

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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PRACTICE

## 3 dental benefit trends you should know

ADA offers information, resources to help with concerns

BY MARY BETH VERSACI

Navigating benefits can be confusing and frustrating for dental practices, so the American Dental Association is sharing information and resources related to three new trends impacting dentists.

Some payers are raising the frequency limitation on fillings from two to five years. So far, Delta Dental of Colorado — for at least one employer group — and the Blue Cross Blue Shield FEP Dental program for federal employees have made this change.

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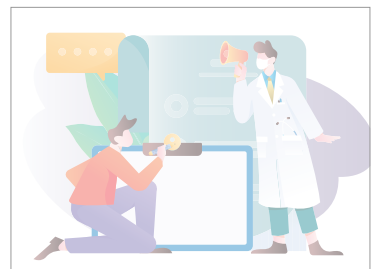
A third trend relates to network leasing. MetLife and Guardian began leasing their networks to each other effective June 1. Both MetLife and Guardian providers can opt out of the leasing arrangement by following instructions provided to them in communications from the companies.

The ADA, working closely with state dental associations, has helped



### 3 ADA advises public about 'veneer techs'

Dental treatment from unlicensed individuals can cause damaging complications



### 14 What it means to be an ADA member and faculty ambassador

Elbert Tom, D.D.S., writes about his experience promoting Association to dental students



### 15 SmileCon registration opens

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**N**avigating benefits can be confusing and frustrating for dental practices, so the American Dental Association is sharing information and resources related to three new trends impacting dentists.

Some payers are raising the frequency limitation on fillings from two to five years. So far, Delta Dental of Colorado — for at least one employer group — and the Blue Cross Blue Shield FEP Dental program for federal employees have made this change.

“Frequency limits within the dental insurance landscape are something that dentistry has learned to navigate. Now, the landscape appears to be changing,” said Rod Hill, D.D.S., a former member of the ADA Council on Dental Benefit Programs. “While we as dentists have learned to accept the standard ‘warranty’ periods of 24 months for fillings and 60 months for crowns, we now must deal with the longer periods imposed by the insurance companies to decrease their liability.”

Some plans pass the fee on to patients, giving them the impression the restorations should last for the amount of time the insurance company deems appropriate, Dr. Hill said.

“For those plans that don’t pass the fee on to the patients, are we the dentists going to be required to ‘warranty’ these services due to contractual requirements?” he said. “If so, how do we justify the increase in the frequency limits without taking into consideration the individual patients’ habits, oral hygiene, and oral and systemic health, which can have drastic results on our restorative efforts?”

Patients often refer to the payment plan for their dental care as “insurance.” However, it’s technically a different type of health care plan known as a benefit plan, which covers only certain costs. The ADA has created a brochure titled “Why Doesn’t My Insurance Pay For This?” that explains this and other related matters to help patients better understand their dental benefit plans. This brochure is available for purchase through the ADA Store.

“In addition, dentists may want to voice their concerns regarding these policies with their provider relations managers at the insurance companies. After all, these plans should be held accountable for their actions,” said Sara Stuefen, D.D.S., chair of the ADA Council on Dental Benefit Programs’ Dental Benefit Information Subcommittee.

A second emerging trend relates to changes in how out-of-network claims

are paid. Aetna has changed the way it determines these fees, leading to decreased reimbursements for dentists who are not in network.

As of Jan. 1, Aetna’s fees are based on the average amount insurers pay for services in a dentist’s geographic area as opposed to the average amount providers charge, as reported by Fair Health. Fair Health is a nonprofit with a database of more than 46 billion health care claim records that it uses to estimate average billing and allowed amounts across the country.

“This is particularly noticeable when an out-of-network patient receives preventive and diagnostic services. The patient is expecting the services to be covered at 100% with no out-of-pocket expenses; however, the services are covered at 100% of the plan’s allowed fees for out-of-network

providers, likely leaving the patient with a balance due for these services,” Dr. Stuefen said. “For this reason, you may suggest that your patient file a complaint with their employer’s human resources department so that groups that purchase these plans have a better understanding of how their employees are affected by these policies.”

A third trend relates to network leasing. MetLife and Guardian began leasing their networks to each other effective June 1. Both MetLife and Guardian providers can opt out of the leasing arrangement by following instructions provided to them in communications from the companies.

The ADA, working closely with state dental associations, has helped to pass PPO leasing legislation in 30 states. In addition, it has collaborated with the National Council of Insurance Legislators, which develops model legislation states can use to craft their own bills. NCOIL has adopted the Transparency in Dental Benefits Contracting Model Act, which aims to improve transparency throughout the dental insurance landscape. The act includes model legislation for network leasing, virtual credit cards and prior authorizations.

ADA members can receive assistance with insurance concerns by calling 1-800-621-8099 or emailing [dentalbenefits@ada.org](mailto:dentalbenefits@ada.org). The ADA’s contract negotiation guide and in-office dental plan toolkit, available at [ADA.org/dentalinsurance](http://ADA.org/dentalinsurance), may also help dentists facing insurance issues. ■



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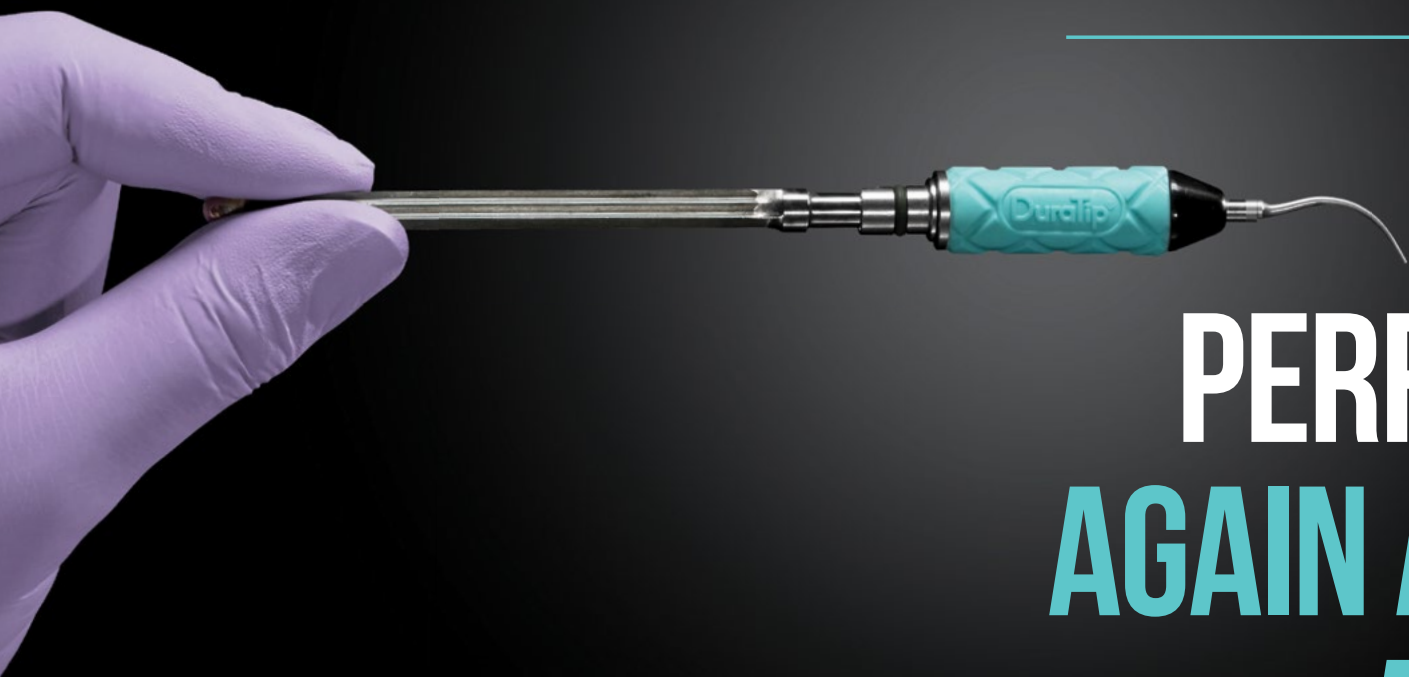
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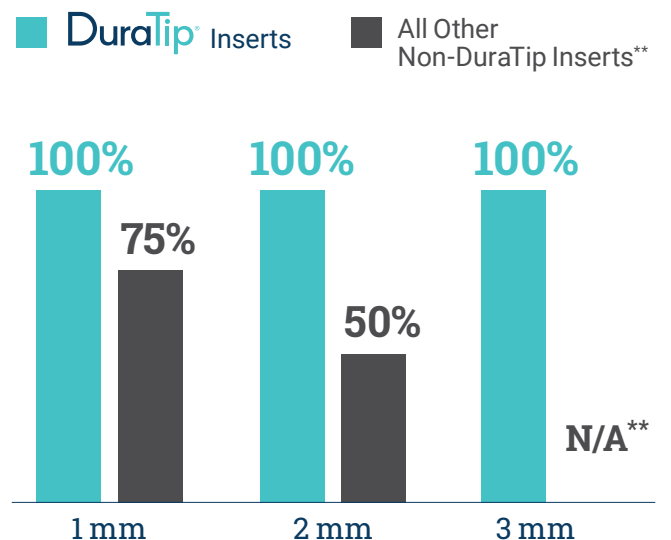
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Produced monthly by BroadcastMed, who manages print and mail distribution on behalf of the publisher, the American Dental Association at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodicals postage paid at Chicago, IL and additional mailing offices.

Postmaster: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2023 American Dental Association. All rights reserved.

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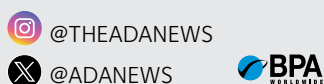
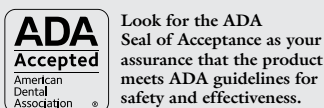
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## Nomination portal open for 2025 Humanitarian Award recipient

Open to members who have distinguished themselves by improving the oral health of underserved populations domestically

BY DAVID BURGER

**N**ominations for the ADA's 2025 Humanitarian Award are open until Sept. 1.

The Humanitarian Award is a recognition open to member dentists who have distinguished themselves by giving a minimum of 10 years to improving the oral health of underserved populations in the U.S.

Any individual may nominate any active, life or retired ADA member in good standing by submitting a nomination for consideration by the ADA Board of Trustees.

The recipient will be honored at SmileCon 2025 in Washington, D.C.

To nominate, visit [ADA.org/en/about/volunteer-and-get-involved-with-the-ada/humanitarian-award](https://ada.org/en/about/volunteer-and-get-involved-with-the-ada/humanitarian-award).

Eligibility requirements, nomination instructions and videos of past recipients are available at the portal. ■



*Gratitude: Bill Sasser, D.M.D., smiles after working in the prisons of Burundi, Africa, one of the poorest countries on Earth. He was the recipient of the ADA's 2024 Humanitarian Award.*



## ADA advises public about 'veneer techs'

Dental treatment from unlicensed individuals has potential to cause dental damage

BY DAVID BURGER

**M**ainstream and social media are reporting about services allegedly offered by "veneer technicians."

Veneer techs appear to promote themselves on social media as individuals who place veneers.

"As dentists, our mission is to deliver quality care that promotes oral and overall health, as well as build trust with the patients we humbly serve in our communities," said ADA President Linda J. Edgar, D.D.S. "Dental procedures that are considered irreversible should only be performed by licensed, trained dentists. The public should be extremely cautious of these purported offerings."

Dental treatment from unlicensed individuals has the potential to cause damaging complications for patients, according to the ADA statement.

"Any dental procedure that may alter the physical structure of an individual's teeth, gums or jaws, without the supervision of a dentist, has the potential to cause irreversible harm," the ADA said.

Dentistry is a regulated health care profession that necessitates formal education and licensure, the ADA said. Each state has regulations that require dentists and hygienists to be licensed in order to provide patient care.

In an effort to support the public and advise of potential risks, ADA consumer advisor spokesperson Tricia Quartey, D.M.D., also spoke to journalist Phil Lewis of the newsletter "What I'm Reading" and cautioned the public, explaining that no exams are taking place and patients risk damage to the tooth itself, possible nerve damage and potential infection.

The ADA has also updated its MouthHealthy.org page about veneers to advise how patients can check if their providers are licensed to provide dental services in their state. ■



**“Dental procedures that are considered irreversible should only be performed by licensed, trained dentists. The public should be extremely cautious of these purported offerings.”**

- Linda J. Edgar, D.D.S.  
ADA president



# What to know about new Medicaid rules addressing access to care

## CMS issued final rules in April related to managed care, fee-for-service plans

BY MARY BETH VERSACI

The Centers for Medicare & Medicaid Services issued two final rules April 22 related to access to care within Medicaid managed care and fee-for-service plans.

The American Dental Association previously sent letters in June 2023 to CMS, commenting on both rules after they were proposed and offering suggestions.

Below are key takeaways from the final rules.

### MANAGED CARE

State Medicaid programs have been expanding their use of managed care as an alternative service delivery and payment system to traditional fee-for-service systems. Managed care organizations are health plans that contract with states to provide comprehensive Medicaid benefits to enrolled beneficiaries. The state Medicaid agency pays the managed care organization a set amount of money per patient to cover the expected cost of health care services for that patient over a certain period of time.

The Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality final rule addresses access to care and other topics within managed care plans. Notable regulations include:

- **Rate transparency:** Managed care organizations must provide their rates for primary care, OB-GYN and behavioral health services in a report to states and the general public starting with the first rating period beginning on or after Sept. 9 of this year. States must select a fourth health care service for which managed care organizations will need to publicly provide their rates. This could be dental.

- **Access monitoring:** Managed care organizations will be required to actively perform access monitoring with the first rating period beginning on or after July 9, 2027. This will be done through secret shopper surveys overseen by an independent entity that is not a state or managed care organization. Detected errors from the surveys must be reported for correction to the managed care organizations in order to ensure accurate provider directories. Larger access issues that are

discovered must be reported to CMS within 90 days of their discovery and include a 12-month remediation plan. This regulation does not specifically address dental care, but states must apply

“

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this oversight to an additional type of service — such as dental — outside primary care, OB-GYN and behavioral health services, which the regulation includes. Survey results must be published

starting with the first rating period beginning on or after July 10, 2028.

- **Wait time standards:** While the rule proposes standard wait times of 10-15 days for routine primary care, OB-GYN and behavioral health appointments to help evaluate network adequacy, it leaves determining the wait time standard for another provider of the state's choosing — potentially dental — to the state. However, CMS appears to suggest in the rule that states should take guidance from Medicare Advantage, which enforces 30 days for routine appointments and one week for urgent appointments. The wait time standards will be applicable after the first rating period beginning on or after July 9, 2026.

- **Website improvements:** The rule requires states to post managed care plan information and links, including enrollee handbooks, provider directories, network adequacy standards, secret shopper survey results and more, on a single webpage to make it easier to find for users. CMS will begin enforcing this regulation on or after July 9, 2026.

### FEE FOR SERVICE

In a fee-for-service system, state Medicaid agencies establish the fee levels for covered services and pay participating providers directly for each service they provide. This is the

payment model historically used by most state Medicaid programs.

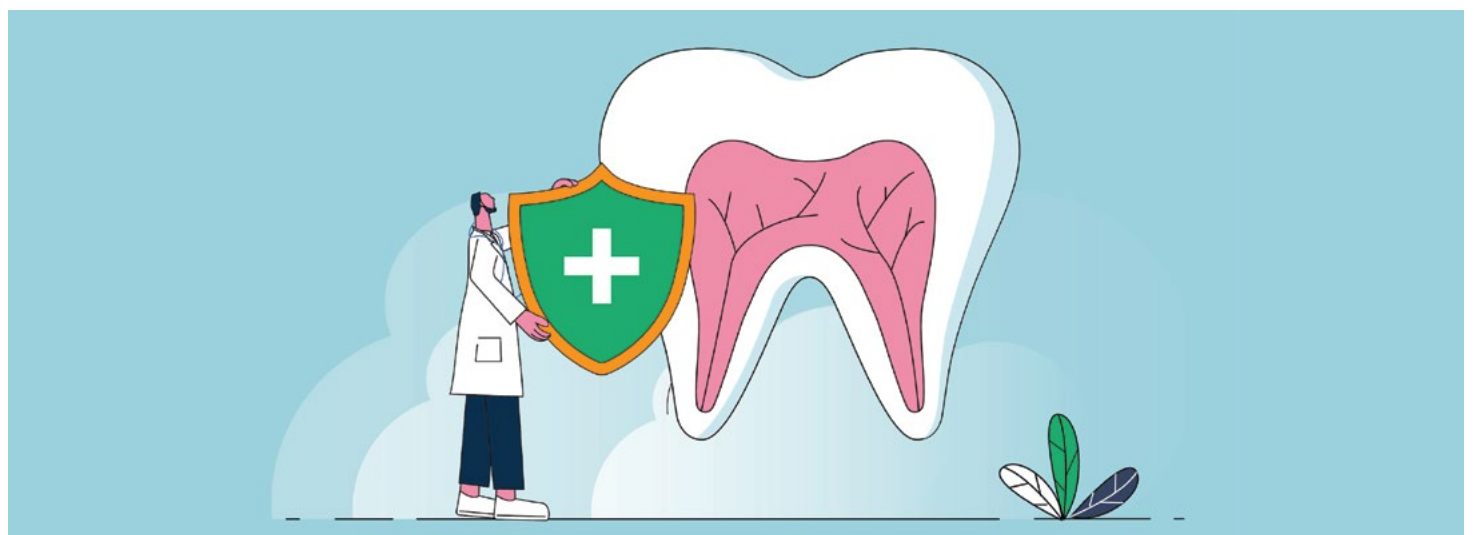
The Ensuring Access to Medicaid Services final rule addresses access to care within fee-for-service models. Notable regulations include:

- **Advisory groups:** States are required to create both a beneficiary advisory council and a Medicaid advisory committee by April 22, 2025, to advise on issues related to the administration of Medicaid. The Medicaid advisory committee must include a practicing health care provider, such as a dentist, and a member from a state agency that focuses on health and human services. The state agency representative, who would be a nonvoting member, could be a state dental director.

- **Rate transparency:** States must publish all fee-for-service Medicaid payment rates on a publicly available and accessible website by July 1, 2026, and update them within 30 days of changes. While this is already done by most states for dental fees, some of the information is difficult to find and understand. States also must publish analyses every two years, beginning July 1, 2026, comparing their fee-for-service rates for primary care, OB-GYN and behavioral health services with Medicare rates. States are not required to choose an additional service type, such as dental, for analysis.

- **Access monitoring:** The rule requires states to demonstrate network sufficiency through an initial analysis if they submit a plan amendment that includes a rate reduction or restructuring in a way that could result in diminished access. If states do not meet the requirements of the initial analysis, they must perform an additional, more extensive analysis. The rule does not include a standard for patient appointment wait times.

For more information on Medicaid, including the ADA's advocacy efforts related to it, visit [ADA.org/Advocacy](https://ada.org/Advocacy). ■



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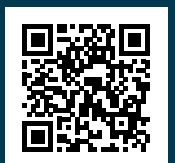


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# June JADA: Tooth autotransplantation a suitable alternative to traditional prosthetics

BY DAVID BURGER

**T**ooth autotransplantation to replace missing teeth can provide a natural and functional alternative to traditional prosthetic options, according to a study published in the June issue of The Journal of the American Dental Association.

The cover story, "Advancements in Tooth Autotransplantation," examines the history, advances and advantages of tooth autotransplantation, which involves the surgical relocation of a tooth from one site in the mouth to another site within the same patient.

The approach is a good option in a growing patient when dental implant placements or fixed bridges are not suitable and when preserving natural teeth is a priority, argue the authors, Anastasia F. Dokova, D.D.S.; Jessica Y. Lee, D.D.S., Ph.D.; Matt Mason, D.D.S., Ph.D.; Antonio Moretti, D.D.S.; Glenn Reside, D.M.D.; and John Christensen, D.D.S.

However, they caution, it is a complex procedure that requires specialized skills from a multidisciplinary team with careful patient and tooth selection and treatment planning.

“

The cover story, 'Advancements in Tooth Autotransplantation,' examines the history, advances and advantages of tooth autotransplantation, which involves the surgical relocation of a tooth from one site in the mouth to another site within the same patient.

"Success rates for tooth [autotransplantation] can vary depending on several factors, including the patient's overall health, specific tooth involved, skill of the dental surgeon, and postoperative care provided," the authors wrote. "Adoption of tooth [autotransplantation] has grown over the years, owing to advancements in dental techniques, improved patient outcomes, and increased awareness among both dentists and patients."

Other articles in the June issue of JADA discuss the effectiveness of green color exposure on dental anxiety for third molar surgery; gender equity in JADA; dental unit waterline infection control practices; and musculoskeletal disorders and risk indicators for pain chronification.

Every month, JADA articles are published online at JADA.ADA.org in addition to appearing

in the print publication. ADA members can access JADA content with their ADA username and password. ■



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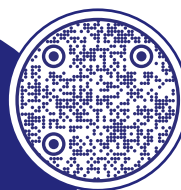
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# Department of Labor expands overtime pay eligibility

## Dental assistants, laboratory technicians affected

BY OLIVIA ANDERSON

Employees earning less than \$43,888, or \$844 per week, will soon be eligible for overtime pay, according to a new rule issued by the U.S. Department of Labor.

The Department of Labor released a final rule April 23 that raises the minimum salary threshold for certain overtime exemptions under the federal Fair Labor Standards Act. The new salary minimum is a 23.3% increase over the current salary threshold of \$35,568, or \$684 per week.

The ADA commented on the Labor Department's original proposal in November 2023, which would have raised the minimum salary threshold to \$55,068, or \$1,059 per week. It would have been a nearly 55% increase over the prevailing minimum salary threshold.

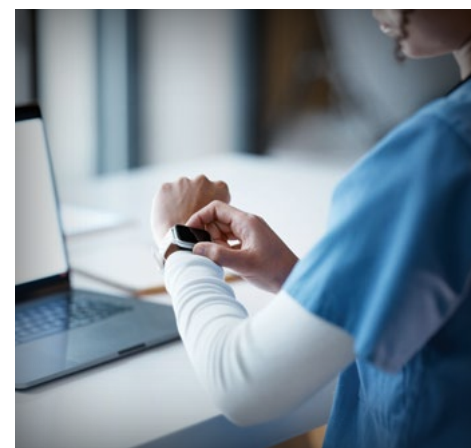
"We respectfully urge the Department of Labor to reconsider its economically significant proposal," wrote then-ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlman, D.D.S. "Around 20 percent of dental practices have over \$500,000 in annual dollar volume and would be affected by this rule."

The ADA also argued that dental offices would be challenged to absorb heightened labor costs through price increases.

"Rates are often fixed by third-party payers," the ADA said. "Even if they could [raise fees], higher prices could be detrimental to the millions of Americans already struggling to pay for the dental care they need."

and, for employees who work more than 40 hours in a week, overtime premium pay of at least 1.5 times the regular rate of pay. This includes both hourly and salaried employees. It is adjusted periodically to account for inflation and other factors.

Beginning July 1, 2027, these earnings thresholds will be updated every three years to "keep pace with changes in worker salaries, ensuring that employers can adapt more easily because they'll know when salary updates will happen and how they'll be calculated," according to the agency. ■





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†Clinical results show 7.32 shade improvement for Take-Home after 10 days when used as directed, and 5.90 shades for In-Office when used as directed.

“

**The new salary minimum is a 23.3% increase over the current salary threshold of \$35,568, or \$684 per week.**

Under the new rule, which goes into effect July 1, the minimum salary threshold will increase to the equivalent of an annual salary of \$43,888, or \$844 per week. Currently, salaried workers must make less than \$35,568, or \$684 per week, to be eligible for overtime pay.

This means that dental assistants, dental laboratory technicians and administrative staff earning less than \$43,888, or \$844 per week, would become eligible for overtime pay. As of May 2023, the mean annual wage for dental assistants was \$47,350, and \$52,390 for dental laboratory technicians, according to the U.S. Bureau of Labor Statistics. The mean annual wage for medical-office administrative staff was \$43,380.

On Jan. 1, 2025, the minimum salary threshold will increase to \$58,656, or \$1,128 per week.

Most dentists and dental hygienists earn above the minimum salary threshold and would not be affected.

The Fair Labor Standards Act requires most employers to pay employees a minimum wage





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# UnitedHealth CEO testifies at Senate cyberattack hearing

## ADA sends letter recommending cybersecurity support for dental practices

BY OLIVIA ANDERSON

At the U.S. Senate Committee on Finance’s May 1 hearing, UnitedHealth Group CEO Andrew Witty shared his apologies, response to the recent Change Healthcare cyberattack and plans to mitigate something like this from happening again.

The meeting, “Hacking America’s Health Care: Assessing the Change Healthcare Cyber Attack and What’s Next,” was held to discuss the Feb. 21 attack that hit Change Healthcare, one of the largest health care technology companies in the U.S. UnitedHealth Group, which owns Change Healthcare, recently confirmed that patient data was compromised in the Change cyberattack when 22 screenshots of files with protected health information — thought to be obtained by hackers — were posted for about one week on the dark web.

At the top of the hearing, Sen. Ron Wyden, D-Ore., chairman of the Senate Committee on Finance, criticized Mr. Witty for not employing multifactor authentication to protect patient data and for still not providing data on how many people’s data was stolen months after the attack.

“Mr. Witty owes Americans an explanation for how a company of [UnitedHealth Group’s] size and importance failed to have multifactor authentication on a server providing open door access to protected health information, why its recovery plans were so woefully inadequate and how long it’s going to take to finally secure all of its systems,” he said.

Mr. Witty testified at the hearing, stating he is “deeply, deeply sorry” to everyone who has been impacted by the cyberattack and that UnitedHealth “will not rest until we fix this.” Following the cyberattack, he said the organization acted quickly to contain infection.

“We immediately severed connectivity and secured the perimeter of the attack to prevent malware from spreading. It worked. There is no evidence of spread beyond Change Healthcare,” he said. “As we’ve responded to this attack, including dealing with the demand for ransom, my overarching priority has been to do everything possible to protect people’s personal health information.”

Mr. Witty noted that UnitedHealth Group has advanced more than \$6.5 billion in accelerated payments and no-interest-fee loans to thousands of providers and that the organization has made “substantial progress” in restoring health care services.

“First, the team built a new technology environment in just a matter of weeks. Second, we prioritized our restoration effort on services most vital to ensure an access to care, pharmacy services, claims and payments to providers. And third, while these efforts were underway, we worked quickly to provide financial assistance to providers who need it,” Mr. Witty said.

In advance of the hearing, the ADA sent a letter to the committee’s leaders, Sens. Wyden and Mike Crapo, R-Idaho, that provided insights and several recommendations to ensure the resilience of health care infrastructure against cyber threats, such as comprehensive financial impact assessments and enactment of prompt

pay legislation. The Association also urged the committee to consider legislative measures that would improve options for health care providers impacted by cyberattacks and help prevent incidents in the future.

“We are particularly interested in policies addressing gaps in cybersecurity regulations and

enforcement mechanisms such as measures to enhance penalties for cybercrimes, streamlining transparency on incident reporting requirements, support for contingency planning and facilitating information sharing among law enforcement agencies and healthcare providers,” the letter said.

At the May 1 hearing, Mr. Witty said that so far, there is no evidence materials like doctors’ charts or full medical histories were exfiltrated.

“It will take several months before enough information will be available to identify and notify impacted customers and individuals, partly because the files contained in the data were compromised in the attack,” he said, adding the health group will provide free credit monitoring and identity theft protections for two years.

There will also be a dedicated call center staffed by clinicians to provide support services. For more information on resources from UnitedHealth, visit [changeybersupport.com](https://changeybersupport.com). ■



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# ADA supports No Fees for EFTs Act

## Legislation would stop health plans from imposing fees for electronic funds transfers

BY OLIVIA ANDERSON

The ADA is expressing support for the No Fees for EFTs Act, which would block health plans from imposing fees on health care providers, including dentists, for electronic funds transfers.

The Association said the legislation would reduce the burden dental insurers place on dental providers and encourage investment in patient care.

In two separate May 2 letters sent to bill sponsors Sen. Bill Cassidy, R-La., and Rep. Gregory Murphy, R-N.C., the ADA said the legislation is necessary because many dental insurers charge

providers a fee to process an electronic funds transfer. The EFT processing fees amount to a reduction in the contracted rate agreed upon between dentists and plans, the ADA said, reducing dentists' ability to reinvest in their practices to improve patient care and competitively compensate staff.

"To address this problem, the No Fees for EFTs Act would prohibit plans from imposing fees on providers for standard EFTs. Passage of this bill would help dentists and other providers have the resources to deliver optimum care for their patients, rather than being burdened by additional onerous requirements from insurance plans," ADA President Linda J. Edgar, D.D.S., and Executive Director Ray Cohlma, D.D.S., said in the letter.

The bill has been introduced in both the House and Senate. In the House, the bill was referred to the Committee on Energy and Commerce and the Committee on Ways and Means. In the Senate, the bill was referred to the Committee on Finance.

Follow all of the ADA's advocacy efforts at [ADA.org/Advocacy](https://www.ada.org/Advocacy). ■



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## Congressman urges funding increase for health care training

**ADA says it would improve health care access**

BY OLIVIA ANDERSON

House Energy and Commerce Committee Ranking Member Frank Pallone, D-N.J., is urging the Health Resources and Services Administration to increase training funding for dentists and physicians in underserved communities through the Teaching Health Center Graduate Medical Education program. The ADA previously expressed support for the education program, stating it would help to improve health care access.

Mr. Pallone's letter, which was addressed to Health Resources and Services Administration Administrator Carole Johnson, specifically requested that the per resident allocation for the program be increased by \$10,000 before the next academic year begins on July 1.

In the letter, Mr. Pallone states the Teaching Health Center Graduate Medical Education program per resident allocation was set at \$150,000 when it was originally established more than a decade ago and has only been increased once, by \$10,000 in 2021.

The program works to help communities grow their health workforce by training physicians and dentists in community-based, often underserved settings. It aims to increase the number of health care providers trained in community-based settings, as well as expand health care access and improve health outcomes for people in underserved and rural communities.

Mr. Pallone's letter comes after the ADA sent a letter to the House Energy and Commerce Committee in September 2023 urging passage of the Lower Costs, More Transparency Act, which both extends and expands the medical education program. ■

# Federal bill supports job training for dental staff

BY OLIVIA ANDERSON

**W**ith dental practices nationwide experiencing ongoing staffing shortages, a new bill aims to help strengthen workforce development and skills-training programs for dental hygienists and assistants.

A Stronger Workforce for America Act would update the Workforce Innovation and Opportunity Act, which established many workforce development programs and skills-training programs.

The new legislation, which passed the House in early April, would provide individual training accounts and on-the-job training, strengthen community college workforce education programs to align with jobs like dental hygienists and assisting, and provide flexibility for states to create innovative workforce programs.

The ADA sent two separate letters April 24, one addressed to Rep. Virginia Foxx, R-N.C., chair of the House Committee on Education and the Workforce, and one encouraging the Senate to pass the bill.

support for skills development would be a step towards alleviating this challenge. We also ask that you take up and pass S 2891, the Action for Dental Health Act of 2023," the ADA said.

To learn more about the ADA's advocacy efforts, visit [ADA.org/Advocacy](http://ADA.org/Advocacy). ■



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The vast majority of America's dentists are finding it very challenging to hire professional dental staff, and H.R. 6655's commitment to increased support for skills development would be a step towards alleviating this challenge.

In the letter to Ms.Foxx, the Association thanked her for introducing and advancing H.R. 6655, stating the legislation's "commitment to increased support for skills development would be a step towards alleviating this challenge" of hiring professional dental staff.

"Improving the dental workforce pipeline so that all Americans can have better access to dental care is among the ADA's top priorities, and you can count on the ADA as a partner in your efforts to address deficits in our workforce," the letter said.

In its letter to the Senate, which has not yet taken up A Stronger Workforce for America Act, the ADA urged passage of the bill. The Association also urged passage of the Action for Dental Health Act, which would increase oral health care access by extending the law through 2026, support workforce and oral health programs, and strengthen the public/private safety net and bring dental health education and disease prevention into underserved communities.

"The vast majority of America's dentists are finding it very challenging to hire professional dental staff, and HR 6655's commitment to increased



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Visit **SmileCon.org** to register for these and all other SmileCon experiences!

# New nutrition standards limit added sugars, sodium

## Weekly dietary limits to be implemented by school year 2027-28

BY OLIVIA ANDERSON

The U.S. Department of Agriculture announced new nutrition standards that will, for the first time, limit added sugars and sodium in kids' meals.

The change will gradually phase in added sugar limits for the school lunch and breakfast program in the Child and Adult Care Food Program and update total sugar limits for breakfast cereals and yogurt to added sugar limits, according to the final rule. It also implements a single sodium reduction in the school lunch and breakfast programs, but not by the 30% first proposed last year.

"We all share the goal of helping children reach their full potential. Like teachers, classrooms, books, and computers, nutritious school meals are an essential part of the school environment, and when we raise the bar for school meals, it empowers our kids to achieve greater success inside and outside of the classroom," USDA Secretary Tom Vilsack said in a news release.

The decision comes after the USDA considered the latest recommendations from the Dietary Guidelines for Americans and received stakeholder feedback, including from the ADA.

In May 2023, the Association filed comments to the School Meals Policy Division commenting on the Food and Nutrition Service's proposal to better align the nutrition standards for federal school meal programs with the Dietary Guidelines for Americans.

The letter, signed by former ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., highlighted the fact that no amount of sugar, added or natural, can be consumed without increasing the risk for tooth decay since it increases plaque buildup.

"We recognize that it is neither practical nor possible to remove all sugary foods from the human diet or to classify some nutrient rich foods as being unhealthy based on sugar content alone. Even milk has a measurable amount of sugar. However, it is both practical and possible to encourage good eating habits, which would necessarily include limiting sugar consumption. We stand ready to help make that happen," the letter said.

Under the final rule, product-based limits on added sugars will be implemented in two phases. In phase one, breakfast cereals may have no more than 6 grams of added sugars per dry ounce; yogurt may have no more than 12 grams

of added sugars per 6 ounces; and flavored milk may have no more than 10 grams of added sugars per 8 fluid ounces or, for flavored milk sold as

a competitive food for middle and high schools, 15 grams of added sugars per 12 fluid ounces. Then, in phase two, weekly dietary limits will be

implemented, limiting added sugars to less than 10% of calories across the week in the school lunch and breakfast programs.

The final rule kept some current regulations in place. For example, it continues to allow flavored milks with less sugar rather than adopting a proposed option that would have offered only unflavored milk to the youngest kids. It also maintains the current whole grains requirement that at least 80% of the weekly grains offered in the school lunch and breakfast programs are whole-grain rich.


Program operators are not required to make any changes to their menus as a result of this rulemaking until school year 2025-26 at the earliest. ■





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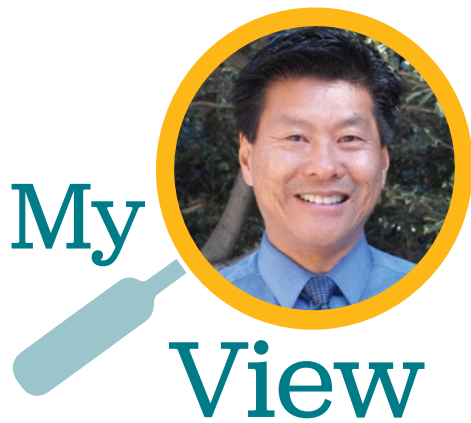
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BY ELBERT TOM, D.D.S.

*Editor's note: The ADA Faculty Ambassador Program is working to identify at least one faculty member at each U.S. dental school to continually highlight ADA programming, events and the value of organized dentistry to students and faculty within their respective schools.*

As a health sciences clinical assistant professor at the UCLA School of Dentistry and an active practitioner within our field, I frequently reflect on the multitude of factors that have facilitated my ability to engage in a profession I deeply cherish. It has become increasingly clear that the thriving nature of our profession can largely be attributed to the structured support provided by organized dentistry, specifically through the collaborative framework of the American Dental Association and state and local dental societies. This tripartite arrangement not only empowers us with a potent collective voice in legislative advocacy but also ensures access to a wealth of educational and clinical resources. These resources are instrumental in maintaining the ethical and professional standards that define our field, highlighting the pivotal role of organized dentistry in safeguarding the interests of its members and reinforcing our strength through unity.

In October of 2023, I was honored with an invitation to serve as an ADA Faculty Ambassador



## What it means to be an ADA member and faculty ambassador

on behalf of the UCLA School of Dentistry. This opportunity led me to meet with Brendan Dowd, D.D.S., the ADA's 2nd District trustee and the visionary founder of the ADA Faculty Ambassador Program. During our discussions, Dr. Dowd provided a comprehensive overview of the program's objectives and its pilot initiatives designed to foster ADA engagement at the dental school level. The prospect of participating in a program that not only aligns with my

professional values but also strives to make a meaningful impact was profoundly motivating.

In my role as ADA Faculty Ambassador, I was warmly welcomed by both the faculty at UCLA's School of Dentistry and cabinet members of the American Student Dental Association. My responsibilities include facilitating seamless communication between our ASDA chapter and the ADA and delivering critical information on resources that are vital for the advancement of our profession.

This role is especially significant as it supports the next generation of dental professionals, who are undoubtedly the future of our field. By providing them with essential knowledge and opportunities, we help shape the trajectory of dental practice and its contributions to patient care.

Although personal commitments prevented my attendance at this year's ADA Dentist and Student Lobby Day in Washington, D.C., the feedback from our ASDA chapter members who participated was overwhelmingly positive. They shared their enriching experiences of engaging with influential legislators and learning about pertinent bills that could impact our profession. Such interactions underscore the importance of advocacy at all levels of organized dentistry — from local dental societies to national associations.

Moreover, the ADA offers numerous benefits to its members, including professional liability and disability insurance, student loan refinancing and assistance in job placement. It also sets the bar on safety as the U.S. Food and Drug Administration uses 81 ADA standards to assess the safety and efficacy of dental products. The ADA offers its members practice building resources to aid in establishing and sustaining our practices and a well-being program that provides confidential support not only to our professionals but also to their families and staff. The vitality and integrity of the ADA, and by extension our profession, rely heavily on active and engaged membership.

I am immensely grateful for the opportunity to contribute to our profession as a member of the ADA, ADA Faculty Ambassador and editor for the San Fernando Valley Dental Society and to advocate for our collective interests and advancement. The experiences and insights gained through these roles reinforce my commitment to dental education and practice, underscoring the significant impact that organized dentistry has on both individual practitioners and the community at large. ■

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# SmileCon registration open

## Four registration options available in New Orleans

BY DAVID BURGER

The wait is over. Registration for SmileCon 2024 in New Orleans is open. SmileCon has four registration options: the one-day Hall Pass for exhibits only (and the opening session if purchased for that day); Dental Central Pass for all activities in the Dental Central exhibit hall; Smile Pass for most continuing education courses and events, with the option to purchase Hands-On Activities and Master Classes; and Platinum Smile Pass for all events and CE,

including Hands-On Activities and Master Classes. One of the highlights of SmileCon 2024 includes the Give Veterans A Smile program, which will be launched during the meeting. Housed within the ADA Foundation, the program seeks to shine a light on the unmet dental needs of veterans and provide resources to dentists, enabling them to deliver pro bono oral health care

services to this underserved population.

Another highlight is the Opening Session, featuring keynote speaker Shawn Kanungo, the bestselling author who plans to share his play-book for remaining competitive and relevant through bold innovation. Hosting the session is Trudy-Ann Frazer, D.D.S., a pediatric dentist in Smyrna, Georgia, and dental educator.



Mr. Kanungo



Dr. Frazer

The meeting is Oct. 17-19 at the New Orleans Ernest N. Morial Convention Center. Learn more and register at SmileCon.org. ■

EDUCATION

### Get to know Tennessee dental school

BY MARY BETH VERSACI

The U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists.



This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year it was established to its total enrollment across all programs, learn more about the University of Tennessee Health Science Center College of Dentistry in the fact box below, and stay tuned for details about more schools in upcoming ADA News issues. ■



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Photo courtesy of University of Tennessee Health Science Center

Service: Students at the University of Tennessee Health Science Center College of Dentistry provide free dental care under faculty supervision to local children during the dental school's 2024 Give Kids A Smile Day.

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## Colorado, Minnesota join Dentist and Dental Hygienist Compact States eighth and ninth to pass legislation

BY OLIVIA ANDERSON

**C**olorado became the eighth state and Minnesota became the ninth to join the Dentist and Dental Hygienist Compact, which supports license portability by allowing dental professionals to practice in participating states instead of obtaining individual licenses in each state.

Colorado Gov. Jared Polis signed Senate Bill 24-010 into law May 17, giving Colorado a seat at the table of the commission that will govern the compact. The first commission meeting is expected to take place this fall. The Minnesota Legislature passed the compact May 19, and Gov. Tim Walz is expected to sign the bill shortly, as of press time.

ADA President-elect Brett H. Kessler, D.D.S., who is based in Denver, said this latest development is

a “win for our profession that demonstrates what’s possible when we work with a shared focus.”

“Together — as dentists, hygienists, educators and organized dentistry — we’ve made progress on a compact that empowers dental professionals to experience ease and freedom as they build their lives and careers,” he said. “The ADA is proud to be among the many who have taken a stand.”

According to Leah Schulz, D.D.S., president of the Colorado Dental Association, the Colorado Dental Association and Colorado Dental Hygienists’ Association worked in collaboration to support the compact legislation.

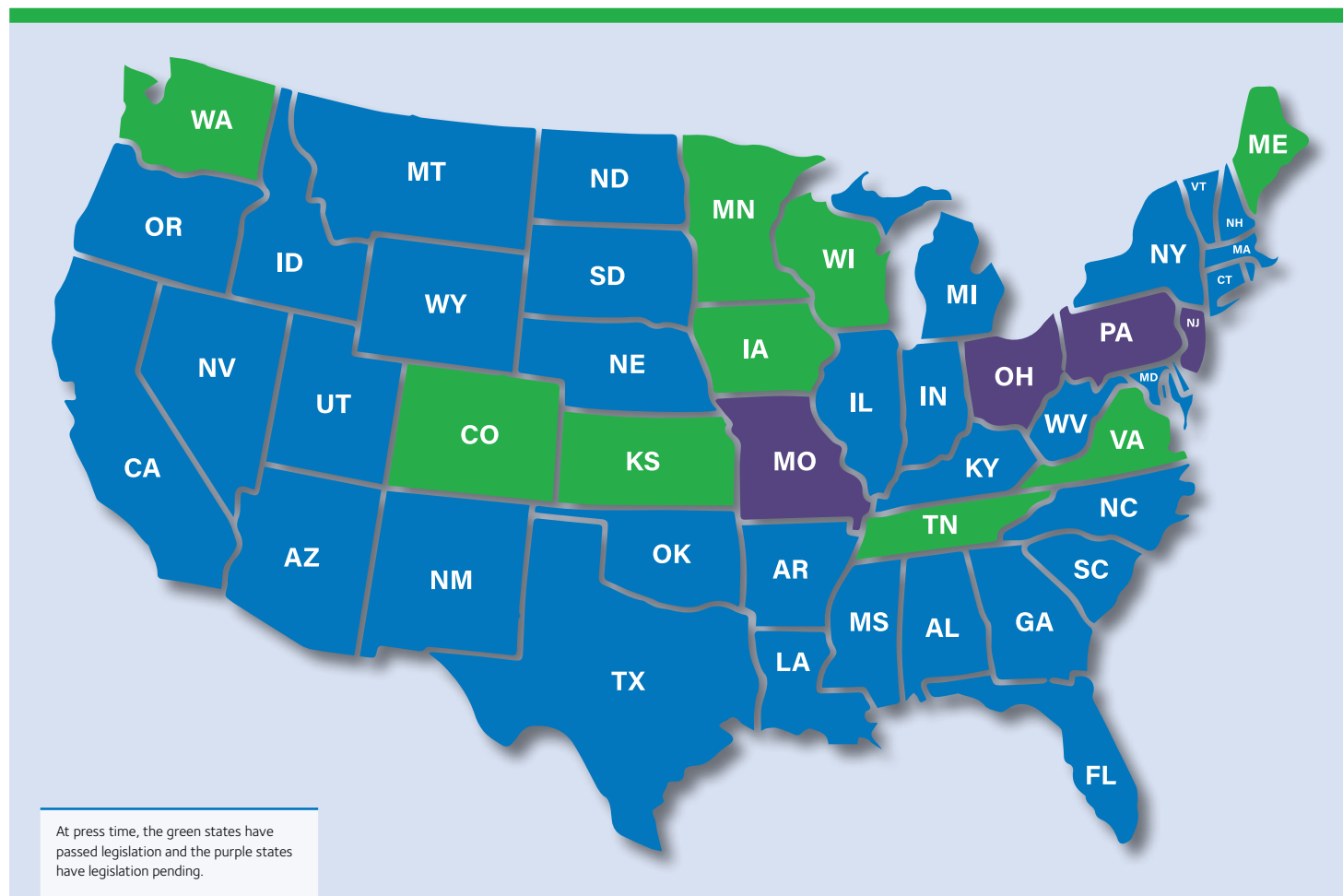
“Our respective associations work tirelessly to promote creative solutions to workforce development. By reducing barriers to licensure portability, Colorado dentists and dental hygienists

will now enjoy greater mobility and less burden of maintaining multiple licenses in several states,” Dr. Schulz said, adding that both organizations will “continue to work together to ensure that Coloradans receive the greatest access to care by dentists and dental hygienists in our state.”

Colorado and Minnesota join Maine, Washington, Iowa, Tennessee, Virginia, Wisconsin and Kansas in passing the compact. It was operationalized in April after the first seven states activated the compact.

The implementation process for the compact is estimated to take approximately 18 to 24 months, meaning that practitioners in states participating in the Dentist and Dental Hygienist Compact cannot begin applying for compact privileges until implementation is complete.

For more information, visit [ddhcompact.org](http://ddhcompact.org). ■



## ADA News goes digital for dental students

BY KELLY GANSKI

**B**eginning in July, dental students will receive a digital subscription to ADA News, rather than print, to deliver news the way they want to consume it and to be more ecologically sustainable.

This latest move mirrors the digital-only subscription for students to The Journal of the American Dental Association earlier this year.

June will be the final month dental students will receive a print version of their ADA News. However, they will continue to receive the monthly ADA News email, which contains highlights and a PDF of the print issue.

“We strive to deliver the very best, most engaging, real-time content to all of our current and future dental professionals,” said Tony Frankos, ADA chief business products portfolio officer. “Dental

students are a geographically mobile group and that can pose challenges to receiving print issues of ADA News. This change means ADA News will follow students wherever they go — anywhere and anytime — while at the same time reducing the environmental impact of the print publications. It’s a win-win.”

Students will also have full access to every article and issue posted online at [adanews.ada.org](http://adanews.ada.org) and can receive the Future Dentist Morning Huddle, also delivered digitally. Many articles publish online weeks before they appear in a print issue, so digital subscriptions give students the latest news as it is happening as opposed to waiting for delivery of their print issues.

Those who would prefer to receive a physical copy of ADA News will be able to purchase a discounted print subscription from the ADA Store. For student members, the annual cost is \$29 and \$55 for a 24-month subscription. ■



# Beyond the office: The storied history of dentistry

## Dental museum offers programming, exhibits

BY OLIVIA ANDERSON

**W**ant to know a place where you can learn more about the past, present and future of dentistry? Replete with an abundance of exhibits and artifacts, the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, Maryland, offers just that. The longtime Smithsonian affiliate boasts an object collection of more than 40,000 dental instruments, personal oral care items and artwork and has been recognized by Congress as the official museum of the dental profession.

**“**  
**We focus a lot on the triumphs and challenges that dentistry has faced in really being a profession that people have gone from fearing to actually accepting and being happy to have it a part of their lives.**  
**– Patrick Cutter**

The National Museum of Dentistry features several ADA artifacts, such as the ADA Theatre, which includes vintage public service announcements from the Association and educational animations from the National Institute of Health. It also features a portrait of the first ADA president, Dr. William Henry Atkinson, on display on the second floor, as well as transactions of early ADA meetings.

The museum opened in 1996 and is located on the site of the University of Maryland’s first Dental Infirmary and Laboratory Building, which used to be part of the dental department in the school of medicine. The building has recently undergone renovations to its infrastructure and several exhibitions.

According to Patrick Cutter, assistant director at the National Museum of Dentistry, the updated museum features everything from an exhibit on the types of smiles seen around the world to the increasing inclusiveness of the profession to the science behind teeth. There are also displays about the history and evolution of dentistry, reactionary care versus preventative care and the advent of toothbrushes as an oral health triumph in the early 20th century.

“Even though we are the museum of the dental profession, we’re also a museum about how that came to be,” Mr. Cutter said. “We focus a lot on the triumphs and challenges that dentistry has faced in really being a profession that people have gone from fearing to actually accepting and being happy to have it a part of their lives.”

He attributes recent happiness to advances and improvements in dentistry that have resulted in more people than ever being able to keep their teeth and smiles throughout their lives.

Dr. Manski said that because the museum essentially serves as a repository for the story of dentistry, it can actually help dentists learn more about the history of oral health — and maybe even themselves.

“For my colleagues in practice, the museum really tells the story of who we are. It gives you a sense of where we came from, where we are now and where we’re going in the future,” Dr. Manski said. “For each of us that are in dentistry, it allows us to better understand who we are, how we relate to the profession and how each one of us actually contributes to that story of dentistry.”

For more information, visit [dentalmuseum.com](http://dentalmuseum.com). Those who are unable make it to Maryland can visit the online exhibitions at [dentalmuseum.com/online-exhibits/](http://dentalmuseum.com/online-exhibits/). ■



Historic: The Dr. Samuel D. Harris National Museum of Dentistry opened in 1996 and is located in Baltimore, Maryland.



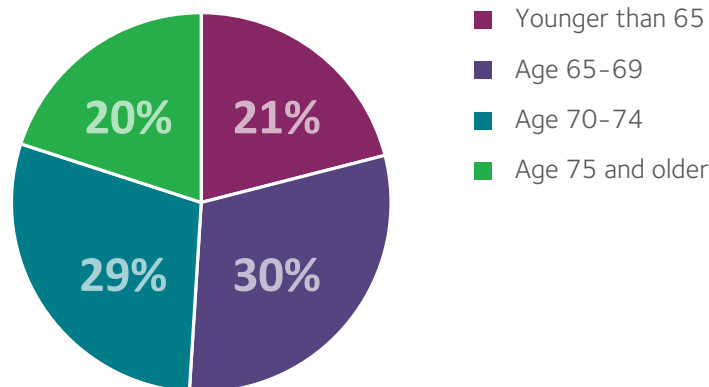
Hidden treasures: The Smithsonian affiliate offers educational programming and has a collection of more than 40,000 dental instruments, personal oral care items and artwork.

**HPI CORNER**

### DENTIST RETIREMENT AGE

In 2023, nearly 4 out of 5 U.S. dentists retired after age 64. One-fifth of dentists waited until age 75 or older to retire. The average age of dentists’ retirement increased from 65 in 2001 to 69 in 2023.

Source: ADA Health Policy Institute. U.S. dentist retirement and career span trends. Available from: [ADA.org/resources/research/health-policy-institute/dentist-workforce/dentist-retirement-trends](http://ADA.org/resources/research/health-policy-institute/dentist-workforce/dentist-retirement-trends).





# ADA celebrates veterans at SmileCon 2024

## Celebratory event at the National World War II Museum among opportunities to engage

BY DAVID BURGER

The ADA Foundation's Give Veterans A Smile program will launch nationally at SmileCon 2024 in New Orleans, Oct. 17-19.

SmileCon will present multiple opportunities to help call attention to the unmet oral health needs of veterans by encouraging dentists to provide pro bono oral health care services to underserved veterans and providing resources to support those efforts.

"I am proud to be a part of the Give Veterans A Smile program," said Mark A. Vitale, D.M.D., chairperson of the Give Veterans A Smile National Advisory Committee. "Each time I look at the Bronze Star that my father received for his service in the Army during the Korean War, it reminds me of the great opportunity dentists and their team members have to give back to those who were willing to sacrifice their lives for our freedom."

The ADA Foundation's Give Veterans A Smile celebration, an awareness and fundraising event, will be held Oct. 19 at the National World War II Museum in New Orleans.

The event is scheduled for 6-8 p.m. and tickets cost \$150 (\$75 for students).

The ticket includes food, beverages and entertainment. Any funds raised over the cost of the event will be used to support efforts to connect veterans to oral health care. Business dress is requested, and attendees are invited to wear their service dress uniform, if applicable. Event tickets can be purchased in the SmileCon registration system.

The program will be officially kicked off during a mainstage session titled Give Veterans A Smile: Engage, Educate, Empower, scheduled for Oct.

18 from 8:30-10 a.m.

The session will educate attendees about the oral health needs of veterans and what resources are available to veterans and provide details about the Give Veterans A Smile program framework.

The audience will hear from representatives of the ADA, ADA Foundation, Veterans Administration American Institute of Dental Public Health and a distinguished keynote speaker.



Dr. Vitale

The Give Veterans A Smile Pack & Give Back Event will be held Oct. 17 from 9:30 a.m.-noon in Dental Central, Social Impact Hub. In partnership with the Disabled Veterans National Foundation, this event is an opportunity to help local veterans in need by packing Health & Comfort Kits with a toothbrush, toothpaste, floss and oral health education materials. The kits will be distributed the following day to underserved veterans at a local VA hospital.

The GVAS Pack & Give Back Event is sponsored by Colgate, Henry Schein Cares, the Dental Trade Alliance Foundation and the Alliance of the American Dental Association.

Throughout SmileCon, the ADA Foundation will also host multiple continuing education sessions in collaboration with the American Institute of Dental Public Health, including:

- Innovative Approaches to Managing Chronic Diseases in Veteran Patients (5104), Oct. 17, 10-11:30 a.m.

- Supporting Veterans with PTSD: Collaborative Care with a Trauma-Informed Approach (5114), Oct. 17, 2:30-4 p.m.
- Providing Care to Underserved Veterans: Panel Presentation Various Care Models (6122), Oct.

18, 10:30 a.m.-noon.

- Identifying Sustainable and Innovative Best Practices to Veteran Oral Health Care (7102), Oct. 19, 8:30-10 a.m.
- Medical-Dental Integration: A Path to Improved Veteran Healthcare (7108), Oct. 19, noon-1:30 p.m.

All events except the Oct. 19 celebration will take place at the New Orleans Ernest N. Morial Convention Center.

For more information on GVAS SmileCon programming and to register, visit [ADA.org/en/education/smilecon/meet/give-veterans-a-smile](http://ADA.org/en/education/smilecon/meet/give-veterans-a-smile).

For general inquiries regarding the GVAS program, email [GVAS@ada.org](mailto:GVAS@ada.org). ■



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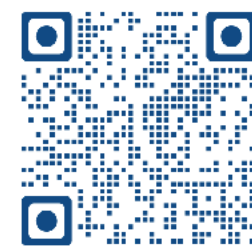
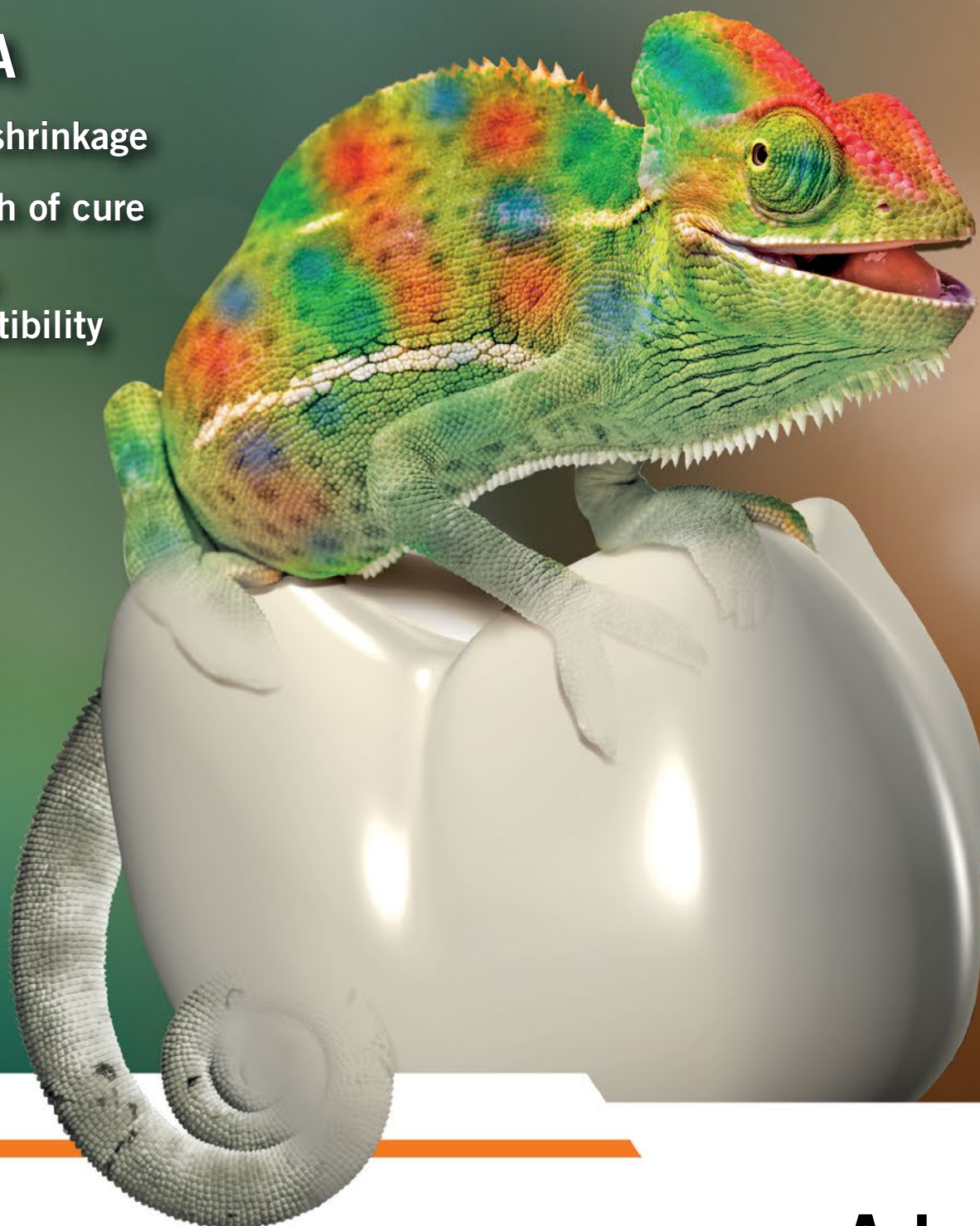
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