice Sale

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 Sales
Please call Nancy Schoyer at (888) 237-4237 or email 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 johnfm@adstransitions.com.

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, ext. 103 or johnfm@adstransitions.com for more information on these and other opportunities in the area. www.mcnorgroup.com.

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. www.mcnorgroup.com.

PRACTICE FOR SALE NEAR PITTSBURGH
This is a great opportunity. This practice is located in 1,400+ square feet and has four fully equipped treatment rooms, and is collecting over $990K with high earnings. The real estate is also available for purchase. This is a great practice for someone that has a dead end job and wants to control their destiny. We have 100 percent

PRACTICES FOR SALE

Practice for Sale near Philadelphia
Practice and real estate, 4+ ops, equipment good, career equity builder instead of rent (increases). Great New Jersey location, seven minutes from Philadelphia tax saver investment, location, location, location. CONTROL your destiny! Call (856) 665-6404.

Western Pennsylvania / Greater Pittsburgh Area / Eastern PA
Numerous practices available with collections ranging from $150,000 to $1,000,000
PA - (#'s are collections)
North Hills $360,000
Northern Pgh. Area $500,000
Moon Twp. $500,000
Monroeville $500,000
Beaver County $800,000
Bedford County $1 mill
Oakmont $150,000
NW Pa, Erie area $640,000
Mercer County $660,000
Mercer County $155,000
Grove City $500K
Pleasant Hills $130,000
Clearfield County $1,000,000
Clearfield County $500,000
Mid Mon Valley $250,000
Tri-State Periodontist $750,000
Venango County $360,000
Delaware County $260,000
Altoona $275,000
East Central Ohio $800,000
Merceburg $530,000
New Castle $150,000
Dental Lab California $2 mill.

We offer formal valuation services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner “buy out”, etc. Please contact Bob Septak at (724) 869-0533 ext 102 or email bob@udba.biz
WWW.UDBA.BIZ.

Orthodontic Practice for Sale
Bersk - Schuylkill County area, 2010 collections exceed $1 million. Pre-tax cash flow of $558,742. Excellent location and new patient flow. Seller willing to stay on as desired by purchaser. Excellent opportunity. Contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com.

PEDO Practice for Sale
WOW! What an opportunity. Lehigh Valley Area, practice collecting near 1.4 Million and net cash flow is 1 Million. Over 5,000 patients. Great opportunity with great referral resources. Don’t wait; call to hear about this opportunity today. Contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com.

Mechanicsburg/Harrisburg Practices for Sale
Multiple opportunities with wonderful growth and ownership opportunities. Please visit our website at www.paragon.us.com to see detailed information. Contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com.

Reading Area
With production near 1M this Berks/Schuylkill county area practice is a gem. Over 3,000 active patients, 40 new patients per month and growing. Five treatment rooms and very modern with digital. Email jbruner@paragon.us.com to learn about these great opportunities. Visit www.paragon.us.com to see all our opportunities.

DENTAL PRACTICE FOR SALE
Well established, West End Allentown. Fee-for-service dental practice for sale. Two complete operatories. All equipment, furniture, instruments and supplies included. Serious inquiries only. Please contact us at dental@ptd.net.

Practice for Sale

Northeastern Pennsylvania
Well-established, second generation, family oriented general practice. Home office with two operatories and room for expansion. Located in business district. Real estate may be purchased or rented. Call (570) 645-3208.

Office Available
Immediate Sale: retired dentist, Allentown's West End. Ideal for dentist starting a practice or a satellite office. Second floor apartment income potential. Email burtdentalstudy@yahoo.com or call (610) 435-6862.

PRACTICE WANTED TO PURCHASE
Seeking Dental Practice to Purchase
Looking for a dental practice to purchase in the greater Pittsburgh area. If you are interested in selling your practice to a caring dentist with experience from children to seniors, please email momulle@yahoo.com.
EQUIPMENT FOR SALE

Equipment for Sale
Our office purchased new intraoral wall ($1,500), Mobile ($1,500) X-rays, Handheld X-ray (3,695), chairs and units packages (3,695), Implant Motors ($1,995) and more. Need to downsize. Everything brand new, still inbox w/ warranty. Call (561) 703-1961 or NYCFREED@aol.com.

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We have many satisfied clients with associates in your area that we have helped to either buy-in, buy-out or a delayed sale with the current associate. Without a quality valuation and plan up front these transactions normally fail. Call or email us to arrange a FREE CONSULTATION to find out if you are a candidate for this service. The result is higher income and a higher practice value for the seller and a clear financially positive path for the associate. THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

NEW OWNER REPRESENTATION
Our family and organization has represented over 1,000 new owners over the last 65 years in the Mid-Atlantic area that have purchased, started or became partners in a dental practice. Ownership is a decision that is too important to make without a qualified facilitator. We can get the new owner 100 percent financing plus working capital. Call us for a FREE CONSULTATION and allow us to send you a list of our references. THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

PRACTICE VALUATION APPRAISAL
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 e-mail 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.

Consulting Services
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Practice Transitions
We specialize in Practice Sales, Appraisals and Partnership Arrangements in Eastern Pennsylvania. Free Seller and Buyer Guides available. For more details on our services, contact Philip Cooper, DMD, MBA America Practice Consultants, (800) 400-8550 or cooper@ameriprac.com.

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Fischer Financial Services, Inc. is an independent money management firm located in Harrisburg. As a “Registered Investment Adviser” with the U.S. Securities and Exchange Commission, the firm specializes in money management for institutions and individuals. To learn more, call (888) 886-1902 or visit www.fischerfinancialservices.com.
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Upcoming Events

Fall All Day Program: Friday, October 14, 2011
The Buck Hotel, Feasterville, PA
“Virtues of Profitable Dentistry”
Presented by Dr. Howard Farran DDS, MBA, MAGD
A noted international lecturer on faster, easier, more efficient dentistry. He has captivated audiences around the world with his innovative, informational and entertaining style. In his seminar entitled, “The Virtues of Profitable Dentistry” he gets down to the nitty gritty details of running a thriving family practice. He can show any dental team how they too can achieve their dreams and goals. Dr. Farran is the founder and publisher of Dentaltown Magazine, which is mailed to more than 118,000 dentists in 43 countries each month.

Fall Dine Around: Wednesday, November 2, 2011
The Dandelion Restaurant 124 South 18th Street, Philadelphia, PA
“Current Topics in Head and Neck Cancer, Screening, Evaluation, and Treatment of Oral Cavity and Oropharyngeal Cancer”
Presented by Dr. Longo MD

Winter Entertainment Event: Thursday, January 19th, 2012
Del Frisco’s Steakhouse 1426 Chestnut Street, Philadelphia, PA
Featuring the breathtaking magic of Oz Perlman (back by popular demand!) and stand up comedian and writer Doogie Horner

Zocalo 3600 Lancaster Avenue, Philadelphia, PA
“The Fully Integrated Practice: It’s All About The Patient”
Presented by T. Andre Shirdan

CPR: Friday, April 27, 2012
The Buck Hotel, Feasterville, PA

Spring All Day Program: Friday, May 18th, 2012
The Buck Hotel, Feasterville, PA
“A Sound Recession Proof Restorative/Hygiene Practice; Integrating the Team and Creating the Value”
Presented by Dr. Lou Graham

Annual Golf Outing: June, 2012
Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
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Wednesday, Thursday & Friday

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for Doctors & Staff

Pennsylvania CE Requirements
Your chance to begin to plan for 2013

Exhibit Hall
Featuring 50 companies

Wednesday March 7, 2012

Ms. Anita Jupp
"Anita Tells It Like It Is...Not Working Harder...Working Smarter"

Dr. Charles Wakefield
"Restorative Materials...What, When, Where and How?"

Dr. Robert Edwab
"Oral Surgery for the General Practitioner" (AM lecture & PM hands-on)

Dr. John Tucker
"Treatment of Obstructive Sleep Apnea with Oral Appliance Therapy"

Thursday March 8, 2012

Dr. Mark Hyman
"360 Slam Dunk Guide to Successful Teams"

Dr. George Bambara
"Ultimate Course in Attachment Dentistry"

Ms. Karen Davis
"Creating the Ultimate Doctor-Patient Hygiene Exam" and "Getting from Bugs and Drugs to Hugs and Health"

American Academy of Facial Esthetics
"Botox Day—Part I" (lecture & participation course)

Friday March 9, 2012

Dr. Betsy Bakeman
"All Dentistry is Cosmetic"

Dr. Stanley Malamed
"Emergency Medicine in Dentistry"

Dr. Peter Shatz
"Dental Surgery and Anesthesia...Do You Know Your Anatomy" (AM lecture)
Socket Preservation Bone Grafting (PM hands-on)

American Academy of Facial Esthetics
"Botox Dermal Fillers—Part II" (participation course)

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