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Dr. Dennis J. Charlton (Im. Past President) • 700 Glenburn Road, Clarks Summit, 18411-2306
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P.O. Box 1388, Northern Cambria, 15714-1388
(814) 948-9650 • soth.pda@gmail.com

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

Dr. Samuel E. Selcher (Treasurer) • 700 Spring Garden Drive, Middletown, 17057-3034
(717) 944-0426 • sselch@aol.com

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

2nd • Dr. Ronald K. Heier • 2015 • 100 Deerfield Lane #290 • Marven, 19355-2159
(610) 296-9411 • DrRon@adamember.net

3rd • Dr. Eli Stavisky • 2016 • 700 Glenburn Road, Clarks Summit, 18411-2306
(570) 587-5495

4th • Dr. Michael S. Shuman • 2013 • 1052 Park Road, Blandon, 19510-9563
(610) 926-1233 • mikeshumandmd@gmail.com

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

6th • Dr. John P. Grove • 2014 • PO Box 508, Jersey Shore, 17740-0508
(570) 398-2270 • jgdds@verizon.net

7th • Dr. Wade I. Newman • 2014 • 115 S. School St., Bellefonte, 16823-2322
(814) 355-1587 • win_dds@hotmail.com

8th • Dr. Thomas C. Petraitis • 2015 • 101 Hospital Ave., DuBois, 15801-1439
(814) 375-1023 • tpetraitis8th@gmail.com

9th • Dr. Joseph E. Ross • 2016 • 106 E. North St., New Castle, 16101
(724) 654-2511 • jerossmd@gmail.com

10th • Dr. Herbert L. Ray Jr. • 2015 • Univ of Pittsburgh School of Dental Med
3501 Terrace St., 3063 Salk Annex
Pittsburgh, 15261-2523
(412) 648-8647 • hrayendo@yahoo.com

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

PDA Committee Chairs
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PDA Central Office
3501 North Front Street
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 • (717) 234-5941
FAX (717) 232-7169

Camille Kostelac-Cherry, Esq.
Chief Executive Officer
cck@padental.org

Mary Donlin
Director of Membership
ded@padental.org

Marisa Swarney
Director of Government Relations
mss@padental.org

Rob Pugliese
Director of Communications
rap@padental.org

Rebecca Von Nieda
Director of Meetings and Administration
rvn@padental.org

Leo Walchak
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ltw@padental.org

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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.

Editor | Dr. Bruce R. Terry
85 Old Eagle School Road, Wayne, 19087-2524
(610) 995-0109 / pullpulp@aol.com

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

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

Editor Emeritus | Dr. Richard Galeone
3501 North Front Street, Harrisburg, 17110
(215) 855-4092 / riggds59@comcast.net

Editor Emerita | Dr. Judith McFadden
3386 Memphis Street, Philadelphia, 19134
(215) 739-3100 / judithmcfadden@aol.com

The last issue of the Journal (v79, n4) contained an error on page 17. We meant to acknowledge the efforts and contributions of the ICD-USA District 3 for organizing and supporting a joint effort in providing continuing education at the PDA Annual Session. Since the CE was a big success, the ICD-USA District 3 will also provide continuing education at the 2013 PDA Annual Session.
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PDA 2.0

June and July were busy months at PDA. While the rest of you were working at your offices or enjoying some summer vacation, PDA staff, Board of Trustees members and Governance Task Force (GTF) members discussed the future of our organization.

You may have looked around at a dental meeting recently only to see the same old faces, and asked yourself, “where are the new faces?” You must have heard that new membership lags when compared to the number of dentists retiring. The aging of our membership has cost us hundreds of thousands of dollars when factoring in the loss of dues-paying members to retirement. We can’t continue to do business at PDA when our budget is shrinking annually. Programs, publications, outreach, community awareness and advocacy will all be affected by the lack of income.

On July 14 and 15, PDA leaders met in Harrisburg at our President-Elects Conference. During Friday’s program we listened to Ms. Mary Byers talk to us about “How Associations Can Prosper In The Future.” Mary is a professional association consultant, speaker and writer, who co-authored “Race for Relevance: 5 Radical Changes for Associations.”

In her book Mary cites examples of organizations similar to PDA. She discussed how they operated in the past and where they were when they realized it was time for a change. She then outlined the changes that were discussed by each of these organizations and the outcomes of those changes. We have reprinted her article on page 17 of this issue.

Mary was very clear that no organization today can continue to operate as it has in the past. The information age, coupled with the demographics of membership, has forever changed how every organization can conduct business and the PDA is no exception.

One of her most important suggestions was that organizations of our size should have a governing body of no more than five members. That’s it! No Board of Trustees with a member from each geographic district and no House of Delegates. This bloated form of governance is old school.

More important is the selection of those five individuals. Members will be selected based upon skills and experience, perhaps in key areas such as finances, legislative issues or computer technology. Each member will be selected based upon the skill needed to provide the organization with proper counsel and sound advice.

In addition to changing the roles of leadership, we will also need to reframe our purpose as a dental organization. What do we hope to offer and what do we hope to accomplish? We must also remain current to both our membership and to the community. We must realize what our members need and what we can provide. We must stop doing things because this is how we’ve done it for the last 100 years. We have to stop doing things that members don’t care about or don’t need. We must listen to what our members need and what benefits them. We need to engage the younger practitioners to join and get involved. We need to find out what they want and what we can do for them.

This is a tall order for any group, but it’s time for us to rise to the occasion and make these necessary changes. In the Friday afternoon session of the conference, the attendees were split into work groups. Each was charged with formulating ideas about what is important and what has to change. The discussions were at times funny and at other times serious. How do we change and yet stay effective as the premier dental organization for Pennsylvania?

On Saturday, the PDA Board of Trustees met followed by a larger meeting that included the Board and the members of the GTF. The discussion, led by GTF chairperson Dr. Karin Brian, was a lively dialogue about what key ingredients we need to consider to create the necessary changes to the PDA. The GTF will come up with a plan and timetable for change.

Topics that were discussed and reviewed as options include: Changing the House of Delegates to a smaller group or eliminating it completely; decreasing the Board of Trustees to 5-7 members from the current number of 18; changing the format of the Annual Session or eliminating it.

The PDA leadership has its working orders. We must make changes to move with the times. In the coming months, we will be presented with the recommendations of the GTF. We must agree on the changes necessary and begin implementation as early as possible. We need the help of every PDA member, even if you are not in a leadership role. You can let us know what PDA means to you. What do you see as a good value for your membership dues? What is important to you and what’s not? How can we help you and your practice, your staff, your family and your community? What have we not provided to you?

Help us as we help PDA and you move to the future.

—BRT
PDA’s Race for Relevance

By Camille Kostelac-Cherry, Esq., Chief Executive Officer

PDA’s first ever President-Elect Conference convened on July 13 in Harrisburg. Initiated by president Dr. Bernie Dishler, the presidents-elect of our component societies were invited to participate in an event designed to assist our elected colleagues as they transition into the role of president.

As the planning unfolded, several factors converged to create the perfect opportunity for evaluating organized dentistry’s roadmap toward its immediate goals, future visions and core mission. To embark on its journey, PDA enlisted the aid of facilitator Mary Byers, co-author of “Race For Relevance, 5 Radical Changes for Associations.”

First, the 2012 House of Delegates mandated the appointment of a task force to investigate possible changes in PDA governance. Whatever recommendations are considered will have an impact on our components as well. It made sense to invite the task force members to participate in the conference in order to arrive at consensus.

With declining membership affecting operational revenue, PDA has been faced with financial challenges, which resulted in the need to downsize PDA staff. Effective January 1, 2013, the Central Office will have four fewer positions. All departments have been cut and staff has been working on transferring duties to the staff who will remain.

Additionally, the Board of Trustees was presented with a plan to liquidate from reserves, an amount of cash needed to cover approved 2102 budget items. The plan adopted by the board included several tweaks to financial procedures that would assist in creating a more realistic budget for 2013. Those changes hopefully will eliminate the need to balance the proposed operating budget from reserves as has become the custom in recent years.

In “Race for Relevance,” Byers recounts the pressures that all associations encounter: competition for members, and members’ time; increased specialization; technological advances which provide immediate access to information, newer methods of communication, and social networking; member expectations; financial considerations; and most important, continued relevance. In order for an association to remain relevant to its members and prospective members, it must make radical and immediate changes in its governance.

As facilitator of the conference, Byers guided the groups through discussion on PDA’s relevance to its membership, the urgent need to overhaul our governance model and committee operations, suggested that PDA redefine its membership market, encouraged an analysis of PDA programs and services and strongly endorsed the empowerment of the professional staff.

In breakout sessions, while the component leaders discussed membership issues, the board and governance task force members met with Ms. Byers who guided the group to general consensus on the elements that the task force would focus on during its deliberations. The task force members, all of whom read “Race For Relevance,” will use the concepts presented as the basis for its eventual recommendations.

It was clear to all attendees that it is time for PDA to consider some drastic changes in its operational model if it is to remain relevant in this new environment of instant information, digital communication and competition from many sources. Simply put, PDA can no longer do business the way it has been done for the past five decades. And PDA can no longer be all things to all members. Now, more than ever before, it needs to focus on its core values and re-envision its future. PDA must choose to change — to reinvent itself — not only in order to prosper, but more basically, simply to survive. We need to adapt to a new reality in association management.

The task force will present its recommendations to both the Board of Trustees and the House of Delegates in early 2013. Please consider seriously the seemingly radical ideas for change that may be presented. And, know that we are not alone. As the ADA released its recent governance study to its house of delegates, hundreds of other state and national associations are in the process of identifying how internal organizational structures need to be recreated in order to survive. We are on the threshold of a new existence; please be brave enough to carry PDA over that threshold.

To get a flavor for the association model that Byers proposes, please read “Benefits of a Five Member Board,” Mary Byers and Harrison Coerver’s article from the March 2011 issue of Associations Now, found on page 17. The book “Race for Relevance” is available for purchase through amazon.com.
New Laws Impacting Dentistry and Patients

Days before the budget passed on June 30, the General Assembly passed two pieces of legislation impacting dentists and dental patients. PDA was there every step of the way, amending these bills when necessary, and lobbying both legislative chambers and both sides of the aisle to garner support for provisions in both bills that were acceptable to all stakeholders.

Act 65: Malpractice Insurance Requirement for Dentists

On July 5, Governor Corbett signed into law legislation that requires insurers to cover the cost of administering general anesthesia when needed to provide dental care to children seven years of age and younger, and patients of any age with developmental disabilities. PDA advocated for this legislation for more than 10 years and was consistently stymied by the insurance lobby. However, persistence paid off this legislative session when House leaders forced insurance lobbyists to the table for negotiations, sending a clear message that the legislature intended to pass this bill.

HB 532 unanimously passed the House of Representatives on June 12 and moved to the Senate, where it was fast tracked and passed by the Senate on June 30. This law will take effect 180 days from when it was signed on July 5.

Thirty-one states require that medical plans pay for related medical expenses, such as the administration of general anesthesia, when dental treatment must be performed in hospitals or other settings. Not providing this coverage limits access to care for those patients who require extensive dental work and need general anesthesia because of behavior management issues or have special needs. These patients simply do not get the care they need because they cannot afford the significant costs associated with the administration of general anesthesia.

PDA’s lobbyists, staff and volunteer members worked with key members of the House Democratic and Republican caucuses to advance this legislation. PDA also worked with organizations that advocate on behalf of Pennsylvanians with special needs to better educate the legislature about how providing this coverage is necessary in order to provide quality care to the most vulnerable dental patients.

Our success passing this bill did not happen overnight. Rep. Stan Saylor first introduced this bill in the early 1990s, and it took years of lobbying with different administrations and a Republican or Democratic-controlled legislature before there was enough support to pass the bill. Your help over the years by contacting your legislators at home, attending Day on the Hill, participating in Legislative Checkup Week and responding to our action alerts helped us reach the finish line. Your donations to PADPAC helped give us access to the right legislators who championed our cause and supported the bill. Thank you for your support!

Act 94: General Anesthesia Coverage for Young Children and Patients with Developmental Disabilities

On July 5, Governor Corbett signed into law legislation that requires insurers to cover the cost of administering general anesthesia when needed to provide dental care to children seven years of age and younger, and patients of any age with developmental disabilities. PDA advocated for this legislation for more than 10 years and was consistently stymied by the insurance lobby. However, persistence paid off this legislative session when House leaders forced insurance lobbyists to the table for negotiations, sending a clear message that the legislature intended to pass this bill.

HB 532 unanimously passed the House of Representatives on June 12 and moved to the Senate, where it was fast tracked and passed by the Senate on June 30. This law will take effect 180 days from when it was signed on July 5.
expressed their intent to pass legislation this session.

PDA intervened, and in a series of meetings with Sen. Vance and her staff, was successful in amending the bill to include the following exemptions:

- Dentists maintaining an active license but not practicing clinically.
- Volunteer dentists in community-based settings.
- Dentists whose employer provides coverage.

Act 65 took effect on August 22. It is our understanding that the State Board of Dentistry will most likely request proof of adequate insurance coverage before or during the licensure renewal cycle and that it will look to see that licensees have met the August 22 deadline for purchasing the amounts now required: one million per aggregate or claim and three million per annual aggregate. PDA advises dentists to update their policies immediately and not to wait until it is time to renew policies. Dentists who qualify for one of the above exemptions will be able to notify the board accordingly.

While generally opposed to mandates for dentists, PDA’s strategy was to amend the bill as best as possible in order to increase the likelihood that other bills we supported would pass. To oppose this legislation would most likely have backfired and resulted in defeat for our other legislative initiatives and the passage of a bill that did not include any of PDA’s amendments.

We thank those dentists who engaged politically at the grassroots level by continually contacting their legislators and requesting support for PDA’s proposed amendments.

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PDA’s Government Relations Committee Would Like to Hear From You!

As PDA gears up for the new legislative session commencing in January 2013, we would like to hear from all of you about the issues you want PDA to advocate for on your behalf. Are there specific insurance, practice management, licensure or access to care issues you would like for PDA to focus on next legislative session?

If so, we need to hear from you! Members of PDA’s Government Relations Committee want to make sure we lobby for those issues that will have a positive impact on you, your livelihood and your patients! Please email Marisa Swarney at mss@padental.org or call (800) 223-0016.
How Can I Maximize My Credit Card Processing?

By Bill Hoyer, Elavon

There is no guaranteed path to a successful business. But there are successful strategies. One key strategy is how to process payments. Like all solutions, the ability to accept credit cards has its price. Besides the initial installation of software and purchase of equipment, there are the ongoing fees the NARFA industry has to pay on every credit card transaction they process.

Following is some basic information to help you make the most of your payment processing account.

- Be sure that you and your associates swipe credit and debit cards through the terminal whenever possible. There is less risk associated with a swiped transaction and will result in the lowest possible rate.
- PIN debit transactions are generally lower in cost than credit transactions.
- Make sure your equipment is up-to-date, i.e. prompting for security codes and billing addresses when necessary. This will also ensure lower transaction fees and fewer downgrades.
- Make sure to batch and settle daily. Transactions not batched and settled in a timely manner can incur additional fees.
- Input all requested data.
- PCI compliance
- If you are accepting orders via the phone or over the Internet, consider setting up separate accounts for those transactions.

Do you know the real rate you are paying for your credit card processing?

You can determine what you are really paying by a simple analysis of your processing statement. Take the total amount of fees you are paying and divide that by the total dollar volume of the transactions you processed. The resulting number is what is called your effective rate — the average rate you pay per transaction.

Although your real rate is determined by the number and volume of transactions you process, the following example will help illustrate how your qualified rate and your effective rate can differ.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Total monthly fees:</th>
<th>$250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total monthly volume:</td>
<td>$10,000</td>
</tr>
<tr>
<td>Effective rate:</td>
<td>$250/$10,000 = 0.025 or 2.5 percent</td>
</tr>
</tbody>
</table>

How do I select the right payment terminal?

Ask yourself these questions:

1. Have you had any occurrences of credit card fraud or experienced numerous chargebacks with your phone order or non-swipe transactions?
2. Have you incurred any additional fees on your statement because of Card Not Present transactions?
3. Does the speed of your current terminal keep up with the pace of your business?
4. Do you ever need to batch out more than once a day?
5. Do you have high employee turnover?

**Understanding Credit Card Processing**

*(2 questions over a period of time)*

*What is interchange?*

The most misapplied term in credit card processing is “discount rate.” This term...
is applied to the percentage of each sale a merchant pays to a process credit card sale. To call it a discount would suggest something is being reduced...but it’s not. It’s a fee merchants pay to their processor to handle the transactions and deposit of credit card funds into their bank accounts.

The “discount rate” begins with interchange — the base fee assessed by credit card companies and distributed to card-issuing banks. Interchange, of which there are more than 100 different rates and categories, makes up the largest portion of the so-called “discount rate”.

**How does interchange affect transaction costs?**

Although interchange fees are applied to all credit card processors equally by the card associations, namely VISA® and MasterCard®, they fluctuate in amount based on a variety of factors. Factors include:

- **How you process** — Merchants processing transactions in a mail, telephone or Internet environment pay higher interchange fees when a cardholder is not present for the sale, which creates a higher risk of chargebacks.
- **How the card account number is captured** — Merchants receive a lower processing rate for all transactions swiped through a magnetic-stripe reader (credit card terminal or card reader), because the encoded information on the back of the card can be verified through the issuer. When a card cannot be read through a magnetic reader, merchants need to get a manual imprint of the card, if possible for protection against potential chargebacks.
- **Amount of data submitted with each transaction** — Visa and MasterCard have multiple levels of qualification. For example, transactions accepted by telephone that do not meet the requirement, such as when only a partial address is provided for Address Verification (AVS) are assessed higher rates, which are passed to the merchant.

For more information on credit card processing, Bill Hoyer can be reached (717) 880-9945 or William.hoyer@elavon.com. Elavon is PDA’s endorsed vendor for credit card processing.
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We continue our 105th year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Fall All Day Program: Friday, September 21, 2012
Valley Forge Casino Resort, 1210 First Avenue, King of Prussia, PA
“21st Century Marketing: How Dentists Can Thrive in the New Economy”
Presented by Dr. Leonard Tau:

The internet has become the main way that potential patients search for a dentist. Dr. Tau will teach you the ways your office can become the “go to” office in your area during this content rich course. Dr. Leonard F. Tau maintains a full-time private practice in northeast Philadelphia focusing on general, cosmetic, reconstructive, and implant dentistry. Dr. Tau lectures nationally to fellow dentists on internet marketing and social media.

Fall Dine Around: Wednesday, November 7, 2012
Paloma, 763 South 8th Street, Philadelphia, PA
“Practice Transitions”
Presented by Phil Cooper, DMD, MBA

Founded American Practice Consultants in 1985 to provide guidance for dentists in practice appraisals, practice sales, and partnership agreements. He has worked with hundreds of dentists throughout all types of practice transfers over the years and is well known and respected within the greater Philadelphia and New Jersey region.

Winter Entertainment Event: Thursday, January 17th, 2013
Del Frisco’s Steakhouse 1426 Chestnut Street, Philadelphia, PA
Come and join us in “The Vault” at Philadelphia’s premier steakhouse with a night of fine fare, music, drinks and entertainment.

Spring Dine Around: Wednesday, March 20, 2013
La Veranda, 30 North Columbus BLVD, Philadelphia, PA
“Cement Retained vs. Screw Retained Implant Restorations”
Presented by Jeff Carlson CDT

A noted international speaker, trainer, and author. He teaches dental technicians and dentists how to “simplify the complex”. He is the co-creator, along with his wife Kathi, of The Implant Consortium, a patient centered group of dental professionals dedicated to the advancement of tooth replacement. Jeff will discuss the criteria for determining which option is best securing implant restorations for the patient based upon: the patient’s expectations, the doctor’s expectations, biomechanical factors, and overall physiologic considerations.

Spring All Day Program: Friday, May 3rd, 2013
The Buck Hotel, Feasterville, PA
“STEP: A Predictable Protocol for Treating the Worn Dentition”
Dr’s Wooodell and Passaro graduated from the University of Maryland Dental School, Class of 1981. They have practiced together for over thirty years and maintain a practice of Restorative and Esthetic Dentistry in Davidsonville, Maryland. In 2010, Drs. Wooddell and Passaro launched the Chesapeake Dental Education Center where they teach other practitioners how to achieve more efficient and predictable treatment outcomes with greater case acceptance.

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
IN MEMORIAM

Dr. Herbert Berkman  
Ventnor City  
Temple University (1945)  
Born: 1922  
Died: 5/6/2012

Dr. Richard C. Burt  
Allentown  
University of Pennsylvania (1948)  
Born: 1924  
Died: 6/8/2012

Dr. Joseph W. Cole  
Du Bois  
University of Pittsburgh (1951)  
Born: 1924  
Died: 6/10/2012

Dr. John R. Felice  
Media  
Temple University (1946)  
Born: 1922  
Died: 6/1/2012

Dr. James Prescott, III  
Carlisle  
Temple University (1950)  
Born: 1922  
Died: 5/15/2012

Dr. Paul T. Haus  
Mount Lebanon  
University of Pittsburgh (1958)  
Born: 1927  
Died: 6/22/2012

Dr. Walter E. Sellers  
Allentown  
University of Pennsylvania (1952)  
Born: 1921  
Died: 5/9/2012

Dr. Joseph H. Sheriff, Jr.  
Martinsburg  
University of Pittsburgh (1947)  
Born: 1918  
Died: 4/24/2012

Dr. Allan Goldstein  
Willow Grove  
Temple University (1962)  
Born: 1938  
Died: 7/2/2012

Dr. Joseph H. Sheriff, Jr.  
Martinsburg  
University of Pittsburgh (1947)  
Born: 1918  
Died: 4/24/2012

Find a Member Dentist Directory

One of PDA’s most popular website sections is the public Find a Member Dentist Directory. Using this search, patients can easily find a member dentist in their area. This feature of our site is a valuable member resource, offering you a way to publicize your practice to people seeking treatment.

The information that appears in the directory is collected from your member profile. At any time, you can update your profile, including addresses and office information, by visiting www.padental.org/profile.

While updating your profile, please ensure we have your correct email address on file. We frequently communicate with our members electronically, and want ensure you are receiving the latest information about PDA and your profession.

If you are interested in seeing how your information is appearing in the Find a Member Dentist Directory, visit www.padental.org/findadentist and conduct a search.

If you have any questions about your profile or the directory, please contact PDA at (717) 234-5941.
Dr. Charles R. Weber, a general dentist from West Chester, a past president of PDA and our current Third District Trustee to the ADA, has announced his candidacy for the position of president-elect of the ADA.

Dr. Weber’s dedication to dentistry began upon graduation from the University of Pennsylvania School of Dental Medicine in 1969 when he enlisted in the U.S. Army Dental Corps, where he served as an active duty captain for two years. In 1971, he left active duty to pursue a private practice but remained in the U.S. Army Reserves for four more years. He has been in private practice ever since.

Over the past 30 years, Dr. Weber has made significant contributions to the dental profession and organized dentistry. His achievements as a practitioner, clinician and leader on the local, district, state and national levels have gained him the utmost respect and recognition from his colleagues.

In the early 1980s, “Charlie,” as his friends know him, became involved with organized dentistry by serving on numerous committees including patient relations, bylaws and children’s dental health for the Dental Society of Chester County and Delaware County. He began climbing the ranks in local leadership first as a treasurer and a year later served as president. In the 1990s, he played an active role in planning and chairing the Valley Forge Dental Conference. He ascended the levels of district leadership and served as Second District Valley Forge Dental Association president in 1992.

At the state level, Dr. Weber served as an alternate delegate to PDA for five years and as a delegate for 20 years. He also served as chairman of the strategic planning committee for two years and was elected PDA vice president in 1999. He represented the Second District Dental Association as trustee for three years before being elected as PDA president in 2004.

During his presidency, Dr. Weber wholeheartedly embraced the changing needs of our members and encouraged leadership to make advances in technology and communication. Under his leadership PDA launched a newly redesigned website and Charlie was quick to encourage his fellow members to use the website as a valuable source of information. He was also instrumental in the creation of Transitions, our bimonthly newsletter devoted to hard news and PDA achievements. He stressed the importance of a well-informed and active membership.

Dr. Weber’s strong belief that PDA should educate future leaders was the impetus for his desire to create the PDA Leadership Conference, most recently known as the PDA Leadership Symposium. The first leadership conference took place in 2004 and was considered an unqualified success.

Dr. Weber is truly a man of noteworthy accomplishments, and in 2012, he was honored with the prestigious PDA Distinguished Service Award.

Dr. Karin Brian, Second District past president, wrote in her nomination speech,

“Dr. Weber’s contributions, philosophy and ethics have paved the way for the next generation of dental leaders and have laid the foundation for strong recognition by his peers.”
An Important Message — Free Dental Clinics in Pennsylvania

Dear PDA members,

Have you always wanted to volunteer for a mission trip, but something held you back? Maybe it was the time away from your practice or the location in a foreign country when you really wanted to help out locally? Well, now you have the perfect opportunity. We have formed MOM-n-PA and are holding our inaugural two-day event in the spring of 2013, on May 31 - June 1, 2013.

Our non-profit board is made up entirely of volunteers so 100 percent of your donations will go directly to patient care. We need your money, your hands, your time and your staff. It sounds like a lot, but believe me, it will be worth it. Our goal is to treat at least 2,000 underserved patients in a two-day time slot in north Philadelphia, where the need is great.

The project will rotate around the state, so the following year it might be in the Pittsburgh area, or near Harrisburg, or even in the rural portions of central Pennsylvania. Please visit our website (www.mom-n-pa.com) and sign up to be a volunteer, and make a donation. In this initial phase, your donations are critical. If you need any more information, please do not hesitate to contact me, Julie Barna, fundraising chair, at jbara0823@gmail.com, or my office, (570) 524-0600. I think I know the dentists of Pennsylvania. When asked to help, you respond, and usually in a big way. Please help — we need you now. Thanks so much; you won’t regret it.
Associations need to embrace radical change if they wish to remain relevant.

Whether you are a paid association professional or a volunteer leader, you have probably noticed that the association model isn’t as effective as it once was. You’ve likely experienced the challenges firsthand: loss of market share, pressures on members’ time, shrinking revenue. And you’ve seen the irreversible trends that are making our traditional, accepted practices obsolete: rapid advances in technology, higher member expectations, increased competition, and diverse member markets.

Significant and permanent changes have occurred. But one thing hasn’t changed much: the way associations operate. They govern the same way. They deliver the same services. They communicate the same way—all despite the fact that most associations have experienced tremendous shifts in their markets, their membership base, and their ability to keep pace in a rapidly changing world.

Association executives have learned their thinking and management styles from their predecessors, their peers, and professional development programs. Our association archetypes have been passed down without much challenge or innovative thinking. After all, the traditional association management model worked for decades. Yet that traditional model is no longer the best model, and its efficacy will continue to diminish. While most associations and nonprofits are not in immediate danger, they will struggle if they cling to conventional approaches and structures. They will survive, but they won’t grow. They will function, but without vitality. They will have members, but their market share will decrease. They will exist, but their influence will decline.

In our book, Race for Relevance, we discuss five steps we believe associations must take if they want to avoid falling seriously behind. The first and most important step relates to governance—because, in most associations, governance traditions, structure, and processes are the single biggest impediment to effecting change.
A Modest Proposal

You need to reduce the size of your board to no more than five people, not including the CEO.

Yes, we said five.

Most association boards do not effectively govern or lead their organizations. They waste time. They underutilize the talent and abilities of their directors. They are reactive.

Millions of hours of staff time are squandered each year on unproductive board activities. The opportunity cost of the care and feeding of board members is immense. If you don’t agree, call an association the week before a board meeting. In a small organization, the entire staff is focused on preparations for the meeting; in a large one, most of the senior management is consumed. With four meetings a year, the average association allocates a month a year to board meeting preparation alone. And this doesn’t count the two or three days of follow-up activity after the meeting.

If your association could concentrate its entire staff or senior management team on one thing for a solid month, what could it accomplish? Probably something significant. That is the cost of “managing” a large board.

Of course, preparing for board meetings is only a small percentage of the effort required to support board members throughout the year—and the larger the board, the more resources are required. Tasks range from handling requests for information to pleas for better hotel rooms at the convention or seats at the awards dinner.

Why Smaller Is Better

The problem with most boards is simple: They are too large, and they are not composed for performance.

Large boards are not effective. They are cumbersome. They are slow. They are full of political entanglements. They are difficult to manage. And they generally continue to get larger. Instead of contributing to the organization, they are a drain on the association’s valuable staff resources.

But the biggest consequence of a large board is disengagement. The larger a board gets, the less engaged the individual director tends to be.

When the board is small, directors know that their presence and attention is important. When the board gets to be 20 or 30 people in size, missing a meeting or being absent from a conference call won’t be as noticeable. At 40 you need microphones at the meetings so that directors can hear each other. And, as we have observed, at 50, some members begin to read USA Today, text, or read emails at the board meetings.

As board size increases, authority and control coalesce into a smaller group. Years ago we came across an organization that vividly demonstrates this dynamic. A national organization’s board continued to get larger. As it grew to more than 20 members, an executive committee was formed. But as the board grew larger than 50, the executive committee increased to more than 20. This larger executive committee got bogged down, so a management committee of six was formed to deal with decision making more effectively.

The board continued to grow, the executive committee continued to grow, and now the management committee increased to 20. As the larger management committee got bogged down due to its size, an operating committee of six was formed. Group dynamics drove the changes that repeatedly resulted in the appointment of a smaller, more effective group.

The lesson should not go unnoticed: Large boards are not effective. In reality, almost all associations and professional societies are actually governed by the officers or an executive committee of about five individuals. As this tends to be the case in almost all boards we have encountered, why do we need the baggage of the rest of the board?

The Competency-Based Board

Most associations select their board members with the very flawed assumption that anybody can govern. Governing, however, is very difficult. Not just anybody can do it.

With a five-person board, the process of selecting the directors is critical and is guided by an understanding of what competencies are needed to govern the association and direct it effectively into the future.

The first step is to analyze the major challenges and opportunities for the association in the next five to 10 years. What high-impact trends or developments will affect the membership, the members’ market, or the association’s environment? This analysis should be conducted with great care. Existing research and studies should be referenced, recognized experts or specialists consulted, and member or leadership surveys considered.

Once the challenges and opportunities have been accurately identified, it’s easier to determine what competencies will be needed on the board—not technical skills, but high-level knowledge and understanding. For example:

• If the association’s leadership and staff see technology emerging as an increasingly important delivery mechanism, who in our membership can bring a level
of knowledge and understanding of its potential and how it might be exploited?

• If we see increased interorganizational collaboration, joint ventures, or possible mergers in our future, who has relationships that might be leveraged or contacts that would be helpful? Who has the organizational political savvy that would be an asset in representing us in joint venture discussions?

• If our financial situation will be complex, who brings a good understanding of financial matters?

• If our programs and services are tired, who understands the challenges of developing marketable products in a competitive environment? Who has experience in developing a concept into a net-revenue generating product?

Keep in mind that directors don’t have to be members. An association may not have five members with the necessary leadership and governance experience and competencies. Instead of leaving the position open or filling it with an incompetent, the association should look outside the membership. While it’s not yet common, there are instances where associations have successfully recruited outside directors with a relationship with the industry or profession.

Directors in competency-based boards must understand that, as a member of the leadership and governing team, their input and participation on all association matters is critically important. A small board doesn’t have anyone to blame for missed opportunities, failed initiatives, or glaring mistakes. All five directors have to be fully on board and fully engaged.

How to Downsize and Survive

Board downsizings are not uncommon, but most don’t go far enough—they reduce the size of the board from 40 to 20, or 35 to 15. But if you are going to go through the considerable time, effort, and politics involved in downsizing, why stop at 18 or 16? You might as well go all the way to our recommended board size of five.

Downsizing a board is one of the most significant governance challenges an executive can face, right up there with eliminating board micromanagement of staff. While daunting, it can be accomplished. The following nine tips are critical to getting the job done.

1. Do not underestimate how difficult this will be. It is going to take years. You need a plan that will pace and sustain the effort. You need to be prepared to accept setbacks. You need to know when to lay low, and you need to know when to accelerate implementation. But it will be worth every minute.

2. Know that few directors want to lose their seat on the board. Eliminate the first line of resistance by making it clear that everybody currently on the board will serve out their terms—but as each term comes to an end, the vacant seat will not be filled. Board members are more likely to surrender someone else’s future seat on the board than to give up their own.

3. Build your case carefully. Don’t be shy about the first draft of your downsizing proposal; make it brutally honest and apolitical. Your case for change should address instances where your large board has missed opportunities and demonstrate how a small, competency-based board could have addressed situations more effectively. It should also graphically depict the amount of staff time consumed in support of your large board (versus adding value to membership). Show how the resources now spent on board support could be reallocated to important and productive efforts and what the potential impact would be.

4. Draft your plan. Develop a step-by-step strategy with timelines. Remember, it will require all directors serving out their terms. It will probably require at least two phases.

7 Questions to Ask Board Candidates

Imagine the difference it would make if your association selected board members with a mindset of “Who demonstrates the most promising leadership?” instead of “Whose turn is it?” Questions like these could guide a competency-based board selection process:

1. Does the candidate have basic leadership skills (not an ability to manage, but to lead)?

2. Does he have at least a three-to-five-year horizon in his thinking?

3. Can she guide the association into the future?

4. Can he effectively direct the association’s resources to achieve its goals and objectives?

5. Does she have the ability to inspire and empower others?

6. What has he done to show that he can move people and an organization in the right direction?

7. Does she know what it means to govern?
5. Take your case and plan to a current or incoming chief elected officer who has experienced the flaws of the current system. Choose someone who is an insightful leader, understands the association’s politics but is not immersed in them, and who is respected by the rest of the leadership. Pick this individual carefully. If you can’t make this first sell, your prospects for success are at best significantly diminished and, at worst, potentially doomed.

6. If your first champion agrees with your assessment and plan, reach out to a small core of additional leaders. These individuals may be in the chairs or on the board; they may be past presidents or a major players in the industry or profession. But they must be knowledgeable about the association, committed to its purpose and its future and respected by their peers. With the help of this core group, you can take your unvarnished case and redraft it into a politically correct plan to restructure the association’s governance.

7. Identify individuals who will stand in the way. Rank them in terms of their ability to mount resistance to the change. Know who will just get in the way and who has the potential to completely sabotage the process. Analyze their motives and consider why they would be opposed. How will they attack the proposed redesign? How can you respond to their pushback? How can they be neutralized or their opposition weakened? You may get a surprise or two, but you (along with your core leadership team) should be able to identify almost all of the potential opposition.

8. Understand concerns and be prepared to respond. There will be concerns and pushback. Some will be blindly based on “how we’ve always done it” or aversion to change. Others will be political or based in self-interest. But there will be legitimate questions and you need to be prepared with solid answers.

9. Picture the promise. People will only give something up for a gain or benefit elsewhere. “If we give up our traditional board structure, what do we get in return?” Identify a short list of initiatives with high impact and commit to achieving them in a very short time given the change to the five-member, competency-based board. Though working toward radical change isn’t without pitfalls, without streamlining governance at both the board and committee levels, your association will be stuck in its current model and modes of operation indefinitely. To thrive, grow, and build toward a better future, you must first build a board structure that can support nimble, strategic and disciplined change.

Harrison Coerver is president of Harrison Coerver and Associates in Boca Grande, Florida. Mary Byers, CAE, is president of Word Works in Chatham, Illinois. They are the authors of Race for Relevance: Five Radical Changes for Associations. Emails: harrison@harrisoncoerver.com, mbyers@marybyers.com

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**Should You Retain a Search Firm for Board Members?**

The selection process for a competency-based board has to be rigorous. It has to be disciplined. It can’t be impulsive, rushed, or conducted in a cavalier manner. In fact, an outside professional should be retained to organize and guide the identification and vetting process. While we’re not aware of this practice in the association arena, search professionals are commonly used to identify and screen corporate directors.

Many associations would not think twice about hiring a search consultant to provide professional assistance in identifying a new CEO for their association. The cost of the firm is more than offset by the potential risks of a hiring mistake. Why do we not think of directors the same way? What is the cost of appointing an ineffective director to the board, particularly if you have adopted a five-member board? Why will we invest a considerable amount in the search for our chief staff executive while simply asking “Who do you know?” or “Whose turn is it?” when it comes to selecting a director?

If an association can afford thousands of dollars for board-related travel, meals, and meeting expenses, it can afford professional search assistance for director selection. As a matter of fact, if an association has a large board and downsizes to five competency-based directors, it could redirect the costs associated with the large board and use those resources to fund the search consultation services for directors. In our opinion, it’s money much better spent.
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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 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 others who care about advancing the goals of organized dentistry in the legislative arena. 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 Political Action Committee, (ADPAC), PADPAC strives to promote the dental health of our state and nation, while shaping 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.

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The PADPAC board extends its appreciation to the following members and spouses who contributed to PADPAC in 2012. 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 July 16, 2012. PADPAC contributions received after July 16, but before the next dues billing cycle, November 1, 2012 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 Marisa Swarney at (800) 223-0016, extension 116, or mss@padental.org, or Charles McElwee, extension 108, or cfm@padental.org.

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Dr. James A. Hisson
Dr. Nicole Stachewicz Johnson
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Wednesday, November 7, 2012

Michael Glick, DMD - Buffalo, NY - "The Role of Dentists in the Care of Medically Complex Patients" Dentists play an important role as primary healthcare professionals. They need to screen and monitor patients for underlying medical conditions, and are required to render dental care to an array of medically complex patients. Pertinent medical assessment of patients has become an essential part of dentistry, as even the most common medical problems may require modifications to routine dental care. Providing oral healthcare for patients in today's rapidly changing medical environment is a daunting responsibility. This course will simplify this task by reviewing common medical conditions, and explaining and providing clinical protocols for dental care of patients with complex medical conditions. Participants in this course will learn: How the obtained health information impacts on routine dental care; How to interpret information that may indicate underlying medical problems; How to alter routine dental care according to patient's medical condition; How to apply protocols that are used to provide safe and appropriate care for the medically complex dental patient. Dr. Michael Glick, DMD, Professor of Oral Medicine and Dean, School of Dental Medicine, University at Buffalo. Chairman of the Science Committee for FDI World Dental Federation. Dr. Glick is the immediate past-president of the American Board of Oral Medicine and serves as the Editor of the Journal of the American Dental Association. This course is co-sponsored by an educational grant from Dodd Dental Lab and PDAIS.

Thursday, December 13, 2012

Martin Jablow, DMD - Middlesex, NJ - "What's New In High Tech Dentistry" The goal of this lecture to give dentists and their staff the information to succeed in integrating the latest high tech dental products and software into their practices. You will learn about state of the art diagnostics, magnification, easy predictable anesthesia delivery, minimally invasive dentistry, maximizing the Internet, digital impressions, lasers, social media and much more. These easy to implement and affordable concepts will enable you to provide better diagnosis and treatment to your patients. High Tech Dentistry makes dentistry enjoyable again! Topics include: You cannot treat what you have not diagnosed; Digital Radiography and 3D imaging is not just for specialists; Cancer detection is YOUR RESPONSIBILITY; Computer Controlled Anesthesia; Minimally Invasive Dentistry-Products and techniques to reverse and treat caries; Lasers; Digital Impressions means no more gook in the mouth; Internet communications; Social Media; Electric handpieces, Carving lights and other small items make dentistry easier. Nothing stays the same and that includes dentistry. Martin Jablow, DMD is a clinician, speaker and author. He presents and publishes worldwide on many topics, including state of the art dental technology and dental materials. Dr. Jablow is president of Dental Technology Solutions, a lecture and consulting company. The entire staff will benefit from this day of valuable high tech information. This course is co-sponsored by an educational grant from Dodd Dental Lab and Bonadent Dental Lab.

Friday, January 18, 2013

Edward McLaren, DDS, MDC - Los Angeles, CA - "Esthetics and Materials: What? Where? When?" In the search for the ultimate in esthetic restorative dentistry many new materials and technologies have been introduced to the profession. More than ever today's practitioner is faced with the difficult task of evaluating these new materials and techniques and making appropriate decisions for their clinical use. This presentation will clarify the esthetic requirements of a material and dispel some of the confusion regarding the optical properties necessary for esthetic success. The presentation will cover the current research about the efficacy and clinical success of new materials. Topics covered include: How material physical properties relate to clinical success and failure; When to use a "etchable" ceramic restoration; When to do no-prep veneers; When to veneer vs. when to crown; Zirconia based ceramics; Digital Dentistry; When, why, and how to remove tooth structure for various types of materials and different clinical conditions; When to inject vs. onlay; and Clinical management of several clinical cases. Dr. McLaren is a Prosthodontist, Professor and director of the UCLA school of Dentistry, the Director of UCLA Center for Esthetic Dentistry; He is also the founder and director of the UCLA Master Dental Ceramist program. Dr. McLaren maintains a private practice limited to prosthodontics and esthetic dentistry in which he does all of his own ceramics. This course is co-sponsored by an educational grant from Dodd Dental Lab and Bonadent Dental Lab.

Friday, April 5, 2013

Stephen Chu, DMD, MSD, CDT - New York, NY - "The Latest Advances & Techniques to Maximize Anterior Implant Esthetics" Implant dentistry is continuously evolving into more a predictable form of therapy. New and innovative techniques specifically immediate implant protocols now allow for shorter treatment times with predictable outcomes. These new techniques and therapies continue to raise questions and concerns regarding the pros and cons of each. The question is when to employ the correct treatment at the appropriate time to achieve the most predictable outcome. Secondly, a significant part of treatment therapy revolves around correction of aesthetic defects due to poor treatment planning, placement, and abutment fabrication. Surgical, orthodontic, and restorative treatment planning options and techniques to address these aesthetic deficiencies will be presented. After this presentation, the attendees should be able to: Know the potential of hard and soft tissue correction around aesthetically challenging anterior implants; Know when a prosthetic restorative solution is the best treatment plan option; understand the one abutment time philosophy; understand the importance of the structured crown in soft tissue management in immediate implant placement. Dr. Chu is clinical associate Professor in the dept. of Prosthodontic and Director of Esthetic Education at Columbia College of Dental Medicine. He also maintains a private practice with Dennis Tarrow in NYC. He is widely published and is an internationally known speaker on implant esthetics. This course is co-sponsored by an educational grant from Dodd Dental Lab and Bonadent Dental Lab.

Wednesday, May 22, 2013

John McGill, CPA, MBA, JD - Charlotte, NC - "Achieving Financial Independence" Will you join the 5% of dentists who can afford to retire at age 65? Using these winning financial strategies, you can develop a game plan for reach financial freedom. This hard-hitting program contains "inside information" that you simply can't find elsewhere - gleaned from over 30 years of working exclusively with the dental profession. Learn how to: Reduce stress - control your money, rather than letting it control you; Develop winning saving and debt reduction strategies; Take advantage of huge tax-deductible retirement savings strategies; Dramatically increase business tax deductions; Simple steps to dramatically boost profitability; Slash children's educational costs by 50% or more; Evaluate professional corporation status; Discover tax-free income secrets. John K. McGill, is a tax attorney, CPA and MBA. He serves as CEO of The McGill & Hill Group, LLC in Charlotte, NC; and is the Editor of the McGill Advisory Newsletter, a monthly publication enjoyed by over 7,000 dentists nationwide. Mr. McGill has also been a contributing editor to Dental Economics magazine for over 30 years. This course will be of special interest to doctors and their spouses. This course is co-sponsored by an educational grant from Dodd Dental Lab.

Those taking the full DKU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel

Wed., Oct. 10, 2012 BONUS #1: Harold Crosseley DDS, PhD, "Know Your Patients Medications & Their Impact on Dental Treatment"

Wed.-Fri., March 6-7, 2013 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 DKU courses.

FEES
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Other ADA Members - Entire Series plus bonus courses - $745, Individual Courses - $210, 3 Courses - $570, 4 Courses - $665
Non-ADA Members - Entire Series plus bonus courses - $815, Individual Courses - $225, 3 Courses - $605, 4 Courses - $715

Staff members accompanied by a doctor will be $95 per course person with reservation at least one week in advance. $110 per course person at door.

Cancellations and Refund Policy - No refunds will be made without notice at least one week prior to course date. (A $25 administrative fee will be deducted.)

For information please contact: DKU - c/o Barry Cohen, DMD • 4750 Township Line Rd, Suite 2 • Drexel Hill, PA 19026 • 610-449-7062 • DKUDental@aol.com
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Day on the Hill

A RESOUNDING SUCCESS
PDA Makes Important Gains on Legislative Issues

“I decided to attend Day on the Hill because it’s really important to be involved in organized dentistry. It’s important to be involved in these types of legislative decisions that influence how we can better serve our patients and make dentistry a better career overall.”

Jessica Scordamaglia, Temple University, 2014
Their efforts helped sustain the momentum to enact one bill and move the other to just one step away from final passage before the General Assembly adjourned for the summer. And while a restoration of funding for dental programs proved too difficult in this economic climate, Day on the Hill attendees were successful in convincing several legislators to sponsor a bill that might restore funding for one of the programs next year.

So, how might you and your patients benefit from the collective efforts of your colleagues?

Just one week after Day on the Hill, the House passed HB 532, legislation requiring insurers to cover general anesthesia costs to treat children seven years of age and younger, and patients of any age with developmental disabilities. By the end of June, the Senate followed suit and unanimously passed HB 532, thus ending a 15-year struggle to pass this legislation through the General Assembly. On July 5, Governor Tom Corbett signed HB532, now Act 94, into law. That same week, the House Insurance Committee approved SB 1144, a bill prohibiting insurers from capping dental services which are not covered under their plans. SB 1144 and its companion (identical) bill, HB 1537, are both poised to pass the House of Representatives when it returns to session on September 24. Though only having nine session days in the fall, we are optimistic that the Governor will enact this legislation before the end of the year.

“I’ve been participating in Day on the Hill since I was a dental student. It’s evolved; there’s a lot bigger presence now. There’s a lot more people here, and it’s very well organized. Everybody that comes is a volunteer and is pretty well educated on the issues. I appreciate that PDA staff makes the appointments for us so we can get out to all of the legislators. We meet with them and give them direct information. I’ve noticed that over the years we have been able to have more face time with the legislators versus the staff, not that that is any less important. It’s always nice to meet them face to face and to meet your own representative, which not everybody gets a chance to do. It’s definitely improved and changed a lot over the years.”

Dr. Sara Haines, Millersburg

On June 5, 115 members, spouses and dental students traveled to the state Capitol to advocate for the dental profession and patients. Their objective, during our Day on the Hill event, was to pass two pieces of legislation and restore funding in programs that provide dental services.
Another issue that gained momentum during Day on the Hill was funding for the Donated Dental Services (DDS) program. This partnership between the state and Dental Lifeline Network resulted in donated dental services for hundreds of patients annually. Volunteer dentists and dental labs treat the disabled, elderly and medically compromised who do not qualify for public assistance but still find difficulty paying for care. Since 1996, the state had provided $150,000 to employ two regional coordinators and offices to help facilitate between the dentists, labs and patients. Since funding was cut in 2009, both offices closed, the coordinators were laid off and the program is no longer accepting applicants.

Day on the Hill attendees spoke of the need to restore funding in the FY 2012-2013 budget. Short of that, legislators were asked to support Sen. Ted Erickson’s (R-Delaware) proposed legislation to restore funding; due to these efforts, several signed on as cosponsors to SB 1566. While the budget ultimately passed on June 30 without an inclusion of funding in the DDS program, we are hopeful that Sen. Erickson’s bill will pass during the next legislative session to begin in January 2013.

Attendees continued the uphill battle of lobbying for a restoration of funding in the adult Medical Assistance (MA) program. In 2010, the Department of Public Welfare (DPW) eliminated or limited most dental services for adults (age 21 and older) enrolled in the MA program. Our hope was to convince the legislature to apply pressure to DPW officials to transfer funds back into the dental program, but the difficulty is that, by doing so, funds would be pulled from other vital services provided to MA patients. PDA will continue to make the case that cutting services at this level will most likely result in an escalation of emergency room visits and more cost to taxpayers, as is evidenced in other states which made similar cuts to their adult MA program.

“I would like to encourage all of my colleagues to participate in Day on the Hill. I think it’s important to put faces to the names that they see when we make our appeals for their support on these issues important to all of Pennsylvanians, not just the dentists. We’re here on behalf of our patients. Patients who need general anesthesia services, patients who receive donated dental services, medical assistance patients whose benefits are constantly being cut. Those are just a few of the issues that we get to speak to our representatives about. If they don’t hear from the people who provide these services – many times at no cost to the patients and at no cost to the government – they will not know how to vote on these issues or understand the ramifications. I encourage everybody to take a day and go on the Hill with the rest of us.”

Dr. Steven Parrett, Chambersburg
PDA thanks the following members, spouses and dental students who attended Day on the Hill. You presence helped achieve a few of PDA’s advocacy goals this legislation session!

Members
Dr. Johnny Amazan
Dr. Marc Baker
Dr. George Bullock
Dr. Joanne Burrell
Dr. Drew Carlin
Dr. Michael Cerveris
Dr. Dennis Charlton
Dr. Christie Chavez
Dr. Michael Christensen
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Dr. William Spruill
Dr. Meredith Todd
Dr. Charles Weber
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Dr. Wayne Zaayenga
Dr. Dennis Zablesky
Dr. Matthew Zale

Alliance of PDA/Spouses
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Leona Mortimer
Judi Pardini

Bonnie Shuman
Nancy Wells
Judith Worsley
Marilyn Zablesky
Jenny Zehner

Temple University
Kornberg School of Dentistry
Dana Al Baroudi
Jordan Bower
Daniel Caban
Patricia Campillo
Michelle Chu
Jimmy Dang
Joshua DeBallas
Omar Elfyk
Sara Ghesemi
Sameh Girgis
Caitlin Haag
Matthew He

Dina Khalf-Allah
Fatima Khan
Kristopher Larson
Lisa Le
Adam Long
Jen Lopes
Mo Mahoutchi
Dariya Momot
Daniel Moore
Junaid Mundiya
Sonay Naqib
Kunal Parikh
Dhara Patel
Hasmi Patel
Nick Patel
Lisa Price
John Reimschissel
Maureen Rizk
Jashank Sampat
Jessica Scordamaglia
Nidhi Shah
Era Sharma
Kaushik Sharma
Vladislav Sudakov
Fa Sun
Andrew Vorona

University of Pennsylvania
School of Dental Medicine
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Sara Shah
Lauren Wegrzyniak

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Buzzatto Elected President of AAO

Dr. John F. Buzzatto, PDA member and an orthodontist who has offices in Allison Park and Bridgeville, has been elected the 2012-13 president of the American Association of Orthodontists (AAO), the world’s oldest and largest dental specialty organization.

Dr. Buzzatto was elected during the AAO’s 112th Annual Session in Honolulu.

“The AAO’s mission revolves around making sure the public receives the best orthodontic care possible,” Dr. Buzzatto said. “Our multi-faceted efforts include educating the public about the benefits of orthodontic care with emphasis on the educational qualifications of orthodontic specialists, sponsorship of cutting-edge research, devoting significant resources to the education of new and established orthodontists, expressing our patients’ needs to legislators, and working to ensure orthodontic care remains affordable and accessible. Our patients’ best interests guide us as individual orthodontists as well as in our work at the AAO.”

Dr. Buzzatto attended the University of Pittsburgh for his undergraduate, graduate and post-graduate education. He earned a B.S. in Civil Engineering in 1973 while competing as a varsity wrestler, and graduated from the School of Dental Medicine in 1978. He completed his orthodontic residency through the School of Dental Medicine’s Department of Orthodontics in 1981.

He is on the medical staff of both Allegheny General Hospital and Children’s Hospital of Pittsburgh, and resides in Allison Park with his wife, Dr. Jane A. Soxman, a board-certified pediatric dentist in private practice who also lectures nationally.

Pennsylvania Organizations Awarded ADA Foundation Grants

Congratulations to Hamilton Health Center in Harrisburg and St. Christopher’s Foundation for Children in Philadelphia, who are 2 of the 20 recipients of the 2012 ADA Foundation Samuel D. Harris Fund for Children’s Dental Health grants. It is quite an honor for both of these organizations to be part of a select few grants awarded nationally.

With financial support from the Samuel D. Harris Fund for Children’s Dental Health, the ADA Foundation is able to make these grants to non-profit organizations and agencies that sponsor oral health instruction for mothers/caregivers to help reduce the incidence of early childhood caries.
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Wednesday, MARCH 6 2013
Dr. Henry Lee • Justice Through Science... Lessons Learned from High Profile Cases
Dr. Howard Glazer • What’s Hot and What’s Getting Hotter... Materials & Techniques
Dr. Jon Suzuki • Emerging concepts of Periodontics and Oral Implantology

Thursday, MARCH 7 2013
Dr. Kirk Behrendt • 7 Breakthrough Steps to Create Your Best Year Ever
Dr. Edward Feinberg • Diagnostic Considerations and Restorative Management of Difficult Cases
Dr. Scott DeRossi • Non-Odontogenic Toothache: A Guide to Accurate Diagnosis (AM); The Oral Medical Connection (PM)
DOCS EDUCATION • N20 Single Dose Conscious Sedation
AAFE • Botox Use in Dentistry - Lecture and Hands On, Part 1

Friday, MARCH 8 2013
Dr. Tierona Low Dog • Your Best Medicine, A Practical Guide to Health and Well Being (AM); Nutrition for the Dental Team (PM)
Dr. Paul Child • Technology Trends and Techniques—Implants, Esthetics, Ceramic Crowns and more
Dr. Rita Zamora • Social Media Marketing Success Strategies
DOCS EDUCATION • N20 Single Dose Conscious Sedation
AAFE • Dermal Fillers in Dentistry - Hands On, Part 2
**University of Pittsburgh**

Contact: Lori Burkette  
Administrative Secretary  
(412) 648-8370

**September 29**  
Current Issues in Health and Disease  
Kenneth R. Etzel, PhD, MS  
Meredith Y. Newman, DMD

**October 6**  
Coronal Polishing and Fluoride Application Review Course for the Expanded Function Dental Assistant (Hands-On/Limited Attendance)  
Angelina Riccelli, RDH, MS  
Deborah Bowers, CDA, EFDA

Radiation Safety and DEP Regulations -Online CE  
Anitha Potluri, BDS, DMD, MDS

**October 12**  
Dental Sleep Medicine, Occlusion Myth Busting, and Orofacial Pain for the Dental Health Care Provider  
Barry Glassman, DMD

**November 7**  
Oral Surgery for the General Practitioner  
Mark Sosovich, DMD

**December 1**  
Surgical Crown Elongation: Hands-On/Limited Attendance  
Pouyan Famili, DMD, MDS, MPH, PhD  
Ali Seyedian, DMD, MDS

**December 3**  
Medical Emergencies in the Dental Office  
Michael A. Cuddy, DMD

**December 6**  
Update of Local Analgesics: Review for Permit Renewal Limited Attendance  
Paul A. Moore, DMD, PhD, MPH

**Temple University**

Contact: Nicole Carreno  
(215) 707-7541/7006  
(215) 707-7107 (Fax)

Register at  
www.temple.edu/dentistry/ce

**September 29**  
Telescopic Retainers – Universal Solution for the Restoration of the Deteriorated Dentition  
Joseph B. Breitman, DMD, FACP

**October 13**  
Harmonizing Dental and Facial Esthetics: How to Examine, Diagnose and Treat to a Predictably Successful Outcome  
Joseph R. Greenberg, DMD, FAGD  
Timothy M. Greco, MD, FACS

**October 17**  
Review of Removable Partial Denture Design Fundamentals  
David C. Appleby, DMD, MScD, FACP, Professor Emeritus

**November 2**  
2nd Annual Straumann Distinguished Speaker Lecture: Current Trends and Techniques in Planning and Restoring Implants in the Esthetically Demanding Patient  
Will Martin, DMD, MS

**December 8**  
Advanced Lawsuit Protection and Tax Reduction Strategies  
G.K. Mangelson, CFP, Author, Senior Advisor

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
<th>Lecturer(s)</th>
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</thead>
</table>
| September | Current Issues in Health and Disease                               | Kenneth R. Etzel, PhD, MS  
Meredith Y. Newman, DMD                                                  |
| October   | Coronal Polishing and Fluoride Application Review Course for the    | Angelina Riccelli, RDH, MS  
Deborah Bowers, CDA, EFDA                                                |
|           | Expanded Function Dental Assistant (Hands-On/Limited Attendance)    |                                                                            |
| November  | Radiation Safety and DEP Regulations -Online CE                    | Anitha Potluri, BDS, DMD, MDS                                              |
| October   | Dental Sleep Medicine, Occlusion Myth Busting, and Orofacial Pain  | Barry Glassman, DMD                                                       |
|           | for the Dental Health Care Provider                                |                                                                            |
| November  | Oral Surgery for the General Practitioner                          | Mark Sosovich, DMD                                                        |
| December  | Surgical Crown Elongation: Hands-On/Limited Attendance              | Pouyan Famili, DMD, MDS, MPH, PhD  
Ali Seyedian, DMD, MDS                                                     |
| December  | Medical Emergencies in the Dental Office                            | Michael A. Cuddy, DMD                                                     |
| December  | Update of Local Analgesics: Review for Permit Renewal Limited      | Paul A. Moore, DMD, PhD, MPH                                               |
|           | Attendance                                                           |                                                                            |

**Off-Campus Programs**

**Bradford**

**October 25**  
Complete Denture Fundamentals  
Dr. Michael Waliszewski

**Johnstown**

**October 17**  
Issues on Treating Patients with Cardiovascular Disease  
Dr. James Lichon

**Reading**

**October 26**  
The Periodontal Patient – Management and Implications for Overall Health  
Dr. Frank Scannapieco
<table>
<thead>
<tr>
<th>Continuation Education</th>
<th>Date</th>
<th>Event Description</th>
<th>Venue</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Danville</td>
<td>October 24</td>
<td>Understanding the Miraculous Immune System AND The Impact of Stress on Oral and Systemic Health</td>
<td>Wellsboro Pennsylvania College of Technology</td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<tr>
<td></td>
<td>November 14</td>
<td>Update in Esthetic Restorative Dentistry</td>
<td>Chambersburg</td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<tr>
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<td>December 12</td>
<td>Oral Pathology Review and A Look at Unusual Cases</td>
<td></td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<tr>
<td></td>
<td>October 3</td>
<td>Advancing Your Vision in Restorative Dentistry</td>
<td></td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
</tr>
<tr>
<td></td>
<td>December 7</td>
<td>Possibilities in Dentistry: Cosmetic, Restorative, Implant Dentistry &amp; How to Implement Them into Your Practice</td>
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<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<td>November 8</td>
<td>Dr. Richard Herman, “Diagnosis and Treatment Options of Gum Recession”</td>
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<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<tr>
<td></td>
<td>February 21, 2013</td>
<td>Dr. Sam Kratchman, “Retreatments of Endodontic Failures”</td>
<td></td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<td>March 14, 2013</td>
<td>Dr. Maxwell Adams &amp; Dr. Scott McCurley, “Your Dentist Did What??-Tales from the ED”</td>
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<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
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<td></td>
<td>May 3, 2013</td>
<td>Dr. John Svirsky, “The Joy of Oral Pathology: You are the Object of my Inflection”</td>
<td></td>
<td>Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117</td>
</tr>
</tbody>
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