

# Bulletin

Summer 2009

www.CSPD.org

Vol. XXXVII No. 2

## President's Message



Lindsey Robinson, DDS  
CSPD President

Summer is **HOT**. . . and so is CSPD! There are a few **sizzling** topics that I would like to bring to our member's attention. The Society is on **fire**, as your intrepid leaders, **blaze** into the first phase of the next strategic planning cycle. As many of you know CSPD historically has gone through the strategic planning process every three years and will do this again this September. For the last two sessions, CSPD has used facilitators from our own membership who have expertise in strategic planning and are well acquainted with the organi-

zation. Their highly capable leadership has served us well in the past. This year, the board felt that reaching outside of our membership and engaging a professional facilitator would help the Society ascend to the next level organizationally. After much research and deliberation, the Workgroup on Strategic Planning led by David Rothman, recommended a facilitator to the board. I am happy to announce that Lisa Yates, from ACS Quantum Strategies, LLC was selected to oversee the process for CSPD. Lisa brings much experience in organizational management as well as strategic planning and is very excited about working with CSPD. To get the most from her expertise and to best benefit the Society, she has recommended that we use the next several months to

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**Proposition 65 now lists Nitrous Oxide anesthetic gas as a chemical known to the state of California to cause birth defects or other reproductive harm, AND requires dentists to notify their patients as such by August 1, 2009.**

For more details visit the CDA website at:

[http://www.cda.org/library/pdfs/n2o\\_letter\\_faq\\_0709.pdf](http://www.cda.org/library/pdfs/n2o_letter_faq_0709.pdf)

# The Internet Wonderland Are You Missing Out?

By Julie L. Pease

It's not a fairy tale anymore. The Internet is real and growing stronger every year. The latest U. S. Census Bureau reports that average Internet usage has reached 90.7%. Michael Dell of Dell computers was quoted as saying, "Show me a business that's not on the Internet, and I'll show you a business that's out of touch with the future." He couldn't be closer to the truth. If your competition gets there first, then you could be missing out on potentially valuable patients.

"On the Go" Internet is a trend that only increases the importance of placing your practice on the Internet. According to The Pew Internet Project's December 2007 survey; 41% of adult Americans have logged onto the Internet on the go, that is, away from home or work either with a wireless laptop connection or a handheld device (cell phone or PDA). With the increase of iPhone & other PDA sales, this number is expected to increase. Internet access is literally only a touch away, 24/7.

There is no doubt about it; The Internet is definitely one of the most cost effective forms of advertising available. In this article we will help you choose a web designer, if you don't already have a website, and for new and/or veteran website owners, we will discuss how to effectively market your practice online.

## When choosing a web designer, here are important questions to ask:

**What experience do you have in dentistry, specifically pediatric dentistry?** Just as you are a specialist in dentistry, you will want to find a specialist in dental website design, development and marketing. If you can go one step further, try to find a company that specializes in pediatric dental websites. They will be able to offer valuable content, guidance on what parents are looking for and what pages are viewed the most. Beware of misleading tactics by yellow page or other companies that promote a free website with their package. Also resist the urge to allow your hygienist's computer-savvy husband to design your site. These can all end up costing you more in the long run by hidden costs or lost time and revenue.

**Will I own my domain (web address) and website?** The answer should be yes. You will want control over both and the availability to move your site to another server or hosting company if the need arises.

**Should I use a template or pay a little more and get a custom design?** You might find a template design that you like at first, but in a year or two when you tire of it and want to make a few simple design changes, you won't have that flexibility. Your website should give your patients a feel for your office and personality, almost as though they have already visited your practice; templates don't allow for this feel or convenience.



**Am I tied to a contract?** If your website company insists on a term contract, they may not feel the need to work hard at keeping your hosting business.

**How long have you been in business?** Obviously the longer, the better. You will want the assurance that they are able to keep up with the growth of the Internet and industry standards.

**How quickly can I expect changes when requested?** An optimal time is the same day or within 3 days at the latest. Although this may not seem like an important item now, believe me it will be when you need a change done quickly.

**How much will my ongoing hosting costs be?** It shouldn't be necessary to pay more than \$50/month for hosting which would include basic changes to your website content.

**What does your hosting include?** It should include the following:

- Keeping your site live on the Internet 24/7
- E-mail Accounts
- Website statistics
- Updates to basic content
- Some form of communication, such as a newsletter or e-mails informing you of new website technology, marketing ideas, features, add-ons, etc. to incorporate into your website, keeping it fresh and up-to-date.

**What type of search engine optimization do you provide?** Does it cost extra? This is one of the most important questions you can ask. You should be able to find websites that the company has designed at the top of the major search engines when searching for "pediatric dentist city name". You should not have to pay extra for search engine optimization, as it is such an integral part of the site creation.

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Terry Dean, Office Manager  
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EDITOR: Dr. Lonnie Lovingier  
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lrlov@aol.com  
sniethamer@cspd.org  
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For a complete list of committee members  
visit the CSPD Website at [www.CSPD.org](http://www.CSPD.org)

California Society of Pediatric Dentistry

## BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. Items for publication may be submitted to Lonnie R. Lovingier, DDS by mail (26302 La Paz Rd #114, Mission Viejo, CA 92691 or Lrlv@aol.com).

Product and informational content presented in the Bulletin by contributing authors and advertisers is not necessarily endorsed by CSPD.

Published 4 times annually  
Editor: Lonnie R. Lovingier, DDS

### MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentistry shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentistry.

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Ray Stewart  
Executive Director

This past quarter has been a busy one for your CSPD officers and Board of Directors. The new Board met for the first time at the conclusion of the Tahoe meeting and then for the first formal meeting in Los Angeles on June 13, 2009. The new committees have been formed and are hard at work fulfilling their respective charges for the 2009-2010 year.

The AAPD Annual Meeting and Scientific session in Honolulu, Hawaii came quickly on the heels of the CSPD/WSPD Annual Meeting at Lake Tahoe. The Hawaii meeting was very well attended, and set records on many fronts. The CSPD/WSPD reception in Hawaii was similarly well attended, seeing a capacity crowd who enjoyed an evening filled with the renewal of old friendships and the establishment of new ones. We owe Jonathon Lee, our AAPD liaison, a big thank you for organizing the reception and planning the menu.

Other than the usual busy agenda of social and educational events that typify the AAPD Annual Session, many CSPD/WSPD members attended the "Informational Meeting" which was held to air the concerns surrounding the proposed changes to the Affiliate Member category of the Academy. Hopefully, you received the E-mail that was distributed to CSPD membership prior to that meeting. It requested views and opinions from those who would not be attending the Informational Meeting and encouraged the attendance and participation of anyone planning to be in Hawaii. I received a number of responses to that request; most of which centered on the subject of general dentist's advertising as Affiliate Members of AAPD. *There is considerable concern that this is misleading to the public and blurs the difference between our specialty and general dentistry.* I did my best to convey your thoughts and concerns during the course of that meeting. The AAPD set up the meeting such that "information" flowed both ways with statements and discussion from both the membership and leadership. However the "Background and Intent" statement regarding this issue, often requested by CSPD, was not provided. It remains to be seen as to whether or not a By-laws change will be sought again this year which would allow general dentist Affiliate Members to indicate their AAPD membership status in their advertising and promotional materials, stationery and business cards.

I received one particularly well written and articulate letter from a CSPD member Kathryn Ann Moore of Roseville, which I think very clearly and concisely describes the tenor and tone of the arguments aired by numerous other members against permitting AAPD Affiliate Members the use of their membership status

in their advertisements. Here is her letter reproduced with her permission for your consideration.

"Dear Dr. Stewart:

*Thank you for your e-mail correspondence about the status of the Affiliate Membership in the AAPD. In my opinion, the action of extending membership to any and all dentists who want to practice on children has been a Pandora's Box for Pediatric Dentistry. I am convinced that this action started a process, which will, in a very short time, spell the demise of the Specialty of Pediatric Dentistry.*

*In the past five years in our area of California, Roseville, Rocklin and Sacramento, there has been a virtual explosion of "Kids Dental Offices" which are staffed by general dentists. Some of these are chains with several locations. A few of these have a token trained Pediatric Dentist on the staff, part of the time. Some of these counterfeit-pediatric dentists are listed as members of the Sacramento District Dental Society (as general dentists), and many are listed as affiliate members in the AAPD directory. Their offices display bright, large, kid-friendly signs in primary colors, and all their advertising promotes them as authentic experts in the specialized area of children's dental care. Nowhere do they make it clear that they are not trained in the specialty, but are general dentists limiting themselves to children. I have been informed that they are "unethical" perhaps, but certainly not "illegal."*

*The State Board of Dentistry has no interest in any action, (in spite of my antiquated understanding that a major function of the state licensing boards has to do with protecting the public from deceptive practices; advertising, etc.). And the local SDDS tells me that they can do nothing for fear of lawsuits having to do with issues like "unfair restraint of trade" and "freedom of speech." Parents do not have the slightest idea who is who, who is trained, and who is not. In fact we have met many general dentists who unknowingly refer children to these offices, thinking they are referring to trained Pediatric Dentists.*

*The American Dental Society, way back in the early 1960's, made the official pronouncement that if you wanted to present yourself to the public as a Pediatric Dentist (Pedodontist), you had to attend an accredited program to be trained as such. The guys who had previously limited themselves were "grandfathered in." Now, that long-ago decision to make Pediatric Dentistry a separate and unique specialty has been undermined and abandoned...by our own specialty's leadership!*

*Understand me, I do not object at all, if a general dentist prefers to treat children; many GPs do a fine job with their child patients. However, the parents have the right to know a given dentist's credentials, and to make a choice of their own; not be confused and tricked by a slick advertising into thinking they are getting the services of trained specialists. And, yes, I know about the immense political pressures now being placed upon healthcare givers to extend treatment to* (Please see page 11)

# CANCUN MEXICO



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The **Fiesta American Coral Beach Resort** is recognized as one of the few AAA Five diamond resorts in the Caribbean. Experience an internationally renowned resort and be welcomed with world-class service. The **Fiesta American Coral Beach Resort** promises an impeccable setting from serenity to energetic sounds of jazz. Lounge in the lobby bar where guests can gather to savor a variety of tapas, fine wine and spirits, or even authentic Cuban cigars. Guest rooms are all junior suites with ocean views, marble floors, sunken living areas and private terraces to the sea. Master suites are available which are ideal for small party socializing and entertaining. Presidential suites of astounding opulence and tasteful elegance have awesome views. The **Fiesta American Coral Beach Resort** is a destination that cannot be missed!



## Cancun and Its Surroundings

Cancun offers a marvelous ensemble of **natural beauty, theme parks, ecological reserves, and calm Caribbean Islands and Sea**. Besides offering sun, sand and sea, this destination offers you the possibility of participating in countless activities:

- \* Visit ancient **Mayan Temples**
- \* **Scuba dive**, snorkel, and fish
- \* Boat out to **Mujeres Bay and Cozumel**: Venture and dare to enjoy an underwater world that will astound you!
- \* **Golf** at one of several world class courses
- \* **Adventure sports**, explore large caves or **hike** through the jungle, **bike** along barely accessible trails, or take an aerial tour on a **zipline or rappel** down into a lost "cenote".
- \* **Ecotourism tours** are available to take you to small Mayan communities where you can interact with these peaceful inhabitants.
- \* **Parasailing and sailing**
- \* Dine in one of Cancun's **prestigious restaurants**
- \* Entertainment: Enjoy the nightlife in one of many **Cancun nightclubs!**

**Cancun for Sea and Sun, Play and Learn, Discover, Have Fun!**

## CSPD Comments on CHIP Reauthorization Requirement



Paul Reggiardo, DDS  
Public Policy Advocate

As reported in the AAPD E-News, the Federal Register on June 23, 2009, published notice with respect to Section 501 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) which requires the Secretary of Health and Human Services to include, no later than August 4 on the Insure Kids Now Web site ([www.insurekidsnow.gov](http://www.insurekidsnow.gov)) a current list of all dentists within each state that provide services to children enrolled under Medicaid or CHIP. Section 501 also requires the secretary to ensure the list is updated at least quarterly. The American Academy of Pediatric Dentistry and the American Dental Association submitted joint comments to the Centers on Medicaid and Medicare Services (CMS) **recommending that only those providers who are currently accepting new Medicaid or CHIP patients should be listed on the Web site.** Both organizations also affirmed that they "fully support the requirement for state Medicaid and CHIP benefits to be listed on the website, as many parents are not aware that their child may be eligible for dental benefits while enrolled in either program." The letter is accessible at [www.AAPD.org](http://www.AAPD.org).

In this regard, CSPD and the California Dental Association also submitted a joint comment letter on July 6 (available on the **ALARM** section of the CSPD website ([www.CSPD.org](http://www.CSPD.org)), which speaks to our positive relationship with CDA in support of a common advocacy agenda and the recognition of CSPD as an influential voice in pediatric oral health issues.

Members with questions, concerns, or comments on the CSPD response or the Section 501 requirement are invited to contact CSPD Public Policy Advocate, Dr. Paul Reggiardo, by email ([reggiardo@prodigy.net](mailto:reggiardo@prodigy.net)) or phone (714 848-0234).



ADVOCACY  
LEGISLATION  
AND  
REGULATORY  
MATTERS

Members are reminded that reports of the activities of the Dental Board of California pertinent to pediatric dentistry are posted in the Advocacy, Legislation and Regulatory Matters section of the CSPD Website.

*Editor's Note: To see a complete and current list of bills affecting pediatric dentistry, visit our website at [www.cspd.org](http://www.cspd.org).*

### Bills of Interest to CSPD California Legislature 2009-10 First Regular Session April 30, 2009

CSPD follows these and a number of other bills potentially impacting pediatric oral health. Members having questions or wishing to comment on these or any other legislative initiatives are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at [reggiardo@prodigy.net](mailto:reggiardo@prodigy.net).

**AB 171 (Jones) Dental Service Credit Arrangements.** This bill would prohibit charging for services not yet provided or costs not yet incurred to an open-ended credit account arranged or established in the dental office without the patient's written consent and understanding and would prohibit the arrangement or establishment of credit to a patient under the influence of general anesthesia, conscious sedation, or nitrous oxide.

**CSPD Position: Support**

**AB 403 (Fuller) Dental Hygienists: Examinations and Licensure.** Currently, a candidate for dental hygiene licensure must, among other requirements, pass a state-administered clinical examination. This bill would add satisfactory completion of the clinical examination administered by the Western Regional Examining Board as meeting the requirement of a clinical examination.

**CSPD Position: Support**

**AB 456 (Emmerson) Dental Board of California: Diversion Program.** The bill would allow for the sharing of information between Dental Board's diversion program and its enforcement division when a licensee's participating in the program is terminated for non-compliance while on probation. With the exception of when a licensee presents a threat to the public's health and safety, current law does not allow the DBC's diversion program to notify its own enforcement division when a licensee participating in diversion is not in substantial compliance .

**CSPD Position: Under Consideration**

**AB 667 (Block) Public Health and School Settings: Fluoride Varnish Application.** Existing law provides for the topical application of fluoride in public health and school settings. This bill would specifically allow fluoride varnish application by any person, including a dental assistant, in a public health setting or school-based program according to a prescription and protocol developed by a licensed dentist.

**CSPD Position: Support**

(Cont on next page 15)

# District VI Update

I want to begin by saying I am both humbled and honored to represent the CSPD, as well as, the other states in District VI of the AAPD. I would like to thank you for the opportunity to be your Trustee.

Also, I want to acknowledge Joel Berg for the outstanding manner in which he represented our District and I want to congratulate him as he moves up the chairs of leadership in the AAPD as the Secretary-Treasurer. I appreciate his mentorship and look forward to many years of continued working side by side.

We are tremendously blessed to be in the dental profession and hold sacred the trust given us to contribute to the oral health of our communities. Each year as I look onto the horizon of our profession I feel there are pivotal issues that will challenge our ability to provide to the world the highest quality of oral care for our patients. As I look at what the future holds at this time I feel perhaps we may be facing the greatest challenges and opportunities in my 29-year career.

The challenges will be the potential creation of two tiers of quality of care. We see the threat of unsupervised, midlevel providers expanding. These caregivers who provide surgical, non-reversible procedures are being increasingly introduced into state legislatures or sovereign native nations. Presently Alaska and soon Minnesota have provision for this approach for dental care. Blindly, authority is given to these providers initially to perform these services on pediatric patients. As Pediatric Dental specialists we appreciate the complexity of growth and development, physiology and emotional development in children and the negative long-term ramifications resulting from ill-trained providers.

A penny wise, pound foolish mentality. The most unfortunate thing is those children have no voice in the matter.

The primary reason for the pressure to introduce midlevel providers is due to the lack of access to dental care facing a portion of our population. Policy makers are offering up this approach as a solution. We are all aware of the dysfunctional Medicaid system most states have and California is no different. Its failure is a result of many factors; reimbursement rates significantly lower than the cost to provide these services is only one part of the problem. Truly addressing this issue will involve all the stakeholders. What are some ways dentistry can expand a workforce without compromising quality of care? Earlier I mentioned opportunities; broadening the workforce under direct supervision of a licensed dentist is the optimal approach. Several states currently utilize Expanded Functions Dental Assistants to more cost effectively address access by increasing the number of children to whom they provide services. The fundamental key is that a dentist maintains control over patient's care and therefore not compromising quality.

At our doorstep is Health Care Reform. The question is where dentistry will be positioned. My hope is that for the underserved, resources will be committed to invest in children's oral health while still preserving our current model.

We are living in a changing dental landscape and now it is more important than ever that the dental profession become as unified and proactive as ever.

I look forward to serving you over the next 3 years,

Jade Miller



Jade Miller, DDS

Alaska,  
Arizona,  
California,  
Hawaii,  
Idaho  
Montana,  
Nevada,  
Oregon,  
Utah,  
Washington,  
Wyoming

No Formal  
units in:

Canadian Provinces

## District VI Announcement *Newest Developments in Restorative Materials for Children!*

The Western Society of Pediatric Dentistry will sponsor expert speaker, Dr Joel Berg, at their 2010 annual meeting held in conjunction with CSPD in Cancun. Dr. Berg is Professor and Lloyd and Kay Chapman Chair for Oral Health at the University of Washington, School of Dentistry in Seattle, Washington. He will present state-of-the-art information on restorative materials for children.

# Opened Arms to ASDC has Serious Unintended Consequences

AAPD Affiliate Member Benefits

## Editorial



Lonnie Lovingier, DDS  
CSPD Editor

*Maybe it all boils down to GREED... the issues surrounding the Affiliate member benefits are more about increasing numbers and income than what is best for the profession.*

*Editor's Note: If you would like to express your opinion on this subject, please send it to our Executive Director and I will be glad to include it in our next bulletin issue..*

The nature of pediatric dentists typically is "it's not about us...what can we do for you." It seems to me that we find pediatric dentists involved in voluntary service in a disproportionately higher percentage when compared to other groups. They are elders and deacons and pillars of their church. They sit on community boards and foundations; they coach Little League, youth football, basketball and other sports; they work the snack stands and clean up the park; they are managers, umpires and referees. Compared to other dental groups, I believe they treat more patients on welfare or pro-bono. They volunteer at their own expense to participate in worldwide missions, providing dental care for those in need. They volunteer to raise funds and support benevolent activities. And it seems to me that, professionally they have a very high percentage volunteers in organized dentistry when compared to other groups. Is this true? I don't know the percentages, but it seems to me that it is. Has this benevolent attitude created a problem for the AAPD and the benefits of the Affiliate member category?

Before the AAPD existed, there was the American Society of Dentistry for Children [ASDC]. This group of doctors, consisting of general dentists and other specialists, was dedicated to the oral health of children. When the specialty of pediatric dentistry was formed and became the dominant voice of children's dentistry, the ASDC declined in membership and involvement and came close to dying off. Because of its benevolent nature, the AAPD opened its arms and gave the ASDC a new home. The AAPD created an Affiliate member category to include non-pediatric dentist members. Despite the arguments of AAPD members who felt that this would dilute the specialty and confuse the public, the AAPD voted to adopt the ASDC members into the Academy as Affiliate members, and thus, increased the number of AAPD members. There was not an attitude of "**me first**" or "**our specialty first**." However, there was some language included in the definition and privileges in the AAPD bylaws which offered some protection to the specialty and its members.

"Affiliate members are "dentists who practice in the United States or Canada and maintain membership in the American Dental Association, National Dental Association or a recognized Canadian Dental Association". According to the Bylaws (Chapter 1. Section

3. Privileges): Affiliate members may not use the Academy name, membership status or logo, or imply special expertise or training in pediatric dentistry."

So, what went wrong with this effort to be more inclusive? Why, in 2007, did the AAPD Board of Trustees try to change the benefits of the Affiliate members by allowing them to use the AAPD logo and name in their advertisements? I recall they wanted to expand the Affiliate member category to include an Affiliate Life Membership and an Affiliate Retired Membership as well. I also recall that CSPD and others opposed this amendment and it was postponed. It is now changed and resurfaced as an issue of advertising as an Affiliate member.

Maybe it all boils down to GREED. In Dr. Kathryn Moore's letter to CSPD's executive director, she stated that pediatric dentistry has become an "industry" more than a "profession." [see the executive director article in this bulletin] I agree with her. AAPD now has a CEO and is run more as a business. It appears to me that the issues surrounding the Affiliate member benefits are more about increasing numbers and income than what is best for the profession.

While in Hawaii, I attended the meeting on the issue of Affiliate member's using the AAPD name and their AAPD membership in their advertising. It was apparent to me that the AAPD officers and trustees had planned and orchestrated their position. I do not agree with our executive director's statement in his CSPD bulletin article that there was a genuine exchange of information. The trustees fired their bold opinions one-by-one and then the majority of them left, providing no chance for effective audience rebuttal. We remained to voice our opinions to the audience and the few remaining trustees. Unfortunately, the key trustees did not hear what we had to say. They stated their position; had their minds made up, and had more important things to do than listen to those who oppose their position.

Dr. John Liu pointed out that the AAPD has no authority to control advertising by non-AAPD members; it can only regulate those general dentists who are members. Of course, he is correct about this, but I believe the bigger issue is why should the AAPD make the job of the State Dental Boards any more difficult than it already is? Doesn't the AAPD have an obligation to the ADA, State and Local

Components as well as its Active members before the Affiliate members?

On several occasions, the CSPD has asked the AAPD to create a statement of intent and purpose for creating the Affiliate member category. We believe that if such a statement can be agreed upon, then these other issues would fall into line. I believe that the dentists, who have joined the AAPD as Affiliate members, did so because they wanted to attend continuing education courses, learn more about managing and providing care for children, and to further relationships with those who share their interests. I think they see themselves as general dentists who treat children, **not** pediatric dentists. And, I do not believe they will see themselves as retired pediatric dentists, but as retired dentists. I do not believe they joined the AAPD to use our name in their advertisements. If that was their reason for joining, then they should not be members at all.

It is well established that pediatric dentists cannot care for all the children in this country. We know we can improve access to care by helping more dentists feel comfortable treating children. I believe if the AAPD Board of Trustees were to write a statement of purpose and intent it should read something like this: "The AAPD

believes it has an obligation to improve the quality and access to optimum oral health for children by providing continuing education through courses and publications to all dentists. For this purpose only, it has created an Affiliate Member Category." I do not believe the purpose should be to increase our numbers and income; hopefully this would occur as a natural consequence.

If the compulsion to acquire new members and increase dues income directs our AAPD Board of Trustees to expand the Affiliate member categories and benefits in order to entice new members, then I believe we are already seeing some unintended consequences. There is division within our membership. There is disregard for our obligation to the public by further obscuring the subtlety of the difference between an Active member and an Affiliate member. There is a consequence of diluting our specialty to the point that one might ask, "does dentistry need a pediatric dental specialty?" Finally, I believe that our Active members might begin to ask, "Why should I pay full dues when I can enroll as a general dentist and have all the same benefits for half the amount?"

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STEWART: Continued Page 61

*every child. Politicians however are uniformly fastidious about health care choices when it pertains to themselves and their own families.*

*This year I have celebrated my 50th year as a dentist, graduating from Washington University, one of two women in the school. In 1963 I graduated from the University of Washington, School of Dentistry with an M.S.D. in Pediatric Dentistry. My husband, Jack, received his specialty training at the University of Maryland, and our daughter, Sydney received her specialty training at Boston University. We three did it the right way...but now we are wondering, "why did we bother to spend two years of our lives, and much effort and expense to become Pediatric Dentists?" I am very much heartbroken and sickened at the downward slide our specialty has taken into the regions of confusion, consumerism, and mediocrity. We are now merely an "industry" not a "profession."*

*I am enclosing a very few of the advertisements I see all the time in various publications and bulk mailings. Also [included is] a clipping from the latest issue (May 2009, page 14) of the CDA "Update" Newsletter; an ad which invites one and all to become "Kids Dental Kare" owners/practitioners. No mention of training requirements anywhere in their website.*

*Dr. Stewart, I realize you are not personally to blame for all this I am ranting about. However, if you care to forward any of my remarks on to any other dental personage you please, feel free to do so. Thank you for reading my letter.*

*Sincerely, Kathryn Ann Moore, DDS, MSD"*

As of this writing, California is still without a budget. The fate of a number of children's oral health programs which serve as "safety net" solutions for the underserved kids throughout the state, are still in question. What is clear is that we will likely see significant cuts or other changes in the SCHIP and Healthy Families programs. The elimination of the adult Denti-Cal program will have repercussions which will certainly affect children as well. Numerous provider networks, which depend on the fees generated from adult Medicaid services for their continued operation, will be closing their doors. CSPD has lobbied long and hard to point out the pitfalls of the short-sighted elimination or severe reduction in medical and dental services to the most vulnerable members of our society; however, it remains to be seen how effective our efforts have been.

CSPD will soon begin the triennial process of revisiting our Strategic Plan. This is the document which will guide the workings and operations of the organization for the next three years. As this process moves along you may be asked to participate in various surveys or to complete questionnaires regarding CSPD and its operations. Please take the time to respond to these items as they are important to your leaders in determining what issues and initiatives are important to the membership.

As always, I welcome your calls and e-mails. If you have any thoughts, concerns or ideas on how CSPD can better serve you and the children of California, please do not hesitate to communicate them to me.

## PRESIDENTS' MESSAGE

### BOARD OF TRUSTEES

Steve Gross, CDT, President  
 Richard Sobel, DDS, P. President  
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 Ken Szymanski, DDS, Treasurer  
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 David Good, DDS  
 Wayne Grossman, DDS  
 Matt Hamilton, DDS  
 Michael McCartney, DDS  
 Lindsey Robinson, DDS  
 Justin Shuffer  
 Ray Stewart, DMD, Exec Director



With summer finally here most thoughts are directed to-

wards busy days in the office. In general, most people think about summer vacations; beaches, mountains, and time with the family.

This is the time when **your** Foundation begins its yearly journey, working harder than ever towards its goal: increasing funds for pediatric education throughout California. At the June meeting, our board was proud to announce that our financial position is stronger than ever! The 2009 budget was approved and we are in the process of identifying new programs and projects that will create the opportunity for additional levels of giving. As a result, both and past contributors will be able to increase their involvement at a variety of levels.

### New Areas of Donations:

- **Loan Repayment:** Your board has approved a task force to search for a facilitator who will identify and assist in capturing additional funds.
- **Web Site:** With the support of

Dr. Steve Niethamer, the CSPD Foundation's web site will be revamped with additional information, allowing members to be aware of the progress of our various missions.

- **Corporate Sponsors:** This fall a new formal campaign will be launched providing additional support for our new and ongoing corporate involvement.

**Research Grants** - Help us help you!

Dr. David Good and his committee are awaiting your applications. For more information about the various grant categories available, and to download an application form, go to the Foundation link on the CSPD Website for more information. (<http://www.cspd.org/foundation/>)

**Congratulations:** To Dr. Robert Jones at the UCSF School of Dentistry. After successfully surviving an evaluation and review similar to the NIH protocol, the Foundation has awarded him \$20,000 over 2 years to conduct a study investigating the "Virulence Factors Associated with Lactobacillus Isolated from Children with Early Childhood Caries." Dr. Jones completed his residency in June and has moved into a faculty position at UCSF.

To all the postdoctoral graduates who will be entering the work force and to those who are entering their programs in this constantly evolving honored profession: Remember where

you've been, how you started, and who has helped you along the way! It is only through your support that we can continue to grow.

**Faculty Loan Repayment Bill Introduced:** FYI – In July, 2008 Congresswoman Hilda L. Solis (D-32nd California) introduced H.R. 6551. This legislation is intended to provide a loan repayment program to help alleviate the critical faculty shortages experienced in dentistry. Title VII contracts will grant up to \$250,000 in aggregate over five years to recruit and retain faculty. This bill is endorsed by the A.D.A. and the American Education Association.

Congressional Liaison, Dr. Heber Simmons Jr. worked in tandem with Ms. Solis, the original co-sponsors, and the AAPD to craft this important legislation. Since Ms. Solis was appointed as Labor Secretary, other members of the House are proceeding to take the lead on this bill.

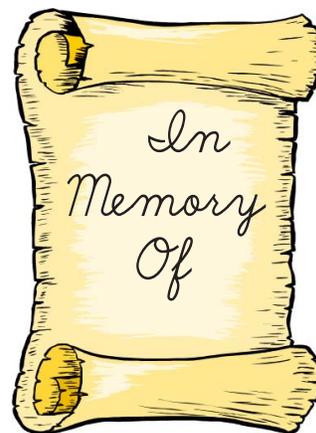
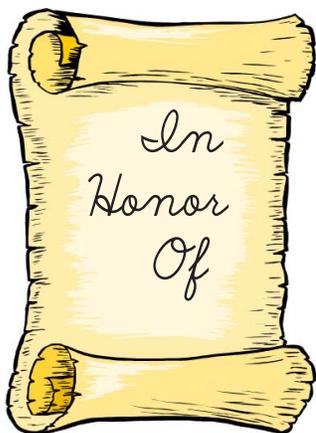
**Take Note:** The 2009 Annual campaign will launch early this fall. The Foundation will call on each and every one of you to give back in support of your foundation's critical work.

**Special Thanks:** Special thanks go out to the trustees of this foundation, who work evenings and weekends in order to provide a secure and successful future for pediatric dentistry in California.

## The Gift of Health

The Foundation has developed an opportunity to honor a person or to donate for a memorial gift. Gifts of \$25 or more can be made using the donation form on the website ([www.CSPD.org](http://www.CSPD.org).) A letter will be sent to the person or family for whom the gift is made plus a letter to the donor for tax purposes.

There will be a one-time listing in the CSPD Bulletin of the gift. Please write out how you would the listing published on the donation form. In the Fall, we will introduce the ability to make the contribution by credit card.



# 2008-2009 ANNUAL GIVING CAMPAIGN DONORS

as of 7/1/2009 (campaign ends July 30, 2009)

## Presidents' Circle Donors

### Presidents' Circle Life

Roland & Lorraine Hansen    Mark & Terri Lisagor    Bob and Judy Oliver    Mel & Linda Rowan    Ken & Patty Szymanski

### Life

Vernon Adams	Mark Dal Porto	Robert Harmon	Lynne & Tom Marian	Dave & Kary Seman
Leslie J. Aspis	Howard & Donna Dixon	Alan & Georgina Hoffman	Edward Matsuishi	Richard S. Sobel
Ann Azama & Randy Lee	Gila C. Dorostkar	Jeff & Janet Huston	Michael & Clarene McCartney	Andrew Soderstrom
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### Gold

Don & Shirley Dal Porto    Michael & Jill Lasky    Raymond Ramos    Dep. of Pediatric Dentistry,  
Loma Linda University

## Circle of Friends Donors

### Sustaining

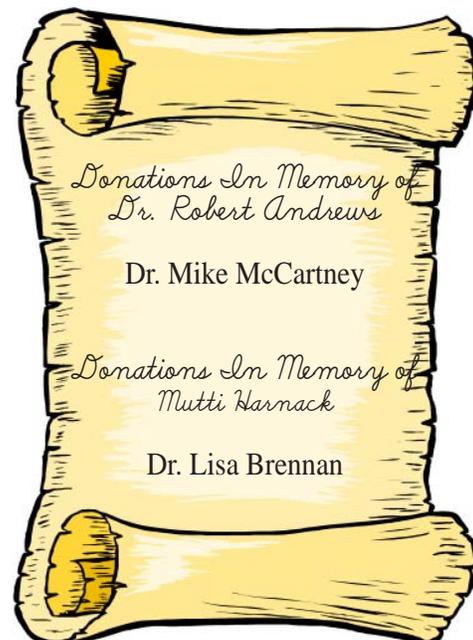
J. Mark Bayless	Geoffrey Hersch	Weyland Lum	Hila Robbins	Duane Spencer
Ron Bills	Alison K. Jackson	Matthew G Miller &	Fariborz Rodef	
Kerisa S Elloway	Cheryl Lee	Marielena Murillo	David L. Rothman	
Lori Good	Rebecca Lee Pair	David E. Morris	Keith Ryan	
Marc L. Grossman	Randy Q. Ligh	Greg Rabitz	Rolf Spamer	

### Contributing

Jennifer Barry	Thomas A. Larson	Ruby and Rochon	Kenneth Tse, Jr.	Cynthia Weiderman
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Mary Claire Garcia	Maryam Pearose	Ronald Singer		
Janice Gerber	Timothy Pettit	Jeffrey Sue		
Kimberly Lange	Lindsey A. Robinson	Wayne T. Tofukuji		

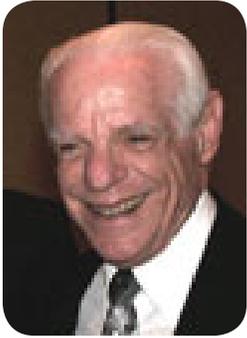
### Member

David C Adams	John N. Groper	Gary Nelson	Monica Tavallaei
Denise Allen	John & Olga Guijon	Kazuo Ota	Sharine Thenard
Mahamoud H Ashrafi	Heidi Hame	Kent Payne	Phil Trask
Steven Aylard	Douglas J Harrington	Gus Charles Petras	Kenneth Troutman
Andrea A. Berryhill	Betsy Kaplan	Corina Ramirez	Linh Tsai
Stephen Blain	Thomas H Kelley	Martin S. Rayman	Patricia N. Turley
Charles H. Bona	Christine Kobayashi	Erik H. Roos	Richard Udin
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Steven D. Chan	Gary D. Lee	S. Roya Sadrian	Stephen D Willens
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Edward Dove	Christian C. Lopez	Michael A Shannon	Dennis W. Wong
Stephen Finger	Vivian Lopez	Soudabeh Sharafi	Shaul Yehezkel
Jonathan Gidan	Steven N. Mascagno	Cyrous Sheikh	Brian Yoshida
Robert J. Golden	Claudia Masouredis	Joseph L. Sigala	Walden Yu
Kenneth Greenstadt	Amy K. Monti	Arthur L. Solomon	
Geoffrey Groat	Noushin Morshed	David Suttie	



## Meet our New Foundation Board Trustees

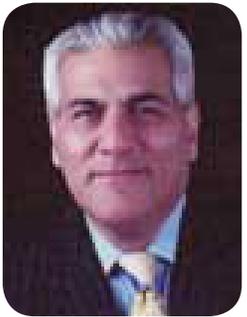
### Welcome back Dave!



**Dr. David Good**

Certainly we cannot merely list one of our CSPD Foundation Fathers as a New Trustee to the board. Dave Good is not only a Founding Father of the Foundation, but of the CSPD as well. He served as the President of the Foundation through its inception and developing years and now returns to serve as a Trustee. Dave does not need any introduction. Dave, we're glad to have you back.

Dr. Ashrafi is a board certified pediatric Dentist and a Diplomate of the American Board Pediatric Dentistry. He has over 25 years of experience in all aspects of pediatric dentistry, dentofacial orthopedics and early orthodontic treatment.



**Dr. Mahmoud Ashrafi**

Upon graduation from Eastman Dental Center and the University of Rochester, School of Medicine and Dentistry in 1977, Dr. Ashrafi accepted the faculty position at Marquette University and spent five years in full time teaching and practice in Milwaukee, Wisconsin. Dr. Ashrafi relocated to Rochester, New York, in 1983, practiced Pediatric Dentistry, taught part time at Eastman Dental Center and University of Rochester until 1995, and then moved to

Northern California.

Dr. Ashrafi is a recipient of the American Academy of Pediatric Dentistry Graduate Student Research award, and has numerous scientific publications in national and international dental journals.

Dr. Ashrafi is a clinical Professor of Pediatric Dentistry in the Department of Orofacial Science at the University of California in San Francisco and an active member of the medical staff at UCSF Medical Center.

Dr. Ashrafi is married to Dr. Sepi Jannati and has three sons. They live in Danville, CA.



**Dr. Matt Hamilton**

Dr. Hamilton grew up in the San Joaquin Valley of CA. He attended the University of CA, Irvine to earn his B.S. degree. After graduating he pursued his DDS degree at the University of Southern CA and then went on to the University of Texas to specialize in Pediatric Dentistry. While at UT Dr. Hamilton received his M.S. degree and later was honored with a Graduate Student Research Award for his research on sedation of the ADHD Patient.

Currently Dr. Hamilton practices in the Central Coast of CA. He enjoys spending his free time taking his dogs to the beach and barbecuing. Dr. Hamilton is very excited to become part of the CSPD Foundation.



**Dr. Justin A. Shuffer**

Dr. Justin A. Shuffer was born and raised in Los Angeles, CA. He graduated from California State University Los Angeles with a B.S. degree in Biology and spent the next two years as a program coordinator and teacher for several non-profit organizations helping at-risk children in the Los Angeles Unified School District system. Dr. Shuffer received his D.D.S degree from the UCLA School of Dentistry and completed a 1 year General Practice Residency at University Medical Center and Central Valley Veterans Affairs in Fresno, CA. He then completed his 2 year Pediatric Dentistry Residency at UCLA, serving as chief resident in his second year. Since then, he has been in private practice, community outreach, and teaching. Outside of dentistry, his time is spent with his wife Sara and their newborn daughter Kaitlyn. His hobbies include music, tennis, bowling, comedy, and spending time with friends and family.

## Financial Report

*August, 2008 to July 2009 Foundation Financial Year*

Considering these economic times, The Foundation has had a good year. We received \$91,670.00 in donations from individuals and corporations.

The Foundation funded \$47,548 in grants. Operating expenses were 12% of the money brought in, \$10,461. The net income of \$44,550 was placed in the corpus account. The total Foundation equity was \$696,198 for April 2008. For April 2009, we have increased the equity position to \$740,749.

The financial year ends July 31, 2009. We look forward to the new challenge entitled, GOOD ORAL HEALTH BEGINS WITH EDUCATION, which will begin in August, 2009. A summary of the year and an appeal for contributions for the next Foundation campaign and fiscal year will be sent in the Fall of 2009.

The Board of Trustees wishes to thank all the people who have donated. The Foundation continues its goal to provide an advocacy role in supporting education, research and service to improve the oral health of the children of California.



*Ken Szymanski DDS,  
CSPD Foundation Treasurer*

# ECONOMIC STIMULUS!

## CSPD FOUNDATION ANNOUNCES AVAILABILITY OF FUNDS FOR RESEARCHERS

The Foundation Board of Trustees, in adopting its new budget for the fiscal year 2009-10, will continued to provide funds to underwrite the activities of pediatric dentistry graduate students and faculty researchers. While no federal monies are involved in these awards, the Board has nevertheless agreed to limit the combined salary and bonuses paid to its executive director to less than seven figures!

Investigator-Initiated Research Grants are available to full or part-time faculty members of California's pediatric dentistry training programs. Up to \$20,000 is available to these researchers based on their study design and need. Post-doctoral students are also welcome to apply for funding for their required research projects.

In addition to funding for basic research, Travel Awards are available to offset the costs associated with the presentation of research findings at professional conferences such as the AAPD, ADA, or IADR. These travel grants are available to both post- doctoral residents and faculty up to \$500 per applicant.

Applications and detailed information are available on the CSPDF website ([www.cspd.org/foundation](http://www.cspd.org/foundation)) or can be obtained by contacting our Executive Director Dr Ray Stewart.

The Foundation welcomes your inquires and applications!



## Bills of Interest to CSPD

### California Legislature 2009-10 First Regular Session; April 30, 2009

(REGGIARDO, continued from page 8)



ADVOCACY  
LEGISLATION  
AND  
REGULATORY  
MATTERS

**AB 684 (Ma) Dental Claim Payments:** Late Payment Penalty. Existing law requires that if health care service plans and health insurers do not pay uncontested claims within 30 or 45 days, an interest penalty of 15% and 10% APR, respectively, will accrue. This bill would increase the interest rates health insurers covering dental services must pay for uncontested claims that are not reimbursed within 60 days to 20% APR and within 90 days to 25%.

**CSPD Position: Support**

**AB 745 (Coto) Self-Funded Dental Benefit Plans:** Disclosure of ERISA Status. This bill would require self-funded dental plans to disclose in explanation of benefit forms and certain other documents that the plan is not subject to consumer protection provisions of state law governing dental service plans and that questions, appeals or disputes should be directed to the providing entity or to the United States Department of Labor.

**CSPD Position: Support**

**AB 1310 (Hernandez) Healing Arts: demographic Database.** Requires specified healing arts boards, including the Dental Board of California and the Dental Hygiene Committee to collect demographic specified information from licensees and to transfer the data to the Health Care Workforce Clearinghouse within the Office of Statewide Health Planning and Development to measure and evaluate the state's healthcare workforce development needs. Provides that personally identifiable information is confidential and not subject to public inspection, that reporting the information is not a condition of license renewal, and that no adverse action will be taken against a licensee who does not report information.

**CSPD Position: Under Consideration**

**SB 389 (NegreteMcLeod) Health Professions Licensure: Finger Printing and Self-Reporting.** Existing law requires applicants to certain health professions boards to provide a full set of fingerprints for the purpose of conducting criminal history record checks. This bill would make the fingerprinting requirement applicable to, among others, the Dental Board and Dental Hygiene Committee and require licensees for which fingerprint records do not exist to provide such records. It would also require as a condition of licensure renewal that an applicant disclose to the licensing board if he or she has been convicted of a felony or misdemeanor since the last issuance of the license.

**CSPD Position: Support**

**SB 630 (Steinberg) Reconstructive Surgery: Dental and Orthodontic Services.** Existing state law requires health care service plans and health insurance policies to cover reconstructive surgery. This bill would require dental or orthodontic services that are medically necessary and related to the reconstructive surgery be included as a benefit under these plans and policies.

**CSPD Position: Support (Active)**

*Editor's Note: To see a complete and current list of bills affecting pediatric dentistry, visit our website at [www.cspd.org](http://www.cspd.org).*

conduct research with both membership and the board to better guide our decisions moving forward. This longer time frame will allow us to deeply examine the governance structure of the organization.

Your **firecracker** of a board is developing a new process to identify and recruit potential leaders among our membership who have an interest in serving either on a committee or as on the board director of directors. Some have already approached current board members asking how to get involved. This is really **scorching** good news! If you are interested in applying for a leadership position with CSPD please keep an eye out for a blast email on opportunities to serve and where to obtain an application. There are plans afoot to have our leadership application available to download from the website, (www.CSPD.org). We will keep you posted!

The **mercury may be rising** but the coffers in the California treasury are not! For those of you who can follow the news on the state budget crisis without becoming **febrile** or your blood **steaming** you may be aware of the significant cuts in health care services that are on the table to help balance the state budget. Among the ideas suggested is the elimination of the Healthy Families program which provides medical, dental and vision coverage to approximately one million children in the state. Healthy Families is a federal program that provides funding to states in about a 2 to 1 match. Eliminating the program entirely would prevent California from accessing much needed federal dollars and leave many low income families without medical care. This is of great concern to many of our members who care for these children and rely upon the program for a portion of their production revenue. I want to let you all know that CSPD, in collaboration with the California Dental Association, has offered a number of suggestions to the state which would reduce costs while maintaining essential services. These include placing a yearly cap on individual benefits and temporarily closing the program to new enrollees.

Another topic **boiling to the surface** and becoming a major focus of attention in both California the nation is perinatal oral health. Oral health is increasingly being recognized as playing an essential role in overall health; and accessing oral health care during the perinatal period is critically important for the well-being of women and their children. Through a grant received from the California Health Care Foundation, the California Dental Association Foundation convened a Perinatal Oral Health Consensus Conference last February to develop clinical guidelines for the care of pregnant women and their infants. Dr. Ray Stewart and I attended the conference as representatives from CSPD. Additionally, I sit on the Grant Advisory Committee. This is an exciting project whose ultimate goal is to improve access to oral health services for pregnant woman and to reduce the incidence of early childhood caries; children whose mothers have poor oral health are five times more likely to have oral health problems than children whose mothers have good oral health. Look for the executive summary to be published in the CDA Journal sometime this winter, when hydration comes more easily. Have an **incandescent** rest of your Summer! Considering these economic times, The Foundation has had a good year.

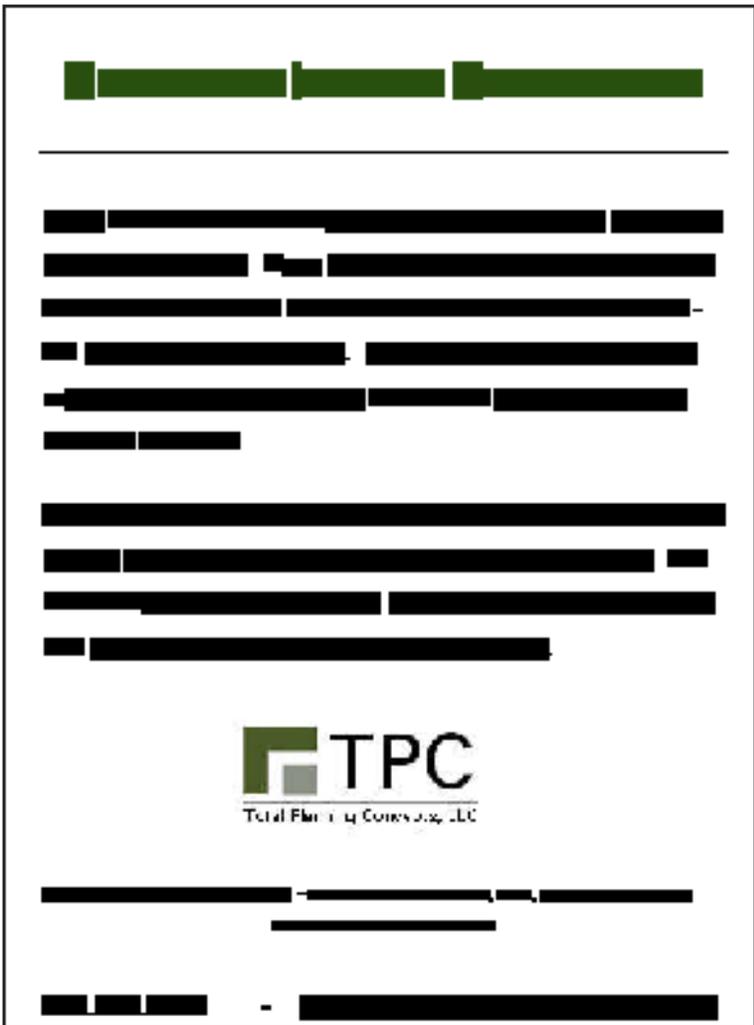
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The total Foundation equity was \$696,198 for April 2008. For April 2009, we have increased the equity position to \$740,749.

The financial year ends July 31, 2009. We look forward to the new challenge entitled, GOOD ORAL HEALTH BEGINS WITH EDUCATION, which will begin in August, 2009. A summary of the year and an appeal for contributions for the next Foundation campaign and fiscal year will be sent in the Fall of 2009.

The Board of Trustees wishes to thank all the people who have donated. The Foundation continues its goal to provide an advocacy role in supporting education, research and service to improve the oral health of the children of California.



## Dr. Robert G. Andrews 1921-2009

Icon of pediatric dentistry in Southern California, Dr. Robert G. Andrews, quietly passed away on June 8, 2009. Dedicating his practice of dentistry to the oral health care of children, it served as a platform for the development of the fledgling specialty of pediatric dentistry. He was a clinician, teacher, mentor and innovator. Dr. Andrews was born in Honolulu, Hawaii on December 17, 1921. His childhood was spent in Laverne, California, where he attended Bonita High School and Chaffey College. An accomplished athlete, Bob Andrews excelled in many sports, including wrestling and skiing. Mammoth was his home away from home and the all outdoors was his playground.

Dr. Bob graduated from the USC School of Dentistry in 1944 and served as a Lieutenant in the United States Navy Dental Corps during the latter days of World War II. He then joined the dental practice of his father, the late Charles L. Andrews, in Costa Mesa, California. Dr. Andrews entered the pediatric dental faculty at USC in 1953 and became Chairman of the Dept of Pedodontics in 1962. During his 5 years as Chairman, he truly raised the bar of pediatric dental education to levels that had never been attained before. Dr. Andrews developed the advanced pediatric dental program and set up a fellowship program that was sought by many. He put together a faculty of outstanding young men who are still today considered to be some of our most revered educators---case in-point—Drs. Hugh Kopel and John Groper, too mention only two.

Dr. Andrews' initial student roster reads like a "Who's Who in Pediatric Dentistry." Dr. Jeff Brown, Dr. David Markle, Dr. Roger Sanger and Dr. Paul Reggiardo, were all early recipients of Dr. Andrews guidance and wisdom. Bob's expertise fell into the areas of Craniofacial anomalies, growth and development, oral pathology and dentistry for the medically and mentally handicapped. Invitations to lecture found Bob on many campuses throughout the United States and abroad. His published works can be found in many books, as well as European, South American and US journals. Bob participated on many Craniofacial teams including those at the University of California at Irvine, Children's Hospital of Orange County and Rancho Los Amigos Hospital of Downey, California. He eventually settled at RLAH and continued spreading the gospel of pediatric dentistry as he trained pediatric and general practice residents, dental hygienists, dental assistants and medical students.

Dr. Andrews was a Fellow of the American Academy of Pediatric Dentistry and a Diplomat of the American Board of Pediatric Dentistry, receiving his



board certification in 1958. He was awarded membership into the prestigious Pierre Fauchard Academy and the American College of Dentists as well as the International College of Dentists. Dr. Andrews received the USC Pediatric Dental Alumnus Award in 2002. He served on many boards, held many positions of leadership and was a true pioneer in the advocacy for pediatric dental care for the underserved and underprivileged. Child advocacy in dentistry did not start with the Surgeon General's Report on the Oral Health of America in the year 2000—it started with Bob Andrews and his fellow pioneers back in the 1960's.

Dr. Andrews taught by example. His professionalism and broad base of knowledge brought dentistry to the hospital scene and gave us parity with our medical colleagues. We all owe Bob a great deal of gratitude for laying the ground work that opened so many doors for our specialty.

Dr. Andrews taught and practiced over 40 years. He retired in 1987 and moved to Northern California to become a gentleman farmer. In addition to his lovely wife Pat, he is survived by daughters Leslie Howell (Richard) of Santa Rosa, Lucia Andrews of Coeur d'Alene, Idaho, Malcolm Andrews of Santa Rosa, six grandchildren, two great-grandchildren, and many nieces and nephews. He was preceded in death by his son Brian Lucas Andrews.

With grateful admiration and affection,  
Dick Mungo





Steve Niethamer, DMD  
Website Editor

## WEBSITE NOTES

### It's Time to Update...and More

Each year at our Annual Meeting, CSPD changes its leadership. After this new lineup is complete, the Executive Director and the Editorial Committee begins their task of adapting the printed and digital media to reflect these changes.

Sometimes updating is easy, as when the president-elect is moved into the president's position and roles, and as others go "up-the-ladder." It's also easy to add members to committees or change the chair positions. You delete one name and add another. Yes, those 12 letter last names can be a challenge.

The most difficult challenge came with the recent change from one Executive Director to another. Practically every form and page on our websites contains our ED's contact information as well as all of our publications. These all needed to be changed.

Also difficult are new additions to the lineup. For these colleagues we must ensure that the addresses, phone numbers and email addresses are correct along with the more difficult task of finding acceptable photographs. If we know what they look like, we'll search through old meeting photos or ask them to send us appropriate photos. These photos always need improvements. They are cropped, friends and backgrounds are removed, hair is added/removed/darkened, red-eye is corrected and even Band Aids are removed. The resulting photos are then optimized for viewing quickly on the website and uploaded to an archival folder on our website server.

### This Year Also Brings an Updated Directory

In the past, Dr. Tom Barber did a great job maintaining our membership directory. Dr. Barber certainly left to his profession, students and colleagues an amazing amount of information and wisdom, but, to CSPD's chagrin, he didn't leave to anyone the key to maintaining this membership directory. As a result, the Membership and Editorial Committees took on this task of developing a system for moving information from CSPD's data base (originally developed also by Dr. Barber in the 1990s) into a format suitable for a membership directory. The results soon will be published in print. A digital version is currently available in our website's Members Only section.



### NuSmile Sponsors a New OCE Lecture on Esthetic Anterior Restorations

The OCE Committee recently met in San Francisco to help with the videotaping of a program entitled, "Esthetic Restoration of Primary Anterior Teeth." This program features Drs. Ray Stewart and Bill Waggoner who discuss the early childhood caries patterns, the treatment options available, a detailed comparison of cosmetic crowns available and the tooth preparation methods that can produce the best results. In the near future this program will be added to CSPD's OCE library for viewing either for free or with a charge if CE credits are wanted.



The OCE Committee believes this program will be an excellent addition to our offering. Plans are being made to use this program as a supplement for pediatric dental resident training and as an aid to help increase the more esthetic treatment options for dentists involved with the Head Start Program. CSPD expects to gain some benefit from expected increase in traffic from this program.





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## NEW CSPD MEMBERS

### Active Members

Derek Banks.....Salinas, CA  
 Lecia Harmer.....Los Angeles, CA  
 Shiny Thomas.....Los Angeles, CA

### Associate Members

Shina Patel.....New Rochelle, NY  
 Kanuga Shukan.....Seattle, WA

See [www.CSPD.org](http://www.CSPD.org) and [www.AAPD.org](http://www.AAPD.org) for more sponsored courses.

**NOTICE:** Our professional Opportunities Page has received enthusiastic support and participation. There are many opportunities for those seeking professional employment. Visit [www.cspd.org](http://www.cspd.org) for up to date information.

## CALIFORNIA PEDIATRICIANS WELCOME CSPD ASSOCIATE MEMBERS

Pediatric Oral Health issues are of primary concern for our pediatrician colleagues. With the advent of the establishment of the Dental Home and Oral Health Assessments the American Academy of Pediatrics needs our help and support. The AAP welcomes our members to join their organization as Associate members.

All interested CSPD members should contact their local California Chapters through AAPorg/membership section or they can contact Oariona Lowe at [w.roslo@verizon.net](mailto:w.roslo@verizon.net) for membership information.

## UPCOMING MEETINGS and CONTINUING EDUCATION DATES

### CSPD

**April 8-11 2010:** CSPD's 35th Annual Session at Cancun, Mexico

### AAPD

**September 10, 2009:** Oral Examination Review Course, Chicago, Ill

**September 11-12, 2009:** Comprehensive Review of Pediatric Dentistry, Chicago, Ill. Course is generously sponsored by NuSmile Primary Crowns

**October 9-11, 2009:** Contemporary Sedation of Children for the Dental Practice: Enteral & Parenteral Techniques, San Francisco, Calif.; Course is generously sponsored by Criticare, Inc..

**October 23-24, 2009:** Symposium on Early Childhood Caries, Chicago, Ill.; This course is generously sponsored by Tom's of Maine.

**November 5-6, 2009:** Pediatric Medicine Update, Boston, Mass.

**May 27-31, 2010:** AAPD 63rd Annual Session, Chicago Hilton, Chicago, Ill

## WHAT'S YOUR EMAIL ADDRESS?



The CSPD Board greatly encourages you to provide your email addresses to the CSPD headquarters office. From time to time, there is urgent business or information we wish to provide to the members and we would appreciate feedback as well. Please provide your email addresses and notify our executive director of any changes. Send to: [DrRSTEWART@aol.com](mailto:DrRSTEWART@aol.com), Thank you.

## CSPD Professional Opportunities



*Alex Alcaraz, DDS,  
 Membership Services*

- Opportunities Wanted
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Have you been thinking about hiring an associate, but just aren't sure where to look? Or are you finishing your residency soon, and aren't sure where you'd like to live and practice? The answer is right on the CSPD website. To look at these opportunities and others, go to <http://www.cspd.org>.

**What fun options do you have to entertain, educate and motivate children and their parents?** It is important to provide reasons for your visitors to return often and to brag to friends about your site. Caregivers, teachers and pediatricians will appreciate content to help educate and motivate children with oral health care and education.

### **How to Effectively Market your Practice's Website:**

Internet marketing might sound intimidating and confusing, but by choosing the right web designer, it doesn't have to be. An effective online presence isn't about a flashy website with lots of moving parts and reams of content. Rather, it is about a Website that is optimized for the best possible search engine results and simply and professionally presents the information parents want to find within 2 clicks of accessing your site. If you are considering a "flash" website with lots of animation, you might want to reconsider. Flash sites take longer to load and are not as easily found by the search engine crawlers and robots.



The question that you should ask yourself is "am I taking advantage of all the resources available to best market my practice online". Below are a few important steps to consider.

**#1** - Incorporate your web address in your printed material. The most obvious and probably the easiest way to market your practice is for you to incorporate your web address on every piece of printed material and office signage that you have. This should include but not be limited to your business card, recall cards, appointment

reminders, toothbrushes, statements, yellow page ads, etc. Speaking of yellow page ads, are you still paying hundreds of dollars a month for your yellow page ad? Now is the time to consider down-sizing your ad and placing your web address very prominently on your ad. Take a poll of your patients; I think you will be surprised how many don't even use their yellow page books anymore. Most GenXers (people born between 1965-1980) perform all searches for businesses, addresses, maps, etc. online.

**#2** - Place a sign at your front desk announcing your website or make a bulletin board that highlights the finer parts of your site for all patients to see.

**#3** - Direct all new patients to your site to access their new patient forms. Not only will driving traffic to your site aid in your search engine rankings, it will allow your patients to learn more about you.

**#4** - Give your patients and community a reason to return to your site. A simple way to do this is to place motivational charts, activity sheets, etc. on your website to aid in oral health education and keep visitors coming back for more.

**#5** - If your site is not naturally showing up at the top of search engines consider advertising on the directories that are. It's okay to spend up to \$30 per month to advertise on a directory that links to your site, but additional monies might be best spent on click-through (sponsored) advertising through a Google Adwords™ campaign. Be sure to monitor your website statistics to see how the directories or search engines are paying off. (Note: Before spending money on sponsored advertising, check with your web designer to ensure your site has been optimized properly. In viewing the stats for over 400 pediatric dental websites I have found that the search keywords used most often are "pediatric dentist" and your city. These are the main words that your web designer should focus on when optimizing your site.)

With the right web designer and effective online marketing, you too can take advantage of the Internet wonderland and market your practice easily and inexpensively. You and your patients will be glad you did!

*Editor's Note: This article was presented to CSPD for publication by Julie Pease, president and co-founder of Dentistry4kids.com. Julie has been a terrific faithful friend and sponsor of CSPD and pediatric dentistry for many years. This article was first published in the Journal of Pediatric Dental Care and is reproduced here lieu of our sponsors normal ad.*



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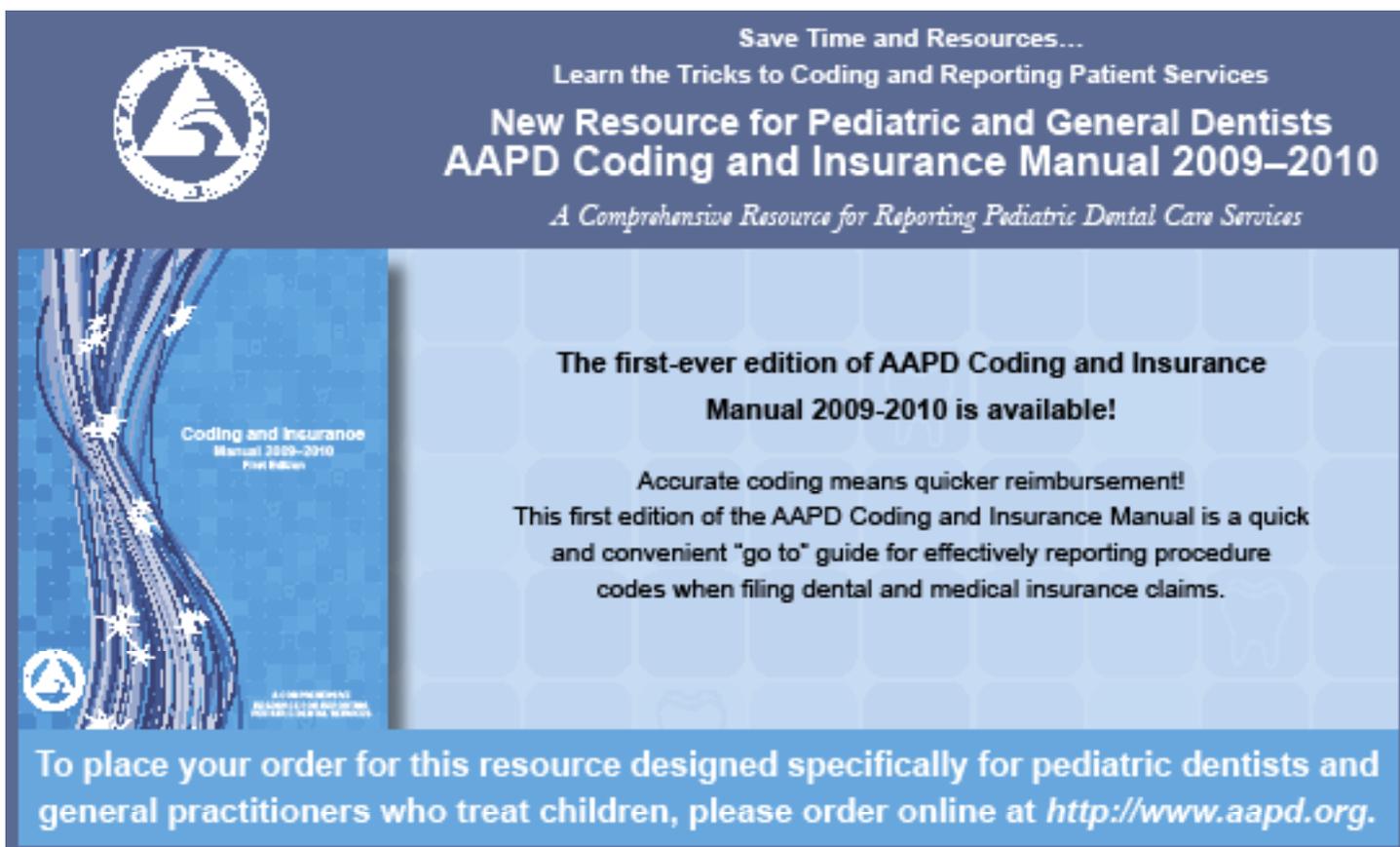
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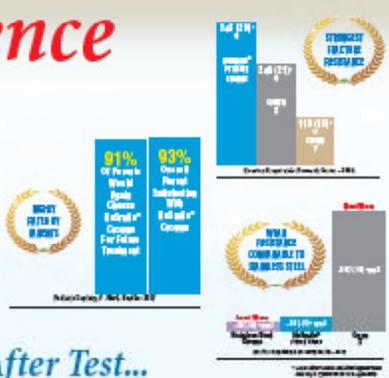


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