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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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Who Needs Sleep?

It starts out pretty benign. I go to bed and fall asleep within minutes. I usually go out like a light, as the expression goes. When I wake up I feel refreshed despite it being dark. I check the clock and realize that I’ve been asleep for only a few hours. Ugh, five hours until I need to get up! I start thinking about what I need to do the next day. I think about what I did earlier in the day. I think about what I need to do next week. I think about what I did when I was 10. I curse at the fact that I am awake and I really need to be asleep. I usually fall back to sleep within 30 minutes. Sometimes I dream, sometimes nothing. Again I wake feeling ready to go. But I didn’t hear the alarm. I realize it’s still dark and turn to the clock: 4:30 a.m.

Did you know that one in three people suffer from some form of insomnia? More than 50 percent of individuals lose sleep due to stress and/or anxiety. Women are twice as likely to suffer from insomnia. Did you know that 10 million people in the U.S. use prescription sleep aids? A recent telephone survey by the CDC found that 4.2 percent of those questioned have dozed off behind the wheel of a moving automobile in the past 30 days. The report found more dozing drivers were men and statistically more from the state of Texas. Go figure!

I know this because it’s my job to investigate things that go on in and around my life. Don’t you do the same thing? It gives me something to think about during those long nights of being asleep, then awake, then asleep. I thought that if I understood the problem I could master a solution. Funny how I don’t fit the profile for this illness. I am not female, nor over age 60, yet. I don’t take any prescription medication, although maybe I should. I don’t have sleep apnea. I don’t think I am overweight. I could be depressed, but I would deny it in a heartbeat. I am also not anxious — can’t you tell by my nonchalant, laissez faire attitude toward my sleep deprivation? And I am not from Texas!

I tell my family that I don’t need much sleep. That is why I can get up on a Sunday morning at 6 a.m. and run, hike or bike for 3 hours and come back. I can make a cup of coffee and read the paper in dead silence as the rest of my family sleeps. Years ago I remember a highly respected faculty member sitting at my table during a luncheon. He was bragging to others about his ability to survive on only 2-3 hours of sleep per night. At that time I was in my early 30s. I asked him how that was possible since I coveted that sacred time with my head on the pillow. He told me that he has been living on little sleep for most of his adult life. He said, “Just you wait, you’ll be like me soon enough.” During the afternoon lecture this revered educator fell asleep and at one point began to snore. As I lie awake in my bed I wonder if he counted those afternoon naps toward his daily totals?

I can see my future clearly at 4:00 a.m. I am going to be that guy. I will be asleep during dessert at my next all-day CE. My colleagues are going to draw a mustache on my face and make a hat out of newspaper for my head. Just last weekend I fell asleep on the couch during a family gathering. Granted, I don’t much enjoy my extended family, but come on, I’m not that old!

When I wake up occasionally I don’t get too bothered by the whole thing, but recently it’s been happening with more regularity. So, I did my homework and googled insomnia cures. What I got back may or may not surprise you.

• Sleeping pills — Better living through chemistry, right? Well, I know it’s great for many people, but I am a purist and shun pills if I can.
• Herbal Tea — Ancient Chinese cure. Problem is that I am not of ancient Chinese descent and I’ll just have to pee three hours later when I wake up.
• Warm milk — similar to the tea thing, only I will likely pee in the bed instead.
• Wiggle toes before you fall asleep. This is suppose be like reflexology. The only problem with that at 1:00, 2:00 or 3:00 a.m. is that my toes crack when I wiggle them and it wakes up my wife. Next!
• Take a warm bath — Yeah, that’s what guys do, take warm baths. Not! It even says it’s better with scented candles. Not, Not!!
• Visualize — I need to be careful with that one. Visualizing might get me more excited than relaxed. I am suppose to visualize myself on a beach and I just start thinking about the beautiful woman on that beach. Now I don’t know if I dreaming or thinking. My wife is sleeping next to me. This can’t be good!
• Sex — finally, a solution I can live with. Nothing more needs to be said. Sex always puts me to sleep.

“How about some warm milk? I’ll go downstairs and get you some warm milk.”
“I don’t want any damn milk, I want, you know, it.”
“What’s it?”
“You know, IT.”
Eventually I get so tired of begging I fall asleep. It works every time.
P.S. My wife disavows any part in the above conversation. She must talk in her sleep.
P.P.S. Many people have asked me how I think of topics for editorials. My answer: “It comes to me when I’m in bed!”

—BRT

REFERENCES
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6151a1.htm?s_cid=mm6151a1_w

COMING TO DAY ON THE HILL

JUNE 4

Help shape the future of the dental profession or it will be shaped for you! Talk with Pennsylvania’s legislators about the key issues affecting you as a small business owner and a dental practitioner looking out for the health and safety of your patients. Registration will take place online only at www.padental.org/dayonthehill

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GOVERNMENT RELATIONS

Election Results
Following a major election year, legislators returned to Capitol Hill in January to begin a new two-year legislative session, which runs from now through November 2014. The legislature reconvenes after major victories for PDA in the 2011-12 session, including the passage and Governor Corbett’s signature on general anesthesia insurance coverage (House Bill 532) and non-covered services (Senate Bill 1144) legislation. The November election served as a renewed contract for returning incumbents, but a number of new faces will be spotted in the Capitol’s hallways after a few incumbents suffered general election defeats or retired.

Largely due to the Pennsylvania Supreme Court’s rejection of new state legislative district lines in January 2012, the makeup of the General Assembly generally remained the same. The unchanged districts, however, did produce a few surprises for Harrisburg.

In the State Senate, Democrats picked up three seats on Election Day, the biggest pickup for the party since 1970 and the largest swing since Republicans won four seats in 1994. The party went three for three in open seats, picking up districts formerly held by Sens. Jane Earll (R – Erie), Jeff Piccola (R – Dauphin) and John Pippy (R – Allegheny). The districts will now be represented by Sean Wiley (D – Erie), Rob Teplitz (D – Dauphin) and State Rep. Matt Smith (D – Allegheny).

The state House largely stayed the same, with Democrats picking up one seat in Allegheny County, putting the chamber at 111 Republicans and 92 Democrats. In the Senate, Republicans also retained their majority with 27 seats, while the Democrats claimed 23 seats.

A week after the election, the House and Senate held their leadership elections. Democrats and Republicans choose their party leadership on an annual basis. The positions in leadership correspond with a higher salary and better pension benefits. For 2012-13, almost all Democrats and Republicans kept their leadership positions in the House and Senate. There were two exceptions for House Democrats due to retirements. With the retirement of Rep. Jennifer Mann (D – Lehigh), Rep. Ron Waters (D – Phila) was elected Caucus Secretary. Rep. Neal Goodman (D – Schuylkill) replaced Rep. Ron Buxton (D – Dauphin) as Caucus Administrator.

The General Assembly will continue to determine your fate on dental-related issues, such as insurance practices, scope of practice, and small business ownership. PDA looks forward to working with incumbents and ensuring newly elected legislators are updated on issues pertinent to the practice of dentistry.

Non-Covered Services Update
SB 1144 unanimously passed the House of Representatives in early October. Governor Corbett signed the legislation into law on October 25. The bill, which went into effect 60 days after the Governor’s signature, will apply to new and renewed employer contracts. This legislation will be in effect for any contract that renews after December 25, 2012. SB 1144 was a significant win for PDA, and we are proud to have passed a bill that was so strongly opposed by the insurance lobby.
2013-14 Legislative Priorities

PDA will focus on the following legislative issues during the upcoming 2013-14 session.

Assignment of Benefits

PDA continues to educate lawmakers on the importance of passing HB 1536, legislation that would require insurers to assign benefits directly to the provider. Many legislators believe direct payment is beneficial for patients participating with insurance companies, but this process too often leaves you and your staff wasting valuable time to collect payments from insurance plans to which you do not belong. Legislators need to learn how passing this legislation will not only improve the efficiency of your office, but will help patients choose dental providers.

Donated Dental Services

PDA will introduce legislation addressing Pennsylvania’s Donated Dental Services (DDS) program. Following the state’s fiscal crisis in 2009, funding for the program was cut. Dental Lifeline Network, which runs the DDS program, faces the possibility of DPW eliminating the program. The DDS program has successfully connected the state’s most vulnerable citizens with dentists who volunteer their time and money to provide them with oral health care. From its inception, DDS has successfully partnered the private and public sectors. By completely cutting the program, DDS volunteers could no longer treat the disabled, elderly, and medically compromised who are ineligible for public assistance.

Medical Assistance Reform and Funding

The Adult Medical Assistance Program remains in regulatory limbo. After the legislature empowered DPW Secretary Gary Alexander to decide how available funding is allocated to adult Medical Assistance (MA), PDA learned that a number of changes would go into effect. Among these changes were limits on examinations and cleaning, the elimination of coverage for crowns, endodontics, and periodontal services, and a limit of one denture per lifetime, regardless of procedure code used.

During this current legislative session, PDA hopes to work with the General Assembly to enact meaningful reforms to the MA program, removing financial and administrative barriers for your practice.

Additional Reform Efforts

In addition to Assignment of Benefits legislation, Medical Assistance reforms and Donated Dental Services funding, PDA will continue to monitor a number of issues and developments throughout the session year. Although the Affordable Care Act was signed into law in 2010, a number of provisions that have not yet kicked in will go into effect during the current legislative session. PDA will represent dentistry’s interests if the Commonwealth implements a health insurance exchange and complies with other federal health care reform measures. PDA will also respond to any additional access to care, regulatory, dental practice ownership, safety and oral health issues or reforms that arise during the 2013-14 session.

Log on to the Advocacy section of the website at www.padental.org, for information about the legislation PDA monitors and responds to on your behalf.

Want to get involved in helping us pass legislation that impacts your profession and patients? Learn how by contacting PDA’s government relations staff at (800) 22-0016, or mss@padental.org. Or check out the Get Involved section under the Advocacy tab on the front page of the website.
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 S. 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 Kashi, 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. Woolard 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 Feasterville, Maryland. In 2010, Drs. Woolard 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
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27th Annual Valley Forge Dental Conference

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Jazz up your practice with this exciting line-up of speakers:

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

DR. CHARLES INCALCATERRA, PRESIDENT  DR. LAURI PASSERI, VFDC CHAIR
National Provider Identifiers

All individual Health Insurance Portability and Accountability Act (HIPAA) covered health care providers (physicians, physician assistants, nurse practitioners, dentists, chiropractors, physical therapists, athletic trainers etc.) or organizations (hospitals, home health care agencies, nursing homes, residential treatment centers, group practices, laboratories, pharmacies, medical equipment companies) must obtain an National Provider Identifier (NPI) for use in all HIPAA standard transactions, even if a billing agency prepares the transaction. Once assigned, a provider’s NPI is permanent and remains with the provider regardless of job or location changes.

The NPI is a HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

As outlined in the Federal Regulation, HIPAA covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes (our emphasis added).

If you have not already done so, you may apply for an NPI online. For the most efficient application processing and the fastest receipt of NPIs, use the web-based application process. Simply log onto the National Plan and Provider Enumeration System (NPPES) and apply online (see related links inside CMS.gov).

United Concordia Dental

Dr. Tad Glossner, Chairman of the Dental Benefits Committee, and PDA staff discussed a report from United Concordia Dental (UCD) concerning periapical radiographs.

On October 10, UCD sent a fax to participating dentists stating that effective November 1, 2012, periapical radiographs (PAs) taken in conjunction with a periodical exam would routinely be rejected. Further, once rejected, if the dentist believes that the PAs were necessary to diagnose a condition, the dentist would need to request a review and submit documentation for consideration.

PDA representatives spoke with UCD representatives and were advised that the fax did not accurately reflect UCD’s position. On November 6, UCD issued another statement via fax clarifying the previously distributed policy, and indicated that PAs taken to diagnose a dental condition will not routinely be rejected. Please note that this policy change does not apply to Pennsylvania at this time.

Following is an excerpt from the statement which initially applies only to the states of Washington, Oregon, Idaho and Montana, effective January 1, 2013.

Periapical Radiographs

Periapical radiographs (D0220, D0230) taken in conjunction with a periodic oral evaluation (D0120) will be reviewed on a prepayment basis by a dentist.

• Those taken routinely in the absence of a patient complaint/specific signs and symptoms will be denied. A participating dentist will not be able to bill the member.

• Those taken as the result of specific signs and/or symptoms that are supported by the FDA guidelines for prescribing radiographs will be allowed.

Claims for periapical radiographs must include the following supporting documentation:

1. A copy of the radiograph(s) taken (If submitting electronically, provide the attachment control number on the electronic claim.)

2. An explanation of the patient’s specific signs and symptoms (If submitting electronically, provide the explanation in the line level narrative/notes field. If submitting a paper claim, please provide the explanation on the claim form, if possible.)

Without this information, the periapical radiographs will be denied for lack of diagnostic materials.

The fax also describes UCD’s rationale for the change in policy:

Why United Concordia Is Changing Its Policy for Periapical Radiographs

Taking routine periapicals at preset levels for all patients is not supported by the FDA Guidelines for Prescribing Radiographs, which:

1. Suggest taking the minimal number of films necessary for both diagnostic review and to limit radiation exposure.

2. Provide guidance indicating dentists should not prescribe routine radiographs at preset intervals for all patients. Radiographs should be prescribed after evaluation of each patient’s needs.
3. Do not suggest dentists prescribe periapical films at routine recall evaluations. Periapical radiographs are to be used for problem-focused identification and should be driven by patient complaints/specific signs and symptoms.

4. Suggest the frequency of bitewings needed for caries detection, not periapical radiographs. Periapicals taken at recall visits as the result of patient complaints/specific signs and symptoms supported by the FDA guidelines will be covered.

In addition, radiation exposure should be considered. While UCD recognizes that radiation from dental films is minimal, we are concerned about over exposure to radiation, particularly radiation from films that are prescribed on a routine basis in the absence of specific signs and/or symptoms.

The FDA guidelines can be found on the American Dental Association’s website at www.ada.org or on the FDA’s website at www.fda.gov. We encourage dentists to review these guidelines in advance of the changes.

For more information on this United Concordia policy, please contact PDA at (800) 223-0016.

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Temple’s Kornberg School of Dentistry Career Day

Looking to retire, need an associate? On April 5, Temple University Kornberg School of Dentistry will be hosting a Career Day for our soon to be graduating seniors. We invite you to interview interested students on campus. For more information or to schedule interviews, contact Ross Markman, M.Ed., Student Services Specialist, at (215) 707-2801 or email ross.markman@temple.edu.
As General Chair of the 145th Annual Session of the Pennsylvania Dental Association, it is my pleasure to invite all members of the PDA to The Hotel Hershey on April 26-27, 2013. It has been an especially productive and exciting year with major legislative achievements such as the passage of the “general anesthesia for at risk patients” and “non-covered services” acts. Planning for the spring Mom-n-PA outreach program is in full gear and an important report from the Governance Task Force will be presented that offers suggestions for changes in the governance of PDA. Join us as we celebrate our past accomplishments and plan for the future.

continued
For those who plan to arrive early on Thursday, April 25, the International College of Dentistry-USA Section District 3 will offer a complimentary half day continuing education course titled “Optimal Aging—Living to 100,” presented by nationally known speaker, Dr. Barbara J. Steinberg. This program is open to all Annual Session attendees as well as ICD members in the Harrisburg/Hershey area and is scheduled for 3:00 p.m. Thursday evening will be filled with opportunities to meet old friends and make new ones in the various district-sponsored hospitality suites.

The official opening of the PDA House of Delegates begins with the First Meeting at 8:00 a.m. on Friday, April 26. Immediately following the conclusion of the First Meeting reference committee hearings will take place. It is important to note that every PDA member is invited to these reference committee hearings and is encouraged to take this opportunity to express their concerns and opinions on the issues that are presented during these hearings. This is an invaluable opportunity to present your thoughts to representatives from every region of the state. All delegates and alternates are invited to attend a complimentary luncheon hosted by PDAIS between the morning and afternoon reference committee sessions.

As is customary, Friday afternoon and evening will be dedicated to camaraderie. All attendees are invited to meet with old and new acquaintances at the receptions hosted by the University of Pittsburgh School of Dental Medicine and PADPAC. In addition, Temple University Kornberg School of Dentistry will host a dessert reception for all to enjoy. The district hospitality suites will be open following these events.

Saturday morning starts bright and early with the annual Fun Run/Walk. All walkers and runners will receive appropriately fashionable t-shirts and awards will be given to the winners of the various categories. District caucuses and the past president’s breakfast also will be held Saturday morning. Again, PDAIS will treat all the delegates and alternates to lunch. Following lunch, the House of Delegates will reconvene to discuss and vote on the important issues facing dentistry and PDA that were raised at the reference committee hearings. In addition, the members of the House will elect the new officers, ADA delegates and alternate delegates as well as our ADA trustee.

“Tikkun Olam,” the theme for this year’s meeting, is a Hebrew phrase literally translated as repairing the world. “Tikkun Olam,” a Judaic philosophy which dates to the early 16th century, affirms that one gains spiritual meaning in their life by serving the needs of the underserved and the vulnerable in society. Similar concepts are prevalent in other religions and we seek to acknowledge the volunteer acts of many of our members by incorporating this theme in our annual celebration. Dr. and Mrs. Dishler embody the spirit of “Tikkun Olam” in their many and varied contributions to the needs of others in our society and were the inspiration for the use of this theme. In keeping with this year’s theme, you are requested to bring a nonperishable food item that will be distributed at the MOM-n-PA dental clinic on May 31 - June 1, 2013.

Following the completion of the duties of the House of Delegates we will reconvene to celebrate the many accomplishments of this year’s Board of Trustees under the leadership of outgoing president, Dr. Bernie Dishler. Dr. Dishler and his wife, Lana, invite you and your family to attend the President’s Reception and Dinner Dance on Saturday for an evening of good food and conviviality. Continuing the recent tradition of celebrating our different heritages, the evening will feature entertainment by a Klezmer band. Klezmer music is the traditional dance and instrumental music of eastern European Jews that is played on celebratory occasions like weddings and bar mitzvahs. Also known as “Jewish Jazz,” these joyful and familiar tunes will raise the spirit and add to a fun evening.

As you review the program highlights in this section please note the various social events sponsored by PDAIS, the Pennsylvania Society of Oral and Maxillofacial Surgeons and Thayer Laboratory. On behalf of the committee, I would like to express our appreciation to all our sponsors for their generosity in hosting these events. The members of the Annual Session Committee hope that you and your family come and enjoy the many attractions in Hershey. Golf, shopping, the Hershey Gardens, Zoo America, Chocolate World, restaurants and The Spa are either on site or within close proximity. Please feel free to contact the hotel’s guest services staff at (717) 534-8860 for information on things to see and do in the Sweetest Place on Earth®. All spouses are encouraged to register and participate in the events planned by the Alliance of the Pennsylvania Dental Association. Please see page 17 for more information about those activities.

The committee members look forward to welcoming you to Hershey and encourage you to check the website at www.padental.org/as for Annual Session updates.

See you in Hershey,
Jerrold H. Axler, DDS
General Chair
**PROGRAM HIGHLIGHTS**

**Pennsylvania Dental Association | 145th Annual Session**  
*April 26-27, 2013, Hotel Hershey*

**Thursday, April 25, 2013**
- Registration: 2:00 PM
- Complimentary CE Lecture: 3:00 PM
- Hospitality Suites: TBA

**Friday, April 26, 2013**
- Registration: 7:00 AM
- House of Delegates: 8:00 AM
- Reference Committee Hearings: 10:30 AM
- Luncheon for Delegates and Alternates: 12:45 PM  
  **Sponsored by PDAIS**
- Reference Committee Hearings Resume: 1:45 PM
- Pitt Alumni Reception: 4:30 PM  
  **Open to all Attendees**
- PDPAC Reception: 6:00 PM  
  **Open to all Attendees; Sponsored in part by Demandforce**
- Temple University Kornberg School of Dentistry Reception: 7:30 PM  
  **Open to all Attendees**
- Hospitality Suites: 8:30 PM

**Saturday, April 27, 2013**
- Fun Run/Walk: 6:30 AM
- PDA Former Presidents’ Breakfast: 7:00 AM
- District Caucuses: 8:00 AM
- Voting: 11:00 AM
- Luncheon for Delegates and Alternates: 11:30 AM  
  **Sponsored by PDAIS**
- House of Delegates: 12:45 PM
- President’s Reception & Dinner Dance: 6:30 PM  
  **Sponsored in part by the Pennsylvania Society of Oral and Maxillofacial Surgeons, the Second District Valley Forge Dental Association, Thayer Dental Laboratory and the Montgomery Bucks Dental Society.**

**Hotel Reservation Information / Reservation Deadline March 18, 2013**
Reserve your room at the Hotel Hershey by calling (717) 533-2171 or (800) 533-3131 and providing the group code 53087.

Room rate: $219 single/double plus 11% tax. All guest rooms are non-smoking.
Upgrade to a Woodside Cottage room for an additional $100 per night, per room plus applicable taxes. Rent an entire cottage (4 or 6 bedrooms) with your family and friends to enjoy the Great Room as a communal gathering place.

*The block of rooms at the Hotel Hershey will be held until March 18, 2013, or until rooms are exhausted. After March 18 or once rooms are exhausted, whichever shall occur first, rooms will be assigned on a space available basis.

**ICD-USA Section District 3 Sponsors Complimentary CE**
Join ICD-USA, District 3 for a dynamic and motivating lecture on “Optimal Aging—Living to 100” presented by Barbara J. Steinberg, DDS, on April 25, 2013, from 3:00 p.m. to 6:00 p.m. at The Hotel Hershey. This complimentary course is available to all Annual Session attendees and ICD fellows in the Harrisburg/Hershey area. PDA is an ADA CERP Provider. PDA designates this activity for 3 credit hours.

**Optimal Aging—Living to 100**
At least 75% of health care costs in the U.S. are spent on treating diseases such as heart disease, diabetes, breast cancer, prostate cancer and obesity. Many of these diseases are largely preventable and even reversible by simple choices that we make in our lifestyle—what we eat, how we respond to stress, whether or not we smoke cigarettes, how much exercise we get, the quality of our relationships and social support. At times, these lifestyle choices can be seen as powerful as drugs and surgery!

When it comes to aging gracefully—we want it all! We want to feel good, look good and most of all live a long healthy life. This course will look at some of today’s major health concerns as well as the 4 “S’s” of optimal aging, “sex, sleep, stress and social networks” and their impact on aging. This is a high energy, entertaining course based on the most current scientific information for living a long healthy life. Recommendations will be offered to improve not only your patient’s health, but your own and your loved ones too!

Upon completion of this course, the participant should:
- Learn the risk factors and preventive strategies for heart disease, cancer, etc.
- Understand the impact of obesity on health and learn tips for good weight loss, exercise and good nutrition (even chocolate can be healthy!).
- Learn the role that sex, sleep, social networks, optimism and laughter play in living a long healthy life.
- Discover the commonalities associated with successful aging.

**About the Speaker**
Dr. Barbara J. Steinberg received her DDS from the University of Maryland School of Dentistry and completed a residency at the Medical College of Pennsylvania. She is clinical professor of surgery at Drexel University College of Medicine, as well as adjunct associate professor of oral medicine at the University of Pennsylvania School of Dental Medicine. She is a Diplomate of the American Board of Oral Medicine. She specializes in the treatment of medically compromised patients.

Dr. Steinberg is a nationally and internationally invited lecturer in the area of dental treatment of the medically compromised patient and women’s health, and has authored numerous articles and contributed to major textbooks on these subjects. For the last ten years Dr. Steinberg has been named by Dentistry Today “One of the Top Clinicians in Continuing Education.”

This course is financially supported by Philips, the makers of Sonicare and ZOOM.
## ATTENDEE REGISTRATION FORM

### April 26-27, 2013

**Hotel Hershey**  
Please fill out this form and return by March 18, 2013, even if you will not be attending any social events. Return to:  
**PDA Annual Session**  
P.O. Box 3341  
Harrisburg, PA 17105  
Fax: (717) 232-7169 OR  
Register via the PDA website at www.padental.org/as

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**Sponsor a Dental Student Leader**  
ASDA delegates and alternates, with financial support from PDA, attend Annual Session to participate in our governance structure while representing the interests of ASDA. PDA has welcomed other dental students, beyond the ASDA delegation, to the meeting. These students have an interest in organized dentistry and PDA is asking for your financial assistance to support their attendance at the meeting. Please consider sponsoring a dental student member. Funding will be used to offset the cost of meals for dental students.

**President’s Reception and Dinner Dance on April 27**  
Please join us to honor the outgoing president, Dr. Bernie Dishler and his wife, Lana, and enjoy an evening of Klezmer music and the musical variety of a DJ. Klezmer music, or “Jewish Jazz,” is the traditional dance and instrumental music of eastern European Jews that is played on celebratory occasions. Sponsored in part by the Pennsylvania Society of Oral and Maxillofacial Surgeons, the Second District Valley Forge Dental Association, Thayer Dental Laboratory and the Montgomery Bucks Dental Society.

Cancellations must be received, in writing, by April 5, 2013, in order to obtain a refund. NO on-site ticket sales.
Alliance of the Pennsylvania Dental Association

*Partnering to promote oral health in the community*

The Alliance of the Pennsylvania Dental Association (APDA) welcomes all dental spouses into membership to support oral health education and legislative involvement.

### APDA Registration Form

#### 63rd Annual Meeting

**Friday, April 26**

- APDA Registration: 10:30 AM
- APDA Member Luncheon: 11:30 AM
- Honoring APDA Past Presidents
- APDA Social Event: 1:30 PM
- Wine and Chocolate Pairings

**Saturday, April 27**

- APDA Registration: 9:00 AM
- APDA Board Meeting: 9:15 AM

#### 2013 APDA Convention

**Registration Deadline** March 18, 2013

Make checks payable to APDA and mail with completed registration to Stephanie Test at 888 Kingswood Lane, Danielsville, PA 18038

**Questions?** Contact Stephanie at (610) 462-1109

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**Event** | **Cost** | **# Attending** | **Total**
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APDA Member Luncheon | $45 | X |  
APDA Friday Social Event | $45 | X |
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Enrolling in the Placement Service is easy! Simply visit www.padental.org/placementservice and fill out either the position seeker or position provider form. Electronic enrollment is complimentary with PDA membership.

If you have any questions about the Placement Service, please contact our membership department at (717) 234-5941.
What

State Governments Should Consider

By Sita Patel
Maurice H. Komberg School of Dentistry
Temple University
As dental caries have become more prevalent in children, the need for improved dental care is quite evident. To alleviate this problem, some states have adopted dental screening requirements for school-aged children. Upon first glance, this type of mandate may seem like an impactful step in the attempt to decrease the prevalence of dental caries. However, when these laws are analyzed, origins explored and effects considered, the benefits are not always clear. Although it is a public health measure that brings the issue of oral health into the spotlight, its further advantages are limited.
The State Laws

Of the 12 states that have passed dental screening laws for school children, there is variety. Both Kansas and Pennsylvania passed their screening laws in the first half of the 20th century, but many of the other states have passed their laws within the last 10 years, creating a relatively new phenomenon of dental screening requirements. One of the most important distinctions in these laws pertains to who can conduct the screenings. In Illinois, Kansas, New York and Pennsylvania, only a licensed dentist may conduct the screening, whereas in Nebraska and Oregon, no persons are specified. Other states have lists that include a dental hygienist and can also include physicians and nurses. Another major difference is in the frequency of the dental screenings. Some states, such as California, require a screening only upon entering the first year of school. Others, such as the District of Columbia, require screenings in pre-kindergarten, kindergarten, first grade, third grade, fifth grade, seventh grade, ninth grade and eleventh grade. This shows that there is considerable variation between each state.

These extensive differences show that there is a large variety from state to state. Some states, such as Iowa, have included a clearly stated purpose in their code regarding the school dental screenings. On the other hand, in Rhode Island’s Rules and Regulations for School Health Programs, under Section 14.0 (Dental Health Screenings), parameters of the screenings are described in detail, while the purpose of the screenings is not. Without a stated purpose, it becomes difficult for dental professionals and other providers to give the type of care that will result in the desired outcomes. One provider may believe that a screening for entry into the school system is just a visual inspection to identify children with early dental caries, while another may believe the screenings are used to identify those children who are not regularly being seen by a dentist. Clarity and an evaluation of the community’s needs would greatly benefit the goals of these dental screening laws, perhaps making them more effective than they currently are.

Misplaced Political Altruism

The ineffectiveness of these screenings, which will be discussed in detail later in this paper, may stem from the origins of these mandates. It has been suggested that some of these laws have passed as a result of political feelings of altruism instead of scientific basis.

The Association for State and Territorial Dental Directors has published an issue brief on the topic of dental screenings in which it states that each state law was passed after the work of a “political champion,” referring to a specific person or group who pushed to get the bill signed. This scenario can be further exemplified by Kentucky’s law requiring students to have their oral health checked. The law was
passed in 2008, is to be implemented during the 2010-2011 school year and is regulated by Kentucky's Board of Education. The law requires screening only once, upon entry into the school system. These screenings can be conducted by many people ranging from a dentist to a nurse practitioner. The bill was initially introduced by Rep. Thomas Burch and supported by two interest groups, Blueprint for Kentucky’s Children and Kentucky Youth Advocates. It was unanimously passed in both houses and signed by Governor Steve Beshear.

There seems to have been very little controversy over the issue, so one would suspect that the law would have clear benefits for the oral health of the citizens of Kentucky. One of the main arguments that the Kentucky Youth Advocates used to help get the law passed was access to care. Parents were concerned for their children's health because they could not find a dentist, and when they did, it was often inconvenient timing. Although this law would still function as a medium through which dental education is increased, it would not address the problems related to access to care. If children and their parents are having a hard time making an appointment for regular treatment, it would make it all the more difficult for them to schedule an appointment for a screening. If the screenings were provided by the schools, it could slightly alleviate the access to care problem in regards to the screenings, but this is not the case for most of the states passing such laws, including Kentucky. Because the law was passed unanimously in both houses, it leads one to believe that the governing officials did not take time to consider all of the implications of a program like this and unknowingly put an unproductive program into place that affects the majority of the children and their parents.

Evidence, Efficacy and Evaluation

Unfortunately, as much as these laws are trying to better the oral health of their respective communities, there is no evidence to prove their efficacy. A study was done analyzing the British screening system, which has been in place for almost 100 years. The study followed over 8,000 subjects aged six to nine years old. The screenings are similar to those conducted in the United States and whose purpose is to identify those children in need of more involved dental care. The results showed that less than half of those who were screened positive (i.e., in need of follow-up care) went for a follow-up visit, and a quarter of those received treatment for their problems. The data showed that this was not significantly different from those who were screened negative. What's more is that income also played a significant role in deciding if treatment was received or not. Those children who came from more affluent families were more likely to receive treatment than their underprivileged counterparts. The authors of the paper suggest that due to this disparity, the inequality in dental care between children from different income levels will increase, which opposes one of the original intentions of the screenings.

In an article written in the British Dental Journal to question the current relevance and motives of the British dental screening system, KM Milsom has stated that many of the politicians involved in the passage and continuance of this mandate have been doing so under "blind faith." The author suggests that the function of the screenings has changed over the last 100 years and needs to be re-evaluated to prove its current effectiveness. He points to the data that proves no benefit of these screenings, which have become such an integral part of the school systems in England and Wales. Similarly, the Association of State and Territorial Dental Directors states that there is no scientific evidence proving the benefit of these screening programs in the United States and that the lack of evidence suggests that the purpose and process of the programs needs to be both identified and evaluated. With these kinds of studies proving that these programs do not better the oral health of a community, one must question why these school dental screenings are becoming mandated.
Public Health Malpractice

Lastly, something the states might want to consider before implementing such a law is that the screenings can potentially be considered public health malpractice. Some may not think so, but subjecting children to ineffective and potentially harmful screenings could lead to such allegations.

There has been controversy over the obesity epidemic and whether state governments should be required to implement programs that have proven effectiveness. Some suggest that it is public health malpractice that the government has not taken action, especially if they can decrease the threat of obesity. In a similar sense, would it be considered public health malpractice if the government is subjecting children to programs that have no proven effectiveness, and further, are proven ineffective? In his argument regarding childhood obesity and government intervention in *Public Health Reports*, Kevin W. Ryan points out what previous Surgeon General C. Everett Koop said in 1998. He accused the United States Senate of committing public health malpractice because they went directly against the advice of health professionals and failed to pass a tobacco control bill. Although the case being considered here may not be as severe or controversial, it is another
case where government officials do not heed the advice of scientific evidence, which could eventually raise issues regarding public health malpractice.

Although it is difficult to imagine the government’s attempt at trying to decrease the prevalence of dental caries being seriously accused of malpractice, the previous argument serves to underscore the importance of reviewing the evidence and re-evaluating the purpose of programs which are introduced into the lives of all the children in the state. It would be prudent for government officials to remember the implications each law has for their constituents before considering such programs.

Discussion

These arguments serve to show the way the laws were derived and formulated predisposes them to be ineffective in achieving their goal. For these laws to have a significant impact on children’s dental health, they need to be reevaluated and restructured to address the dental issues and problems specific to each community.

In the United Kingdom, a National Screening Committee has been established to review all screening programs and advise government officials on such matters. It is important to note its recognition of a screening process as one in a series of steps required to identify those at risk. 8

The following list describes a process of measuring the effectiveness of any screening program:

- Identification of the target population.
- Identification of the ‘at risk’ population via screening test.
- Measurement of attendance of screened-positive individuals for a diagnostic test.
- Identification of the numbers of screened-positive individuals in need of treatment following diagnostic test.
- Measurement of the number of diagnosed-positive individuals receiving appropriate treatment. 8

Identifying these factors can lead officials to establish if the programs are targeting and benefiting the appropriate people. To supplement this, the committee has also come up with a list of standards to compare any existing or new programs by. The checklist includes consideration of the purpose, evidence, strategy, risks and benefits, local needs and cost among other points. 8

These checklists can be used to guide states to form dental screening programs that have the intended benefits, and perhaps further benefits (i.e., economic advantages). Government officials need to work with dental and public health professionals to put their efforts into implementing the proper programs to improve children’s oral health status.

Sita Patel is a sophomore at Temple University’s Kornberg School of Dentistry.

Author’s Note: I would like to thank Dr. Lisa Deem for her guidance, advice and careful review of this article.

3. Iowa administrative Code. §641—51.1(135)
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For more information on our endorsed vendors, visit [www.pdaais.com/vendors](http://www.pdaais.com/vendors) or contact Brenda L. Kratzer, Director of PDA Endorsed Programs, [bkratzer@pdaais.com](mailto:bkratzer@pdaais.com) or (877) 732-4748.

**Connect with Your Colleagues**

PDA’s Social Network (SoNet)

If you haven’t yet logged on to the PDA Social Network, we encourage you to do so. This network gives you the ability to have increased communication with PDA leaders and staff, as well as endless opportunities to connect with your colleagues. Some highlights of the network include:

- Open forums for discussing dental office equipment and products, legislative topics and practice management issues.
- A library for you to search and share documents, as well as provide product reviews and share testimonials.
- Public and private groups that serve as an electronic mailing list.
- A personal profile for sharing and connecting with colleagues.

There is all of this and much more. The new communication possibilities provided by the social network are endless. To get started, visit [www.community.padental.org](http://www.community.padental.org) and download the first time user instructions by clicking on the link on the homepage.

If you have any questions about the Social Network, please contact PDA at (717) 234-5941.
MEMBERS MAKING A DIFFERENCE:

Chester Grace Dental Clinic
I have been practicing for 36 years and have always been open to the idea and interested in mission work for quite some time now. I have attended a men’s Bible study and it has inspired me to become involved in the mission field,” Dr. Fetter said.

It was four years in the making before the Chester Grace Dental Clinic opened its doors on May 4. The state-of-the-art, two-operatory facility is located on the first floor of the Frederick Douglass Christian School. The K-5 school is run by World Impact, an urban ministry that provides children with a quality, Christian-based education. Friess, a former resident of Chadds Ford, had been a longtime supporter of World Impact and the school. He knew Chester was in great need for a facility like this and donated $100,000 to start the clinic. Friess learned there was an empty room in the school and construction began on the bleak concrete room.

Other businesses signed on and wanted to be involved to help support and facilitate the opening of the clinic. Equipment and services were donated from Benco Dental in Horsham, Carestream Dental of Atlanta, Cunningham Construction in Havertown and McGillian Architecture of Bala Cynwyd. The clinic has brand-new dental chairs and X-ray and sterilization equipment.

“We’re offering a clinic in an environment that really needs it.” Dr. Fetter said. “We’ve seen about 100 patients since we’ve opened and it is obvious that they haven’t seen a dentist for an extended period of time.”

Currently, the clinic offers basic care, dental hygiene exams, restorative care and X-rays. Patients also receive information about preventive care between their routine checkups. Chester Grace is a low-fee clinic, with patients paying only $10 for the care they receive.

Dr. Fetter is excited and optimistic about the future of the Chester Grace Dental Clinic. He anticipates that the clinic will be open more than one day a week. “As many days as the patients need us to be open,” he said. He also hopes they can bring in specialists and offer more advanced treatment options. “The ChesPenn Hospital is located in the neighborhood and they have two dentists on staff. They are able to see the patients with prosthetic needs. Unfortunately, we don’t have the finances to accept those patients yet.”

The ChesPenn Hospital also offers a sliding fee schedule and Dr. Fetter hopes to create a working relationship to better serve the community together.

Dr. Fetter is seeking community and financial support. “People are enthusiastic and express interest as word spreads throughout the community,” he said. By hosting open houses, Dr. Fetter hopes guests will gift a monetary donation or supplies. Ongoing efforts to host additional fundraisers will help offset the costs to operate the clinic.

The Chester Grace Dental Clinic is open every Friday from 9 a.m. to 5 p.m. Drs. Fetter and Pulliam take turns volunteering at the clinic on Fridays, allowing one of them to still see patents at their Wayne Family Dentistry office. If anyone is interested in contacting Dr. Fetter about the Clinic, he can be reached at kfonion@aol.com.
Be Part of the Solution — MOM-n-PA | May 31 and June 1, Philadelphia | By Dr. Bruce R. Terry, Editor

Pennsylvania and several other states have seen a decrease in Medicaid funding for dental care. In October, 2011, Pennsylvania stopped funding non-basic services for adults under Medicaid. Root canal treatment, crowns and bridges are no longer covered. This ensures extractions as the only viable alternative for Medicaid eligible adults in our state. But Pennsylvanians are not alone. Recently states like New Jersey, Illinois, Texas and Michigan have all reduced benefits for adult dental services. In each case, the cost of the program was cited as the reason for reducing funding. Nearly every state in the United States is faced with a lower tax base and increased expenses. As a result, lawmakers are making tough choices and cutting programs they feel are optional.

It’s obvious that I would pick this issue because it’s dental-related. We can all identify with the lack of importance that dentistry has in the pecking order of state-funded necessities. If it’s this easy to drop coverage for adult dental care, then how important is dental care to our lawmakers? Can they see the forest for the trees? Don’t they get the message that a lack of proper dental care for adults and children will cause a cascade of health and other associated problems, from systemic infections and ER visits to loss of work and productivity? Do they understand that lack of access to dental care can also be psychologically painful? Maybe if lawmakers were refused dental treatment for a few years they would know what it feels like to be an adult without access to dental care.

But I know that the lawmakers would answer my comments by saying that we have to make cuts somewhere. Someone has to lose. Something has to go. They would suggest that dentists should be more charitable and help make up this difference. But we know that charity alone is not going to solve this problem.

On May 31 and June 1, a non-profit foundation in Pennsylvania will sponsor our state’s first large scale dental mission. This is not a PDA event. The MOM-N-PA dental mission intends to deliver care to more than 2,000 dental patients during this Friday/Saturday event. If you or someone you know would like to help, please visit www.mom-n-pa.com. You can read about what we are going to do during this event and you can register to help. We need volunteers to help with both patient care and non-patient care. Consider bringing your staff or adult family members. There is so much to do that we need every volunteer we can get. Pennsylvania has never had an event like this before, and certainly never in an inner city environment like North Philadelphia.

Restoring benefits for Medicaid adults is not going to happen anytime soon. But you can be part of the solution by either donating to the event or volunteering your time. Let’s show lawmakers that we (dentists) care. This type of event will help show our community that we care and that we are helpful and compassionate. You can help create goodwill for our profession and feel good doing it!
The Proportion of Elderly
In Pennsylvania Is Slipping, but…

By H. Barry Waldman DDS, MPH, PhD
Dolores Cannella PhD
Steven P. Perlmutter DDS, MScD, DHL (Hon)

Abstract

Media reports describing the anticipated increase of tens of millions of elderly residents and their attendant billions of dollar costs for health services during the next decades are difficult for any person to place in proper perspective. As a result, these estimates become “just numbers” not actual people. Census Bureau reports are used at the national, state and county levels to provide an increased meaningful picture when the 65 and older population of Pennsylvania will increase to 22.6 percent of the state population.

In 2000, 12.4 percent of the U.S. population was 65 years and older (15.6 percent in Pennsylvania, 1.9 million elderly). Only in the state of Florida was the proportion greater. In 2010, the proportion of elderly in the population of Pennsylvania ranked 4th (behind Florida, West Virginia and Maine). It was tied for 3rd (behind Florida and North Dakota) with 2.5 percent of the population 85 years and over. By 2030, the projected number of elderly in Pennsylvania (22.6 percent of the state population) will rank 11th. But …

“Starting on Jan. 1, (2011) our 79-million-strong baby boomer generation will be turning 65 at the rate of one elderly every eight seconds.”
By the end of the next decade, in 2030, one-in-five residents of this country will be 65 years of age or more, and in six states, one-in-four residents will reach this milestone (Florida [highest at 27 percent], Maine, Montana, New Mexico, North Dakota, Wyoming). These predictions regarding the aging “baby boomer” population have appeared repeatedly in the public and professional media as government agencies have sought to prepare for the eventual massive consequences for the health and services industries, national and individual family economics and the need for a seemingly endless array of private and public programs.

Numbers and percentages

In 2007, there were 1.9 million residents 65 years and over in Pennsylvania.  

Note: detailed demographic data regarding the senior population are not available from the Census Bureau at the county level. While there were lesser numbers of elderly in counties with smaller total population, there were:

- Between 10 and 42 thousand elderly in 29 counties.
- Between 51 and 84 thousand elderly in 9 counties.
- 114 thousand elderly in Montgomery County.
- 187 thousand elderly in Philadelphia County.
- 206 thousand elderly in Alleghany County. (Table 1)

Between the Census in 2000 and 2008 estimates, the number of individuals 65 years and older in Pennsylvania decreased by 2.7 percent, compared to 10.8 percent increase nationally. However; the 85 and over population in Pennsylvania increased by 30.6 percent, compared to a 33.5 percent increase at the national level. The numeric and

Unfortunately, the use of all-inclusive “mega numbers and proportions” in the listing of the prospects for 20 percent of the population are difficult for any person to place in proper perspective. As a result, these estimates become “just numbers” — not actual people. The need is to somehow personalize these numbers if we are to bring increased attention to the health and social needs of these individuals. The use of available Census Bureau data at the state and county levels provide an increased meaningful picture at a more local level during the period when the 65 and older population of Pennsylvania will increase to 2.9 million residents in 2030.  

Note: Specific information from the 2010 census on senior residents at the state and county levels may not be available for a period of time.

“Elderly to double to 14 percent of global population by 2040.”

“Census Bureau reports world’s older population projected to triple by 2050.”
proportional changes are for the period just prior to the projected increases in the aging “baby boomer” population. *(Table 2) Note:* The increasing number of “very” elderly in the state and nationally portends the potential for even greater increased supportive services and financial expenditures.

**Elderly with disabilities**

Nationally, 18.1 million senior residents (52 percent) have a disability. Of this number, 12.9 million (37 percent) have a severe disability, and 5.5 million (15.6 percent) need assistance with daily living. Senior females were more likely to be disabled (56.5 percent) than senior men (45.4 percent), to a degree, related to the longer life span of females. Among the non-institutionalized population, 14.2 million seniors (38 percent) have a disability.

In Pennsylvania, more than one-third of the elderly (37.7 percent) have a disability (713 thousand individuals). The number of elderly with a disability range as high as 21 to 33 thousand in Berks, Bucks, Delaware, Lancaster, Luzerne, Montgomery and Westmoreland counties, and greater than 84 thousand in Allegheny County and 97 thousand in Philadelphia. *(Table 1)*

**Poverty**

In 2009, 14 percent of the U.S. elderly population and 12 percent of the Pennsylvania elderly population lived in poverty. *(Note:* The Census Bureau reports county level poverty data for senior residents for the ten year decennial census. In 2000, in the Pennsylvania counties, the proportion of elderly ranged as high as between 10.0 percent and 13.5 percent in 16 counties and almost 17 percent in Philadelphia County. *(Table 1)*

**Minority populations**

The Census Bureau only reports the minority population proportions at county and age levels for the ten year decennial census. Estimates for the proportion of elderly minority in 2009 for each county were developed by assuming that the proportion of minority elderly in each county was comparable to the reported proportion of minorities in the total county population. Based upon this assumption, in 2009, the proportion of the elderly minority population ranged as high as approximately 10 percent to 25 percent in 9 counties and 51.5 percent in Philadelphia County. *(Table 1)*

In 2009, 84 percent of the Pennsylvania population was reported as white, 10.8 percent black, 2.5 percent Asian and 5.1 percent Hispanic (may be of any race). These data are for individuals who reported a single race.

---

**Health concerns**

The average life expectancy of a U.S. new born male is 75 years and 80 years for a female. As a consequence of the general health of individuals who have reached the older ages, however, the average life expectancy of a sixty-five year old male and female is 82 years and 85 years, respectively. The fact is that any planning for the services of the elderly must take into consideration the reality of the potential long term needs for this population. For example, the Census Bureau projects that by 2030 there will be more than three million 90+ year olds in the U.S.

- One-quarter of non-institutionalized elderly are in fair or poor health.
- Two-thirds of elderly men and more than seventy percent of elderly women have hypertension.
- One-third or more of elderly men and women are obese.
- Almost one-quarter of non-institutionalized elderly have been diagnosed with diabetes.
- Almost ten percent currently smoke cigarettes.

**Use of health services:**

- More than a quarter of a billion ambulatory care visits are made by the elderly to physician offices, hospitals and outpatient departments.
- There are more than 1.3 million elderly nursing home residents.
- About 58 percent of the elderly reported a dental visit in the past year.

**Mortality:**

- The leading causes of death of the elderly are heart disease, cancer and stroke.
Table 1.
Pennsylvania counties 65+ years old population (numbers in 000s) by selected characteristics 2000, 2007, 2009 8,10,12

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Pennsylvania</td>
<td>1,890</td>
<td>713</td>
<td>9.1%</td>
<td>16.1%</td>
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<tr>
<td>Adams</td>
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<td>Allegany</td>
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<td>9.0%</td>
<td>17.0%</td>
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<td>7.3%</td>
<td>7.7%</td>
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<td>3</td>
<td>10.2%</td>
<td>1.7%</td>
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<tr>
<td>Berks</td>
<td>57</td>
<td>21</td>
<td>7.6%</td>
<td>8.4%</td>
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<td>22</td>
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<td>8.8%</td>
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<td>Bradford</td>
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<td>4</td>
<td>8.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Bucks</td>
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<td>Butler</td>
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<tr>
<td>Cambria</td>
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<td>4.9%</td>
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<tr>
<td>Cameron</td>
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<td>&lt;1</td>
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<td>&lt;1.0%</td>
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<tr>
<td>Carbon</td>
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<td>5</td>
<td>9.0%</td>
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<td>Centre</td>
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<td>5</td>
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<td>9.0%</td>
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<tr>
<td>Chester</td>
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<td>16</td>
<td>5.5%</td>
<td>11.3%</td>
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<td>Clarion</td>
<td>7</td>
<td>2</td>
<td>8.9%</td>
<td>2.3%</td>
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<td>Columbia</td>
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<td>Crawford</td>
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<td>Cumberland</td>
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<td>6.1%</td>
<td>7.4%</td>
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<td>Dauphin</td>
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<td>Delaware</td>
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<td>1.6%</td>
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<td>Erie</td>
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<td>Fulton</td>
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<td>11.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Greene</td>
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<td>3</td>
<td>11.0%</td>
<td>5.2%</td>
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<tr>
<td>Huntingdon</td>
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<td>3</td>
<td>9.9%</td>
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<tr>
<td>Indiana</td>
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<td>9.4%</td>
<td>3.5%</td>
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<tr>
<td>Jefferson</td>
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<td>3</td>
<td>9.2%</td>
<td>1.6%</td>
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<tr>
<td>Juniata</td>
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<tr>
<td>Lancaster</td>
<td>72</td>
<td>22</td>
<td>6.6%</td>
<td>6.8%</td>
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<tr>
<td>Lawrence</td>
<td>17</td>
<td>6</td>
<td>8.7%</td>
<td>5.6%</td>
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<tr>
<td>Lebanon</td>
<td>21</td>
<td>7</td>
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<tr>
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<td>Luzerne</td>
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<td>4.9%</td>
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<tr>
<td>Lycoming</td>
<td>20</td>
<td>7</td>
<td>7.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>McKean</td>
<td>7</td>
<td>3</td>
<td>8.3%</td>
<td>4.7%</td>
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</tbody>
</table>

Note: Numbers and percents have been rounded.

Table 2.
The change in number and proportion of the elderly population in the United States and Pennsylvania between 2000 and 2008 6,7

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2008</th>
<th>Number</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(Numbers in 000s)</td>
<td>Percent</td>
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**United States**

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2008</th>
<th>Number</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>65+ yrs</td>
<td>35,077</td>
<td>38,870</td>
<td>3,793</td>
<td>10.8%</td>
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<tr>
<td>85+ yrs</td>
<td>4,286</td>
<td>5,722</td>
<td>1,436</td>
<td>33.5%</td>
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</table>

**Pennsylvania**

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2008</th>
<th>Number</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>65+ yrs</td>
<td>1,919</td>
<td>1,857</td>
<td>-52</td>
<td>-2.7%</td>
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<tr>
<td>85+ yrs</td>
<td>238</td>
<td>310</td>
<td>72</td>
<td>30.6%</td>
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</tbody>
</table>

Note: Numbers and percents have been rounded.
Who will pay the costs for health care for the elderly?

Dependency ratios are an indicator of the potential burden on those in the working-age population.

Old age dependency = \( \frac{\text{Population aged 65 years and over}}{\text{Population aged 20-64 years}} \times 100 \)

Between 2010 and 2030, the old-age dependency ratio will increase rapidly as the population of baby boomers moves into the 65 years and over category. The realities are:

- Greater numbers of older individuals will be dependent upon smaller numbers of working age persons to provide the financial support for health care services.
- The smaller working age population will need to continue its support for youngsters under twenty years of age.\(^{16}\)

As to actual costs for health care, in 2006 the average annual expenditure for the major components of health care among Medicare enrollees increased with age, from $11,300 for the 65-74 age group to $23,700 for the 85 years and older population.\(^{17}\) Elderly persons in better health have a longer life expectancy than those in poorer health but have similar cumulative health care expenditures until death. A person with no functional limitation at 70 years of age has a life expectancy of 14.3 years and expected cumulative health care expenditures of about $136,000 (in 1998 dollars). A person with a limitation in at least one activity of daily living has a life expectancy of 11.6 years and expected cumulative expenditures of about $145,000. Persons who are institutionalized at the age of 70 have cumulative expenditures that were much higher than those for persons who were not institutionalized.\(^{18}\)

Comments

The use of mega numbers and proportions is important to provide a general perspective, but more local and individual impact considerations afford a personal understanding for health providers and the general public to derive an appreciation of the developing realities when one-in-five residents of this country will reach the milestones of older age.

As to the particular perspective of the dental practitioner, given the continuing decrease in edentulous rates,\(^{19}\) the average elderly patient (with the anticipation of a potential increase in life expectancy) is expanding the use of dental services.\(^{Note}\): in 2008, Pennsylvania ranked 25th with 18.3 percent of the elderly reported to be edentulous. Hawaii was ranked 1st with a 9.8 percent rate of edentulism for the elderly; West Virginia was ranked 50th with a 37.8 percent rate of edentulism. Nationally, the rate of edentulism for the elderly was 18.5 percent.\(^{20}\)

The need exists to comprehend the physical, psychological, economic, family conditions and a seeming endless array of related factors which affect older patients. But the reality is that despite the many changes as individuals age, the limited availability of dental insurance, and economic difficulties, they increasingly are reporting the use of dental services. The question remains, is your practice prepared for the increasing numbers of elderly coming to your neighborhood?

\(^{Note}\): in 2008, Pennsylvania ranked 25th with 18.3 percent of the elderly reported to be edentulous. Hawaii was ranked 1st with a 9.8 percent rate of edentulism for the elderly; West Virginia was ranked 50th with a 37.8 percent rate of edentulism. Nationally, the rate of edentulism for the elderly was 18.5 percent.


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- Learn updated local anesthesia techniques
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- Permit-qualifying for nitrous oxide certification

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<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>March 1</td>
<td>Oral Oncology</td>
<td>Greensburg</td>
<td>Ms. Sandra Boody, CDA, RDH</td>
</tr>
<tr>
<td>March 2</td>
<td>Update in Medical Emergencies and Advanced Airway Techniques for Permit Renewal Hands-On/Limited to 20 participants</td>
<td>Greensburg</td>
<td>Michael A. Cuddy, DMD, Paul A. Moore, DMD, PhD, MPH, Joseph A. Giovannitti Jr., DMD, Matthew Cooke, DMD, MD, MPH</td>
</tr>
<tr>
<td>March 8</td>
<td>Local Anesthesia Review for Dental Hygienists</td>
<td>University of Pittsburgh Greensburg</td>
<td>Marie George, RDH, MS, Paul Moore, DMD, PhD, MPH, Angelina Riccelli, RDH, MS</td>
</tr>
<tr>
<td>March 22</td>
<td>Biofunctional Esthetic Dentistry and More: Take Your Practice to the Next Level in Esthetic Dentistry</td>
<td>University of Pittsburgh Greensburg</td>
<td>Marshall Fagin, DDS</td>
</tr>
<tr>
<td>April 6-7</td>
<td>and April 20-21 - Part 1</td>
<td>Greensburg</td>
<td>Local Anesthetics for the Dental Hygienist</td>
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<td>March 22</td>
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<td>Matthew Cook, DDS, MD, MPH, Paul Moore, DMD, PhD, MPH, Angelina Riccelli, RDH, MS</td>
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<td>April 26</td>
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<td>Martin Trope, BDS, DMD</td>
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<td>New Modalities in the Treatment of TMD</td>
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<td>Endodontic Treatment for the General Dentist: Why You Are Doing What You Do and Can You Do It Better?</td>
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<td>Treating Patients with Cardiovascular Disease: What To Know and What To Do - Plus Treating Yourself to a Healthier Life</td>
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<td>Drugs in Dentistry - Including Herbals and Natural Products: Most Current Information Affecting Your Practice</td>
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<td>November 14</td>
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<td>Greensburg</td>
<td>Can I Do That, and Get Paid, and Enjoy It?</td>
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<tr>
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February 27
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Robert N. Obrodovich, DMD

March 27
Restoration of the Complex Denture, Fixed, and Implant Patient: Pitfalls to Avoid
Carl F. Driscoll, DMD

April 17
What’s Hot and What’s Getting Hotter!
Howard S. Glazer, DDS, FAGD, FACD

Steubenville, OH
March 28
The Medically Complex Patient - Preoperative Assessment and Management
Daniel E. Becker, DDS

April 18
Update on Caries, Vital Pulp Therapy, Ceramic, and Cements
Jan K. Mitchell, DDS, MEd, MAGD

Titusville
March 27
Drugs in Dentistry - Including Herbals and Natural Products: Most Current Information Affecting Your Practice
Richard L. Wynn, PhD

April 24
Nonsurgical Periodontal Therapy
Jennifer Zavoral, DMD

Williamsport
March 13
Current Concepts in Oral Medicine
Scott S. DeRossi, DMD, DABOM

April 3
Restoration of the Complex Denture, Fixed, and Implant Patient: Pitfalls to Avoid
Carl F. Driscoll, DMD

University of Pittsburgh

Temple University
Contact: Nicole Carreno
(215) 707-7541
(215) 707-7107 (Fax)
nccarreno@temple.edu
Register at
www.temple.edu/dentistry/ce

February 27
Nitrous Oxide Sedation (Hands On)
Drs. Haber-Cohen, Braid and Fielding

March 6
Dental Management of Emergencies and Medically Compromised Patients
Dr. Gary Jones and Dr. Allen Fielding

March 14
A Dr. Leonard Abrams Distinguished Speaker Series Lecture by Dr. Paul Rosen
SFC Temple Dental Faculty, Alumni, Residents and Students: FREE
All others: $75

March 27
Adoption of 3D Cone-Beam CT In Your Practice
Dr. Jie Yang

March 29
Engine Driven Instrumentation in Endodontics - Panel (Hands On)
Drs. Yesilsoy, Glass, Herbranson, Kuttler, Maggio and Trope

April 19
Porcelain Laminate Veneers
Dr. Steven Weinberg

June 17 - 21
Surgical and Prosthetic Oral Implantology — A 5 Day Introductory Course
(Part 2 in September, see site for info)

Greensburg

Giannilli’s II Restaurant
& Banquet Facility
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

March 15
Conscious Sedation, Deep Sedation and General Anesthesia Update for Dentists
Dale A. Baur, DDS

April 12
Salvaging Hopeless Teeth
Edward M. Feinberg, DMD

May 10
Dose Response Relations & Avoiding Adverse Drug Interactions
Elliot V. Hersh, DMD, MS, PhD

Lancaster County Dental Society

Lancaster Country Club
Contact: Alycia Billy, Executive Secretary
LCDentalSociety@yahoo.com
or (717) 606-6534 for registration and fee info

March 14
Your Dentist Did What?? — Tales from the ED
Dr. Maxwell Adams & Dr. Scott McCurley

May 3
The Joy of Oral Pathology: You are the Object of My Infection
Dr. John Svirsky

Microfiber 2

Brookville

Gold Eagle Inn
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

April 19
Oral Cancer and Medically Complex Dental Patients
Andres Pinto, DMD, MPH

May 10
Medical Emergencies in the Dental Office: The Six Links of Survival
Larry J. Sangrik, DDS

PDA & PDAIS Sponsored Courses
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

St. Marys

Gunners Inn and Restaurant
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

March 15
Treatment of Periodontal Diseases and Conditions
Nabil F. Bissada, DDS, MSD

Erie

May 8
Medical Emergencies in the Dental Office: The Six Links of Survival
Larry J. Sangrik, DDS

Bedford

November 22
Medical Emergencies in the Dental Office: The Six Links of Survival
Larry J. Sangrik, DDS
Rates: $45 for 45 words or less, $1 for each additional word. $1 for each word set in boldface (other than first four words). $10 to box an ad. $5 for PDA Box number reply. One free ad to deceased member’s spouse.

Website: All Journal classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the Journal issue. Ads will be removed at the end of the two months of the Journal issue.


Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to: PDA Dental Journal • PO Box 3341 • Harrisburg, PA 17105

Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The Journal reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

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<td>Harrisburg, PA 17105</td>
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Outstanding Career Opportunities

In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or email dreelsj@dentalcarealliance.com. Visit our website: www.Dentalcarealliance.com.

Lancaster Group Practice

Associate 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.

Associate Needed

Seeking general dentist for associateship leading to partnership. 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 for our continually growing practice. To learn more about this rare opportunity call (570) 742-9607, email copdha@sunlink.net, or fax your CV to (570) 742-6397.

General Dentists Needed

Dental Dreams desires motivated, quality oriented general dentists to work in our busy Pennsylvania practices. At Dental Dreams, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of $150,000 with potential to earn up to $300,000, visa sponsorship, and health and malpractice insurance reimbursement. Make Dental Dreams a reality for you! To apply, please email CV to humanresources@dentaldreams.org or call (312) 274-4520.

Associate—General Dental Practice

Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email mtddmd@comcast.net.

Associateship Leading into Ownership

Central PA: Master cosmetic/reconstructive dentist seeks qualified associate to learn to “work smart, not hard.” Offer includes 4-operatory high-tech “cash practice” and well-maintained 3-story building including a 2 bedroom apartment. “Formal education will earn you an income, but self education will earn you a fortune.” Serious inquiries only. Please respond to PDA Box J/F 1.

DENTISTRY IN AN OUTDOOR PARADISE

Full-time associate needed near Williamsport. Well established, thriving general practice seeks full-time associate. Beautiful high-tech office providing comprehensive and quality dental care. Exceptional, committed staff, 10 treatment rooms; efficient business systems in place generating strong financial returns and generating many patients for associate. Excess potential. The right candidate will offer excellent personal and clinical skills. Pleasant area to raise a family, excellent school districts. Send resume to: Apple Dental, PC, Attention: Dr. Lawrence Leggieri, 929 Lycoming Mall Drive, Pennsdale, PA 17756 or email drleggieri1@comcast.net.

Associate Needed

A P/T or F/T general dentist needed for a well-established family practice in Hanover. We have a steady patient base, a friendly staff and excellent work atmosphere. Competitive base salary with bonus and other benefits. Please send resume to fewgoodmen007@hotmail.com or call (215) 820-7113.

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Chestnut Hills Dental, formed in 1997, is an 8 office, multi-specialty group dental practice and a leader among the Pittsburgh dental community committed to providing quality dental care to their patients. We are seeking an exceptional general dentist for our new practice in Johnstown. Enjoy the traditional doctor patient relationship in a team environment with professional and clinical support to best service your patients. Join our team and enjoy flexible work hours, a generous compensation and benefits package including malpractice, life, medical, disability insurance and a 401(K) plan with employer match. Future ownership possible. Please contact Dr. Robert Hudock at rhudock@amdpi.com or (412) 372-5100.
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We are seeking an experienced candidate to join our office as either an independent contractor or an associate. Our office is located in Bethlehem and is an established practice for 25 plus years. We take pride in our delivery of care to our patients and working together as a team. The office has all digital X-rays and is computerized using dentrix and is paperless. The practice accepts most PPO insurance plans. Candidates should have completed Gpr or minimum 2 years experience. All salary and benefit information will be discussed at the time of interview. Please send current CV to petedmd@gmail.com.

Dentist Wanted
Seeking Dentist for partnership in our Wilmington office. Five plus years experience. Will assist in passing Delaware Board. Income potential well above 250K. Email adelinedfarhi@yahoo.com.

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For Sale
General practice, Huntingdon, near Lake Raystown, college town, 500K rev. on 34 hr/wk, 1,200 s/f, 4 ops, turnkey. Building with 3 BR apartment included at practice appraisal. Doctor’s row with off street parking. Doctor will stay to introduce. Reply: drezeke1974@verizon.net.

Hanover Dental Office Suite
Take advantage of your opportunity for a quality dental office in the Heart of Hanover. One block north of Center Square, 104 Carlisle Street. Fully plumbed, 1,460 s/f, “Hanover Dental Medical Office” http://www.youtube.com/watch?v=DRiS04-BxS0&feature=channel&list=UL Available now. Call Don Stabler at (717) 637-5877 or email sccdstab@comcast.net to find out more.

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Special Smiles, Ltd

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For an appointment or consultation www.specialsmiles ltd.com

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Numerous practices with collections ranging from $155,000 to $2,500,000 PA - (#’s are collections) Erie $1,800,000, Erie $1,000,000, Multiple Offices-Pittsburgh Area $2,500,000, Tri State Periodontist $600,000, Robinson Twp. $670,000, Grove City $430,000, Mercer County $155,000, Airport Area $300,000, Franklin $360,000, Washington County $500,000, Oakland $300,000, Beaver County $760,000, Beaver County Pediatric $600,000, East Pittsburgh Suburb Pediatric $300,000, Plum $400,000, M ercersburg $530,000, Altoona $275,000, East Pgh. Prosthodontist $400,000.

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Pittsburgh east suburbs – pediatric dental practice...active long-time established. Everything in place to continue a successful career. Professional Practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2881 (after normal hours) or stanpoll@aol.com.
FOR SALE
Pittsburgh east suburbs – general practice...well established. Excellent opportunity for solo practice or satellite. Professional Practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2881 (after normal hours) or stanpoll@aol.com.

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MARYLAND, DC, VIRGINIA: No buyers fees. Including EASTERN SHORE - 3 ops grossing $600K, ROCKVILLE - 3 ops Town center. Charles County - grossing $1 Million, Lanham - 4 ops gross $850K. D. C. C. st 3 ops, FREDERICK COUNTY free standing, EASTERN SHORE - Retiring, PG County - grossing $475K. Call for more information. POLCARI ASSOCIATES, LTD (800) 544-1297. www.polcariassociates.com

Practice Sale
Harrisburg Area - 4 ops plumbed - refers endo, perio, surgery, and ortho. Great starter or satellite practice with growth potential. Call Tom (410) 218-4061 or tjbonsack@hotmail.com.

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Practice Sale

Practice Sale

Practice for Sale

Practice Sale
Central PA - 5ops - high end dentistry, strong hyg. FFS, Rev. $865K, 2,800 s/f, condo avail for sale. Donna (800) 988-5674. www.snydergroup.net

Practice for Sale

Practice for Sale
Lackawanna County - General - 19 y/o practice on busy street. Very strong hygiene program. 50% FFS, 50% PPO patients. 5 ops, Dentrix, cameras, digital X-ray, patient ed + a pan. 1,600 active patients. The practice shows very well. Contact: Sharon Mascetti (484) 788-4071.

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For Sale
Philips Dental Systems Oralix Pan DC: Panoramic X-ray and Cephalometric unit. Best offer OR will consider donation to non-profit organization. Velopex X-ray developer for films including Pan and Ceph, daylight loader included. Please contact Dr. George (Rusty) Bullock (215) 348-9521.

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