

ODA Today

A publication of the Ohio Dental Association focusing on dentistry in Ohio

QuickBites

2013 ODA Annual Session registration available!

Registration for Annual Session continues to be available. For more information, visit www.oda.org/events, check the program you received in the mail or check the Annual Session insert that appeared in the June "ODA Today." Registration is available online throughout the event and on-site, but registering ahead will help you save time and ensure you are able to attend all of the CE courses you would like. Popular courses tend to fill up quickly. This year's event, held Sept. 19-22, 2013, at the Greater Columbus Convention Center in downtown Columbus, offers something for the entire dental team. Visit www.oda.org/events for details.

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ODA Annual Session: 'The Source' for education, connections, supplies, entertainment and more!

Chair shares his favorite aspects of the 2013 event

By Jackie Best
Managing Editor

The 147th Ohio Dental Association Annual Session, Sept. 19-22 in Columbus, will offer a variety of Continuing Education courses, nationally known speakers, the largest Exhibit Hall in the area, special events, entertainment and more.

The ODA Annual Session Committee works year round to ensure the ODA Annual Session offers the best speakers and CE courses available, plus top quality products for sale in the Exhibit Hall and special events that everyone will enjoy.

"The theme for the 2013 ODA Annual Session is 'The Source.' That pretty much says it all when you look at the benefits of the entire dental team attending annual session," said Dr. Bruce Grbach, 2013 ODA Annual Session general chairman. "The ODA Annual Session committee has worked very hard to design an experience that is 'The Source' for education, connections, camaraderie, supplies, friendships and entertainment. We truly believe there is something for every member of the dental team."

Grbach said this year he is looking forward to the entire CE program that will be offered because it truly has something for everyone. A few highlights he pointed out are:

- Dr. Jeff Brucia and Dr. David Hornbrook – two of Grbach's favorite restorative



Dr. Bruce Grbach,
2013 Annual
Session chair



Dr. Bruce Grbach is excited about the variety of CE courses being offered for the entire dental team at the 2013 ODA Annual Session, Sept. 19-22 in Columbus. He's especially looking forward to the number of hands-on courses being offered, which fill up quickly, so be sure to register soon!

speakers for dentists (Course Codes T10 and F39; and Course Codes F45, F61 and S70).

- Dr. Randy Huffines – presenting on aging and oral health issues (Course Codes T16, T30, F41 and F62).
- Dr. John Svirskey – presenting oral pathology courses in his own special style (Course Codes F44, F56, F63 and S77).
- Mr. Dave Weber – giving a unique perspective on practice management and relationships (Course Codes F42 and F65).

"I am excited about our entire Continuing Education program because it was designed to offer every member of the dental team more than one opportunity to attend a course every day," Grbach said. "There are so many fine speakers that it is really difficult to choose favorites."

He said he's also excited about the Saturday morning team-building program that the Ritz Carlton Leadership Center will be presenting and the number of hands-on

See ANNUAL SESSION, page 10

Several health insurance options available under Affordable Care Act

By ODA Staff

As 2014 approaches and the implementation of the Affordable Care Act continues, many employers and consumers have questions about what health insurance options are available to them.

Employers and individuals should begin considering and investigating their options so that they are prepared Jan. 1, 2014, when all individuals will be required to have health insurance.

Although the Obama administration recently announced that it has delayed the mandate requiring large employers to provide insurance for their employees, this change has no impact on other aspects of the law and does not affect businesses with fewer than 50 full-time employees. Individuals will still be required to purchase health insurance beginning Jan. 1, 2014, or face a penalty that will be 1 percent of their salary

for the first year.

Employers with more than 50 employees will be required to offer health insurance beginning in 2015.

The health insurance exchange, which is an online marketplace where consumers can go to compare and purchase health insurance plans, will be available Oct. 1. Ohio has chosen to allow the federal government to run the exchange, which will be available at www.healthcare.gov.

Also available at www.healthcare.gov beginning Oct. 1 will be the Small Business Health Options Program (SHOP), a marketplace for businesses with fewer than 50 full-time employees to search for and purchase health insurance for their employees if they so choose.

Employers also can continue to purchase private health insurance, such as the health insurance plan offered by the Ohio Dental Association Services Corporation (ODASC).

Continue reading below to find answers to some of the questions that dentists may have about their health insurance options.

Are my employees eligible to receive subsidies to purchase health care?

Maybe.

Subsidies may be available to people with an income of up to 400 percent of the poverty level, or about \$45,000 for an individual, who purchase health insurance through the exchange. Subsidies will be calculated on a sliding scale based on income and the cost of premiums.

Employees also may be eligible for subsidies if their employer purchases an insurance plan through SHOP. Small businesses that purchase health insurance through SHOP may also be eligible for additional tax credits.

To search for health insurance and find out

See ACA, page 7



The
Director's
Chair

David J. Owsiany, JD
ODA Executive Director

The U.S. Circuit Court of Appeals for the Fourth Circuit recently issued a decision in a case involving the North Carolina Board of Dental Examiner's attempt to regulate tooth bleaching by non-dentists. Some commentators suggest that the case could call into question the current manner in which states regulate dentistry in America. A close reading of the court's reasoning, however, reveals that the Fourth Circuit case should have little impact on the Ohio State Dental Board and the regulation of dentistry in Ohio.

Facts of the case

The North Carolina Board of Dental Examiners (N.C. Dental Board) is made up of eight members – six licensed dentists, one licensed dental hygienist and one consumer member. North Carolina dentists elect the six dentist members of the board, and dental hygienists elect the hygienist member. According to the Fourth Circuit's written opinion, "in the 1990s, dentists started providing whitening services" in North Carolina and "in about 2003, non-dentists also started offering teeth-whitening services, often at significantly lower prices than dentists." The Fourth Circuit also noted that "dentists began complaining to the Board about the non-dentists' provision of these services."

After receiving the complaints, the N.C. Dental Board opened an investigation into non-dentists performing teeth-whitening services. As a result of the investigation, the N.C. Dental Board issued at least 47 cease and desist letters to 29 non-dentist teeth-whitening providers. The N.C. Dental Board "also sent letters to mall operators in an effort to stop malls from leasing kiosk space to non-dentist teeth-whitening providers."

In 2010, the Federal Trade Commission initiated action against the N.C. Dental Board charging the board with violating federal antitrust laws by excluding non-dentist teeth whiteners from the market. Following a series of administrative proceedings, the FTC issued its final Order in the case in December of 2011, finding that the N.C. Dental Board had violated federal antitrust laws and directing the board to stop unilaterally issuing cease and desist orders to non-dentist teeth whitening providers in North Carolina. The N.C. Dental Board appealed the FTC's Order to the Fourth Circuit, which issued its ruling supporting the FTC on May 31, 2013.

The Fourth Circuit rules in favor of the FTC

The N.C. Dental Board's main argument was that it is exempt from federal antitrust laws under the "state action" doctrine because it was acting as a state agency when it sought to regulate teeth whitening in North Carolina. The Fourth Circuit explained the state action doctrine as follows: "the antitrust laws do not apply to anticompetitive restraints imposed by the states as an act of government."

The FTC, however, had ruled that the N.C. Dental Board was not a state governmental agency for purposes of the antitrust exemption at least in part because a majority of the board was elected by dentists thereby reducing the FTC's level of confidence that the board's decision-making process is sufficiently independent from the interests of those be-

North Carolina case should not affect Ohio State Dental Board

ing regulated. The Fourth Circuit agreed, holding that "state agencies in which a decisive coalition (usually a majority) is made up of participants in the regulated market, who are chosen by and accountable to their fellow market participants, are private actors." The court bolstered its finding that the N.C. Dental Board was not a state actor by noting that the board was represented by private counsel in the case and the state never intervened on the board's behalf.

Because the N.C. Dental Board was not a state government actor, according to the court, the board had to show that its actions were actively supervised by the state to qualify for the state action exemption to the antitrust laws. The Fourth Circuit concluded that the N.C. Dental Board could not show any active state supervision of the board's actions, noting, for example, that that the board sent out cease and desist letters to non-dentist teeth whiteners "without state oversight and without the required judicial authorization."

Analysis

At first blush, this case potentially raises

significant concerns about how dentistry and other professions are regulated at the state level. ADA general counsel Craig Busey told the "ADA News" that "an important part of the court's findings was that actions by a health board made up of health professionals could be viewed as collective acts by a group of competitors." Busey continued, "Frankly, we are disappointed in the court's failure to recognize that professional boards created by the state in accordance with state mandates are in fact state agencies acting on state authority. We are concerned that this ruling may discourage dental or medical boards from fulfilling their state-appointed mission for fear of intervention by the FTC." On the other hand, Busey also expressed that the court's decision may be limited in its impact, stating that "there is a strong indication that the court's determination was highly fact intensive and may be strictly limited to the facts of this case."

While I have some concerns about the court's decision in this case, I agree with Busey that this case is unlikely to have broad applicability outside of North Carolina, and the case should have no

impact on how the Ohio State Dental Board operates and regulates dentistry in Ohio. As a practical matter, the decision of the Fourth Circuit U.S. Court of Appeals, which has appellate jurisdiction over federal district courts in North Carolina, South Carolina, Virginia and Maryland, only directly impacts the N.C. Dental Board since the FTC's order only dealt with the N.C. Dental Board. Moreover, the unique facts related to the North Carolina Dental Board, including the fact that the dentist board members are elected by the state's dentists, make it unlikely that other courts would find the Fourth Circuit's reasoning applicable to most other states, including Ohio, where dental board members are appointed by the governor.

It is surprising and concerning, however, that the Fourth Circuit did not acknowledge the traditional role of licensing and regulatory agencies, like state dental boards, in promoting patient safety and quality care on behalf of the respective states. The Fourth Circuit's opinion consistently referred to the fact that a

See CASE, page 3



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Legal Briefs

Keith Kerns, Esq. ODA Director of Legal & Legislative Services

Last month, the Ohio State Dental Board took the first step in initiating several proposed rule changes that could impact dental offices and personnel. The board submitted its proposed changes and accompanying business impact analysis for public review and comment. The proposal includes changes to the dental assistant radiographer certificate renewal process, updates to sterilization and disinfection standards, some terminology updates to reflect current anesthesia teaching guidelines and codification of the board’s policy on practice management continuing education. Under the proposed changes, a dental assistant radiographer certificate will be valid for two years and will simply expire at the end of a biennium if not renewed. The certificate may, however, be renewed

Ohio State Dental Board advances rule changes

for subsequent two years periods under the same process utilized by radiographers today. The practical effect of the change is that radiographers who fail to renew, for whatever reason, will not be subject to disciplinary action by the board for missing the renewal deadline. If the deadline passes without a completed a renewal, the radiographer will no longer be permitted to take radiographs, but also will not be facing a disciplinary action from the board. Under current procedures, when a certificate is not timely renewed, the board must initiate discipline against the radiographer on the charge of failing to renew a credential – even if the radiographer has left the jurisdiction or profession. This causes added expense and paperwork for the certificate-holder and the board without providing any significant benefit to the public. Dentists are still encouraged to verify that all auxiliaries working in the office are properly credentialed when performing duties under the supervision of the dentist. A second major change will place into

rule the dental board’s policy decision from 2011 that allowed dentists and dental hygienists to count up to six hours of credit in practice management continuing education toward licensure renewal. The rule and policy allows credit for “non-clinical” education such as third-party payer and billing issues; scheduling, data and recall systems; office design; ergonomics; human resource management and employee benefits among others. The rule also clarifies that clinical courses and courses in ethics, regulatory compliance, risk management and nutrition may be taken for credit without hour limitations. The board’s proposed rules would also allow dental assistants to perform caries susceptibility and detection and periodontal susceptibility and detection, not to include those procedures that enter the gingival sulcus. Finally, the rules would require that all high speed and surgical handpieces, low speed contra angles, prophy angles, nose cones and all instruments be “thoroughly cleaned” prior to being subjected to heat sterilization between patients.

In addition to these changes, the board also reviewed its rules on advertising, licensure, the Quality Intervention Program (QUIP), dental hygiene licensure, limited licensure and foreign dental school graduates but is not recommending any changes to these regulations at this time. All state agencies are required to review their administrative rules every five years and perform a business analysis of any proposed rule changes to ensure that any adverse impact on businesses is properly justified. This business analysis is a new requirement in the state and comes from Ohio’s Common Sense Initiative created by legislation passed in 2011. The Common Sense Initiative seeks to establish a regulatory framework that facilitates economic growth, is transparent and responsive, is easy and inexpensive and is fair and consistent. The board will hold a public hearing on its rule filings this summer. A copy of the proposed rules can be found on the dental board website at www.dental.ohio.gov or by contacting the ODA at (800) 282-1526 or keith@oda.org.

CASE, from page 2

majority of the N.C. Dental Board is made up of dentists but the court never considered that the North Carolina legislature had a legitimate public policy reason for creating a dental board in this manner; namely, because dentists understand the practice of dentistry! In Ohio, many state regulatory and licensing boards – not just the Ohio State Dental Board – include representatives of the professions that the boards have jurisdiction over. A majority of the Ohio State Medical Board is physicians. A majority of the Ohio State Board of Optometry is optometrists. A majority of the Ohio State Board of Pharmacy is pharmacists. A majority of the Ohio Board of Nursing is nurses. And this is true outside of the health professions as well. For example, a majority of the Accountancy Board of Ohio is accountants. The Ohio General Assembly created these boards in this manner because the legislature understood that a level of expertise in the fields being regulated was necessary. Moreover, these professionals are appointed to their respective Ohio regulatory boards by the governor, with the advice and consent of the Ohio Senate, which adds a level of oversight and accountability. And, most importantly, these boards in Ohio have consistently carried out their missions to require licensure of the state’s practicing professionals and ensure professional and other applicable standards are met by the licensees in order to protect the public. In sum, the FTC’s Order and the Fourth Circuit’s decision related to the actions of the N.C. Dental Board should not in any way alter the way the Ohio State Dental Board or any other Ohio regulatory board operates.

Visit www.oda.org for current and archived “ODA Today” stories.



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Ohio operating budget finalized for fiscal years 2014 and 2015

By ODA Staff

On June 30, Gov. John Kasich signed into law the Ohio budget for fiscal years 2014 and 2015.

The final budget looks significantly different from the original plan Kasich proposed. The final budget does not include expansion of Medicaid coverage and includes a different tax structure than originally proposed.

An important aspect of the final budget for dentists and patients in Ohio is the continued coverage of optional Medicaid services, including adult dental benefits. Maintaining this coverage has been a top priority for the Ohio Dental Association over the past decade. Ohio is one of only a dozen jurisdictions that maintain a comprehensive mix of dental services for adults under their Medicaid programs.

Estimates show that an emergency room visit for a dental concern costs the state at least four times the amount of a visit to a dental office, and often times the ER is unable to fully resolve the concern. The ODA has successfully argued that providing dental coverage allows Medicaid recipients to seek definitive care in the most cost-efficient setting – a dental office.

Tobacco cessation and prevention also received funding in the budget. About \$2.75 million will be spent in each fiscal year – \$1 million for enforcement of the

Smoke Free Workplace Act and \$1.5 million for the quit line and other cessation and prevention programs.

The budget also includes a 10 percent reduction in personal income taxes and a 50 percent decrease in taxes on the first \$250,000 of income for small businesses.

The final budget does not contain Kasich's proposal to expand the sales tax base to include more services.

The final budget also did not include Kasich's original proposal to expand Medicaid services up to 138 percent of the poverty level. Kasich vetoed language that would have prohibited the expansion. This leaves the door open for possible Medicaid expansion in the future, but at this point it is unclear whether Ohio will decide to do so.

Dentistry also saw support in several line items on the budget.

The Ohio Department of Health's access to dental care line item received

See BUDGET, page 11

ODA Meeting & Event Calendar

Aug.

- 1 Annual Session Committee conference call
- 2 Council on Membership Services
- 14 Dental Education and Licensure Committee
- 16 Statewide Council on Peer Review
- 26 ODA Foundation Board
- 28 Annual Session Committee conference call

Sep.

- 2 ODA offices closed for holiday
- 19-22 147th ODA Annual Session
- 19-20 ODA offices closed for Annual Session

ADA accepting applications for award

The American Dental Association is now accepting applications for the John W. Stanford New Investigator Award.

The award highlights the crucial role dental standards play in assuring patient health and safety and the efficacy of dental products and aims to encourage dentists and dental students to conduct standards-based research and standards development.

Dentists who earned their DDS or DMD no more than five years ago and dental students are eligible for the award. Submissions must be original research that addresses some aspect of the use of standards in dental research or clinical application. Applications are due by Sept. 30.

For more information or to apply, visit <http://www.ada.org/275.aspx>.

Dentists seeing 'Yellow Pages' scam invoices

Several dentists across Ohio have reported receiving invoices from what appear to be a phone book listing company asking them to pay for services they did not agree to.

The Better Business Bureau reports that "Yellow Pages" scams are becoming increasingly prevalent despite the Federal Trade Commission's efforts to put a stop to them.

If your office has received an invoice from a company that appears to be a phone book listing company and you believe it to be a scam, the Better Business Bureau recommends that you request additional information from the solicitor and check with your local Yellow Pages for affiliation. If you believe you have been scammed, you can also file a complaint at bbb.org.

The FTC recommends that small businesses educate employees about the potential scam, set up a system to watch out for fake bills, use bbb.org to check out questionable companies, and report any potential scams at bbb.org and at ftc.gov so they can be investigated.

Dentists should watch out for spam emails

Some dentists have reported receiving a spam email from a person who says they are plastic surgeon seeking dental care for a model who lives outside of the United States. The email claims that they are looking for dental services for their client, and it says they were referred by a friend, however, it does not mention the name of the friend.

The email asks for a response with more information. Dentists should be careful about providing personal information via email, especially to someone they do not know.

Spam emails can be forwarded to the Federal Trade Commission at spam@uce.gov.



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Cincinnati Insurance Company supports ODA-backed bill

By ODA Staff

On June 18, Scott Gilliam, vice president and government relations officer of the Cincinnati Insurance Company, testified before the Ohio House Insurance Committee in support of House Bill 159, an Ohio Dental Association-backed bill that would prevent dental insurance companies from setting prices for dental services that the insurers do not cover.

Gilliam explained to the committee that the Cincinnati Insurance Company is “a property and casualty insurer with hundreds of dentists who trust us to provide them with their business insurance needs.” Gilliam testified that House Bill 159 would prohibit a business practice by dental insurers that “puts legitimate business regulation practices by all other insurers at risk” and that he sees “no rational business basis for a dental insurer to demand that a network dentist adhere to price controls for dental services not covered by the insurer.”

Gilliam provided the committee with an analogy to his own line of business:

“That would be like my company telling McDonalds that we will insure their commercial vehicle fleet, but only if they charge 50 cents for Big Macs bought by other Cincinnati insureds. And just like there is no legitimate connection between price controls on Big Macs and providing commercial vehicle insurance coverage to McDonalds, there is no legitimate reason to impose price controls on dentists for non-covered services as a condition of joining a dental insurer’s network.”

Gilliam concluded his testimony by urging the committee members to pass House Bill 159 because the legislation would “prevent dental insurers from unreasonably interfering with the business practices of dentists and the dentist-patient relationship.”

Rick Lantz, the manager of government relations for Delta Dental of Michigan, Indiana and Ohio, which opposes House Bill 159, testified immediately following Gilliam, arguing that Delta Dental’s practice of dictating the fees that dentists charge enrollees for non-covered dental services is necessary to protect enrollees from “exorbitant” fees charged by certain dentists. Other entities that have expressed opposition to House Bill 159 include the Ohio Chamber of Commerce, Ohio Association of Health Plans, and Westfield Insurance Company.

David Owsiany, ODA’s executive director, and Dr. Steve Moore, a general dentist from West Chester, testified on behalf of the ODA in favor of House Bill 159 during a June 4 Ohio House Insurance Committee hearing. Coverage of their testimony was included in last month’s issue of the “ODA Today.”

ODA President Dr. Kim Gardner, a general dentist from Chardon, welcomed Gilliam’s testimony, saying “the ODA appreciates the Cincinnati Insurance Company’s willingness to take a stand against dental insurers interfering with the dentist-patient relationship.”

The Ohio House Insurance Committee will likely consider House Bill 159 again when the General Assembly reconvenes in September following its summer break. The “ODA Today” will provide coverage of any further developments.



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In Other News



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ODA Foundation receives strong scholarship, grant applications

ODA Staff

It's been a strong year for the Ohio Dental Association Foundation so far, with more than half of its annual fundraising raffle tickets already sold, a sizable donation from the Central Ohio Dental Society, and nearly double the scholarship and grant applications over last year.

"The word is getting out," said ODAF Chairman Dr. Jack Spratt. "We exist to raise funds and do good in Ohio, and our message is getting out there."

There were 31 dental student scholarship applications this year (compared to 16 in 2012), 11 grant applications and four EFDA scholarship applications. ODAF designated funds have already funded three grant applications. The other eight, along with the scholarship applications, will be reviewed and scored, with awards determined later this month.

The caliber of dental student applications continues to grow, with criteria based on academic performance, financial need and volunteerism. Of this year's applicants, three have a 4.0 GPA; three are above 3.9 and four have a GPA over 3.8. Overall, 21 of the dental student applicants have GPAs higher than 3.5. They are involved in the American Student Dental Association (ASDA) and organized dentistry at the state and national levels; their commitment to helping others is demonstrably strong and they are active in research, presentations and papers.

Their financial need is significant, as

well, based on information provided by the dental schools:

- The cost of four years of dental school for the class of 2017 costs \$374,284 at CWRU and \$265,435 at OSU.
- Median federal student loan debt for the class of 2013 is \$314,001 at CWRU and \$224,951 at OSU.

Nearly \$12,000 in grants was awarded earlier this year from three of the ODAF's nine designated funds. The Dr. John Harris Fund awarded \$1,480 to the Bainbridge Historical Society to help fund a new heating and cooling system necessary for the preservation of historic dental papers and artifacts housed in the Dr. John Harris Dental Museum.

The Bob & Peg Hinkle Family Fund awarded \$6,000 to the Monday Night Free Clinic, a program of the Columbus Dental Society in partnership with the Physician's CareConnection free clinic and the Columbus Health Department. The funds were used to purchase a surgery drill system for volunteer dentists to use. The clinic is currently open every other Monday evening and provides free emergency treatment, primarily extractions, to underserved and unemployed Columbus residents. Approximately 40 adults are treated each month, and plans are underway for this clinic to expand hours and services.

Dr. Bob Hinkle of Dublin, son of Bob

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ACA, from page 1

more about available subsidies, individuals and employers can log on to www.healthcare.gov beginning Oct. 1 to access the exchange and SHOP. They will be required to fill out information on their age, income and other factors to determine eligibility. Subsidies will be sent directly to the health insurance companies and will be reflected in premium costs on the exchange.

Is there any advantage to a small business offering private health insurance?

Yes.

Employees will continue to seek out employers who offer competitive benefits, including health care. In order to attract the highest quality employees, employers may want to consider offering health insurance.

There are also several tax advantages for employers who offer health insurance. Because employers who pay a portion of premiums do so with pre-tax dollars, giving employees a raise instead of paying a portion of their health insurance could cost more money because that raise would be subject to payroll taxes for the employer and income taxes for the employee.

For example, if an employer currently pays \$100 a month toward an employee's health insurance premium and decides to instead to give that employee a raise of \$100 a month in 2014 so they can purchase health insurance through the exchange, that raise would then be subject to taxes. It could also affect the amount of the government subsidy available because the government subsidies are calculated on a sliding scale based on income.

Employees also benefit from having the portion of their premiums that they

pay deducted from their paycheck by their employer because they do not have to pay income taxes on this money. If their premium is not taken out of their paycheck and instead they receive it as income, they would have to pay taxes on that income.

Employers who no longer offer health insurance to their employees may also no longer be able to consider their own personal health insurance a tax-deductible business expense.

Employers who wish to continue offering private health insurance plans to their employees can continue to do so in the same way they always have.

What is the best option for me and my employees?

This is difficult to answer at this time and must be decided on an individual basis. Costs will become more clear beginning Oct. 1, when the exchange and SHOP are available to compare premium prices at www.healthcare.gov.

Consumers and small business owners can visit www.healthcare.gov now to learn more information about the exchange and SHOP before they go live.

ODASC will also continue to offer private health insurance for Ohio Dental Association member dentists and their employees. To purchase this insurance or learn more about it, call 800-282-1526.

Employers who decide not to offer health insurance to their employees can refer their employees to the exchange. Employees who are not eligible for a subsidy can still purchase health insurance through the exchange. Individuals will be required to have health insurance regardless of whether they are eligible for subsidies and regardless of whether their employers provide health insurance.

For more information, please call 800-282-1526 and continue to watch upcoming issues of the "ODA Today."



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Dental Insurance Corner

Medicare payment and ordering practitioner requirements

Christopher A. Moore, MA
ODA Director of Dental Services

Recent letters to dentists from dental-related entities concerning regulatory changes to Medicare have generated many questions in dental offices across the state. The questions typically involve whether the letter actually pertains to the dental office and what, if any, action the office needs to take in response to it.

Payment issues

Medicare does not cover or pay for most routine dental services such as fillings, cleanings, radiographs and dentures, even if they are provided in a hospital. Payment for these and any other non-covered dental service is the patient’s responsibility.

The scope of services that Medicare does cover is very narrow and limited to dental services that are necessary to the provision of certain Medicare covered medical services, e.g., extraction of a tooth as part of a repair of a fractured jaw, maxillofacial surgery for pathological or traumatic medical conditions such as in the case of a serious injury, prosthetic rehabilitation to replace or treat certain oral and/or facial structures related to covered medical and surgical interventions such as cancer surgery, extraction of teeth prior to radiation treatment of the jaw, oral examination prior to kidney transplantation and certain medical procedures that dentists are licensed to perform such as a biopsy for oral cancer, according to http://www.ada.org/sections/professionalResources/pdfs/medicare_optout_notice.pdf.

Dentists who treat Medicare-covered patients may have obligations under Medicare, even if they are not enrolled as Medicare providers or do not wish to submit Medicare claims. The Centers for Medicare and Medicaid Services (CMS) has stated that “dentists who have not opted-out of Medicare are obliged to submit claims when they perform services for Medicare-eligible patients who authorize the submissions and/or when requested to do so by their Medicare-eligible patients (even if the services provided are clearly not covered by Medicare),” according to a piece titled “Private contracting for Medicare-covered services: Dentists have the right to opt-out of the Medicare program” written by Thomas Spangler and Mark Rubin.

Dentists who are “in” may not charge their Medicare patients fees greater than those set by Medicare for covered services. Dentists who have not opted out and fail to file required Medicare claims or who charge fees greater than those allowed by Medicare could face fines and/or be excluded from participating in federally funded programs like Medicare and Medicaid, according to Spangler and Rubin.

These requirements have prompted some dentists to exercise their right to opt-out of participating in the Medicare program in order to provide Medicare covered dental services via private contracts with their Medicare-eligible patients. Doing so allows the dentist to charge his/

her usual fee for Medicare-covered services, even if it is greater than the Medicare fee. It also means the dentist may not receive Medicare payments and neither the dentist nor his/her Medicare-eligible patients may submit claims to Medicare.

Private contract affidavits

To opt-out, the dentist must file an affidavit with CGS, the insurance company that currently administers the Medicare program in Ohio. The affidavit is good for two years and must be filed within 10 days of the dentist entering into his/her first private contract. After two years, the dentist must re-file an affidavit to renew his/her opt-out status.

Dentists who opt-out of Medicare must contract privately with all of their Medicare-eligible patients for all Medicare-covered services during the two year period and may not opt-out for only certain services or patients.

Private contracts

Dentists must provide their Medicare-eligible patients appropriate notice, via a private contract, before providing them with Medicare covered services in order

for the contract to apply. The private contract must be signed by the patient and is good for the entirety of the two-year opt-out period covered by the dentist’s affidavit. By signing the private contract, the patient agrees to forego Medicare payment for services by the dentist and agrees to pay the dentist without regard to any Medicare payment limits.

Both the affidavit and private contract must contain certain specified items. The ADA has developed samples of each for member dentists’ use and they are available online at https://www.ada.org/members/sections/professionalResources/sample_medicare_opt_out_affidavit_dec_2010.pdf and https://www.ada.org/members/sections/professionalResources/medicare_optout_contract.pdf, respectively.

Exceptions to opting-out

If a patient seeks emergency or urgent care, then the private contract must already be in effect before the emergency or urgent care is sought

See INSURANCE, page 9

Editor’s note: Dental Insurance Corner is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist’s own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances. ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org.

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ODA radio campaign continues to educate public

ODA Staff

The Ohio Dental Association is promoting oral health and dental visits with ODA member dentists through an educational radio campaign that has been running for over a year.

The ODA has partnered with the Ohio Society Association of Executives (OSAE) and the Ohio News Network (ONN) radio division on a public awareness campaign. The campaign provides an opportunity for the ODA to join together with other Ohio associations within OSAE to promote ODA membership as well as support member dentists and dental practices through a public education campaign with messages targeted to consumers around the state.

The ODA campaign, in conjunction with a variety of OSAE member associations, began in May 2012, and so far the ODA has released four 60-second on-air messages promoting dentistry in the community. The four radio spots, “Brush Twice a Day,” “Dentists are Doctors,” “Back to School” and “February is Children’s Dental Health Month” have focused on increasing awareness of the importance of seeing ODA member dentists as well as tackling dental health issues.

The most recent ad, “Back to School,” ran on ONN radio stations throughout July and focused on children’s oral health. It highlighted the importance of nutrition, brushing, flossing and visiting the dentist twice a year and promoted taking children to an ODA member dentist before school starts in the fall.

All of the radio advertisements can be found on the ODA website at oda.org/about-the-oda/public-resources/. ODA

members can also download two of the advertisements from the Resource Library. To do so, visit oda.org/resource-library/ and click on “Advertisements” under the “Practice Resources” category.

OSAE and ONN also teamed up to create a website page specifically for this radio advertising program, www.alwaysgowithapro.com. All of the on-air commercials direct listeners to visit the site to access the OSAE “choose a professional” page for more information. The “choose a professional” feature directs potential patients to the American Dental Association “Find a Dentist” search function. A banner advertisement on the landing page also links back to the ODA website.

In addition to the on-air and Web based promotions, ONN has also produced a profile-raising video on behalf of the ODA. The video can be accessed at www.alwaysgowithapro.com or via the ODA “Public Resources” page at oda.org/about-the-oda/public-resources/.

The primary objective of the ODA radio advertising campaign is to educate the general public on how dentists contribute to a family’s healthy life and to encourage patients to ask their dentists if they belong to the ODA.

ONN is a provider of news, weather, and sports programming for 75 radio affiliates across the state and is owned and operated by The Dispatch Broadcast Group, the largest news and information organization in Ohio.

ONN radio stations reach more than 1 million people each week and cover all 88 counties in Ohio.

ONN found through a survey conducted by Scarborough Research that those who had listened to an ONN station in the

last seven days, 53 percent of them had been to a dentist.

A complete list of all 75 ONN radio affiliates can be found below.

ONN affiliates

Archbold/Toledo	WMTR-FM
Ashland	WNCO-AM
Athens	WATH-AM
Bellefontaine	WBLL-AM
Bellevue	WOHF-FM
Belpre/Parkersburg	WHNK-AM
Bryan	WBNO-FM
Bryan	WQCT-FM
Bucyrus	WBCO-AM
Bucyrus	WQEL-FM
Cambridge	WILE-AM
Cambridge	WILE-FM
Canton/Akron/ New Philly	WNPQ-FM
Canton	WHBC-AM
Celina	WCSM-AM
Celina	WCSM-FM
Chillicothe	WCHI-AM/FM
Chillicothe	WBEX-AM
Cleveland	WKNR-AM
Columbus	WBNS-AM
Columbus	WBNS-FM
Coshocton	WTNS-FM
Dayton	WING-AM
Defiance	WONW-AM
Dover/ New Philadelphia	WJER-AM
Eaton	WEDI-AM
Findlay	WFIN-AM
Fredericktown	WMAN-FM
Fremont	WFRO-FM
Fostoria	WFOB-AM
Galion	WFXN-FM
Greenville	WTGR-FM
Hamilton/Cincinnati	WMOH-AM
Hillsboro	WSRW-AM
Huntington, WVA	WVHU-AM
Ironton	WIRO-AM
Jackson	WYRO-FM
Kenova, WV	WTCR-AM
Lancaster	WLOH-AM/FM
Lima	WIMA-AM
Lima	WCIT-AM
Logan	WLGN-AM
Logan	WLGN-FM
Mansfield	WMAN-AM
Marietta	WMOA-AM
Marion	WMRN-AM
Marysville	WQTT-AM
McConnelsville	WJAW-FM
Middleport	WYVK-FM
Millersburg	WKLM-FM
Milton, WV	WZZW-AM
Mount Gilead	WVXG-FM
Mount Vernon	WMVO-AM
Mount Vernon	WQIO-FM
Newark	WCLT-AM
Painesville	WABQ-AM
Portsmouth	WNXT-AM
Portsmouth	WNXT-FM
Portsmouth	WZZZ-FM
Sandusky	WLEC-AM
Sidney	WMVR-FM
Steubenville	WCDK-FM
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INSURANCE, from page 8

for the contract to apply to those services. If a new patient for whom the dentist does not yet have a private contract presents in need of emergency or urgent care, then the dentist must file their claim with Medicare if a Medicare-covered service is provided.

Issues related to ordering of services

The letters Ohio dentists have recently received address the issue of ordering, not providing, Medicare-covered services, e.g., sending a biopsy to a laboratory for testing. The letters came from dental-related entities that provide Medicare-covered services and likely at one time provided a service ordered by the dentist for one of the dentist’s patients. They are in response to relatively new Medicare regulations that require the practitioner who orders a Medicare-covered service either be enrolled in Medicare’s Provider Enrollment, Chain and Ownership System (PECOS) or have properly opted out of Medicare.

If the ordering dentist has neither enrolled in nor properly opted out of Medicare, Medicare will deny the claim and not pay the entity that provided the actual service.

These regulations went into effect on May 1, 2013, and are based on Medicare’s desire to reduce fraud and abuse by having information verifying that practitioners who order Medicare-covered services are qualified by their education and licensure to actually order the services. CMS has estimated the regulations will save the federal government over \$100 million a year over the next 10 fiscal years with a total savings of more than \$1.59 billion over the decade, according to http://www.ada.org/news/8481.aspx.

Dentists who wish to enroll in Medicare only to order covered services should complete either the hard copy CMS-855O (available online at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855o.pdf) or PECOS electronic version (http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html).

Dentists who either order or provide a Medicare-covered service to a Medicare beneficiary must maintain documentation for seven years from the date of service. Documentation includes written and electronic documents, including the ordering practitioner’s national provider identifier (NPI), relating to written orders and requests for payments for clinical laboratory, imaging or other designated Medicare-covered services, according to http://www.ada.org/news/8481.aspx.

Dentists do not need to either enroll in or opt out of Medicare to simply refer a Medicare-covered patient to a specialist. Similarly, dentists who neither provide nor order Medicare-covered services do not need to either enroll in or opt out of Medicare.

It is important to remember that Medicare is very different from Medicaid, Medicaid managed care and Medicaid HMOs. While the names sound similar, they operate differently, oftentimes serve a different set of beneficiaries and have very different set of covered benefits.

Interested in advocating on dentistry's behalf?
Want to make a difference in the practice of dentistry?

Make an appointment with your local legislator to discuss the issues facing your profession. The ODA department of governmental affairs offers information and tips on meeting with legislators.

Contact the ODA at (800) 282-1526 today to
help voice dentistry's message at the Statehouse.

Numbers to know

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Dental OPTIONS (888) 765-6789
Ohio Department of Health (614) 466-3543
Ohio Dental Association (800) 282-1526 or (614) 486-2700 Fax: (614) 486-0381 E-mail: dentist@oda.org
Ohio Dental Association Services Corp. Inc. (ODASC) (800) 282-1526 or (614) 486-2700
Ohio State Dental Board (614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider should contact the HMOs directly. For problems with Medicaid, contact the ODA at (800) 282-1526.

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Cleveland Dental Society (440) 717-1891
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Corydon Palmer Dental Society (330) 759-5085
Dayton Dental Society (937) 294-2808
Stark County Dental Society (330) 305-6637
Toledo Dental Society (419) 474-8489

Columbus has much to offer for ODA Annual Session attendees

By ODA Staff

One of 2013 Annual Session Chair Dr. Bruce Grbach's favorite parts about visiting Columbus for the convention is all of the activities and night life attendees can experience when they aren't taking CE or shopping the Exhibit Hall.

Several events will be taking place in Columbus during the 147th Ohio Dental Association Annual Session Sept. 19-22.

"Jersey Boys" will be performed at the Ohio Theatre Sept. 17-19. This Tony, Grammy and Olivier Award-winning Best Musical is the story of Rock and Roll Hall of Famers The Four Seasons: Frankie Valli, Bob Gaudio, Tommy DeVito and Nick Massi. It shows how four blue-collar kids became one of the greatest successes in pop music history. Tickets are on sale now and start at \$28. Visit www.capa.com for more information and to purchase tickets.

A La Carte Food Tours – Tasting Tour of German Village will take place Sept. 21 from 1 to 4 p.m. Participants will see and taste samplings from many of the authentic German Village restaurants on this tour. Admission is \$40. Find out more and purchase tickets at www.alacartecolumbus.com.

The Columbus Museum of Art will feature a special exhibit "George Bellows and the American Experience" with more than 35 paintings highlighting one of the

most complete collections of Bellows' lithographs. Admission is \$12 for adults and free on Sundays. Visit www.columbus-museum.org/ for more information about the museum.

The Santa Maria replica will host "Talk Like a Pirate Weekend" Sept. 21-22. Visitors will be able to ask pirate interpreters questions or just listen to them give accounts of pirates from the 18th century. At 2 p.m. pirates will storm the ship with gunfire and canons. Admission is \$4.50 for adults and \$3.50 for children. Visit www.santamaria.org for more information.

Jack Hanna's Fall Fest at the Columbus Zoo and Aquarium will feature special demonstrations from basket weaving to pumpkin carving, plus seasonal treats. This festival of the harvest season will be Sept. 21 and 22. Admission is \$14.99 for adults and \$9.99 for children. Visit www.columbuszoo.org for information.

The Columbus Crew will take on the Chicago Fire on Sept. 21 at 7:30 p.m. Admission is \$23 to \$48. Visit www.TheCrew.com for more information.

On top of all the special events going on, Columbus has several areas within walking distance of the Greater Columbus Convention Center where attendees can find restaurants, bars, nightlife and entertainment.

The Arena District, encompassing the area west of the Convention Center, in-



Photo Provided by Experience Columbus

Photo Provided by Experience Columbus

Columbus is home to many restaurants, bars, nightlife and entertainment within walking distance of the Greater Columbus Convention Center. This photo features the Arena District, located west of the Convention Center. The ODA Annual Session will be Sept. 19-22 in Columbus. When not at CE courses or shopping the Exhibit Hall, attendees can enjoy the many attractions or bustling nightlife that Columbus has to offer.

cludes casual entertainment, dining and drinking establishments, including Buca di Beppo, Gordon Biersch, Ted's Montana Grill and Rodizio Grill. Learn more at www.arenadistrict.com.

The Short North Arts District is located just north of the Convention Center and features a unique array of restaurants, bars, art galleries and businesses, including Hyde Park Prime Steak House, DeepWood, Sushi Rock and Marcella's Ristorante. Find out more at www.short-north.org.

German Village is a historic neighborhood south of downtown featuring archi-

ture from the 1840s-1890s and traditional German breweries and restaurants, including Lindey's Restaurant and Bar, Katzinger's Deli and Schmidt's Restaurant und Sausage Haus. Visit gymbusinesscommunity.com for more information.

For a complete list of attractions, activities and things to do in Columbus, visit www.experiencecolumbus.com.

To register for Annual Session and for more information about what's happening around Columbus plus complete information about the ODA Annual Session, visit www.oda.org/events or check the event program.



ODA Staff

The Women Dental Professionals Luncheon Featuring Michelle Beckham-Corbin on Sept. 20 (Course Code F55) is one of several special events that will take place at this year's ODA Annual Session. To learn more about all of the events, visit www.oda.org/events.

ANNUAL SESSION, from page 1

courses available in restorative dentistry, endodontics, lasers, orthodontics and dental implants.

On top of the great speakers and CE opportunities, Annual Session also gives attendees the opportunity to shop for products in the Exhibit Hall.

"The Exhibit Hall at Annual Session gives the dental team an opportunity to explore the latest and greatest new products and services," Grbach said. He added that attendees should note that the Exhibit Hall raffle has been changed to include separate raffles for dentists, hygienists and staff members with a new chance to win on Thursday, Friday and Saturday. Attendees will need to stop by the ODA Membership Booth each day to drop off a new ticket.

A new event hosted in the Exhibit Hall this year will be the "New Product Roundtable" just for dentists (Course Code S69) Saturday from 8 to 10 a.m., where attendees can learn about the latest dental products over breakfast.

But Annual Session isn't just about CE and purchasing products. It also offers plenty of special events and opportunities to meet new friends and reconnect with old friends to have a good time.

Grbach said he's especially excited about four of the special events that will take place during Annual Session: The Callahan Celebration of Excellence

Register

To register for Annual Session and for more information about all of the Continuing Education, speakers, events and the Exhibit Hall, visit www.oda.org/events or check the Annual Session program.

(Event Code E93) on Friday evening from 6:30 to 11:30 p.m., followed by The Bash! at Callahan's from 9 p.m. to 1 a.m., plus the Women Dental Professionals Luncheon (Event Code F55) on Friday from noon to 2 p.m. and the New Dentist Reception (Event Code E92) at Bar Louie on Thursday evening from 8 to 10 p.m.

"Each year I look forward to the whole ODA Annual Session experience: great Continuing Education, a vibrant Exhibit Hall and endless opportunities for fun," Grbach said. "It's the only time of the year that I get to see many of my friends from across the state all in one weekend. I also look forward to all the great restaurants and the night life that are within walking distance."

To register for Annual Session and for more information about Annual Session, including all of the speakers, events and courses listed here plus a full schedule of events, visit www.oda.org/events or refer to the Annual Session program received in the mail.

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Dentists, Oral Cancer and the HPV Epidemic

By Dr. Ted Teknos, MD
The Arthur G. James Cancer Hospital
and Richard Solove Research Institute

The dental community is key to the detection of oral cancers – you're on the front lines. Many, if not most oral and oropharyngeal cancers are identified in the dental office from a patient with an oral complaint. The national trends in the rate of oral cancer, then, should be of the utmost interest to the practicing dentist. Recently, there has been a dramatic and alarming increase in the rate of cancer of the base of tongue and tonsils worldwide. This update will describe the etiology of this phenomenon and illustrate how the dental community can help in the fight against head and neck cancer.

Traditionally, patients with oral cancer were smokers and/or drinkers. Indeed, it was nearly a universal occurrence that if someone had a cancer of the upper aerodigestive tract, it was secondary to cigarette smoke. Despite bitter opposition, Surgeon General Luther Terry issued the famous "1964 Report on Smoking and Health" clearly illustrating the myriad of human health hazards caused by cigarette smoke. Prior to that report, only 44 percent of Americans believed that smoking caused cancer. By 1968, however, nearly 78 percent believed this to be the case. As a result, the rates of smoking have

steadily and annually declined in the United States. Coincident with this decline in smoking rates, the rate of oral cancer and larynx cancer have decreased by nearly 1.5 percent per year.

A new type of head and neck cancer patient seemed to emerge in the late 1980s and 1990s. Whereas most patients used to be middle aged smokers with tongue or voice box cancers, many individuals with no smoking or drinking history were developing tonsil and base of tongue cancers. As this trend continued to increase in occurrence, it became clear that these individuals represented a very different demographic: They were typically younger men (age 35-45) with no known risk factors for head and neck cancer and of a higher socioeconomic status. Through painstaking epidemiologic discovery, it became clear that the etiologic factor for these individuals' cancer was not smoking but rather the Human Papillomavirus (HPV). This is the same virus that can cause cervical cancer.

Research on HPV provides useful points for us. Through some of the seminal work performed by Dr. Maura Gillison of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University, the risk factors for developing oral cancer have been delineated. Dr. Gillison's work clearly illustrates that HPV is now the most

HPV/oral cancer

For more information about how to communicate with your patients about the link between oral cancer and HPV, see "Sex Ed" on page 12.

common cause of head and neck cancer, surpassing tobacco smoke. Furthermore, the incidence of this cancer has increased by 225 percent between the years of 1988 and 2008.

The risk for developing this cancer directly correlates to the number of sexual partners a person has had in his or her lifetime and how much marijuana he or she has smoked. Retrospective studies on tumor samples have shown that only approximately 20 percent of cancers of the tonsils and base of tongue carried the HPV in the decade of the 1970s; however, in the early 2000s, nearly 70 percent of cancers in this region were linked to HPV. In fact, the incidence of this cancer since the year 2000 has increased at a rate over 5 percent per year, which can be considered of epidemic proportion. Changes in sexual mores and the advent of widespread marijuana use have been implicated as potential causes of this public health occurrence.

Why have these cancers only recently been discovered and are now rapidly accelerating in incidence? The reasons identified are related to the natural history of the human papillomavirus. There are over 120 different strains of HPV, but HPV16 and HPV18 are two most commonly seen in head and neck cancer. It is estimated that over 80 percent of men and over 50 percent of women are exposed to these viruses through intimate contact during the course of their lifetimes. Most infected individuals carry the virus in their genital tract or oral cavity for two years, during which time they can pass the virus to others. At

any given time, approximately 10 percent of adults have active oral HPV infection. Fortunately, the overwhelming majority of people clear the virus without any adverse health consequences. In an infinitesimally small proportion of individuals, the virus becomes incorporated into tonsil or base of tongue tissue and remains "dormant" for several decades. Then for reasons that are poorly understood, the virus' genetic information incorporates into the patients' DNA and causes cancer to form.

Why is this important to dentists? These are your patients. Knowledge of this disease will allow you to identify these patients earlier in their disease course and most assuredly lead to improved survival. They will be younger men with no smoking history and will have a mass in their tonsil or tongue base. Often, they will have no symptoms other than complaints of a swelling in their neck (metastatic lymph node).

Please be aware of this "new cancer" and help your patients. Fortunately, the cure rates for this disease are much higher than for those individuals who develop cancer due to smoking and drinking. For patients who have never smoked, cure rates approach 90 percent for Stage IV cancer as opposed to 40 percent cure rates in smokers. Because this is a virally mediated cancer, it is preventable with vaccination prior to exposure. As a result, vaccination is recommended for both young women and men prior to the onset of sexual activity.

Ted Teknos, MD, is professor, vice chair and division director of the Department of Otolaryngology-Head and Neck Surgery and holds the David E. and Carole H. Schuller Chair in Head and Neck Oncologic Surgery at The Ohio State University Wexner Medical Center and The Arthur G. James Cancer Hospital and Richard Solove Research Institute. Dr. Teknos is also a member of the NCI Steering Committee for Head and Neck and co-chairs the Recurrent/Metastatic Disease Task Force.

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BUDGET, from page 5

\$540,484 in each of the next two fiscal years, which is the same as 2012-13. Portions of that line item go toward school sealant programs and Dental OPTIONS. A line item for "OSU clinic support" in-

cludes \$766,533 for each of the next two fiscal years. This line item is split between the Ohio State University College of Dentistry's clinic and the College of Veterinary Medicine's clinic, and is the same amount allotted in fiscal year 2012-13.

Kasich vetoed the "Hope for a Smile" proposal that would have authorized the Ohio Department of Health to administer an access to dental care program involving at least three mobile dental clinics and permitted volunteer dentists to deduct the value of their donated services offered through the program from their taxable income for state income tax purposes.

The budget also included changes to the school sealant programs creating additional flexibility to allow dental hygienists to apply dental sealants.

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Via email: membership@oda.org
By mail: Ohio Dental Association
1370 Dublin Road
Columbus, OH 43215-1098



The Explorer

Matthew J. Messina, DDS
Executive Editor

Sex Ed

I remember vividly my father talking with me about sex when I was a teenager. We could talk about everything else, but that subject was incredibly uncomfortable for both of us. He chose to open the subject in the car, when we were driving to the mall. It made it easier, since we were sitting side by side in the front seats and didn't have to look at each other. It was only a 15-minute ride to Great Lakes Mall, so there would be a finite end to the discussion. All in all, it was a perfect plan.

Times have changed and now we need to talk to our kids at a younger age. I knew just what to do to talk to mine. I waited until we were driving to practice, side by side. It worked about as well as it had with my Dad. Uncomfortable, but we got it done.

The practice of dentistry has certainly evolved. As physicians of the mouth, there are more issues we need to discuss with our patients, and sexual habits and experience are part of the current medical history. I know that I need to talk to my patients about sex. I just can't figure out how to get them to ride in the car with me ...

A better plan begins with understanding the facts. The Surgeon General's report on oral health in 2000 listed the mouth as a portal of entry for microbial infections,

causing dental caries, periodontal disease, herpes labialis and candidiasis, and for viruses, such as human immunodeficiency virus (HIV) and human papillomavirus (HPV). As dentists, we understand this and have long counseled to our patients about dental decay and periodontal disease. We are poorly trained, however, on how to talk to patients about the risks and the acquisition of these oral viral infections through oral sex.

When asked, many dentists say they don't broach sexuality issues because they are uncomfortable with the subject, fear offending the patient, have no treatments to offer, or feel constrained by time. The difficulty cuts both ways, as 68 percent of patients surveyed admitted fear of embarrassing the provider as a primary reason for not broaching sexuality issues.

One way to broach this sensitive topic is to tell the patient that you are looking for oral cancer when you perform a head and neck examination. The subject of oral sex can be introduced in a broad, nonspecific and nonthreatening way by beginning to discuss oral viral infections, such as HPV. The statistics on oral cancer represent the changing demographics of the time. We need to educate our patients and explain that anyone over the age of 40 years, even one without a history of alcohol or tobacco use, is at higher risk for oral cancer than ever before.

According to the CDC, the HPV vaccine is recommended for adolescent boys and girls, aged 11-12, and for any older male (up to age 21) or female (up to age 26) who did not receive the vaccine at a younger age.

HPV is the main cause of cervical cancer in women. There are about 12,000 new cervical cancer cases each year in the United States, causing about 4,000 deaths in women each year in the U.S. alone. It is estimated that there are 15,000

HPV/oral cancer

For more information about the link between HPV and oral cancer and your role in detection, see "Dentists, Oral Cancer and the HPV Epidemic" on page 11.

HPV-associated cancers in the United States that may be prevented by vaccines each year in women, including cervical, anal, vaginal, vulvar and oropharyngeal cancers. In men, there are approximately 7,000 HPV-associated cancers in the United States that may be prevented by vaccine each year, among which oropharyngeal cancers are the most common.

Using these statistics can open the door to a conversation while explaining our examination of tongue and mucosal tissues. We look because of how many people are infected by HPV and how sexual behavior is a factor in those statistics. While HPV infection is not immediately life threatening, oral cancer is a serious concern. Emerging evidence strongly suggests the link between HPV infection and oral cancers.

With oral cancer affecting younger people, dentists need to become more comfortable in discussing this disease and its associated risk factors with their patients, especially its associations with oral sex. When most dentists collectively decide to practice this way, it will become "normal" for both the patient and the dentist. When we achieve that goal, countless lives will be saved. But it all begins with communication.

If we want to have an impact on reducing the incidence of oral cancer, we need to find the ability to discuss oral risk factors with our patients and offer suggestions on ways to reduce these risks.

See HPV, page 17



Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Trust Me

"Trust thyself only, and another shall not betray thee." Thomas Fuller (1608 - 1661)

Misplaced trust plays a big part in the woes of our practices. Miseries arise, not only from dishonesty, but also from stupidity, greed and an inflated sense of self-worth.

Financial issues aren't that uncommon in today's world. Just watch any of the TV "Judge" shows (Judy, Lynn, Alex, Milion, Mathis, Joe Brown or Jackie Glass) to see how senseless we sometimes are in our everyday existence. One of the first things you learn from these shows is to never, under any circumstance, loan money to a friend, relative, acquaintance, boy/girlfriend or anyone else who might breathe the same air you do. Then, please understand that a loan is really what you agree to when you finance your patients' treatment.

If you were to ask, I'd tell you that it's time to realize that when we provide dental care for patients, we need to protect ourselves from those who are out to cheat us. Do a credit check on those who need extensive care. In times of economic woe, some patients who would never, normally, refuse to pay their co-pay (or, if uninsured, their fee) will be desperate enough to swindle us if they can. Get your payment arrangements down in writing and have those patients sign the paper – even

those patients you would usually trust with your life.

The realist in me, however, makes me also tell you that trust problems cut both ways. Patients sometimes need protection from the "professionals." We all know of those who talk patients into borrowing an exorbitant amount of cash to pay the over-inflated bill in advance, and who then resist and delay giving a refund when patients become disenchanted with their dental care. Recently, there have been several national reports of patients who were treated under sedation and who ended up edentulous instead of just minus the offending painful tooth. I've also seen several cases of dental victims who, similarly, were talked into sedation and ended up with crown preps instead of fillings, or a "fractured" tooth, an extraction and an implant instead of the endo they came in for. Just making them sign a release (that usually lets you do anything you want) before you will agree to take care of their pain doesn't absolve you of blame. Take heed – the public is watching – and so are the plaintiffs' attorneys.

I'd tell you, too, that to have the public's trust, we need to earn it. Sometimes we just need to do what needs to be done. At least take care of the immediate problem. No one gave you a degree and called you "Doctor" just to make you rich. We are health care professionals and do have an obligation to help those in need. It may not always be a legal obligation, but it is a professional, ethical, and moral one, and ethics and morality need to play a bigger part in many of our professional lives than it does now.

The lawyer in me has observed that mistrust, dishonesty and stupidity are not confined to our dental practices. One of today's major societal changes is a new family unit. No longer is it always the standard to have a marriage, children and a life

together forever and ever. Single parent families, with or without divorce (or marriage), and families with two "partners," be they of the same or of the opposite sex, show up in both your neighborhood and your waiting room on a daily basis. Many of you are participants in those variations of yesterday's norm and there can be trouble if you're not careful.

In these changing living situations, the same financial issues face us personally that also affect your professional practices. Who's responsible for the unpaid credit card bill? You? Your partner? How about payment for that 12 unit roundhouse you just seated? Your patient's ex-husband's bankrupt, live-in, partner? Did you co-sign for a house or car? Does one of you have child support to pay? Medical or dental bills for the partner or for the kids? Who's working and how does it affect the debts of the other? Who's going to pay you for your work – and when?

Even with a conventional marriage, a will is an absolute necessity. My own survey a few years ago told me that less than half of the professionals I know have wills. I know, many of the rest of you paid

See TRUST, page 13

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ODAF, from page 7

and Peg Hinkle, said it is rewarding for the family to know that they are making a difference in memory of his father, Dr. Bob Hinkle.

"In the past two years, our fund has awarded two grants totaling \$13,500 to programs that help vulnerable adults in their communities. This is a great way to honor our dad – a man who made his own impact in dentistry and in the community."

The Ohio Society of Oral and Maxillofacial Surgeons Fund awarded three \$1,500 grants for three Ohio oral surgery residency programs:

- The Case Western Reserve University Dept. of Oral and Maxillofacial Surgery will use its funds for residency training and education.
- The University of Cincinnati Medical Center Division of OMS will use its grant for the Resident Research Fund.
- The Ohio State University College of Dentistry Department of OMS will use its grant for cleft lip and palate missions' education.

In July, a nearly \$21,000 donation was made to the ODA Foundation by the Central Ohio Dental Society from remaining proceeds of their relief fund. The funds will be placed in the ODAF Operating Fund, through which grants and scholarships

are awarded each year. To date, over \$654,000 has been awarded in Ohio grants and scholarships, with an estimated \$80,000 still to award later this summer.

Dr. Ken Jones, a long-time "ODA Today" guest columnist and member of the Central Ohio Dental Society, said that by donating their remaining relief fund dollars to the ODAF, they could help more Ohioans.

"We felt the shift from purely local to statewide use would benefit many more people, both within the profession and in the community at large," he said.

Jones also stated that the ODA Foundation was the best way to help make this happen.

"The Foundation has done a great job of using grants and scholarships to meet its goals. Since the Foundation focuses on dental health, education and the profession of dentistry, it seemed to be a good fit with the Central Ohio Dental Society's goals for the future."

With about six weeks to go, ticket sales for the car raffle are going well. The deadline to purchase tickets and be entered in the Early Bird Drawing for \$500 cash is Aug. 19. Top prize for the September drawing is a lease on an Audi A4 Front-trak Sedan or VW EOS Komfort – or the

\$20,000 cash equivalent. The second prize is a piece of fine jewelry, and third prize is \$1,000 cash. The drawing for these prizes will be during Annual Session

on Saturday, Sept. 21 in the Exhibit Hall. To learn more, visit oda.org/community-involvement/oda-foundation/ or phone the ODA at (800) 282-1526.

The ODA Foundation Raffle Fundraiser is back!



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Don't miss out on your chance to purchase tickets!



oda.org/community-involvement/oda-foundation/

TRUST, from page 12

mucho bucks for that family trust that supposedly would take care of everything. How long has it been since you've reviewed its terms? Are they still what you want? Can you even find the paperwork?

Try to remember some of the things your lawyer told you when you decided to live in whatever kind of bliss you've decided is for you. (There may be some legal variations from state to state, but then, you did consult an attorney to find out what you needed to know before you made your decision ... Didn't you?)

By law, if one of you dies, the other automatically gets everything, right? It depends. Are you married? (You may get some, even if it's all given away elsewhere.) Is your marriage recognized as legal where you live? (Who knows what you get?) Are you unmarried? (Nothing – tough luck.) Either way with a will that gives it all to the other? (Finally, a pair with at least a few smarts.)

How about what the kids might get? No will? They might get something, but no way if the deceased has made other arrangements. And if you think the partner has to leave it to them (or you) when he/she passes on, think again. It could all go to the next husband/wife/partner/whoever and there's nothing you can do about it. How about a will that leaves it to the children in trust with someone in control until maturity? (Probably a decent bet, and an independent trustee is best.) But, you need to know who can you trust and how much, since wills can be revoked, and only the latest one is valid.

And, finally, what's the status of the children of one half of an unmarried pair who have a different child with each other? I know one "family" of two unmarried partners who have eight children between them, some adopted (by one, the other, or both) and some biologically related (to one, the other, or both) from the current arrangement or their past, same and opposite-sex, relationships. Good luck figuring out who's going to pay for whom. That's when I'd tell them that it's cash in advance.

A 1960s TV cowboy once told us, "Trust in God, but tie your horses up to the hitching post." Trust me, my horse is tied tight, but you'd better check yours. Lately, a lot of our reins seem to have slipped a mite.

Dr. Jones may be reached at jonesddsjd@aol.com.

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Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

- Administrative Law before State Dental Boards
- Dental Malpractice Defense
- Practice-related Business Transactions

Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMSOs.

A sampling of various cases can be obtained online. Questions regarding representation can also be addressed to Dr. Recker via e-mail at recker@ddslaw.com.

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N. Wayne Hiatt Rising Star Award: Dr. Brittany McCarthy

By Jackie Best
Managing Editor

As a young dentist, Dr. Brittany McCarthy has already been extremely involved with and made many contributions to organized dentistry. For her efforts, McCarthy will receive the N. Wayne Hiatt Rising Star Award from the Ohio Dental Association on Friday, Sept. 20, at this year's Callahan Celebration of Excellence in conjunction with the 147th ODA Annual Session in Columbus.

"Dr. McCarthy consistently shows her commitment to organized dentistry and to promoting the mission of the ODA," said Dr. Zachary Mellion, past chair of the Subcouncil on New Dentists. "I am proud to serve with her on the Subcouncil on New Dentists and know that her vision and direction will have a positive and lasting influence on our young members."

McCarthy said she is incredibly honored and humbled to receive the Rising Star Award.

McCarthy decided she wanted to become a dentist when she was a pre-med student her senior year at Duke University. At that time she attended a medical conference to present a paper, and she said everyone she spoke to advised her not to become a doctor, so she decided to reconsider her options.

"My orthodontist in Columbus had always tried to talk me into dentistry. I always said 'yeah yeah, I want to be a real doctor,'" McCarthy said. "So I decided after the conference to really look into dentistry as an option and absolutely fell in love with it."

McCarthy then went on to dental school at Boston University Goldman School of Dental Medicine and received her DMD Cum Laude in 2006.

After graduation, she practiced dentistry in Cleveland for a couple of years until her husband received a job in Washington, D.C. She then practiced there until 2009, when a dentist in Bexley unexpectedly passed away and gave McCarthy the opportunity to take over her practice and continue what she had built. She stayed in that location for about two and a half years, and about a year and a half ago took over another practice close to her home in Bexley.

McCarthy said her favorite part about being a dentist is the relationships she has with her patients.

She said she finds inspiration in her work from always striving to learn more and improve her skills.

"I work closely with a number of specialists in town, and in working with them, and being involved in study clubs and my love for continuing education, continues to drive me to become a better dentist and



Dr. Brittany McCarthy is the 2013 recipient of the N. Wayne Hiatt Rising Star Award.

to become the best I can be," she said.

McCarthy said she became involved in organized dentistry early on. She got involved with the American Student Dental Association (ASDA) as a freshman at BU. She said she became very involved and has been especially interested in the political side of dentistry and organized dentistry. She said organized dentistry is extremely important to her because of the unified, strong voice it gives to dentists and because of the information and

"I really think that if we as practitioners don't stick together and present a unified front to the public and to the legislature, we will end up having the same issues that our good colleagues in medicine have had and continue to have. Without a strong voice, we can't ourselves be as strong."

— Dr. Brittany McCarthy
2013 recipient of the
N. Wayne Hiatt Rising Star Award

resources available through organized dentistry.

"I really think that if we as practitioners don't stick together and present a unified front to the public and to the legislature, we will end up having the same issues that our good colleagues in medicine have had and continue to have," McCarthy said. "Without a strong voice, we can't ourselves be as strong. The other part of it is that we as practitioners are so busy seeing our patients, running our practices, managing staff and managing equipment, that we don't necessarily have time on a daily basis to keep up on various attacks on dentistry that are out there. Having the staff at the ODA and the

local societies to help keep us informed, and to fight those battles on a daily basis is absolutely huge."

McCarthy is currently the chair of the ODA Subcouncil on New Dentists and has served as the new dentist liaison or representative to the Strategic Planning Committee, Ohio Dental Political Action Committee (ODPAC) Board of Directors and ODA Leadership Development Committee. She is also on the Columbus Dental Society Board of Directors and has been a CDS Delegate to the ODA House of Delegates since 2011.

She said people sometimes ask her how she is able to devote so much time to organized dentistry, and she said it's because of how much she loves organized dentistry and what it provides for dentists.

She also participates in community services activities, including the Give Kids a Smile Program and she is a Dental OP-TIONS provider.

Outside of dentistry, McCarthy enjoys tennis and golf, and has recently gotten into cycling. She will be riding in Pelotonia on the 100 mile trip for the first time this year in support of friends, family members and patients who are fighting or have successfully beaten cancer and in memory of those who have passed away from cancer.

McCarthy and her husband, Michael, have a 3-year-old daughter Clare and a dog Molly.



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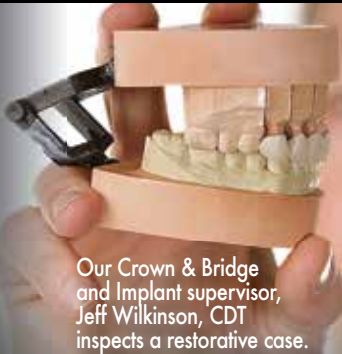
Dr. William Sweeney recently transitioned his Seville, Ohio practice to Dr. Joseph Landry II. PI would like to congratulate both doctors on a successful transition!

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Callahan Memorial Award: Dr. Sol Silverman

By Jackie Best
Managing Editor

Dr. Sol Silverman has focused his career on patient care, research and teaching, with a particular interest in oral cancer. On Friday, Sept. 20, Silverman will receive the Callahan Memorial Award from the Ohio Dental Association at this year's Callahan Celebration of Excellence, held in conjunction with the 147th ODA Annual Session in Columbus.

"I'm very much appreciative, and very much flattered," Silverman said. "When looking at the list of past winners, it's quite an impressive group. It's very much an honor."

He said he was especially honored to receive the award because his mentor – and the person to give him his first job – Dr. Herman Becks, won the Callahan Memorial Award in 1948.

"The Callahan Commission feels Dr. Silverman is extremely deserving of this award because of his efforts in treating and preventing oral cancer," said Dr. Joe Mellion, chairman of the Callahan Memorial Award Commission. "As an advocate for prevention and early detection, he has helped develop training programs to help dentists detect oral cancer and education programs focused on tobacco cessation to prevent oral cancer."

The Callahan Memorial Award Commission was established in 1920 by the ODA to honor the work of John Ross Callahan, one of Ohio's noted dental researchers and a leader in organized dentistry. Since its establishment, the award has continued to grow in prominence in the dental profession.

Silverman – a professor emeritus of oral medicine at the University of California San Francisco School of Dentistry – first became interested in science while serv-

ing as a surgical technician during World War II.

After serving in WWII for almost three years, he attended the University of California, where he knew he wanted to be a professional, but wasn't sure if he wanted to focus on medicine, dentistry, or get a PhD. One of his mentors recommended that he focus his research on dentistry, which is where he first became interested in becoming a dentist.

After receiving his master's degree in physiology, he went on to dental school at UCSF. He received his DDS and became a full-time faculty member in 1954. Throughout his career, he was always interested in research, and he quickly developed an interest in and focus on oral cancer that continues today.

Silverman said that as a young assistant professor in 1960, he would visit hospitals and often see nurses and patients smoking in the hospital. He wrote letters to the head of the hospital to try to put a stop to the smoking.

His research also was involved with the HIV and AIDS epidemic. Before AIDS had really been identified, he and several physicians wrote a paper about the epidemic after he had noticed many young patients with periodontal disease, fungal infections of the mouth, weight loss and lesions in the mouth in the late '70s and early '80s in San Francisco. He said it was very interesting to be involved in this research from the beginning of the epidemic.

Silverman has published more than 350 scientific articles, chapters in text books and monographs, plus is the author of texts on "Oral Cancer," "Oral Manifestations of AIDS" and "Essentials of Oral Medicine." He also is a reviewer and editorial consultant for many scientific journals.

In addition to teaching and research, Silverman also has a private practice, which he said helps him relate to general practitioners when teaching.

"Unless you can really relate to the general practitioner, it's hard to get your message across," Silverman said. "I was able to understand private practice, which made lecturing pleasant, and I was always able to get my message across. Having that combination of private practice but full time academia is a nice blend."

Silverman said he really enjoys all three aspects of what he does, and his favorite part is seeing how he can impact other

people through what he does. He said he especially likes being able to help patients whose quality of life is low because of disease. He also said it is very satisfying to teach dental students and have them mature in dentistry and be able to provide patient care and do research. He also finds it fulfilling when people have read his books or articles and the research he has done has been able to help them in their practices.

He said he has always enjoyed dentistry and the balance of work that he does, and he has never been the type to look forward to retirement.

"I enjoy and am still stimulated by being a part of dentistry," Silverman said.

Silverman said his future plans include a continued interest in oral cancer research, specifically on increasing the outlook for five year survival rates. He continues to lecture on early detection, plus is involved in clinical studies aimed at identifying cells and using lasers with precancerous lesions. He is also devoted to tobacco cessation programs.

Silverman said the advice he would give to younger dentists is to always have a good attitude, and to work hard to get through dental school and figure out what career path they would like to follow.

"You have to have a good attitude, you have to like what you're doing," Silverman said. "There's a little of everything in dentistry that a lot of young students don't realize. There are so many ways you can go, and you want to be sure about it."

Silverman said he thinks organized dentistry is important because structures like the ODA or the American Dental Association have top notch people to look over the whole field of dentistry and keep track of the various rules and regulations that can be complicated. He said it is helpful for any profession or group to have an organized spokesperson to represent the profession.

Silverman is a diplomate and past-president of the American Board of Oral Medicine and past-president of the American Academy of Oral Medicine. He also is a consultant to the ADA Council on Scientific Affairs and is a national spokesperson for the ADA.

He has received many awards and honors, including the UCSF Medal of Honor; the ADA Norton Ross award for excellence in clinical research; an hon-



Dr. Sol Silverman is the 2013 recipient of the Callahan Memorial Award.

orary Doctor of Science Degree from McGill University in Montreal, Canada; the Margaret Hay Edwards medal from the American Association for Cancer Education for outstanding contributions to cancer education; the 2005 Research Lecturer for the UCSF School of Dentistry; Omicron Kappa Upsilon honor society for lifetime achievements in education; Fellowship in Dental Surgery, Royal College of Surgeons, Edinburgh; Senator Honoris Causa, University Szeged, Hungary; Honorary Fellow of the British Society for Oral Medicine; Visiting Academician, Academy of Medicine, Singapore, 2011; and keynote speaker, X Conferencia Iberoamericana Patologia y Medicina Bucal, Cartagena, Columbia, 2012.

Outside of dentistry, Silverman said family is extremely important to him. His wife, Betty, passed away several years ago, and they have two sons and a daughter together. He now also has five great grandchildren, and the total number of people in his family has reached 23. His family has always been a priority, and every year, they travel somewhere together so they can spend several days together on vacation.

Silverman said he also enjoys playing basketball, gardening and playing the clarinet, plus he is a stamp and coin collector. He also has an interest in the stock market because his wife was a stock broker. He said his hobbies have helped him to learn about subjects that interest him, from geography to pharmacology, which helped him excel in school.

"It's interesting how when you really like something, you can excel to your top capabilities," Silverman said.

HPV, from page 12

We have the statistics and we realize the danger. Now we need to find the courage to have "the talk." It will be OK. I talk to patients about decay and periodontal disease. I even talk to them about fungal infections and herpetic ulcerations. I can do this. I'm sitting beside the patient doing the oral exam. I guess I can just imagine that I'm driving a car ...

Dr. Messina may be reached at docmessina@cox.net.

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Is it the equipment/supply companies who are also brokering practices? NO.

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