

Bulletin



Spring 2012

www.CSPD.org

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SOCIAL MEDIA



There is no doubt that social media is here to stay. As of January, 2012, Facebook had approximately 150 million users in the United States, which is almost half of the population. With such a large reach, it is only natural for dental practices to adopt social media as a tool to communicate with their patients and market themselves to the world.

At first glance, it may appear to be a win-win medium - low cost with large exposure. But, just as the old saying goes, if it's too good to be true it probably is. While these wise words can apply to social media, if you keep in mind the legal and ethical concerns surrounding this new-age technology the results will prove to be much greater for you and your practice.

The ability to publish your thoughts on the Internet is a right that we are fortunate to enjoy. However, it can be full of consequences as the speed by which we can accomplish this task, whether it's on our computers, smartphones or other "smart" devices, increases the chance of mistakes occurring. The following are the laws that apply in the social media realm:

- **Civil Rights Act:** Prohibits discrimination based on race, color, sex, national origin or religion if you have 15 or more employees.
- **Americans with Disability Act:** Prohibits employment discrimination based on disability.
- **Tort:** Defamation, slander, libel, intentional infliction of emotional distress.

There are codified and well established laws that must be followed on the web. When adding "Friends," publishing photos and posting comments keep these laws in mind to reduce your liability.

Although social media websites such as Facebook give the impression of confidentiality, especially when you are given the option of accepting or not accepting friends, it is important to remember that not all "Friends" are created equal. For example, if you provide guidance to a "Friend" on Facebook or other similar social media sites, there is the possibility that a doctor-patient relationship has been created because you are providing dental advice. More importantly, if your advice is misconstrued or not followed as you intended, then you could be subject to a malpractice claim, HIPAA violation or patient abandonment. It is important to keep this in mind because although social media appears as a fun, harmless way to network, you never know what "Friends" will pose future danger to you.

It is also easy to use social media to generate positive endorsements of your practice by having employees or their family members post reviews. Although there is nothing inherently wrong with this strategy and it can be a great source of marketing for your practice, it is important to remember that the employee's identity must be disclosed under various rules set forth by the Federal Trade Commission. In other words, if the public is deceived by your employee's comments then you may be held liable for deceptive practices. It is important to inform your employees not to engage in this type of behavior - even if it is well intentioned.

Despite these risks, it is unlikely that you will either cease or never use social media over the course of your career. When embarking on the social media craze just remember to be smart. When considering this medium as part of your internal or external marketing strategy, protect your investment by being strategic and establishing policies in your employment manual. One strategy is to always have another person (e.g a spouse, co-worker, friend, etc.) peer review what you are intending to publish.

Accountability is crucial not only you but your employees as well. Therefore, it is recommended that you establish office-wide policies regarding the use of social media. A strong policy details the importance of following the laws that have been discussed here, reiterates the importance of publishing truthful and correct information, and informs your employees that the information published is subject to review by you or your office manager.

What you publish on the Internet is in permanent marker and cannot be erased - *it is **always** available to the public.*

*About the Author: **Ali Oromchian** is an attorney with the Dental & Medical Counsel PC law firm and CEO and co-founder of HR for Health. Ali's passion for protecting dentists in all aspects of their practice including human resources has earned him a reputation as a valuable strategic partner. He can be reached at ao@dmcounsel.com or 925-999-8200 with questions or comments.*

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Editor	Dr. Gary Sabbadini	garysab@comcast.net
Website Editor	Dr. Steven Niethamer	sniethamer@cspd.org
Public Policy Advocate	Dr. Paul Reggiardo	reggiardo@prodigy.net
DIRECTORS		
Director, 2014 North	Dr. Jennifer Hendershot	jennifer_hendershot@hotmail.com
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For a complete list of committee members visit the CSPD Website at 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 Gary D. Sabbadini, DDS by mail (1500 Tara Hills Dr. Suite 100 Pinole, CA 94564 or GarySab@comcast.net).

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

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Editor: Gary D. Sabbadini, DDS
Editor Emeritus: Roland Hansen, DDS
Editor Emeritus: Lonnie 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.



PERFECT STORM



Steve Chan, DDS
CSPD President

Once upon a time, there was a band of brethren. They met over coffee or maybe dim sum. Weyland Lum is identified as “*president zero*” in creating CSPD. They find common ground. CSPD has since gotten much, much bigger.

With size – comes complexity. In the business world, when a company’s goals exceed the operational capacity of the organization to produce the product or services it becomes time to undergo a process of realignment.

GROWING PAINS

From a fraternal social group to a recognized advocacy group, our ability to deliver is strained. Conditions are ripe for a perfect storm. Since I returned to CSPD, there have been multiple task forces that have conceptualized ways to improve the operations of this Society. These have remained concepts.

CSPD’s ambitions are in the eye of the storm. Our appetite to do good exceeds our capacity to deliver the “goods.” We’re faced with a reality check on the real cost of doing business.

The Opening Salutation from the incoming President typically sings of creating lofty legacies for the year to come. We don’t get that luxury. In this confluence of storms, our administration must now translate the lofty words of years past by building the operations to deliver our products.

THE WORD

The Bulletin and Website are our information channels. The Bulletin is a superior product. Our website is an amazing resource. It takes Gary Sabbadini and Steve Niethamer extraordinary personal time to create these. Their roles have evolved to organization wide communications. They need help.

THE SHOW

Annual Meetings are the single most tangible product for our members. They bring us together. With both sizable audiences and expenses, it takes an enormous amount of people resources to produce a meeting of the size and quality to meet our member’s expectations.

In the past, the “Show” was typically produced by 3 people: the Vice President, the Executive Director, and an Event Planner. Consider Portland where we entertained 350 guests and nearly 40 sponsor/exhibitors. It takes a tremendous amount of work to coordinate the event: planning meetings, establishing budgets, recruiting volunteers and sponsors, negotiating contracts, developing advertising and promotions, registration, Welcome Receptions, Installation Luncheons, dignitaries, sponsor logistics, negotiating speakers, lecture room logistics, audiovisual requirements, five Board meeting room logistics for 3 organizations, Past Presidents’ breakfast, alumni receptions, New Dentist Reception, continuing education management, food and beverage service, extracurricular activities, table clinics, exhibit hall logistics, Gala logistics, entertainment, a host of post meeting debriefings – all in four and a half days.

A blueprint to build the volunteer production crew to produce this show was passed in our Bylaws. This year, Ora Lowe, chair of the new Annual Meeting Committee, will be translating the concepts into structure. Simultaneously, Dennis Nutter has to develop the 2013 Meeting in Palm Springs. Nearly every Committee has a hand in the execution.

NEW LEGOS

All organizations experience a life cycle. As the Society matured, master architects (past Executive Directors Tom Barber and Mel Rowan) brought form and structure to the Society. And yet, the Society grows in size and shape with what it wants to accomplish.

It’s said -- one engages a professional when your limits are realized. The work of our administration has grown beyond the capacity for a one person/Executive Director operation. In the past four years, Dave Rothman has been advancing the concept of an Association Management Company (AMC).

An AMC brings composite experiences from running many association organizations. Finance and accounting management, conference services, publishing, website management, communications management, general administration, leadership, and membership support are some of the services that are offered.

Your Board is intrigued. It’s balancing human costs and quality products against affordability with delivering services. It will be a major shift on how we do business. This is new territory.

An Integration Team, led by Paul Reggiardo along with Ken Szymanski and Dave Okawachi, will help the Executive Director integrate the various areas of service with Smith Moore & Associates (AMC). This team will also be tackling a broader and deeper review of our governance and administrative model.

Meanwhile, our Policy and Procedure Manual will undergo a thorough editing review under Mel Rowan and Jennifer Hendershot.

MORE LEGOS

All organizations are made up of people. The Leadership Development Committee exists to develop our most valued asset: the people who step forward and say, “I can help.” Santos Cortez’s team is building our assets. Frankly, it’s more than just calling and asking, “Can you help us?” His team is building structural processes. His team is building CSPD from a mosaic of members who step forward.

Programs such as the Warren Brandli Leadership Internship and the Graduate Student Legislative Advocacy Program are investments of money and time to mentor future leaders of our specialty. Both programs expanded from “learning by watching” to duties on the Board, the Annual Meeting, and Congress. It may take awhile to see the “return on investment.” We are building an inventory of future leaders to make the profession better.

ASGARD

Heimdall is the god of Norse mythology who stands as the guardian sentry of Asgard, Home of the Gods. He is the defender of the city’s gates from any intruders. He is all seeing and all hearing -- detecting danger from a thousand leagues away. He sounds very much like Paul Reggiardo, our Public Policy Advocate.

His work monitoring laws, regulations, and governmental programs that affect the delivery of oral health care to kids is closely watched by AAPD as a model to emulate with other states. He continues to expand CSPD’s relationship with the California Dental Association to merge the interests of both organizations. His work among the other specialty groups is a case study in leadership. He builds the good name of CSPD – to be the change we want to see.

But he is only one man.

We are a small tribe. Of the 30,000 dentists in California, our clan numbers only about 800.

Come. Join us. We could use a hand.

Meanwhile . . .

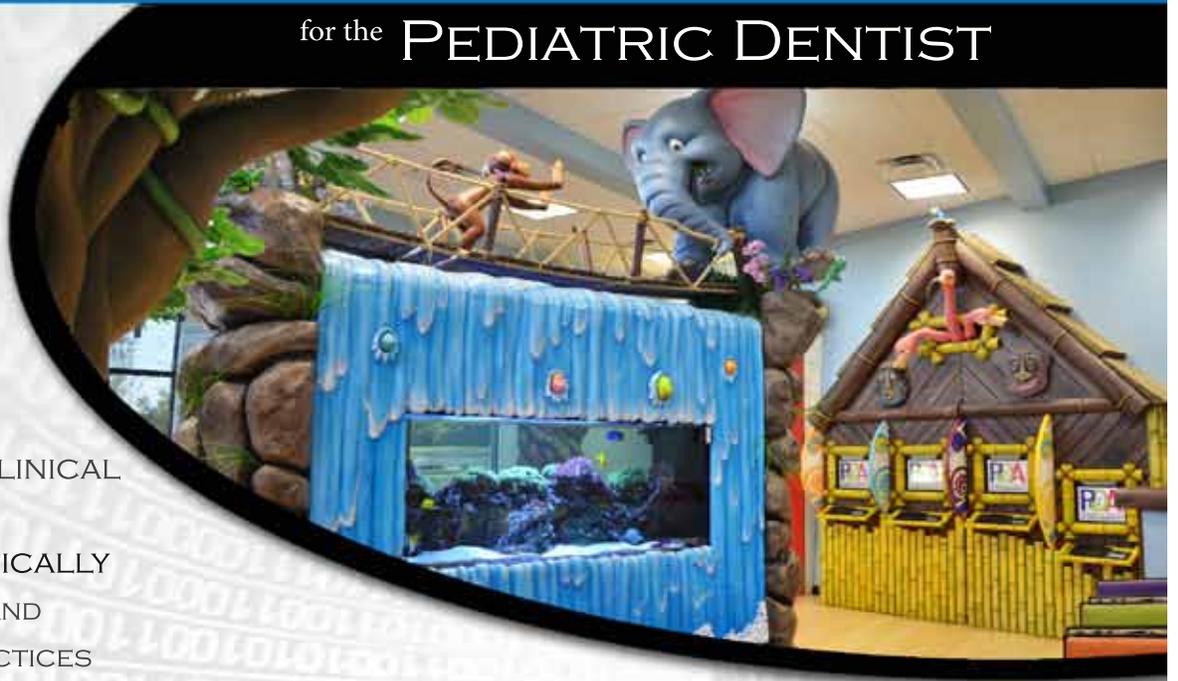
In my culture, “**Talk** – does not cook the rice.”
This year -- we build.

For those interested in a transcript of Dr. Chan’s speech at the Inaugural Luncheon at the Annual Session, it can be found here: www.cspd.org/news/message.asp?news_id=524

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CSPD - Wild & Crazy in Portland

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CSPD Foundation Panel Discussion - "The Midlevel Provider"



The Welcome Reception



The Installation Luncheon & Foundation Dinner



Inaugural Warren Brandli Intern Reception



THE SATURDAY NIGHT GALA - BOOGIE NIGHTS!

EXECUTIVE DIRECTOR



Ray Stewart, DMD
Executive Director

The CSPD Officers and Board members have been busy and productive this past quarter. This activity was accentuated by what is arguably the largest and most labor intensive of the various functions of CSPD throughout the year, the Annual Meeting.

The meeting was very well attended by both CSPD and WSPD members from throughout District VI and was a success by all accounts. There were 344 Registrations which included 32 postdoctoral residents from six different programs. There were 31 Sponsor/Exhibitors present. The program began on Thursday afternoon with the CSPD Foundation sponsored Mid-level Provider Panel. This was

well received by a standing room only audience and presented a broad and balanced perspective of a subject which has created a great deal of controversy and emotion in our profession over the past several months. The program was recorded by our Online Continuing Education team and a link to view it will soon be available on the CSPD website for those who were not able to attend the meeting. The remainder of the week was filled with an offering of great lectures and programs which covered a broad spectrum of topics. There was something for everyone. The meeting turned a profit ensuring that CSPD's non-dues revenue will be adequate again this year to preclude the need for a dues increase for 2013.

Be sure to mark your calendar for next year's Annual Meeting that will be held at the Rancho Los Palmas Resort near Palm Springs from April 25-28, 2013. Planning is already underway and promises to be another outstanding opportunity to earn some CE credits and get together with old friends and colleagues. Registration will open in November so stay tuned for more program specifics.

CSPD committees have been very active in two areas which hold great significance for the future of this organization and its entire membership. First, the Leadership Development Committee (LDC) had

great visibility and was very involved in planning and orchestrating the Annual Meeting. Members of the LDC conducted the New Board Orientation, spoke at the New Dentist program encouraging those in attendance to "get involved" in CSPD activities and leadership, and organized the first ever reception for past and present Warren Brandli Interns. The LDC, under the chairmanship of Santos Cortez, has taken its charge of assuring a future stream of well qualified and well trained leaders who are willing and able to assume leadership positions in CSPD very seriously.

As has been mentioned elsewhere in this issue of the Bulletin, CSPD is making a bold move to become a more efficient and service oriented organization by contracting with an Association Management Company (AMC) to assume a large portion of the administrative functions that have been the responsibility of the Executive Director. The name of the company that was selected and approved by the Board of Directors at the January meeting is Smith Moore & Associates based in Sacramento. We have begun a transition process which will occur over the next several months and will result in the transition of the majority of the administrative activities of CSPD. These include the meeting planner activities associated with the Annual Meeting, maintenance of the organization's data bases, operational aspects of the CSPD web site, production of the printed and online versions of the Membership Directory and much more.

It was the Board's decision to retain the position of Executive Director at a reduced level of compensation to account for his/her reduced workload. The Board felt that it is important to maintain the presence of a pediatric dentist in the day to day operation of the Society. This will help ensure that CSPD maintains its relationship with other professional organizations and entities who share a common interest in the health and welfare of the children we serve.

The future of our specialty looks bright but there are many potential "bumps in the road" of which we all must be aware. It is my pledge to you to remain committed to seeing that all members of CSPD are well informed and well served in all issues relating to our specialty.

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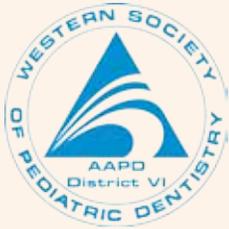


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Bills of Interest to CSPD

California Legislature 2012-2013 First Regular Session April 30, 2012

Paul Reggiardo, DDS
Public Policy Advocate

CSPD follows a number of bills under consideration by the state legislature which potentially impact pediatric oral health. Updated information on the legislative progress of these initiatives may be found in the Advocacy, Legislation, and Regulatory Matters (ALARM) section of the CSPD website. Members having questions or wishing to comment on these or any other legislative matters are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo,, at reggiardo@prodigy.net.



AB 1579 Campos) Non-Contracting Dental Providers: Assignment of Benefits. This bill would require dental plans to honor a signed assignment of benefits to the treating dentist, regardless of whether the dentist is a contracted or non-contracted provider under the plan.

CSPD Position: Support

Comment: The bill relies on comparable provisions for specified medical reimbursements as precedent. It is opposed by dental plans, including Delta Dental, on the basis that assignment of benefits is a reason to join a provider network and that elimination of this restriction to non-contracted providers will weaken provider networks, resulting in higher consumer costs.

AB 1746 (Williams) Schools: Nutrition Beverages. This bill would restrict the sale of electrolyte replacement beverages in middle schools and high schools to specified times before and after school.

CSPD Position: Under Consideration

Comment: Existing law permits the sale only of certain beverages to pupils at public schools. The beverages that may be sold include fruit-based and vegetable-based drinks, drinking water, milk, and, in middle and junior high schools, an electrolyte replacement beverage. The author comments that the purpose of the bill is to address childhood obesity.

AB 2252 (Gordon) Dental Provider Contracts: Provider Notification of Changes. This bill would require dental plans to fully disclose to providers any changes to their provider contracts, terms, or conditions, and allow providers to terminate their contractual relationship if the changes do not meet their practice needs or decisions.

CSPD Position: Watch

Comment: This bill curtails the ability of dental plan administrators to include in their provider contracts omnibus payment clauses which require the provider to accept and comply with any and all subsequent or existing relationships and payment schedules into which it may enter under the same or other plan names without giving the provider the option to either terminate or renegotiate the contract.

SB 694 (Padilla) Dental Access: As amended, the bill would replace the current dental program within the State Department of Public Health with a *Statewide Office of Oral Health*, headed by a State Dental Director. It would authorize the Office to design and implement a rigorous scientific study to assess the safety, quality, cost-effectiveness and patient satisfaction of irreversible dental procedures performed by traditional and non-traditional providers in specified settings and levels of supervision for the purpose of evaluating future decisions relating to scope of practice changes. The establishment of the Office and the scientific study are both dependent on the securement of federal and private funding.

CSPD Position: Support

Comment: Continued support will be dependent upon conformity with the actions of the 2012 Special Session of the CDA House of Delegates, which provides that the research study be conducted by a California university under the auspices of an institutional review board with all instruction conducted under the oversight of a dentist and be limited to California licensed RDHs and RDAEF-2s.

CONTINUING EDUCATION

Thanks to everyone for making the 2012 Meeting at Portland so successful. A special thanks goes out to my speaker hosts, residents who helped out, and to the various members who were kind enough to volunteer with the CE sign-in and handing out of CE "certificates." Thanks also to Deb Johnson and her friend, Erin, who helped with the behind the scenes details which really decreased our stress so we could spend more time enjoying the meeting.

Follow-Up Survey: For those of you who have already completed the follow-up survey, a big "Thank You" for your input. If you have not completed the survey, please do so as your opinions are important. If you did not receive an e-mail inviting you to participate in the survey, enter the link: www.surveymonkey.com/s/M7ZQYCY which is also be available on the CSPD website.

2013 Meeting: We have been actively planning the 2013 meeting which will be held at the Rancho Las Palmas Resort in Rancho

Mirage, CA. Some of the scheduled topics are oral habits/speech pathology, myofunctional therapy, and an insurance coding workshop (to help our offices to use the correct codes when billing dental and medical insurances). We are also planning a course to help develop an office based quality assurance program which is a required aspect of renewal for time-based Diplomates of the American Board of Pediatric Dentistry. In response to last year's CE survey, we plan on developing a course on sedation and pediatric dental emergencies.



Karilyn House, DDS

Continuing Education is an important membership benefit and we hope to continue hearing from you so that we may improve our continuing education programs.

Dental Board of California Update

The Dental Board of California met February 23-24, 2012 in Studio City. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health. CSPD is represented at each meeting of the Dental Board and updated reports are posted in the Advocacy, Legislation and Regulatory Matters (ALARM) section of the CSPD Website. Members having questions or comments should contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at Reggiardo@prodigy.net.

Licensing Fees

For the past decade, the Dental Board's expenditures at just under \$8 million have been roughly equivalent to revenue generated from licensing and other fees. Last year, as part of a statewide initiative to improve the enforcement capabilities of state licensing boards and bureaus, the Dental Board was mandated to add additional investigators at an annual cost of approximately \$1.2 million. While the Board can absorb this added cost for the next two fiscal years through repayment of outstanding General Fund loans payable to the Board, a deficit would begin to occur in FY 2013-2014. As a result, the Board anticipates a biannual dental licensing fee increase of approximately \$40.00 beginning in 2014, with comparable proportionate increases in other licensing and permit costs.

Comment: State law precludes the use of general funds to support the licensing boards and bureaus of the Department of Consumer Affairs. Under the general assumption presented at the meeting, this would increase the biannual re-licensure fee from \$365 to \$405. A specific proposal for the necessary regulatory change to effect licensing fee increases will come forward at the next meeting of the Board in May.

Board Position on SB 694 (Padilla)

As part of the Board's regular monitoring of bills before the state legislature which would affect its operations or its mission of public protection, the Legislative and Regulatory Committee considered SB 694 (Padilla), which would established a State Office of Oral Health and authorize that office to design and implement a university-based study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures. After consideration of the bill and public testimony both in support and opposition, the committee voted to recommend the Board maintain a "watch" position. The next day, the full Board voted unanimously to accept the committee's recommendation.

Comment: Following the vote, the Board debated a separate motion to submit a letter to the bill's author recommending the bill be amended to specify (1) that no state special funds could be utilized to fund either the proposed State Office of Oral Health or the research study and (2) the research study be prioritized to emphasize maximizing the capabilities of the existing dental workforce to increase oral health access in the state. The motion failed by a 6-6 vote to gain the majority necessary for passage.

Save the date for the Annual Meeting of
California Society of Pediatric Dentistry
Western Society of Pediatric Dentistry



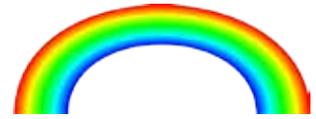
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by Rabbi Zelig Pliskin



- Love your children unconditionally.
- Each day tell your children you love them. All you have to say is three words, "I love you." If this is difficult for you, there is a greater need to say it.
- Speak and act in ways that you give your children a positive self-image. Believe in your child. Believe in his abilities and potential. Say explicitly, "I believe in you." How do you know when you are successful at this? When your child says, "I see that you believe in me."
- Be a role model for the traits and qualities that you want your children to have.
- Clarify the main positive qualities you want your child to develop. Keep praising those qualities. Reinforce those qualities when your child speaks or acts in ways consistent with that quality.
- Realize that each child is unique and different. Understand each child's uniqueness and take it into consideration when challenges arise.
- Word your comments positively. Focus on the outcome you want. For example, "By developing this quality (for example, taking action right away), you will be more successful in life." (Rather than saying the opposite.)
- Keep asking yourself, "What is the wisest thing to say to my child right now?" Especially say this when your child has messed up.
- Read great books to your children.
- When you come across a story that could have an important positive lesson for your child, relate it. Look for stories that teach lessons. Ask people for stories that had a positive influence on their lives. Share your day with your kids so they know what you do and can learn from you and your experiences.
- Create a calm, loving atmosphere in your home. Consistently speak in a calm and loving tone of voice. Even when challenges arise for you, speak in a tone of voice that is balanced.
- Master patience. Life is a seminar in character development. Your children are your partners in helping you become a more patient person.
- Conquer anger. See, hear, and feel yourself being a calm person who has mastered the ability to maintain an emotional and mental state of being centered, focused, and flowing.
- If you make a mistake when interacting with your children, apologize. They will ultimately respect you more than if you try to deny a mistake.
- Keep asking people you know and meet, "What did you like about what your parents said and did?"
- Watch other parents interact with their children. Notice what you like. Apply the positive patterns.
- Watch other parents interact with their children. Notice what you don't like. Think about ways that you might be doing the same. Resolve not to speak and act that way.
- Express gratitude daily in front of your children. Ask them regularly, "What are you grateful for?"
- Become a master at evaluating events, situations, and occurrences in a realistic positive way. Frequently ask your children, "What would be a positive way of looking at this?" Or, "How can we grow from this?"
- When your children make mistakes, help them learn from those mistakes. Have them mentally picture themselves at their best.
- Each and every day ask yourself, "What can I say and do to be an even better parent?"

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PRESIDENT'S MESSAGE

My hat's off to Rebecca Lee Pair for putting on an incredible CSPD/WSPD Annual Meeting!
Great Meeting - Wonderful People - Good Food - Superb Venue



Steve Gross, CDT
CSPDF President

Enhanced Training and Education Leads to Better Care for Kids

I would first like to thank our Board – it is only through their hard work that we can accomplish all that we do. In 2011 - 2012, through the generous donations of the CSPD Membership, the Foundation has supported research and travel grants, lunch and learns, and sponsored resident funds for the Annual Meetings. We have also approved a \$2,000 research grant to Dr. Carrie Tsai at UCSF.

The Bridging the Gap program has been an overwhelming success, with \$125,000 granted towards pediatric dentistry and faculty enhancement at five programs in California. This program will continue this coming year. At the Annual Meeting, the Board approved funding for UCLA to support additional clinical training for residents, also approved USC and UCSF for a second year of funding. That is another \$75,000 which directly impacts the education and training of residents who will one day become the future of this great specialty.

The Foundation also supports the Annual Meeting as a \$6,000 Platinum sponsor. At this year's meeting, we sponsored an impressive panel discussion on "Alternative Providers and Access to Care." Thursday's panel was an overwhelming success and was the most attended Foundation sponsored event ever! Thanks to Ray Stewart and Richard Sobel for assembling and preparing this program. The Foundation plans to continue to sponsor events like these to address controversial topics that impact the future of pediatric dentistry.

In past years, the Foundation sponsored only one Brandli Intern, but thanks to some of our corporate partners, we were able to donate \$8,000 to sponsor two Brandli interns for the first time. These Key Charter Corporate sponsors have graciously donated funds towards this program which allows the Foundation to continue to develop and nurture our future leaders! Please remember that these sponsors not only pay to come our Annual Meeting they have also stepped up to become our first corporate supporters for the future. They deserve your support!

At this point, I would like to speak directly to the membership of the CSPD. It is only through your donations to the Foundation that keeps our dream alive. To those who have given, THANK YOU! There are many of you out there who are at or approaching the completion of your life pledge, so I ask you to join many of your colleagues in the same position who have pledged to continue giving at the same level. I would also like to especially thank Scott Jacks and Scott Fishman who stepped up to Diamond Life contribution of \$25,000.

There are over 700 members of the CSPD and only about 100 members who support the Foundation. If the other 600+ members donated just a hundred dollars, an additional \$60,000 a year would be raised! There are many levels available. Please give whatever you can.

On a final note - I personally would like to step up to Diamond level by pledging \$25,000 and challenge those of you who can to do the same!!! Thank you for listening; if you have any comments or suggestions, please don't hesitate to contact me at steve@theatg.org



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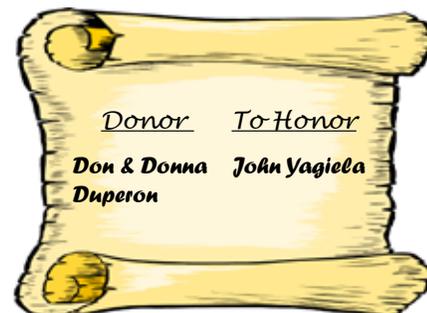
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Faculty Spotlight

by Justin Shuffer, DDS



5 Questions with Alex Alcaraz, DDS



Dr. Alex Alcaraz grew up in Garden Grove, CA and attended UC Irvine where he received a BS in Biological Sciences. Dr. Alcaraz then left the state to achieve his Doctorate in Dental Medicine at the Harvard School of Dental Medicine and returned to California to complete his advanced specialty training in Pediatric Dentistry at USC. He currently lives in Sierra Madre with his wonderful wife, Lori, and their beautiful daughter, Amelie. He maintains a busy private practice, and has recently accepted a faculty position at USC training the future generations

of pediatric dental specialists.

1. What were you surprised to learn about private practice that residency could have never taught you?

I feel residencies do a good job preparing you for working in private practice but it's hard to cover everything. We spend so much time acquiring clinical skills and didactic knowledge that there isn't always enough time to do business management. I think out of school you are amazed as an associate how much work goes into running a practice efficiently and effectively.

2. What did you feel was the toughest challenge in your first five years of practice?

Out of school, it's difficult to find a job which has enough need for an associate every day of the week. At first, it was hard to become acclimated to the different styles of each practice. At each of the practices in which I worked, the parental culture was different which was surprising considering how close the practices were to each other in distance. However, I valued this challenge because it gave me different perspectives and helped me learned several philosophies for business management.

3. What made you decide to be a leader in our field?

I don't consider myself a leader in pediatric dentistry. I feel a leader is developed over time through mentorship and experience. I continue to learn from the leaders of pediatric dentistry and am amazed by how many dynamic people are in our profession.

4. Please share some of the factors that influenced your decision to join the academic faculty at USC.

After a couple of years of exclusively working in private practice, I felt that something was missing. Private practice is rewarding but I missed the exploration and energy you feel when teaching and doing research. I come from a family of teachers and I think that had a lot to do with why I wanted to teach. We have so much to learn from residents and I really feel being a teacher helps me become a better pediatric dentist. I also have to thank the CSPD Foundation for their 'Bridge the Gap' program which helped make it possible for me to be on faculty at USC.

5. What would you tell other practitioners that are considering a part time or full time position in academics?

I feel people often avoid academics due the financial shortcomings of not being in their practice. It is important to look at academics as an opportunity to maintain your didactic skills as well as learn new techniques you can take back to your practice. These advantages don't have a monetary price on them but can really help practitioners become a better clinician in their own practice. Lastly, and most importantly, we should remember those mentors who helped us shape our own careers. The feeling that comes with being a mentor and teacher to a pediatric dental resident is indescribable and truly rewarding.

March 1, 2012

CSPD Foundation

RE: CSPD Foundation Bridging the Gap Grant

Dear CSPD Foundation Board Members,

As you know, we received a grant titled "Bridging the Gap Faculty Funding", for a total of \$25,000 from the CSPD Foundation in 2011-2012. This grant supplied critical funding that allowed us to recruit Dr. Aparna Agli as a part time faculty member and Assistant Clinic Director. Department resources were used to supply the balance moneys needed to support Aparna's position.

Aparna has been an exceptional addition to our team. She has outstanding teaching and organizational skills, and divides her time in teaching in both our prodoctoral and resident clinics, including patient sedation. Her appointment has had a major effect in enhancing our teaching capacity as well as faculty and resident moral. This was especially critical as we addressed statewide and University wide budget cuts that affected all of our programs.

It would be extremely beneficial if this funding could be continued for additional year, allowing us to utilize both CSPD funding and Department resources to continue Aparna's position in 2012-2013. Thank you very much for your support and for considering this request for additional funding.

Sincerely,

Pamela Den Besten DDS, MS



MEMORANDUM

TO: Board Members, CSPD Foundation
FROM: Richard D. Udin, DDS
Director, Advanced Pediatric Dentistry Program
The Herman Ostrow School of Dentistry of USC
DATE: January 24, 2012
SUBJECT: CSPD Foundation Bridging the Gap Grant Report
The Herman Ostrow School of Dentistry of USC



For FY2011-2012, the \$25,000 CSPD Foundation grant award was combined with additional funding from the School to provide a salary for a 0.4 FTE faculty member in the Advanced Pediatric Dentistry Program. The additional USC funding was provided through an agreement with the Dean. This additional funding from the Dean will be made available to us for the next 2-4 years to accompany any future CSPD Foundation awards. We were able to hire Dr. Alexander Alcaraz, a graduate of our program for the position. He provides clinical instruction as well as supervision of general anesthesia cases and also participates in weekly case conferences.

Dr. Alcaraz has become a valued member of our faculty and his presence takes a huge burden off of other faculty members. It would be most beneficial for us if the CSPD Foundation could continue funding of the grant for additional years. We would continue to utilize the CSPD Foundation funding in addition to the additional monies supplied by the dean to maintain Dr. Alcaraz's salary for FY2012-2013.

We wish to again thank the Foundation for its generous grant. You are most definitely helping our teaching program.

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Dental Cross-Billing

Boosting Practice Revenue with Dental Cross-Billing

The number of Americans with dental insurance coverage declined notably in the period following the economic woes of 2007. According to the National Association of Dental Plans, dental benefits enrollment had declined 5.7% by 2009 due to economic contraction. With 56% of the U.S. population reporting some type of benefit plan in 2012, coverage levels appear to have rebounded to pre-crisis levels. If so, then why are dental practices still feeling the pinch? A commonly cited reason is declining reimbursement rates.

Getting Out of the Rut

Dentists in many markets are experiencing declining reimbursement rates from dental carriers across the board. This trend can be prohibitive to the delivery of needed services to patients, especially those procedures of medical necessity which may involve higher dollar claims. In this climate practice owners are seeking new and innovative ways to enhance practice performance. Staying abreast of the dizzying number of changes in the industry can be exhausting. With demanding clinical schedules and limited time available for practice management, the most efficient strategies often are those which can be implemented with the existing procedure mix. One of these strategies is cross-billing to medical insurance. Many dentists leave money on the table by failing to maximize reimbursement for the procedures they are already providing. Properly coding and billing to medical insurance for appropriate procedures can increase practice cashflow while adding value to your patient base.

What is Dental Cross-Billing?

Historically, dentistry was viewed distinctly from the field of medicine. Today there is a large body of research documenting the connection between oral health and body systems and a greater acceptance of the holistic approach to dentistry. As insurance payors embrace the medical nature of dentistry, it is prudent for dentists to re-tool their billing practices in order to be fully reimbursed for their work. Dental cross-billing involves coding and billing dental procedures to medical insurance payors. Many doctors are put off by this idea because they are not sure what can be billed to medical insurance and how to follow through with a sustainable course of action. The level to which medical necessity and documentation is required varies widely by the specific procedure. Naturally, specialists will encounter more such cases but general practitioners are commonly treating an array of conditions which can be billed medically. There are a growing number of dentists who provide diagnostics, therapy, surgery, and oral appliances to treat conditions which may have been referred out in the past.

Benefits of Billing Medical Insurance

One major benefit of medical insurance billing is increased revenue. Reimbursement rates from medical carriers commonly are higher than those of dental carriers. For the same procedure dentists can receive significantly greater payment and may also get paid for procedures which are not covered under dental plans. Patients can also reap the benefits by avoiding out-of-pocket payment for procedures which are billed medically. Moreover, they will be able to preserve their annual dental plan maximums to use with other services which may previously have been unaffordable. With this comes greater patient compliance with treatment plans and improved oral health outcomes. Patients may be more inclined to refer friends and family when they are able to fully leverage their existing coverage and receive additional needed services. They will also appreciate your medically-oriented approach to dentistry.

How to Implement Cross-Billing

- Assess your practice and take an inventory of the services and procedures which can benefit.
- Generate reports based on procedure code. It is important to analyze actual data. You cannot improve what you cannot measure.
- Evaluate the effectiveness of cross-billing with the existing procedure mix before adding new procedures. This will give you some room to work out potential difficulties.
- Invest in staff training or engage a billing company that specializes in dental cross-billing. Some billing companies will offer a complimentary assessment.
- If your efforts have been fruitful, consider a marketing program designed specifically for those services. Use the competitive advantage to grow your market share.

The Impact on Your Practice

The role of insurance plans in the dental industry continues to grow and change. On a national level the market is divided as follows: Private Insurance (48.6%), Patient Pay (39.9%), Medicaid (8.5%) and Medicare (0.3%) (US Census). This is expected to progress even further in light of looming changes on the horizon as the result of health reform. While insurance reimbursement can be one of the most financially frustrating aspects of practicing dentistry, dental cross-billing is one of many strategies which can help. If implemented properly, practices can generate greater revenue with minimal hassle or added cost. This can yield dividends for your practice today and tomorrow: 1) A noticeable rise in revenue and earnings in the interim, and 2) Increased practice value when it comes time to sell. Practice value is largely determined by the financial characteristics of your business and boosting short term and long term financial strength can allow you to reap the benefits twice.

Christopher Majdi, MSHCA, CHBC, is a dental practice valuation analyst with Medical Practice Appraisers. He provides valuation and advisory services to private practices and specialty groups nationwide. Mr. Majdi is a Certified Healthcare Business Consultant and a Member of the Institute of Business. He can be reached at 800-416-2055 (x223) or www.MedAppraisal.com



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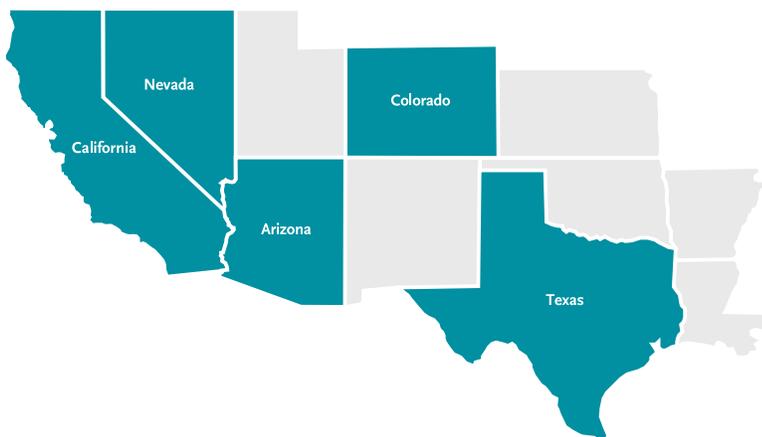


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Lobby Days 2012: Through the Eyes of a Resident - Christian Yee

Prior to attending my first AAPD Lobby Day, I thought about all the possible scenarios that could happen while speaking with my California Representatives. First, I hoped for a favorable response to the issues we presented. Second, I thought we might have polite discussion with unenthusiastic promises. Third, I dreaded complete rejection as a result of my inability to clearly present the topics. As a resident who wanted to save himself from embarrassment, my plan was to cram the proper responses for each scenario the night before. However, I couldn't because some of my future colleagues took me and some other residents out to dinner.

It was quite humbling to be having dinner with some of the pioneers of the pediatric dental specialty. I realized that there were so many great leaders that made up the California delegation. So did we review the talking points for the next couple of days? Absolutely not! Instead, Drs. Ray Stewart, Mark Lisagor, Santos Cortez, Oariona Lowe, and Francisco Ramos-Gomez all wanted to get to know me. We talked about everything except for what I should expect to say to the Representatives. I really appreciated how each of them made an effort to reach out and spend time with the residents.

Fortunately, there was a morning session that reviewed all of the talking points for the meetings with our Representatives. This year, there were two simple but very important requests:

1. Provide Fiscal Year 2013 funding of \$32 million for the HRSA Title VII Primary Care Dental Training Cluster and related oral health programs with \$8 million going towards Pediatric Dentistry training programs. The budgeted amount has played a vital role in increasing the number of residency positions as well as expanding the faculty workforce.
2. Ensure that federal oversight promotes the adoption of benchmark coverage consistent with the AAPD's model dental benefits policy as the guidelines for the Affordable Care Act are developed. This will help all children have access to the necessary diagnostic, preventive, and restorative services to assure optimal oral health function.

With butterflies in my stomach, I proceeded to Capitol Hill. To my surprise and delight, all of my appointments went smoothly and ended well. In addition to speaking to the Chiefs of Staff, I also had the opportunity to meet with a couple of my Representatives. At the end of the two days of Lobbying, I saw that the one thing that most prepared me was **simply not preparing**. The Representatives and their staff didn't want to hear a memorized speech. Instead, they were engaged in our conversation because we were able to speak from the heart and have them relate to our issues.

As a resident and soon-to-be graduate, I am truly grateful for this experience. While Lobby Day was a huge success this year, it entailed more than just speaking to my Representatives. For me, it showed just how much the active leaders of CSPD care about the residents and recent graduates. Unfortunately, there was a generational gap present at Lobby Day 2012 for the California delegation. These leaders have poured their hearts into this specialty and are looking for us (the recent graduates) to step in and continue the momentum they have created for our specialty. I cannot thank all of them enough for taking the time to listen, to support, and to mentor. My experience at Lobby Day has certainly stressed the importance for me (and all of you) to get involved!



From left to right: Dr. Rosalyn Chu, Dr. Christian yee, Dr. Steven Chan, Congressman Pete Stark, Dr. Jim Crall

WEBSITE NOTES

New Platform for Online Continuing Education (OCE)

Work continues on updating the new platform for running the OCE Program. In the mean time, the OCE committee has a number of programs ready to be added to this new library. Dr. Tim Wright's program "The Making of a tooth: From Genes to Clinical Care" from last year's San Francisco Annual Session is ready. Two nearly completed programs are "Oral Pathology of Children and Young Adults" by James Kratochvil and "Management of Chronic Conditions of Childhood" by James Stout which were both filmed at this year's Portland Annual Meeting.

Midlevel Provider and Access to Care

The panel discussion "Perspectives on the Future Workforce for Pediatric Dentistry: the Midlevel Provider and Access to Care" should be available now on the CSPD website. Members who missed this program or want to review this important information again should follow the link on the Home Page.

Springtime and New AMC Bring Change

With the Annual Meeting come changes in officers, board and committees members, photos and information. There is a general turnover of the Foundation page, dates/fees on applications, new sponsors and the updating of the OCE.

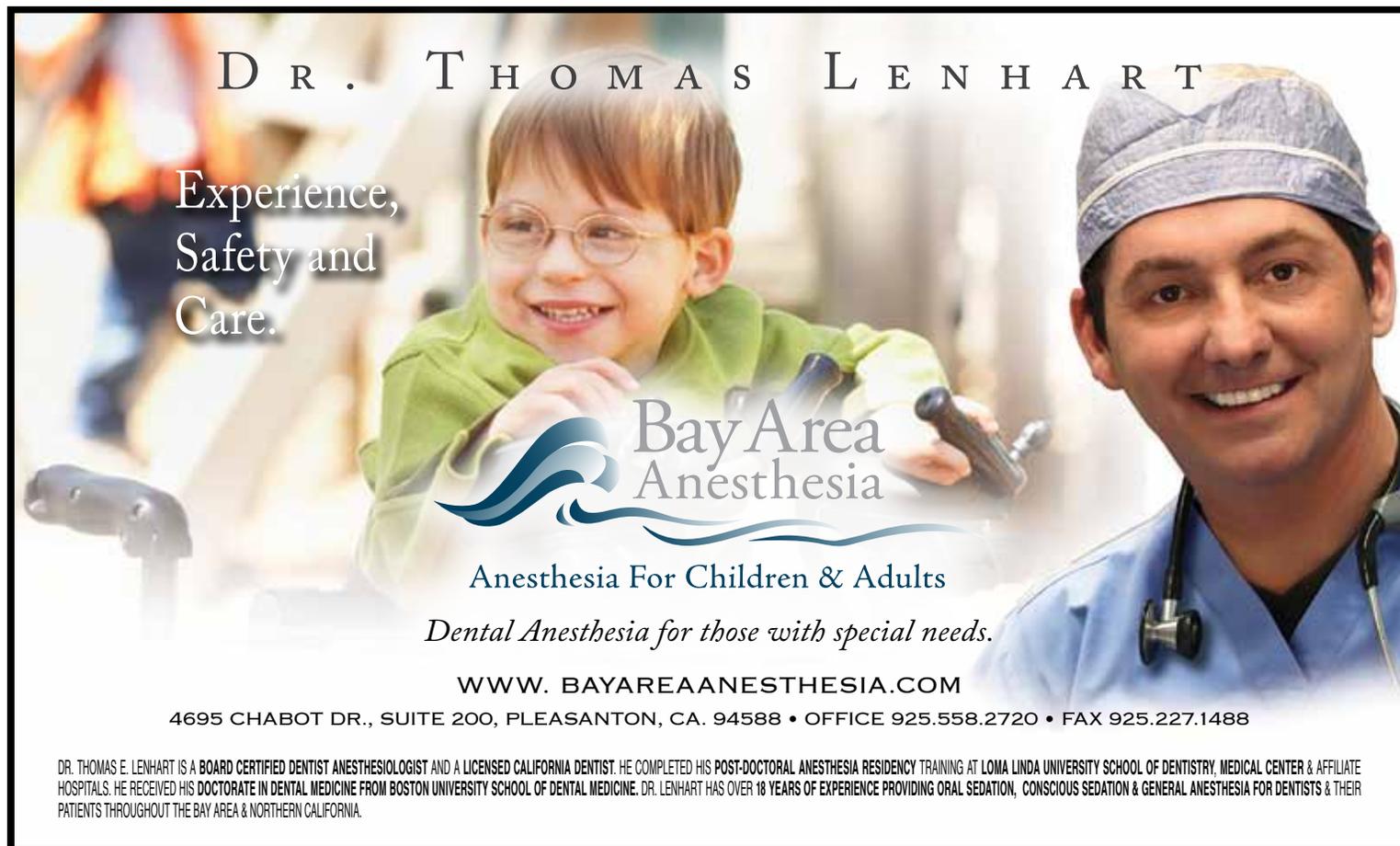
This year we also have a new Association Management Organization (AMC) starting. This company has a technical person who will be helping me with these spring cleaning chores and, in the future, will be completing many of the larger changes needed to keep our website looking good. The membership data base will soon be online and available 24/7 to members needing to update telephone and office address information. This company will also be able to setup meeting registration and send e-mail blasts to our members.

Online Education

I recently found a website that is trying to copy what CSPD's OCE is doing. Recall that our training programs are available to dentists around the world through the International Association of Pediatric Dentistry. Backed with a \$15 million dollar venture capitalist investment, a Silicon Valley startup called Coursera (www.Coursera.org) is attempting to bring more classes from elite universities to students around the world online for free. It has partnered with Stanford, Princeton, University of Pennsylvania and University of Michigan to offer courses in over three dozen subjects. Students attend university level classes online and take tests but do not receive credits. Check out this interesting site.



Steve Niethamer, DMD
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Bradley Field.....Boston, MA

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 www.AAP.org/membership section or they can contact Oariona Lowe at w.roslo@verizon.net for membership information.

UPCOMING MEETINGS and CONTINUING EDUCATION DATES

CSPD

April 25 - 28, 2013: [CSPD's 38th Annual Session](#) at Rancho Las Palmas Resort, Rancho Mirage, CA

Sept. 14, 2012: [CSPD/CDA Course: Maximize Social Media – Minimize Risks in Sacramento, CA](#) - Details forthcoming

AAPD

May 24-27, 2012: [AAPD 65th Annual Session](#), San Diego, Ca

July 14-24, 2012: [10-Day Continuing Education Baltic Cruise](#), Round trip from Copenhagen

Sept. 6, 2012: [Oral Clinical Exam Review](#), Denver, CO

Sept. 7-9, 2012: [Comprehensive Review Course](#), Denver, CO

Oct. 26, 2012: [Dental Assistant's Course: Sedative & Medical Emergencies in the Pediatric Dental Office](#), Chicago, IL

Oct. 26-28, 2012: [Contemporary Sedation of Children for the Dental Practice: Enteral & Parenteral Techniques](#), Chicago, IL

Nov. 8-10, 2012: [Joint Symposium with AAE: Contemporary Management of Traumatic Injuries to the Permanent Dentition](#), Scottsdale, AZ

Jan. 25-27, 2013: [Comprehensive Review Course](#), San Diego, CA

May 23-26, 2013: [AAPD 66th Annual Session](#), Walt Disney World Swan Dolphin Resort Orlando, Fla.
2014 [Boston](#); 2015 [Seattle](#); 2016 [San Antonio](#); 2017 [TBD](#); 2018 [Hawaii](#)

See www.CSPD.org and www.AAPD.org for more sponsored courses

Reading About Leadership

From the CSPD Leadership Development Committee

Looking for something new to read? In response to the request of our members, the Leadership Development Committee has compiled a list of reading materials on the topics of:

- 1) Organizational and Management Skills
- 2) Leadership and Team Management
- 3) Communication, Marketing, and People Skills

Whether you are interested in joining organized dentistry, already actively involved in leadership, or just looking for ways to better manage your dental team in private practice, this list is sure to have something that can help you become a better leader.

Have you read something recently that you feel belongs on this list? The Leadership Development Committee welcomes your suggestions. Follow this link to learn more: www.cspd.org/leadershipdev/

Approved Motions from the January 21, 2012 CSPD Board of Directors

- It was moved to accept the 2011 - 2012 third quarter financial reports.
- It was moved to maintain support of SB 694 (Padilla) as it currently stands.
- It was moved to support AB 1579 (Campos)
- It was moved to adopt a "watch" position on AB 2252 (Gordon).

CSPD Professional Opportunities



Opportunities
Wanted

Opportunities
Available

Faculty Positions
Available

Practices for Sale
Offices for Lease

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 www.cspd.org.

DISTRICT VI UPDATE

WHAT A RIDE!

As I am completing my term as the District VI Trustee, I want to express my gratitude for the opportunity to represent the best district in the AAPD. It has been a sincere honor to serve our specialty and profession. Santos Cortez, our incoming Trustee, is a proven leader and we are so fortunate to have him representing us. CSPD is the leader in state pediatric associations and it has been a pleasure to work closely with your talented and committed leadership.



*Jade Miller, DDS
District VI Trustee*

Dentistry (and especially pediatric dentistry) is at the cusp of big potential changes as some significant issues are either in front of us or are on the horizon. Many of these challenges are not necessarily bad. AAPD and CSPD are very aware of the issues and are working closely with the right stakeholders to act in a proactive rather than a reactive manner.

What is very clear to me is that now is the time to become a cohesive membership. Most of these big issues are at the national level and not necessarily at our local level.

What do I mean by a "cohesive membership?" I mean:

- Maintain your memberships in organized dentistry and encourage those colleagues who are not members to join. We have strength in numbers.
- Become or stay involved and informed
- Contribute to your AAPD Political Action Committee
- Seize the opportunity to speak with your policy makers and political representatives

We are the voice for our profession and the children we serve. We all have the responsibility to act.

Thank you again for the past three years!

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All Training at Harvard Medical School*



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Jonathon Lee, DDS

Social Media

Manhattan Project physicist and ordained priest, William Pollard, once said "Information is a source of learning. But unless it is organized, processed, and available to the right people in a format for decision making, it is a burden, not a benefit."

Social Media has made the sharing and dissemination of information easier and instantaneous. Essentially, Social Media is a communication tool. It can be used for both altruistic and malicious purposes.

An example of the good is the story of Caine's Arcade www.cainesarcade.com. Bad uses include Cyber Bullying and defamation of character. Much attention has been made about Cyber Bullying of children and adolescents, but it also occurs to adults and businesses. It is a shame when things turn petty, negative and hateful. The old saying "sticks and stones may break my bones but words will never hurt me!" may no longer be appropriate in today's society. This is because technology is so integrated in everyone's life - especially with today's youth. Facebook updates and Tweets are just a pocket away with our smart phones.

Why is it easier to tear someone apart and complain than to let go of one's ego, self-reflect and give a compliment? Why is it easier to blame someone else? As Ronald Reagan once said "It is time to restore the American precept that each individual is accountable for his actions."

Just as a something good can go viral and be flash mobbed, the same phenomenon can occur when an individual goes on a smear campaign and posts "dislikes" and negative comments about somebody. This occurred to Rebecca Black and her "Friday" music video. What does this say about humanity? Fortunately the story does have a happy ending. Musician Katy Perry, who sang the positive and inspirational Jack Kerouac inspired "Firework," included Rebecca in her own video "Last Friday Night." The world would be a much better place with individuals like Perry who wrote "Firework" to let people know that they have the potential to make people go "Awe" and help them view the world in a more positive light! There is a reason why Facebook does not have a dislike button.

You may be wondering, "What does this have to do with the WSPD?" It is Effective Positive and Proactive Communication and Dissemination of Information. WSPD has always been a transparent organization. We are here to serve the approximate 1,300 District VI members of AAPD.

According to the AAPD Bylaws:

874 CHAPTER VI. DISTRICT ORGANIZATION

875 Section 1. ORGANIZATION:

876 The trustee districts shall be numbered and composed as set

877 forth in Chapter V, Section 2 of these Bylaws.

878 Section 2. PURPOSE: A District shall:

878 A. Facilitate communication between the AAPD Board of Trustees and the State Units.

880 B. Facilitate communication between the State units and the Headquarters Office.

882 C. Provide educational opportunities for its members.

883 D. Communicate with the representatives from its State Units

884 to facilitate communication between the State Units and the District Board of Trustees.

886 E. Assist in advocating and coordinating efforts at the state level for improvement of the oral health of children.

888 Section 3. DUTIES: A District shall:

889 A. Hold meetings as necessary to conduct the business of the district.

891 B. Elect a district board of trustees with at least one member from each State Unit.

893 C. Elect officers and establish councils and committees neces-

894 sary to conduct the business of that district.

895 D. Provide for its financial support.

896 E. Hold the elected AAPD district trustee as member of the district organization board of trustees.

898 F. Accept nominees for the AAPD district trustee from the State Units and individual members of the district and forward the names to the Headquarters Office. Nominations must conform with the provisions of the relevant sections of the current Administrative Policy and Procedure Manual of the AAPD.

903 G. Accept nominees for AAPD Council/Committee appointments from the State Units and forward the names to the Headquarters office.

906 H. Elect one (1) member from the district to serve on the Nominations Committee.

Thanks to the 10 years of hard work of the District Leadership, WSPD can successfully state that it has fulfilled its Purpose and Duties for AAPD. Examples of WSPD in action include: voicing the concerns of the use of the Logo for Affiliate Members, bringing the TriCare issue to AAPD leadership's attention, clarification of AAPD's position on the Alternative Workforce Model to include the direct supervision of dentists, and communicating the shortcomings of the AAPD nominations process.

Through the support of your \$40 District dues, WSPD has been able to conduct its duties as outlined in the AAPD Bylaws and expanded its role in providing CE at the WSPD Annual Meeting as well as supporting CE at our State and Province Units. Being financially stable has enabled the WSPD to cohost the WSPD/CSPD reception at the AAPD Annual Session and distribute a quarterly bulletin in conjunction with CSPD. This year, AAPD has convened a Task Force to review and revise the governance of AAPD. There is a possibility that the district structure may be altered or dismantled. Personally, I would be saddened if WSPD were to be dismantled. However, as one who embraces change and innovation, should the Districts be abolished, the new governance must be an improvement and not a step back.

Part of AAPD's mission is to serve and represent its membership in the areas of professional development and governmental and legislative activities. That is the important thing to remember. The governance structure must appropriately represent and serve its pediatric dentist membership in the specialty of Pediatric Dentistry. We need to ensure that information and communication channels from top to bottom and bottom to top are effective and that all members have an opportunity to participate in the governance of the organization.

Jade Miller is the District VI appointed member of the AAPD Governance Task Force. At the CSPD/WSPD Annual Meeting in Portland, a caucus of the leaders from the respective state/provinces of District VI developed a working preliminary consensus for Jade Miller to bring to the task force.

At the WSPD Leadership Caucus, Jade requested that the leaders from our District provide him with their preliminary consensus of corrective action on the following issues identified over the past several years: tripartite structure, District Trustee, Council and Committee proportional representation and AAPD dues billing. The workshop was conducted in the following manner:

- 3 hours were used to conduct the workshop.
- Jade's agenda was followed.
- Jade identified the initial potential options to the concerns and then listed the strengths and weaknesses of each option which were then discussed.

For several years, the WSPD Board has had concerns that District VI's representation at the AAPD Trustee, Council and Committee levels is not proportional to its membership numbers. For example, although our District comprises over 20% of the membership in AAPD, WSPD District VI only has 1/6 of the representation at the Council and Committee levels and only 1/10 the representation at the Board of Trustees Level. The AAPD Board of Trustees is comprised of the

following: each of the 6 AAPD districts is represented by (1) Trustee, there are (2) At Large Trustees, there is (1) At Large Academic Trustee that represents our Academic Colleagues, and there is (1) Affiliate Trustee that represents the Affiliate Members.

The District's preliminary consensus is to actively enforce the existing AAPD Bylaws mandatory requirement that all members maintain tripartite membership with the understanding that it is unknown what the long term effect may be on the gain or loss of members at each level of the tripartite once active enforcement begins. Failure to maintain membership in all levels of tripartite would result in loss of membership to all three organizations.

The feeling is that the benefit outweighs the risk of losing members. Yes, there is the realization that this could result in a loss of membership. However, the benefit of the synergist effect of the tripartite membership has been a positive for WSPD and its state and provincial components. Enforcement is critical. The proposal of moving to voluntary membership in the one, two or all three levels of membership was felt to have more of a negative than positive impact was not supported.

At the Caucus, there was a preliminary consensus that there should be Tripartite dues billing utilizing the AAPD service to consolidate the national, district and state dues into one statement. Alaska has participated in the AAPD billing arrangement and has experienced increased membership at the district and state level. It is felt that the additional members picked up will offset any cost the AAPD, the Districts or states will incur. However, enforcement of the Tripartite Membership needs to occur in order for more states like California and Washington to participate.

The preliminary consensus is also to leave the WSPD District as is and not break up or reorganize the existing states and provinces within the district because of the great relationship that has been developed over the years.

In other news:

WSPD is excited to be the host district for this year's AAPD Annual Session in San Diego, California. As members of WSPD, you are cordially invited to the WSPD/CSPD Reception on Saturday, May 26, 2012 from 5:30-8:30 in the Coronado Terrace at the San Diego Marriott Marquis and Marina.

The WSPD recently hosted its 10th Annual Session with CSPD in Portland, Oregon with over 300 registrants attending. At that meeting, the Alberta Academy of Pediatric Dentistry officially joined the WSPD as one of its component societies.

Starting in June, 2012 our 2012-2013 officers will be:

Executive Leadership:

President- Johnny Ukich, Idaho
Vice President- John Gibbons, Washington
Secretary-Christine Roalofs, Alaska
Treasurer- Bobby Yang, Arizona
Past President Jonathon Lee, California
AAPD Trustee- Santos Cortez

Directors:

Sarah Hulland, Alberta
Diederik Millennar, British Columbia
Steve Chan, California
Rebecca Lee-Pair, California
Ora Lowe, California
Sara Ghaemmaghami, California
Jeff Wood, California
Lynn Fujimoto, Hawaii
Ryan Hughes, Oregon
Kevin Rencher, Montana
Nate Stevenson, Utah
Jade Miller, Nevada
Dan Cook, Washington
Michael Clark- Wyoming

And with that, it has been a wonderful two terms as your District President and one of the highlights of my organized dentistry career. It was an honor and privilege serving and representing you, my fellow colleagues, in the specialty of Pediatric Dentistry! Thank you!

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Changes for Controlled Substances Prescribers

A new state law, SB 360 (DeSaulnier), makes a few changes to the process of ordering tamper-resistant prescription forms and requires reporting the theft or loss of the forms within a specified period. The new law also establishes rules for accessing and using the information in the Prescription Drug Monitoring Program (PDMP), the state's database of patient controlled substance history information. Finally, the DEA announced that registration fees will increase starting April, 2012.

Tamper-resistant forms must now have the prescriber's address preprinted. Forms without a preprinted address will not be accepted by pharmacies after July 1, 2012. Printers of tamper-resistant forms must require photo identification from a customer who personally picks up the forms, and only established customers may pick up the forms in person. If mailing the forms to a prescriber, the printer must use certified mail or other means that requires the recipient's signature, and must send the forms to the prescriber's address that is on file with the DEA.

The theft or loss of tamper-resistant prescription forms must be reported to local law enforcement and the state Department of Justice (DOJ) no later than three days after discovery of the loss or theft. After filing a report with local law enforcement, file a report with DOJ by going to www.oag.ca.gov/cures-pdmp#lost or calling 916.227.3843.

Access to PDMP can assist prescribers in making better prescribing decisions to cut down on prescription drug abuse. Prescribers may use the information in PDMP only for patient care. HIPAA and state health information privacy laws apply to the use of PDMP information. DOJ may conduct audits of the system and its users, and cite and fine entities for violations of those rules. Any misuse or inappropriate access of patient data can be subject to disciplinary, civil or criminal actions by

DOJ and the appropriate licensing agency.

Prescribers with DEA numbers may apply online for access to PDMP at www.oag.ca.gov/cures-pdmp.

Also, DEA registration fees go up starting next month, from \$551 to \$731 per 3-year period. It's a \$60 per year increase, or as the DEA puts it, \$5 per month increase. The agency announced last July that it was planning to increase fees. The ADA vigorously opposed the methodology used by the agency to calculate the proposed increase. DEA's letter to registrants and a fact sheet on the registration fees can be found online at www.dea diversion.usdoj.gov/.

An article, "Controlled Substances Prescribing and Dispensing," available on the CDA web site at www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Controlled_Substances_Prescribing_and_Dispensing/Default.aspx, has up-to-date information on applicable state and federal laws.



Dental Board Update on Fingerprints

Wait to receive a notice from the Dental Board before submitting the required fingerprints. The Dental Board has to collect fingerprints from nearly 36,000 licensees and wants to manage the number of fingerprints it will process each month. Licensees who need to submit fingerprints will be notified by the Dental Board with the regular license renewal information. To ensure proper processing of the fingerprints with license renewal, licensees should not proceed until notified by the Dental Board. You may view the Dental Board Q&As on their website at www.dbc.ca.gov/licensees/fingerprint_faqs.html.



NOTICE

Updates for Employment Posters

Three posters have been updated to incorporate recent changes to state law. New laws prohibit discrimination based on genetic information, gender identify or gender expression. New laws also make it unlawful to interfere with the rights allowed under the California Family Rights Act and the Pregnancy Disability Leave law, and require employers to continue health coverage under a group health plan for eligible employees who take pregnancy disability leave.

Harrasment Or Discrimination in Employment is Prohibited by Law (DFEH-162) - updated November, 2011 www.dfeh.ca.gov/res/docs/Publications/DFEH-162.pdf

"Notice A" Pregnancy Disability Leave (DFEH-100-20) - updated November, 2011 www.dfeh.ca.gov/res/docs/Publications/DFEH-100-20.pdf

"Notice B" Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave (for offices with 50+ employees) (DFEH-100-21) - updated November, 2011 www.dfeh.ca.gov/res/docs/Publications/DFEH-100-21.pdf



CSPD Members in the News



Roland Hansen and Lonnie Lovingier named "Editor Emeritus" for CSPD

Roland Hansen (Editor: 1986 - 2002) and Lonnie Lovingier (Editor: 1981 - 1986; 2002 - 2010) were named "Editor Emeritus" at the Installation Luncheon at the CSPD/WSPD Annual Meeting in Portland on March 30, 2012. Congratulations to both gentlemen on an honor that is well deserved!



Congratulations!

Congratulations to CSPD Member Dr. Jonathon Lee- President of WSPD and Past Director of CSPD. The American Board of Orthodontics (ABO) certified or recertified 136 examinees who participated in the Clinical Examination February 16-22, 2012 in Dallas, TX.

Dr. Jonathon Lee was 1 of the 95 orthodontists to successfully complete the Gateway Certification Examination with the ABO Oral and Clinical Exam, thereby maintaining his Board Certification in Orthodontics and Dentofacial Orthopedics.

It is estimated that there are about 100 known dual trained folks. Of the estimated living twenty-three dually-boarded individuals, seventeen have successfully completed the ABO Oral and Clinical Exam. Way to go, Jonathon!"



Paul Reggiardo receives CSPD's "Distinguished Service Award"

On March 30, 2012 at the Installation Luncheon at the CSPD/WSPD Annual Meeting, Paul Reggiardo was presented with CSPD's "Distinguished Service Award." Paul was a charter member of CSPD at its founding in 1975. He served as a member of the Board of Directors from 1981-1984 and again from 1986-1987 after which he held the positions of Treasurer, Vice-President, President-Elect and President (1992-1993). He's chaired a number of CSPD committees including Constitution and By-Laws



(1981-1982), Peer Review (1982-1991), Policy and Procedure Revision (1986-1987), Annual Meeting Site Selection and Planning (1992), Executive Director Search (1995-1996 and again in 2007), Ad Hoc Committee on Structure and Function (1997-1998), Ad Hoc Committee on Oral Conscious Sedation (1997-1998) Subcommittee on Auxiliary Functions (1998-2001), and Special Committee on Executive Director and Society Operations (2004-2007). He's held the appointment position of CSPD's Public Policy Advocate since 2004. He's acted as CSPD liaison to the Dental Board of California since 1997 and, in his capacity as Public Policy Advocate, he is the CSPD liaison to the Oral Health Access Council, the California Department of Public Health/California Department of Health Care Services Oral Health Workgroup, and California Child Health and Disability Prevention Program Dental Subcommittee. On behalf of the membership of CSPD, we'd like to thank you for all that you've done for our organization and pediatric dentistry. **You are one of a kind!**

Chloral Hydrate Production Discontinued



For many years chloral hydrate has been considered a safe and effective drug for sedating anxious, young children when undergoing various diagnostic and dental procedures. Last week, the American Society of Health-System Pharmacists delivered a notice that Pharmaceutical Associates, Inc., the sole manufacturer of chloral hydrate, discontinued production of several oral solution products, including chloral hydrate.

The announcement notes that chloral hydrate was discontinued in April 2012 for business reasons, one being that chloral hydrate is an unapproved drug.

To learn more about this discontinuation, please click www.ashp.org/DrugShortages/NotAvailable/bulletin.aspx?id=902



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Clinical procedure and photos courtesy of Dr. Dane Hoang (Dallas, Texas)

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